

Date of issue: Wednesday, 6 December 2017

MEETING:	AUDIT AND CORPORATE GOVERNANCE COMMITTEE (Councillors Chaudhry (Chair), Chohan (Vice Chair), Brooker, Amarpreet Dhaliwal, Nazir and Usmani) CO-OPTED INDEPENDENT MEMBERS Ronald Roberts, Alan Sunderland and Iqbal Zafar PARISH COUNCIL MEMBERS: Parish Councillor Raymond Jackson (Colnbrook) Parish Councillor Harjinder Gahir (Wexham) Vacancy (Britwell) INDEPENDENT PERSON Dr Louis Lee
DATE AND TIME:	THURSDAY, 14TH DECEMBER, 2017 AT 6.30 PM
VENUE:	VENUS SUITE 2, ST MARTINS PLACE, 51 BATH ROAD, SLOUGH, BERKSHIRE, SL1 3UF
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	SHABANA KAUSER 01753 787503

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



ROGER PARKIN
Interim Chief Executive

AGENDA
PART I

AGENDA
ITEM

REPORT TITLE

PAGE

WARD

	Apologies for absence.		
1.	Declarations of Interest <i>All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors’ Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.</i> <i>The Chair will ask Members to confirm that they do not have a declarable interest. All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.</i>		
2.	Minutes of the Last Meeting held on 11th October 2017	1 – 8	
3.	Financial Statements 2016/17	TO FOLLOW	All
4.	External Auditors Annual Audit Report	TO FOLLOW	All
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10.	Date of Next Meeting - 8th March 2018	-	-

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

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Audit and Corporate Governance Committee – Meeting held on Wednesday, 11th October, 2017.

Present:- Councillors Chaudhry (Chair), Brooker, Amarpreet Dhaliwal (from 6.33pm), Sadiq, Swindlehurst (from 6.32pm) and Usmani

Co-opted Independent Members: Mr Roberts and Mr Zafar

Parish Council Member: Parish Councillor Gahir (Wexham Court)

Also present under Rule 30:- Councillors Plenty and Strutton

Apologies for Absence:- Councillor Chohan, Mr Sunderland and Dr Lee

PART 1

12. Declarations of Interest

No interests were declared.

13. Minutes of the Last Meeting held on 26th July 2017

Resolved – That the minutes of the meeting held on 26th July 2017 be approved as a correct record.

(Councillors Swindlehurst and Amarpreet Dhaliwal joined the meeting)

14. Schedule of Activity - Whistleblowing Complaints

The Interim Monitoring Officer introduced a report that updated Members on the activity undertaken in relation to complaints received under the Confidential Whistleblowing Code.

The new Code had been incorporated into the Constitution in May 2017 and aimed to encourage people to have the confidence in the process to raise legitimate concerns. There had been four complaints received in 2017 and these were summarised, without disclosing any details that would breach confidentiality or details of individual cases. It was noted that two cases had been investigated internally and two externally, all of which had been closed. Three had been closed with no evidence having been found to substantiate the allegations and the other had been closed and referred to HR as the content of the complaint fell within the grievance procedure.

The Committee asked a number of questions and discussed a wide range of issues. The process for arranging investigations was raised and it was responded that they would ordinarily be conducted internally, although on occasions the nature and subject of investigations required external investigation. It was confirmed that the Deputy Monitoring Officer, who was a lawyer working for another authority and was therefore considered

independent, had conducted an external investigation. In response to a question it was clarified that the Independent Person was not consulted on Whistleblowing Complaints as their role related to complaints under the Councillors' Code of Conduct.

A Member raised concern about two specific instances where it was felt the correct procedures hadn't been followed in relation to the governance route and reporting lines. Assurance was sought that the correct action had ultimately been taken in each instance. The Interim Monitoring Officer responded to the concerns and confirmed that it was the MOs responsibility under the Whistleblowing Code to consider and arrange for the investigation of any complaints. There was no requirement for such matters to be considered by any Committee. Assurance was provided that all allegations were thoroughly investigated and that all recommendations arising from investigations were fully considered and actioned where appropriate. Whistleblowers could have confidence in the process where matters were properly reported as set out in the Code.

Speaking under Rule 30, Councillor Plenty raised a number of issues including the perceived independence of any investigation arranged by the Interim Monitoring Officer that was conducted by the Deputy Monitoring Officer and potential conflicts of interest. The Monitoring Officer refuted the allegation, stated that there were no conflicts of interest and reiterated the circumstances in which an external, independent investigation may be appropriate.

A Member also expressed concern that the recent training provided on Understanding the Accounts & Governance had been poorly attended. It was confirmed that the training would be repeated for those Members not able to attend and there would also be training on the revised Code of Conduct to be considered later in the meeting.

During the course of the discussion, it was agreed that future reports would include the dates investigations were started and completed to give Members clearer information on the timescale for dealing with each complaint. The report was then noted.

Resolved – That the update on activity undertaken by the Council's Interim Monitoring Officer in relation to complaints received under the Confidential Whistleblowing Code be noted.

15. Schedule of Activity - Code of Conduct

The Interim Monitoring Officer introduced a report that updated the Committee on the activity undertaken since September 2016 in relation to complaints received under the Councillors' Code of Conduct.

The number of complaints had fallen in the last six months and the Monitoring Officer was responsible for dealing with those that were received. There had been nine complaints received since September 2016, three of which had

been submitted in the past six months. The Monitoring Officer made the initial decision on whether an informal or formal investigation was required, consulting the Independent Person where appropriate. All nine complaints received during the period had been informally investigated; six had been closed, with further action or matters being pursued in the other three cases.

Members discussed the schedule of activity and the role of the Independent Person. The Interim Monitoring Officer confirmed that there was no requirement for the Independent Person to be consulted on all complaints and it was for the Monitoring Officer to decide which complaints they should be notified of and consulted about. There was briefing and dialogue on relevant issues even where formal consultation was not necessary.

During the course of the discussion it was agreed that future reports would include the dates complaints were received and resolved. A Member also requested that the report indicate whether the Independent Person had been consulted. The report was then noted.

Resolved – That the update on the activity undertaken by the Council's Interim Monitoring Officer in relation to complaints received under the Councillors' Code of Conduct be noted.

16. Revised Councillors' Code of Conduct

The Interim Monitoring Officer introduced a report that requested the Committee to consider and recommend the revised Councillors' Code of Conduct to full Council.

The existing Code had been adopted in 2012 and the review had been undertaken as part of the wider process of updating the Ethical Framework to provide greater clarity, simplicity and guidance to Members in light of recent experience. The main changes were summarised which included moving the Nolan principles to the front of the document and retaining, but simplifying, complaints procedures. The comments of the Member Panel on the Constitution were considered relating to guidance about dispensation regarding trusteeships and some practical examples of interests.

Members discussed a range of issues and agreed to recommend the revised Code Council, subject to the following amendments:

- A brief additional reference to councillors' roles relating to Council controlled trusts simply indicating that Members should seek advice on any interests regarding trusteeships.
- Updated job titles arising from the recently implemented management restructure.

Recommended to Council – That the revised Councillors' Code of Conduct as at Appendix 1 to the report be approved, subject to the addition of a reference to trusts

and updates to titles arising from the management restructure.

17. Settlement Agreements

The Interim Monitoring Officer introduced a report that updated Members on the number of settlement agreements with senior managers for the past four financial years and comparative information for other nearby local authorities. Members were reminded that the agreements were confidential and individual cases could not be discussed.

The figures varied year to year, but the general trend was that the number of settlements and cost of exit packages for the Council was lower than in 2013/14 and less than neighbouring Council's. The Committee welcomed the report and the information provided, however, Members highlighted that the report did not distinguish between standard agreements and the smaller number of senior posts where payments had been in excess of statutory entitlements. The general view was that given the context of a period of senior management instability, it was important that Members had confidence that the organisation had the necessary policies, transparency and culture to be effectively governed. The Interim Monitoring Officer agreed to provide a further report to the next scheduled meeting in December 2017 on the non-standard agreements where additional payments had been made above the statutory entitlement.

A Member asked about the use of 'gagging clauses' and Councillor Plenty, speaking under Rule 30, also expressed concern about their reported use. The Interim Monitoring Officer explained it was standard practice for settlement agreements to be confidential on both sides. However, it was emphasised that this would not prevent a former employee making a protected disclosure such as reporting a whistleblowing complaint. Councillor Plenty expressed the view that settlement agreements should not prevent former employees raising issues of concern with elected Members. He also asked for clarification on a number of specific points on the information in the report to which the Interim Monitoring Officer responded. It was generally felt that an open and transparent approach in communicating with Members was important, within the limits of confidentiality, given the current level of Member interest in these issues.

The tax arrangements of agreements was raised and Members sought assurance that payment schedules were not made to allow any form of tax avoidance. It was confirmed that all payments were made in accordance with legal requirements and guidelines. Members were also assured that settlement agreements were subject to audit and a business case was made in each case.

At the conclusion of the discussion, it was agreed that the report be noted and that a further update be considered at the next scheduled meeting with information on the non-standard settlement agreements where payments exceeded statutory entitlements and including the key HR lessons learned. It

was also noted that this was expected to be the final meeting of the Committee that the Interim Monitoring Officer would attend, and she was thanked for the work she had done in Slough during a challenging period.

Resolved –

- (a) That the update on the number of settlement agreements with senior managers for the past four financial years be noted.
- (b) That the Committee receive a further report at the next scheduled meeting in December including further information on those non-standard agreements which included provision that was above the statutory entitlement and a summary of the key HR lessons learned.

18. Financial Statements 2016/17

The Director of Finance & Resources updated the Committee on the progress of the external audit of the 2016/17 financial statements. Members would normally have received the external auditors report and approve the financial statements at the meeting, however, there had been a delay which would necessitate a further meeting of the Committee being convened.

The Council had submitted a signed copy of its financial statements to the external auditors, BDO, by the statutory deadline of 30th June 2017. The audit process had been ongoing over the summer but there had been some delays such as the requirement to produce group accounts, inclusive of Slough Urban Renewal (SUR), for the first time and some further sampling of various invoices had meant it had not been possible to agree the adjusted and unadjusted movements to the account. Officers and BDO had therefore not been able to finalise and review the audit conclusions and they were not ready for the Committee to consider.

Members discussed the reasons for the delay given that it was known that there would be a need to produce group accounts with SUR at some point. BDO confirmed that the provision of group accounts was in the audit plan for the year but it wasn't know whether the figures would be material, which it was now established they were.

At the conclusion of the discussion, the update was noted and it was agreed that a further meeting of the Committee be convened in November to consider the external audit report and approve the financial statements.

Resolved –

- (a) That the update on the external audit and timescale for finalising the 2016/17 financial statements be noted.
- (b) That an extraordinary meeting be convened in early November to consider the financial statements for approval.

19. Internal Audit Progress Report - Quarter 2 2017/18

The Head of Internal Audit introduced a report that updated on the progress of audits in the 2017/18 Internal Audit Plan and the remaining audits from the 2016/17 plan.

The Council had finalised the final two reports from 2016/17 plan since the previous meeting of the Committee, with the exception of two follow up reports that remained in draft. Two reports from the 2017/18 plan had been finalised – Management of Housing Stock and Gas Servicing – a further five had been issued in draft and twelve were in progress. A ‘partial assurance’ opinion had been issued on the Management of Housing Stock audit and a summary of the high and medium recommendations was included in the report.

The Head of Internal Audit informed Members that the two negative opinions found to date in 2017/18 audits would be reported but would not in isolation lead to a qualified Head of Internal Audit Opinion. It was noted that four audits scheduled for the second quarter would be delayed for various reasons.

Members discussed a number of issues including the findings of the Management of Housing Stock audit and some of the detailed high and medium priority recommendations were reviewed. At the conclusion of the discussion, the Internal Audit Progress report was noted.

Resolved – That the Internal Audit Progress Report for the 2nd Quarter of 2017-18 be noted.

20. Audit & Risk Management Update - Quarter 2 2017/18

The Head of Financial Reporting introduced the Audit & Risk Management Update for the second quarter that updated on the finalising of draft internal audit reports, implementation of internal audit recommendations and the corporate risk register.

Four internal audit reports remained in draft as at 14th September, three of which related to schools and would be completed upon their return. An amendment was made to the report to note that there had been an improvement in the implementation of internal audit recommendations with a reduction in the number of management actions where ‘no action’ was taken from 32% to 22% since the previous report. The new RSM risk management system was fully operational and reports would be presented at future meetings of the Committee.

Various issues were discussed including the progress of implementing high priority recommendations as set out in Appendix 2 to the report and the Committee was assured that management was taking the necessary action to address weaknesses identified in the audit process. In relation the risk register, a Member raised the issue of the management of urban regeneration projects and expressed concern that the register did not currently include

details on the assurance level, action plan or responsible officer. He also queried whether the financial risks had been fully assessed for the Cabinet's recent decision to approve the acquisition of the freehold of Nova House. In response, it was noted that a recent risk workshop had been undertaken to complete the risk register under the new system and this would be reflected in future versions presented to the Committee. In relation to Nova House, the approval of the acquisition was taken under urgency provisions due to the safety and fire risks and was subject to due diligence.

At the conclusion of the discussion, the Committee noted the report.

Resolved – That the Audit & Risk Management Update for the 2nd Quarter of 2017-18 be noted.

21. Update on Financial Procedure Rules

The Committee received the latest version of the Financial Procedure Rules which were being revised to improve clarity and reflect the changes arising from the senior management restructure which came into effect on 2nd October 2017. The Rules would come back to the Committee for comment and approval once these changes had been made.

Resolved – That the current position in relation to the update of the Financial Procedure Rules be noted.

22. Corporate Fraud - Quarter 2 2017/18 Update

The Head of Financial Reporting introduced a report that updated the Committee on the counter fraud activity of the Council the second quarter of 2017/18.

The Corporate Fraud team had been expanded with the appointment of an Intelligence Officer which helped to improve responsiveness. The team had dealt with 261 enquiries from a variety of sources during the period which was an increase of 44% on the first quarter. Four prosecutions had been submitted including the first the Council had undertaken relating to offences on Council Tax Support under the Fraud Act 2006.

Speaking under Rule 30, Councillor Strutton queried whether the increase in enquiries would result in more prosecutions and whether the Council had sufficient legal resources to deal with them. It was responded that it wasn't possible to estimate the number of cases that would end up in court, but that working proactively to identify issues earlier would improve outcomes. It was confirmed that the legal support was properly resourced.

At the conclusion of the discussion, the report was noted.

Resolved – That the activity and outcomes of the Corporate Fraud Team be noted.

23. Members Attendance Record 2017/18

Resolved – That the Members' Attendance Record be noted.

24. Date of Next Meeting - 14th December 2017

The next meeting was likely to be an extraordinary meeting in November to approve the financial statements.

The next scheduled meeting would be held on 14th December 2017.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.34 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Audit & Corporate Governance Committee

DATE: 14th December 2017

CONTACT OFFICER: Neil Wilcox; Director, Finance & Resources
(Section 151 Officer)

(For all Enquiries) (01753) 875368

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

AUDIT & RISK MANAGEMENT UPDATE – QUARTER 3 2017/181. **Purpose of Report**

The purpose of this report is to:

- Report to members on the progress of finalising draft Internal Audit reports
- Report to members on the progress of the implementation of Internal Audit recommendations
- Note the draft Risk Register

2. **Recommendation(s)/Proposed Action**

That Audit & Risk Committee is requested to comment on and note the attached reports.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Joint Wellbeing Strategy Priorities –**

The actions contained within the attached reports are designed to improve the governance of the organisation and will contribute to all of the emerging Community Strategy Priorities

Priorities:

- *Economy and Skills*
- *Health and Wellbeing*
- *Regeneration and Environment*
- *Housing*
- *Safer Communities*

3b. **Five Year Plan Outcomes**

The actions contained within this report will assist in achieving all of the five year plan outcomes

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action

(b) Risk Management

<i>Recommendation</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
<i>That Audit & Risk Committee is requested to comment on and note the attached reports</i>	<i>This report concerns risk management across the Council</i>	

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act or other legal implications in this report

(d) Equalities Impact Assessment

There is no identified need for an EIA

5. **Supporting Information**

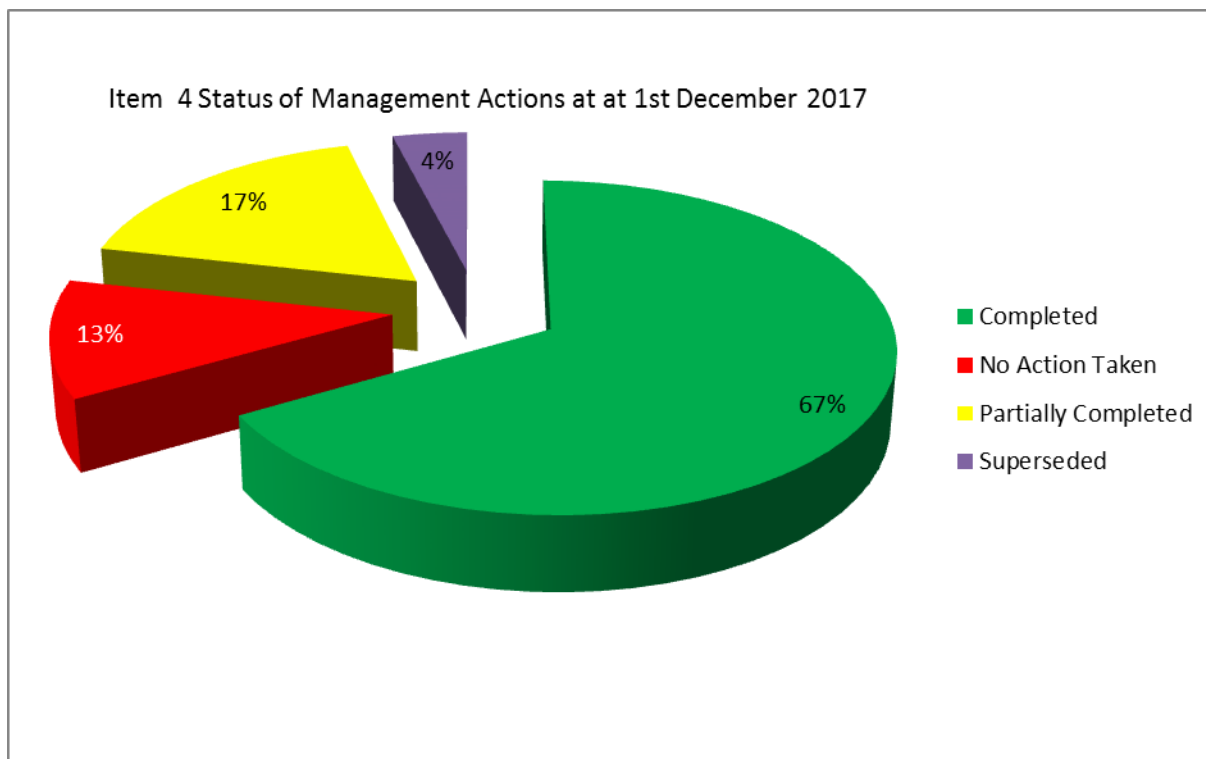
5.1 **Finalising Internal Audit Reports**

5.1.1 The table below shows those Internal Audits that remain in draft and are yet to be finalised as at 14th November 2017

Audit	Audit Plan Year	Audit Sponsor	Assurance Level	Date to be Finalised by	Comments
Chalvey Early Years	16/17	Cate Duffy	Reasonable Assurance		No response from Nursery

5.2 **Monitoring Management Actions**

5.2.1 The Risk and Insurance Officer regularly monitors the progress of the implementation of made following Internal Audit reports. Below is a graph that shows the percentage of recommendations that have either been implemented, are in progress, no action has been taken, or the recommendation has been superseded.



5.2.2 Attached at Appendix 1 is a table of Internal Audit from the 2015/16, 2016/17 and 2017/18 Audit Plans where actions are overdue or have been completed within since the last Governance report.

5.2.3 The number of implemented recommendations has increased to 67%, up on the 61% report at the previous Audit and Corporate Governance committee.

The number of Management Actions where “No Action” has been taken has reduced from 25% as the last report to 13%

5.2.4 Attached at Appendix 2 is a list of the “High” Recommendation Actions that remain Outstanding past the target date. Currently there are 4 High Actions that are partially complete and 5 where No Action has been taken

At the last Committee it was reported that there was 8 “High Risk” recommendations incomplete.

5.2.5 At Appendix 3 is a graph that shows the status of Internal Audit management actions by risk rank.

5.3 **Corporate Risk Register**

5.3.1 The last Audit and Corporate Governance Committee were advised that a workshop of the Corporate Management Team was to be held update the Corporate Risk Register

5.3.2 This workshop was held and attached at Appendix 4 is the corporate risks that have been identified along with corporate risk owners

6. **Comments of Other Committees**

There are no comments from other Committees.

7. **Conclusion**

Members are requested to note details of the draft Internal Audit report and Risk Register and progress on the implementation of Internal Audit recommendations.

8. **Appendices Attached**

Appendix 1 – Status of Internal Audit Management Actions

Appendix 2 – Details of High Rated Recommendations

Appendix 3 – Graph of the Implementation Status by Risk Ranking

Appendix 4 – Draft Risk register

9. **Background Papers**

None

Appendix 1 List of Outstanding audit actions

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
Title: Schools Financial Value Standard							
Reference No.: 51617							
	Finance and Resources	We identified instances where the SFVS return had been submitted without an appropriate signature from the Chair of the Governing body.	Each of the schools identified as not submitting a signed SFVS return (Chalvey Early Years Centre; Lea Nursery; Slough Centre Nursery; St Anthony's Catholic Primary School; St Joseph's Catholic High School; and St Mary's CE Primary School) will be contacted and requested to re-submit their return, duly signed by the Chair of the Governing Body / Management Committee of the school.	Medium	No Action Taken	31/12/16	
	Finance and Resources	5 We noted not all schools produced action plans to address areas of non-compliance. Where action plans were produced, we identified these either did not cover all areas of non-compliance or actions were not time-bound and/or assigned	Refer to management action regarding the review of SFVS returns by the Council's Schools Finance team.	Medium	Partially Completed	31/12/16	George Grant
	Finance and Resources	If the Council are not in receipt of timely SFVS returns, it could potentially prevent the Section 151 Officer from providing an accurate annual assurance to the Department for Education on the adequacy of financial management arrangements in place for schools. Chasing the returns is also not the most efficient use of Council resources and we agreed from our discussions with the Group	The Council will introduce a policy of imposing a penalty/fine/reduction/withholding in school's delegated funds to act as a deterrent against schools who continually fail to meet the minimum SFVS submission standards expected of them.	Medium		30/09/17	Nic Barani

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We identified some instances where there was not sufficient narrative in response to the standards.	A reminder will be issued to the Head Teachers of the schools identified with exceptions regarding the narrative provided within their SFVS returns (Arbour Vale School; Chalvey Early Years Centre; Lea Nursery; Slough Centre Nursery; St Anthony's Catholic Primary School; St Ethelbert's Catholic Primary School) of the need to provide sufficient narrative to evidence the basis for their responses to each standard.	Medium	No Action Taken	28/02/17	George Grant
	Finance and Resources	We noted that the main reason for the above actions not being completed properly was because no action plan template had been used. Where Cippenham Nursery had used an action template, we confirmed all actions were appropriately SMART (Specific, Measurable, Attainable, Realistic and Time-bound).	The Council will create a tailored best practice guide that will be provided to all the maintained schools annually. This will include: <input type="checkbox"/> The minimum amount of narrative expected to satisfy each of the 25 standards <input type="checkbox"/> A breakdown of key SFVS criteria expected of the school <input type="checkbox"/> A link to the detailed SFVS 'Support Notes' and 'Additional Resources' guidance provided by the Education Funding Agency.	Medium		30/09/17	Nic Barani
	Finance and Resources	We noted an instance where the response stated in the SFVS return did not correspond with the findings from an Internal Audit review undertaken in April 2016	A reminder will be issued to the Chair of the Governing Body of Khalsa Primary School highlighting the importance of ensuring SFVS responses accurately reflect the arrangements within the school.	Medium	No Action Taken	31/01/16	George Grant
Title: Business Continuity & IT Disaster Recovery							
Reference No.: 341516							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	Whilst data backup and replication services have been designed to provide a secure copy of data, no servers are provided as part of the data copy provision for recovery.	Management will ensure that arvato provide recovery time profiles for key systems as soon as the DR infrastructure has been implemented, which will include the provision of recovery servers.	Medium	No Action Taken	31/03/17	Simon Pallett
	Finance and Resources	The Council does not have a documented BCP policy that sets the framework for the Business Continuity Management (BCM) Programme.	The Council will ensure that a BCP policy is provided.	Medium	Partially Completed	31/03/17	Joe Carter
	Finance and Resources	No IT DR testing strategy has been designed and no testing of DR arrangements has been undertaken for a number of years. In addition, no process is in place regarding the assessment of BCP performance and no related	The Council will ensure that a test strategy is formulated and a test plan put in place and ensure that it is tested regularly	Medium	No Action Taken	31/03/17	Simon Pallett
	Finance and Resources	Recovery time objectives for SBC systems and data have not been formally agreed increasing the risk that in the event of an incident incorrect recovery decisions could be made impacting operational capability.	Management will ensure that arvato provide recovery time profiles for key systems as soon as the DR infrastructure has been implemented, which will include the provision of recovery servers.	High	No Action Taken	31/03/17	Simon Pallett
	Finance and Resources	arvato have documented a Business Continuity plan but it has not been linked to the SBC corporate Business Continuity plan increasing the risk that Arvato could operate different recovery practices that SBC may not be aware of.	The Council Business Continuity / IT Disaster Recovery plan will be linked to the arvato Business Continuity / IT Disaster Recovery plan as soon as possible	Medium	No Action Taken	31/03/17	Simon Pallett
Title: Adult Safeguarding							
Reference No.: 281617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Adults & Communities	No multi agency audits have taken place during the year and from the meeting minutes of the SAB Performance Sub Group; it is not clear whether any lessons from the previous year's audit have been addressed. Further, meeting minutes of the SAB Performance Sub Group indicated that the group had not been attended in full consistently.	The Council will agree the work plan, terms of reference and membership of the SAB Performance Sub Group.	Medium	Partially Completed	30/06/17	Simon Broad
	Adults & Communities	In relation to action reference 1.4 from our previous year's report, we confirmed that the Quality Management Framework and Terms of Reference for the Care Governance Board will be revised once the Adult Social Care reorganisation is complete in April 2017. The revision will reflect the new structure and connection with the new East Berkshire Care Home Quality Group. The sign off process will be to Care Governance Board and then to Adult Social Care DMT, which is a new management body created following the restructuring of the top tier within the Council. The new Framework will be subject to regular review. Due to the above, we have reiterated our action from last year's report.	The Council will ensure that the Quality Management Framework is updated to ensure that it is reflective of the governance and reporting structures within Adult Social Care, including frequency of reporting. In addition, the Terms of Reference for the Care Governance Board will be updated to correctly reflect the remit of Board and its responsibility to the Slough Safeguarding Adults Partnership Board and the Adult Social Care DMT. The Framework will be subject to approval by the Adult Social Care DMT, detail a next review date and be subject to regular review thereafter. Once approved, the Framework will be circulated to all relevant staff and made accessible via the intranet.	Medium		30/09/17	Craig Brewin
Title: Allocations							
Reference No.: 311617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Place & Development	Through discussion with the Lettings and Voids Manager we confirmed that the implementation of this process has stalled due to ongoing IT issues. It was originally intended to begin in January 2015 however to date renewal requests have still not been sent out.	The IT issues regarding sending out renewal letters will be addressed to ensure these are being sent out on an annual basis.	Medium	Partially Completed	30/09/17	Colin Moone
	Place & Development	For the successful applicants we noted the letter detailed their assigned banding, the date their registration commenced from, their registration number as well as further information on what to expect next. The letter also refers to the Homeseekers newsletter which provides applicants with the average register wait times, and it provides information to them on the review process should they disagree with their banding.	When a decision letter is generated the Officer will check the register number and applicant details back to Capita to ensure the correct letter has been created.	Medium	Partially Completed	30/09/17	Colin Moone
	Place & Development	Through review of the Housing Strategy 2016 - 2021 that was presented to the Cabinet in April 2017 for approval we confirmed that there are plans in place under Theme 4; Homelessness and Housing Need to review the Allocation Scheme to ensure it is appropriate and up to date adequately covering their duties.	The Housing Allocation Scheme will be reviewed and updated with consideration of amendment to the: <ul style="list-style-type: none"> <input type="checkbox"/> Five year residency requirement; <input type="checkbox"/> Lack of home ownership requirement; and <input type="checkbox"/> The working household's additional preference criteria. 	Medium	Partially Completed	30/09/17	Colin Moone
Title: General Ledger							
Reference No.: 201617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We were informed that although Agresso has the functionality to implement a requirement for the changing of passwords on a regular basis, this was not currently being utilised by the Council.	The Council will implement a password policy and activate password control within Agresso, requiring passwords to be changed on a quarterly basis.	Medium	Partially Completed	31/08/17	Kim Bryant
	Finance and Resources	We were unable to obtain the Council's contract with Trustmarque and therefore were unable to establish the agreement in place for the back-up of the General Ledger and any disaster recovery procedures and test whether these occur. In addition, further review with key staff within the organisation identified that no assurance is currently received from Trustmarque that backups are undertaken or tested.	The Council will ensure that the frequency of backups is stated within the contract with Trustmarque and that assurance is received that backups are conducted regularly and disaster recovery arrangements are tested for the ledger.	High	No Action Taken	30/06/17	Vijay McGuire
Title: Payroll							
Reference No.: 271617							
	Finance and Resources	Since the implementation of the Agresso system in September 2016, there have been no variance reports produced and reviewed as part of the month end process due to technical issues with the running of the reports.	The arvato Project team will continue working to resolve the issues experienced with the pay variance payroll report. This will then be undertaken each month, checked and signed off with oversight and approval from SBC's Assistant Director of Finance and Audit. A historical analysis of variances for months in which analysis has not taken place will also be undertaken by arvato for assurance.	Medium		30/09/17	Vijay McGuire

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	It was found that the budget holder listing held by the Transactional Finance Team was not up to date.	Slough Borough Council will provide an up to date listing of budget holders and their associated budget codes and updates will be provided upon any changes being made to budget holders.	Medium		30/09/17	George Grant
	Finance and Resources	From a sample of 10 leavers for the current financial year, six users had not had their access to the system revoked. There was also no process in place to remove contractor system access.	A list of leavers will be provided to the Agresso Support Team each month which will be used to revoke Agresso access for leavers. A similar process will also be set up for contractors.	Medium		30/09/17	Neil Wilcox
	Finance and Resources	Discrepancies between the BACs amount approved by SBC and the amount of the BACs run were found to be due to discrepancies having been identified after the request for authorisation. This was due to approval being requested prior to the matching of the payment confirmation to the BACs file.	The BACs file will be compared to the payment confirmation prior to requesting payment authorisation to ensure all discrepancies have been identified.	Medium	No Action Taken	31/10/17	Vijay McGuire
Title: Information Governance							
Reference No.: 31617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Information Governance Policy was last reviewed and updated in 2012; however the arrangements and processes documented within it had not been fully established. The policy was therefore not fully reflective of the current IG environment within the Council.	The Information Governance Policy will be reviewed and updated to ensure it reflects the arrangements and processes within the Council, in line with the HSCIC guidance, including; <ul style="list-style-type: none"> •Roles and responsibilities, covering senior IG roles (Caldicott Guardian, SIRO and IG Lead), other key staff roles in relation to IG as well the responsibilities of the wider workforce; •The specific resources within the Council to fulfil these roles. •The key policies underpinning the overarching Information Governance Policy; •Governance arrangements for overseeing the IG agenda within the Council; •Processes for delivering training and awareness programmes to staff; and •Arrangements for reporting, escalating and monitoring IG incidents and breaches. Once updated, the policy will be presented to the IT and Information Governance Board for approval, and then subsequently circulated to staff and made accessible via the intranet.	High	Partially Completed	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	An annual dataprotection work programme had not been documented nor established.	An annual data protection work programme will be developed to identify the work necessary to ensure the Council meets its data protection and confidentiality obligations. Clearly defined timescales and responsible owners will be assigned for all actions identified. The work programme will be reviewed and set on an annual basis and will be subject to approval by CMT. Progress will be monitored at each meeting of the IT and IG Board, with progress updates reported to CMT periodically.	Medium	Partially Completed	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Data Protection and Privacy Policy was last reviewed and updated in 2012, however did not include any details regarding a Caldicott function within the Council.	<p>The Data Protection and Privacy Policy will be reviewed and updated to ensure it details;</p> <ul style="list-style-type: none"> •The requirement for the Council to have in place a Caldicott function; •The specific resources within the Council to fulfil the roles within the function, including the Caldicott Guardian, Data Protection Officer as well as those staff at directorate level with responsibility for supporting the Caldicott Guardian; •The additional training requirements for staff within the function; •The mechanisms for ensuring the effectiveness of the function, including the development and monitoring of an annual data protection work programme which identifies the work necessary to ensure the Council meets its data protection and confidentiality obligations; and •The governance arrangements for monitoring the effectiveness of the function. <p>Once updated, the policy will be presented to CMT for approval, and then subsequently circulated to staff and made accessible via the intranet.</p> <p>The roles will be formally assigned to</p>	Medium	No Action Taken	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	A formalised process for managing information security incidents was not in place. The Information Security Incident Reporting Policy was last reviewed and updated in 2012; however the processes documented within it had not been established.	A formalised process will be implemented for reporting, recording, investigating and managing information security incidents, which will be reflected within the Information Security Incident Reporting Policy. Once updated, the policy will be presented to the IT and Information Governance Board for approval, and then subsequently circulated to staff, made accessible via the intranet and communicated to third party providers and partner organisations. The policy will be reviewed annually thereafter, with version control included within document to record approval and next review details.	Medium	Partially Completed	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Data Protection and Privacy Policy was last reviewed and updated in 2012, however did not include any details regarding a Caldicott function within the Council.	<p>The Data Protection and Privacy Policy will be reviewed and updated to ensure it details;</p> <ul style="list-style-type: none"> •The requirement for the Council to have in place a Caldicott function; •The specific resources within the Council to fulfil the roles within the function, including the Caldicott Guardian, Data Protection Officer as well as those staff at directorate level with responsibility for supporting the Caldicott Guardian; •The additional training requirements for staff within the function; •The mechanisms for ensuring the effectiveness of the function, including the development and monitoring of an annual data protection work programme which identifies the work necessary to ensure the Council meets its data protection and confidentiality obligations; and •The governance arrangements for monitoring the effectiveness of the function. <p>Once updated, the policy will be presented to CMT for approval, and then subsequently circulated to staff and made accessible via the intranet.</p> <p>The roles will be formally assigned to</p>	Medium	Partially Completed	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	Initial work had taken place to develop an Information Governance Improvement Plan in 2012; however this had not been finalised and established.	The Council will develop and finalise the IG Improvement Plan to identify the actions necessary to embed robust IG arrangements and ensure compliance with the HSCIC IG toolkit requirements. Each action will be assigned a responsible owner and completion deadline. The plan will be reviewed and revised on an annual basis and will be subject to approval by the IT and Information Governance Board. It will drive the IG agenda within the Council and progress against the plan will be monitored at each meeting of the IT and Information Governance Board, with progress updates reported to CMT periodically	Medium	No Action Taken	31/01/17	Simon Pallett
	Finance and Resources	The contracts database did not include fields for evidencing the review of contracts for appropriate IG clauses.	The Council will ensure that, as part of the review and re-scoping of the contracts database, fields are included for evidencing the review of contracts for appropriate clauses relating to; <ul style="list-style-type: none"> •Data protection; and •Requirements for reporting information governance incidents. 	Medium	No Action Taken	31/03/17	Simon Pallett

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Council has not undertaken a data flow mapping exercise and there was also no documented plan to undertake such an exercise.	<p>The Council will undertake a data flow mapping exercise to ensure all flows, both inbound and outbound, of person identifiable and sensitive information in all service areas have been identified mapped and recorded.</p> <p>The information flows will be risk assessed, with necessary actions identified to address risks highlighted.</p> <p>The outcome of the mapping exercise and the risks identified will be reviewed by the IT and Information Governance Board, prior to subsequently being reported to CMT.</p>	High		30/09/17	Simon Pallett
Title: Asset Management							
Reference No.: 291516							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Regeneration	The Council does not have in place an Asset Management Procedure which details the roles, responsibilities, and key processes in ensuring that asset management is effectively managed; including maintenance of an up-to-date asset register.	The Principal Asset Manager, Principal Accountant for Capital & Treasury and Group Property & Regeneration Solicitor should oversee the preparation of an Asset Management Procedure that clearly outlines the responsibilities of all involved departments and staff. The procedures will clearly outline: <ul style="list-style-type: none"> •How to identify assets; •Responsibility of staff in reporting new assets and disposals to the finance team, the legal team and the asset management team; •Documentation to be held for assets owned by the Council; •Responsibility in recording all assets into the Land Terrier and the Asset Register; •Timeliness and responsibility of reconciliations between the asset values in the asset register and the general ledger; •Timeliness and responsibilities for all involved teams within the asset revaluation process and updating of results. •Formal written verification procedures covering how regular reconciliations are to be completed against the asset register and the Councils property management 	Medium		31/03/17	Neil Wilcox
Title: Matrix Management of Agency Staff							
Reference No.: 71516							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Employment and Appeals Committee's Terms of Reference did not detail key information such as meeting frequency.	We will ensure that the Employment and Appeals Committee's Terms of Reference is updated to ensure it makes reference to all areas, such as: <ul style="list-style-type: none"> • Meeting frequency; • Membership; and • Last and next review date. 	Medium	Partially Completed	31/07/16	Surjit Nagra
	Finance and Resources	Staff were not inputting sufficient notes into the Matrix system when approving staff, for instance, whether sufficient budget is available.	We will ensure that all staff approving new agency workers or approving the extension of existing agency contracts on the Matrix system input relevant notes of checks that have been carried out, for instance: <ul style="list-style-type: none"> • Whether adequate budget is available for the post; • The post was required urgently out of hours and therefore, there is only authorisation from one member of staff; or • The reason why the contract has been extended. If this information is not detailed then the approval will be refused.	High	No Action Taken	31/05/16	Roger Parkin
	Finance and Resources	We noted that the Council did not have an assigned Contract Manager for Matrix.	The Council will formally assign a Contract Manager who will have responsibility for managing the Matrix contract.	High	Partially Completed	31/05/16	Frederick Narmh
	Finance and Resources	We were advised by the Procurement & Contracts Analyst that these reports are not presented at a more senior Committee, such as the Corporate Management Team (CMT).	This will be achieved by OD/HR BPs sharing with SMTs the quarterly spreadsheet produced by Procurement and Commercial Services listing all agency staff engaged by the Council and demonstrating why these agency staff are required.	Medium	No Action Taken	30/09/16	Surjit Nagra
Title: Risk Management							
Reference No.: 171617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	<p>From review of the interim CRR presented to the ACGC on 11 January 2017 we noted the following areas for improvement which should be taken into account when confirming the Intellex CRR template:</p> <ul style="list-style-type: none"> oThe current and target risk score for each risk were not included; oMovement in risk score should be stated for each risk; oNo risk reference quoted for any risk; oAction owner for 3 risks (Adult Safeguarding, Data Security, Preparedness for OFSTED inspections) was not stated; oCurrent controls, assurances and future actions were not documented for 3 risks (Adult Safeguarding, Data Security, and Slough Children's Services). 	<p>The Council will ensure that the Intellex Corporate Risk Register templated report includes the following for each risk:</p> <ul style="list-style-type: none"> oInitial, current and target risk scores; oMovement in risk score; oRisk reference; oAction owner, current controls, assurances and future actions for all risks. 	Medium	Partially Completed	30/06/17	Phil Brown
	Finance and Resources	<p>During 2016/17 Cabinet has not reviewed the content of the CRR and procedures in place to monitor the management of significant risks.</p> <p>The RMS requires this review to be undertaken at least annually and will ensure oversight of significant risks</p>	<p>The Audit & Corporate Governance Committee will recommend that the Council Cabinet notes the Corporate Risk Register content annually.</p>	Medium		30/09/17	Phil Brown
	Finance and Resources	<p>At the time of our audit, and following the go-live of Intellex in November 2016, the system had not been rolled out at a Directorate level.</p>	<p>The Council will agree the roll out of Intellex to record directorate level risks with each directorate.</p> <p>This will include agreement of responsibilities at directorate level to update risks on a regular basis.</p>	High	Partially Completed	30/06/17	Phil Brown

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	<p>The RMS includes a definition of risk appetite and states that the Cabinet's responsibilities include determining whether the Council is 'risk taking' or 'risk averse'.</p> <p>As the RMS had not been signed off by the Cabinet, the risk appetite has not been yet determined.</p> <p>Once determined, and as per out previous year's audit findings, the targets for the Corporate Balanced Scorecard should be set in line with the Council's risk appetite.</p>	<p>On Cabinet approval of the Risk Management Strategy, the Cabinet will determine the Council's risk appetite.</p> <p>Following this, targets for the Corporate Balanced Scorecard will be set in line with the Council's risk appetite as defined within the updated Risk Management Strategy.</p>	Medium	No Action Taken	30/06/17	Phil Brown
Title: Legal Services Part 1							
Reference No.: 81718							
	Finance and Resources	<p>We also found some of the actions were not specific, and actions were not supported by specific measures and targets that would enable an objective assessment of the department's performance at the end of the year.</p>	<p>The 2017/18 Service Plan for Legal Services will be reviewed and updated to ensure identification of clearly defined, measurable actions with specific targets that are clearly linked to specific actions within five year plan outcome plans.</p>	Medium	Partially Completed	31/08/17	Sushil Thobhani

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	<p>Through review of the Service Plan for 2017/18 and discussion with the Acting Head of Legal Services, we identified that the department has had a number of unfilled vacancies for some time. At the time of the audit, the department had 15 full-time posts; however 8 of these were unfilled.</p> <p>We confirmed through discussion with the Acting Head of Legal Services that, although the department uses the IKEN time recording system to record chargeable time, there are no targets and no monitoring is undertaken in respect of the level of staff chargeability.</p>	As part of the review of the 2017/18 Service Plan, a review of the current level of staff chargeability will be undertaken to inform the level of current resource gaps within the department. Following this, a clear delivery model will be agreed, with either a recruitment action plan put in place to address identified gaps or alternatively the level of outsourcing of legal work required to meet these gaps clearly defined and agreed.	Medium	Partially Completed	31/10/17	Sushil Thobhani
Title: Neighbourhood ASB Enforcement							
Reference No.: 111718							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Neighbourhood Services	Through discussion with two of the Enforcement Team Leaders, we identified that monthly supervisions were not being held monthly. There is therefore the risk that cases may not be appropriately responded to without regular oversight from Team Leaders. Through review with the Tenancy Team Leaders, we confirmed existence of a system control within Capita requiring Team Leaders to review cases at monthly intervals. However, following review of the ASB Policy, Team Leaders must ensure that, as part of this review, consistent application of the policy is monitored, and non-compliance flagged for corrective action.	Team Leaders will ensure that ASB cases are reviewed monthly, and following review and approval, and subsequent dissemination of the ASB Policy, that consistent application of the policy is monitored.	Medium		31/10/17	Michelle Isabelle
	Neighbourhood Services	We reviewed the ASB Policy and confirmed it adequately detailed the strategy and overarching aims of the Council with regards to managing ASB. We noted there were a total of 14 Fact Sheets which were split between 'ASB Policy and Procedure' and 'ASB Legislation'.	The Policy and Fact Sheets will be re-circulated to all relevant staff, and they will be required to confirm that they have read and will comply with it. Training covering policy application will be provided to ensure consistent understanding and application.	Medium		31/10/17	Michelle Isabelle

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Neighbourhood Services	For the four Capita cases highlighted above where the method of notification had not been recorded, we were unable to confirm the accuracy of the date of notification logged on the system. For the remaining six cases, the notification was either face-to-face or via telephone, and as such, there was no supporting evidence to cross-reference the date of notification to.	Council staff will be reminded of the need to record details of the notification on Flare within the notes for all ASB cases, to ensure a clear audit trail exists for reported ASB cases. This will be reviewed by the Resilience and Enforcement Team Assistance when assigning cases to ensure the date of notification has been accurately recorded.	Medium		31/10/17	Michelle Isabelle
Title: Gas Servicing							
Reference No.: 61718							
	Place & Development	We noted however through our testing that there had been a lack of commentary provided due to staff resourcing issues at Interserve and as such there were many instances where there was a lack of commentary from Interserve throughout the testing of the properties in our sample. If clear commentary is not provided on RAMIS where any actions have been undertaken relating to gas safety inspections on a property, there is a risk that the Council may be unable to keep abreast of their property stock and monitor any follow up actions that may be required to ensure that gas safety checks are being carried out on an annual basis and all properties are in receipt of a valid LGSR in order to comply with the Gas Safety (Installation and Use) Regulations 1998.	The Council will request that Interserve provide commentary on RAMIS where any actions relating to the gas safety checks of properties have been undertaken. In addition this practice will be adopted by Osbourne upon the commencement of the new contract in December 2017.	Medium	Partially Completed	01/09/17	Alan Cope
Title: Voids							
Reference No.: 61617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Place & Development	There was no recording in meeting minutes of the Corporate Management Team challenging the red RAG-rating for voids when the Q3 Balanced Scorecard was reviewed.	Management to ensure that issues raised in the existing reporting mechanism will be challenged, and mitigating actions put in place.	Medium	No Action Taken	31/01/17	Mike England
Title: Homelessness							
Reference No.: 301617							
	Place & Development	If the suitability of accommodation check is not being undertaken completely as laid out in the Private Rented Sector Toolkit there is the risk that the Council is placing clients in unsuitable accommodation and discharging their duty inappropriately which could open the Council up to legal action. The DGS referral spreadsheet was obtained and a sample of five cases that had a referral in 2016/17 were picked. These five cases were viewed on Capita and in all cases we confirmed that a DGS referral form as laid out in the Private Rented Sector Toolkit was completed appropriately providing assurance as to the process and that applicants are being assessed correctly and approved prior to the assistance being given.	A review will be carried out to assess the staffing levels in the teams responsible for completing the suitability of accommodation checklist to determine if these need to be adjusted to provide the manpower to complete the suitability of accommodation checklists.	Medium	Partially Completed	30/09/17	Colin Moone
Title: Health & Safety							
Reference No.: 211617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We found that procedures in relation to Health and Safety had not been formally reviewed or updated since 2011 for some procedures reviewed.	An exercise will be undertaken to update all procedural documents (Codes of Practice) regarding Health and Safety to ensure that they include areas of best practice. Once updated, procedures will be approved by the Corporate Health and Safety Committee.	Medium	Partially Completed	30/06/17	Robin Pringle
	Finance and Resources	We found that we could not obtain at the time of the audit, the risk assessments or self-audits for the Chief Executive Directorate as well as self-audits and action plan for Adult Social Care.	As per the H&S Policy, H&S leads will ensure that risk assessments and self-audits are readily available and stored securely.	Medium	No Action Taken	30/04/17	Roger Parkin
	Finance and Resources	We identified that compliance with mandatory Health and Safety training across directorates (with the exception of the Chief Executive's Directorate) up to the end of August 2016 was between 40-60% compliant.	An exercise will be carried out to identify all staff eligible for the mandatory and optional training courses regarding health and safety along with staff that have already completed this training. Following this, a Health and Safety Compliance Report will be presented and challenged at the Corporate Management Team and the Senior Management Team. This report will include the compliance rates of health and safety training for all levels of staff across all directorates.	Medium	No Action Taken	30/06/17	Roger Parkin
	Finance and Resources	We found that when target dates for actions raised within self-audit had passed, an explanation was not always provided and a revised target date had not been set.	Target dates will be set for all actions identified as a result of self-audits. These will also be added to the Directorate Health and Safety Action Plan. Where the target date has passed for a particular action, explanations will be provided and revised targets dates will be set.	Medium	Partially Completed	30/04/17	Roger Parkin

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We found that: We could not obtain the risk assessments or the self-audits for the Chief Executive Directorate; Actions raised from risk assessments were not monitored to ensure they had been implemented; We could not obtain the directorate action plan for Adult Social Care; and Accident/incidents were not being monitored within RHR and Chief Executive's Directorate.	A Health and Safety Report will be produced to replace the action plan. This will include: Compliance of risk assessments and self-audits completed. completed Risks and respective actions raised from risk assessments Risks and respective actions raised from self-audits Accident and incident statistics along with detailed of cases and action taken. This report will be completed and updated for each directorate and reviewed at each directorate Health and Safety meeting. This will ensure actions are being monitored and therefore completed in a timely manner.	Medium	Partially Completed	30/06/17	Roger Parkin
Title: Procurement							
Reference No.: 321617							
	Finance and Resources	Through review of the Council's website and intranet, we noted the Procurement Strategy published was last reviewed in March 2012. A management action was agreed as part of our 2014/15 Procurement audit regarding the need to update the Strategy to ensure it is reflective of and aligned to the Council's Five Year Plan.	The Procurement Strategy will be updated to ensure it is aligned to the strategic priorities set out within the Five Year Plan. The strategy will then be issued to CMT and Cabinet for approval, published on both the Council website and intranet and then reviewed annually thereafter.	Medium	Partially Completed	31/08/17	Frederick Narmh

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We were informed by the Head of Procurement that there is no reporting on procurement activity to senior management or Members. We noted the now out-of-date Procurement Strategy included a set of KPIs for monitoring progress against achieving the objectives within the strategy.	As part of the review and update of the Procurement Strategy, a set of KPIs will be developed and agreed to monitor procurement activity and progress against the strategy, and quarterly reporting to the PRB, CMT and Cabinet will be put in place.	Medium	Partially Completed	31/08/17	Frederick Narmh
	Finance and Resources	Through review of the CPR, we noted it made numerous references to the POP being the operational guidance document for procurement, and directs staff to this for process guidance. However, the POP was last updated in November 2014 and there were, therefore, a number of elements that did not reflect current legislation and were not aligned to the CPR.	Aligned to the review of the CPR, the POP will also be reviewed and updated, and maintained thereafter to ensure it is consistent with the CPR and reflective of current legislation and thresholds, and provides sufficient guidance to staff on procurement procedures. The updates will incorporate use of the current Intend system or any subsequent system implemented in relation to procurement and clearly set out the roles and responsibilities of the Procurement team and wider Council staff, including the Legal team, in procurement. The updated POP will then be made accessible to staff on the intranet, together with relevant forms/templates.	Medium	Partially Completed	31/08/17	Frederick Narmh
	Finance and Resources	We reviewed the current version of the CPR, which was last reviewed as part of the review of the Constitution on 17 May 2016 and accessible on the Council's website. We noted the CPR still referenced the PCR 2006 despite this being replaced by the PCR 2015 in February 2015.	The CPR will be reviewed and updated to ensure it is reflective of current legislation and thresholds. The amendments will then be either approved by Council as part of the 2017 annual review of the Constitution or presented to the Constitution Panel for approval.	Medium	Partially Completed	31/08/17	Frederick Narmh

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We were informed by the Head of Procurement that there was currently no monitoring and analysis undertaken of procurement expenditure.	The Procurement team will undertake monthly monitoring and analysis of expenditure by supplier and by type of expenditure to monitor compliance with the Council and EU procurement thresholds requiring formal contracts to be awarded and to identify any potential efficiencies and savings that could be delivered through consolidation of contracts.	Medium	Partially Completed	30/06/17	Frederick Narmh
Title: Asset Register							
Reference No.: 291617							
	Regeneration	We obtained a rough two-sided step by step guidance document from the Principal Asset Manager which outlined the process to be followed for the Principal Asset Manager/Management Support Officer for the following; <input type="checkbox"/> Notifications from Legal Services; <input type="checkbox"/> Notifications from Finance; <input type="checkbox"/> Auditing process	The Principal Asset Manager, Principal Accountant for Capital & Treasury and Group Property & Regeneration Solicitor should oversee the preparation of an Asset Management Procedure that clearly outlines the responsibilities of all involved departments and staff.	Medium	Partially Completed	31/07/17	Barry Stratfull
Title: Governance							
Reference No.: 151617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	<p>In addition, the contracts register does not meet the detailed requirements for each contract to be published. The current information against each contract on the register was limited to:</p> <ul style="list-style-type: none"> • Title; • Description; • Supplier; • Contract End Date; • Expiry Date; • Contract Extension Date; and • Project Category. 	<p>The Council will ensure that the contract register format and information published against each contract will be updated to comply with the requirements stated within Annex A of the Local Government Transparency Code 2015, and include:</p> <ul style="list-style-type: none"> • Reference number • Title of agreement • Local authority department responsible • Description of the goods and/or services being provided • Supplier name and details • Sum to be paid over the length of the contract or the estimated annual spending or budget for the contract • Value Added Tax that cannot be recovered • Start, end and review dates • Whether or not the contract was the result of an invitation to quote or a published invitation to tender • Whether or not the supplier is a small or medium sized enterprise and/or a voluntary or community sector organisation and where it is, provide the relevant registration number. 	Medium	Partially Completed	30/04/17	Frederick Narmh

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	We were unable to identify the publication of a list of grants to voluntary, community and social enterprise organisations.	The Council will meet the requirement to publish details of all grants to voluntary, community and social enterprise organisations on an annual basis. For each identified grant, the following information will be published as a minimum: <ul style="list-style-type: none"> • Date the grant was awarded • Time period for which the grant has been given • Local authority department which awarded the grant • Beneficiary • Beneficiary's registration number • Summary of the purpose of the grant amount 	Medium		30/04/17	Craig Brewin
Title: Business Continuity Planning Arrangements							
Reference No.: 11617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Regeneration	A Business Impact Analysis (BIA) was last undertaken in July 2013 and has not been reviewed and updated since.	<p>"The Council will establish and maintain a documented process for undertaking business impact analysis and risk assessments at Service, Directorate and Council-wide level that;</p> <ul style="list-style-type: none"> • Establishes the context of the assessment and defines the criteria for evaluating the potential impact of a disruptive incident; • Takes into account legal and other commitments; • Includes systematic analysis and prioritisation of risk treatments; • Defines the required output from the business impact analysis and risk assessment; and • Specifies the requirements for this information to be kept up-to-date. <p>The business impact analysis will include;</p> <ul style="list-style-type: none"> • Identifying activities that support the provision of services; • Assessing the impacts over time of not performing these activities; • Setting prioritised timeframes for resuming these activities at a specified minimum acceptable level (RTO - Recovery Time Objective), taking into consideration the time within which the impacts of not resuming them would become 	High	Partially Completed	30/09/16	Joe Carter

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Regeneration	A formal programme of training for staff in relation to business continuity management had not been established.	"A formal programme of business continuity training will be developed and delivered to staff covering, but not limited to; <ul style="list-style-type: none"> • The roles and contributions of staff to the effectiveness of BCM within the Council; and • The roles and contributions of staff to the effectiveness of BCM within the Council; and • The implications of non-conformance with the policy. • The implications of non-conformance with the policy. "	Medium	No Action Taken	31/10/16	Joe Carter

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Regeneration	We also identified a lack of arrangements for testing the effectiveness of the BCP	"A formal and documented process will be established, implemented and maintained for exercising and testing business continuity procedures in order to assess their effectiveness. This will be documented within the Council's overarching Business Continuity Management Policy. A testing schedule will be defined for the Council BCP as well as the Directorate and Service BCPs which details the intervals at which each element of these will be tested. Exercises/tests will; <ul style="list-style-type: none"> • Be based on appropriate scenarios with clearly defined aims and objectives to minimise the risk of disruptions; and • Produce formalised post exercise reports that contain outcomes and lessons learnt, recommendations and actions to implement improvements. "	Medium	No Action Taken	30/09/16	Joe Carter
Title: Rent Accounts							
Reference No.: 131617							
	Place & Development	We found that the Former Tenant Arrears Procedure was last updated in 2011 and the Policy and Procedure Monitoring Spreadsheet showed inconsistencies with regards to previous and next review date.	The Former Tenant Arrears Procedure will be updated and reviewed. The Policy and Procedure Monitoring Spreadsheet will also be updated on a regular basis, to reflect the accurate last review and next review dates.	Medium	Partially Completed	28/04/17	Debra Gilbert
Title: Voluntary Sector Commissioning - Delivery of Outcomes							
Reference No.: 71617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Adults & Communities	There was an absence of a defined and documented Terms of Reference for the contract monitoring meetings to set out the purpose and format of the meetings and the required representatives of both parties.	Terms of Reference will be developed and agreed for the SPACE contract monitoring meetings to set out; <input type="checkbox"/> Remit/purpose of the meetings; <input type="checkbox"/> Responsibilities; <input type="checkbox"/> Membership and required attendees; <input type="checkbox"/> Meeting frequency; Required reports; and <input type="checkbox"/> Accountability.	Medium		30/09/17	Craig Brewin
	Adults & Communities	We noted actions were being assigned during contract monitoring meetings with a deadline and owner; however an action log to monitor completion of the actions was not maintained while there was no clear trail of the follow up of actions within the minutes.	An action log will be maintained for the SPACE contract monitoring meetings to record details of assigned actions, deadlines and owners, and the completion of these.	Medium		30/09/17	Craig Brewin
Title: Cash Handling							
Reference No.: 201617							
	Finance and Resources	During our testing, we found that for petty cash claims, receipts for expenditure and evidence that the claimant had received petty cash was not being retained. We also noted that the authorisation of petty cash claims was not being checked against an authorised signatory list.	A review will be undertaken of the petty cash process to ensure: <ul style="list-style-type: none"> • Claims are reviewed against an up to date authorised signatory list; • Receipts are retained pertaining to expenditure claimed; and • Evidence is retained of the claimant confirming receipt of the reimbursement of petty cash 	Medium	Partially Completed	31/05/17	Vijay McGuire
Title: Management of Housing Stock							
Reference No.: 41718							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Place & Development	We reviewed the Tenancy Strategy and Policy 2013-2018, accessible via the Council's website, and confirmed that this covered in sufficient detail the areas required by the Act. However, we noted that it still made reference to the Sustainable Community Strategy and the Corporate Plan, which have since been replaced by the Five Year Plan, and the Slough demographic and housing context data referred to within the document was from 2012.	The Tenancy Strategy and Policy will be reviewed and updated to ensure it is aligned to the strategic priorities set out within the Five Year Plan. The strategy will then be issued to CMT and Cabinet for approval, and subject to the required consultation. Once finalised, it will be updated on the Council website and then reviewed annually thereafter.	Medium	Partially Completed	31/03/17	Karen Lewis
Title: Creditors							
Reference No.: 261617							
	Finance and Resources	The Council (i.e. Procurement) does not feature on the current workflow on Agresso to approve amendments to supplier details.	The workflow on the Agresso system will be changed for amendments to supplier details. A comprehensive segregation of duties to approve and verify amendments of supplier details will be implemented between arvato P2P and Council Procurement.	Medium	Partially Completed	31/07/17	Frederick Narmh
Title: Holy Family Catholic School							
Reference No.: 31718							
	Children's Learning & Skills	Without a regular inventory checks being completed by relevant staff, there is a risk that assets that have been stolen, are missing, or are damaged will not be picked up to be resolved by the School.	The School will ensure annual inventory checks are taking place with any discrepancies being investigated. Those discrepancies identified over a predetermined sum will be reported to the Governing Body. To coincide with Asset Tagging.	Medium	Partially Completed	30/09/17	Tina Tushingham
Title: Five Year Plan Outcomes							
Reference No.: 251617							

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	The Outcomes report table included in the quarterly performance reports was not updated for all outcomes each quarter in 2016/17 and we noted one instance where by the directional arrow used to show change in the RAG rating over the quarter was incorrect showing a favourable movement when in fact it was a negative movement.	The Five Year Plan information reporting in the performance reports will be improved upon to ensure: <ul style="list-style-type: none"> •All indicators are SMART and measureable; •Performance is updated for all Outcomes quarterly; •Actions to address underperformance are included alongside reasons for underperformance; and •Detail is included to support RAG ratings including the thresholds which constitute the ratings. 	Medium		31/10/17	Neil Wilcox
	Finance and Resources	Through review of the Outcome 4 plan, we identified instances whereby actions and performance measures were not specific and measurable, while in some case, timescales were not clear. Furthermore, we noted a lack of clarity around the financial impact of specific actions listed to achieve the outcome. There was no formal approval process for sign-off of outcome plans.	The Outcome Groups will ensure the 2017-2021 detailed action plans and performance measures are SMART including specific measurable actions, clear benchmarking figures, and clear timescales for the work where appropriate. Furthermore all detailed action plans will be reviewed and signed off by the Five Year Plan Board at the beginning of the year.	Medium	Partially Completed	31/10/17	Russell Bournier

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
	Finance and Resources	<p>The Five Year Plan Board does not currently have any responsibility for risk management assigned to it in their terms of reference, with no forum involved in the Five Year Plan governance having oversight of identified risks.</p> <p>Furthermore a risk management framework has not been developed that takes into accounts strategic, operational and reputational risks related to the Five Year Plan Outcomes.</p>	<p>The Five Year Plan Board terms of reference will be updated to include their responsibilities around oversight of risk management. A risk management framework will be developed which takes into account strategic, operational and reputational risks related to each of the outcomes and their key actions. This will be discussed with the Board to determine how risk will be reflected and best managed. The framework will identify how the outcome groups will manage and identify their risks.</p>	Medium		31/10/17	Neil Wilcox
Title: Income and Debtors Management							
Reference No.: 381516							
	Finance and Resources	<p>arvato have not been escalating debt relating to Adult Social Care in line with Slough Borough Council's debt recovery policy.</p>	<p>A review will be undertaken between Finance, arvato and Adult Social Care to identify which of the outstanding debtors should be chased in line with the Income Collection and Debt Recovery Policy. Any decision made will be reflected in an updated policy, to be shared between the above parties and council staff.</p>	Medium	Partially Completed	31/03/17	Vijay McGuire

Location: Slough Borough Council

Monday, December 04, 2017 2:12:28 PM (UTC+00:00) Dublin, Edinburgh, Lisbon, London by Phil Brown

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Appendix 2 - Incomplete High Risk Management Actions

Title	Action Plan	Management Actions	Target Date	Recommendation Rating	Completion Notes	Implementation Status
- Person Responsible: Simon Pallett						
Information Governance	The Information Governance Policy was last reviewed and updated in 2012; however the arrangements and processes documented within it had not been fully established. The policy was therefore not fully reflective of the current IG environment within the Council.	The Information Governance Policy will be reviewed and updated to ensure it reflects the arrangements and processes within the Council, in line with the HSCIC guidance, including; <ul style="list-style-type: none"> • Roles and responsibilities, covering senior IG roles (Caldicott Guardian, SIRO and IG Lead), other key staff roles in relation to IG as well the responsibilities of the wider workforce; • The specific resources within the Council to fulfil these roles. • The key policies underpinning the overarching Information Governance Policy; • Governance arrangements for overseeing the IG agenda within the Council; • Processes for delivering training and awareness programmes to staff; and • Arrangements for reporting, escalating and monitoring IG incidents and breaches. Once updated, the policy will be presented to the IT and Information Governance Board for approval, and then subsequently circulated to staff and made accessible via the intranet. The policy will be reviewed annually thereafter, with version control included within document to record approval and next review details.	31/3/2017	High	In progress	Partially Completed
Business Continuity & IT Disaster Recovery	Recovery time objectives for SBC systems and data have not been formally agreed increasing the risk that in the event of an incident incorrect recovery decisions could be made impacting operational capability.	Management will ensure that arvato provide recovery time profiles for key systems as soon as the DR infrastructure has been implemented, which will include the provision of recovery servers.	31/3/2017	High	Follow audit amended findings	No Action Taken
Information Governance	The Council has not undertaken a data flow mapping exercise and there was also no documented	The Council will undertake a data flow mapping exercise to ensure all flows, both inbound and	30/9/2017	High		

	plan to undertake such an exercise.	outbound, of person identifiable and sensitive information in all service areas have been identified mapped and recorded. The information flows will be risk assessed, with necessary actions identified to address risks highlighted. The outcome of the mapping exercise and the risks identified will be reviewed by the IT and Information Governance Board, prior to subsequently being reported to CMT.				
- Person Responsible: Phil Brown						
Risk Management	At the time of our audit, and following the go-live of Intelex in November 2016, the system had not been rolled out at a Directorate level.	The Council will agree the roll out of Intelex to record directorate level risks with each directorate. This will include agreement of responsibilities at directorate level to update risks on a regular basis.	30/6/2017	High	This action is near to completion and once the RSM system is operation throughout the Council this will be done	Partially Completed
- Person Responsible: Joe Carter						
Business Continuity Planning Arrangements	A Business Impact Analysis (BIA) was last undertaken in July 2013 and has not been reviewed and updated since.	"The Council will establish and maintain a documented process for undertaking business impact analysis and risk assessments at Service, Directorate and Council-wide level that; • Establishes the context of the assessment and defines the criteria for evaluating the potential impact of a disruptive incident; • Takes into account legal and other commitments; • Includes systematic analysis and prioritisation of risk treatments; • Defines the required output from the business impact analysis and risk assessment; and • Specifies the requirements for this information to be kept up-to-date. The business impact analysis will include; • Identifying activities that support the provision of services; • Assessing the impacts over time of not performing these activities; • Setting prioritised timeframes for resuming these activities at a specified minimum acceptable level (RTO - Recovery Time Objective), taking into consideration the time within which the impacts of not resuming them would become	30/9/2016	High	Partially Complete as per Follow Up audit 04/17	Partially Completed

unacceptable (MTPD - Maximum Tolerable Period of Disruption); and

- Identifying dependencies and supporting resources for these activities, including suppliers and outsource partners.

The risk assessment will include;

- Identifying risks of disruption to the Council's prioritised activities and the processes, systems and resources that support them;
- Systematically analysing risks in line with the Council's risk management methodology;
- Evaluating which risks require treatment/mitigation; and
- Identifying treatments/mitigations in line with business continuity objectives and the Council's risk appetite.

The processes will be documented within the Council's overarching Business Continuity Management Policy.

risk appetite.

The processes will be documented within the Council's overarching Business Continuity Management Policy.

"

Person Responsible: **Roger Parkin**

Matrix Management of Agency Staff

Staff were not inputting sufficient notes into the Matrix system when approving staff, for instance, whether sufficient budget is available.

We will ensure that all staff approving new agency workers or approving the extension of existing agency contracts on the Matrix system input relevant notes of checks that have been carried out, for instance:

- Whether adequate budget is available for the post;
- The post was required urgently out of hours and therefore, there is only authorisation from one member of staff; or
- The reason why the contract has been extended.

If this information is not detailed then the approval will be refused.

31/5/2016

High

No Action

No Action Taken

- Person Responsible: **Frederick Narmh**

Matrix Management of Agency Staff

We noted that the Council did not have an assigned Contract Manager for Matrix.

The Council will formally assign a Contract Manager who will have responsibility for managing the Matrix contract.

31/5/2016

High

Corporate procurement will continue to manage the Matrix contract on an interim basis till the contract expires. Following the eminent expiry of the Matrix contract in 2018, it is anticipated

Partially Completed

						that HR will actively manage the new service contract with a dedicated resource. HR to assist in Managing this contract that has been extended for a further year. As per FN A fixed term contract person will be appointed to manage Matrix by mid Oct 2017	
- Person Responsible: Vijay McGuire							
General Ledger	<p>We were unable to obtain the Council's contract with Trustmarque and therefore were unable to establish the agreement in place for the back-up of the General Ledger and any disaster recovery procedures and test whether these occur.</p> <p>In addition, further review with key staff within the organisation identified that no assurance is currently received from Trustmarque that backups are undertaken or tested.</p>	The Council will ensure that the frequency of backups is stated within the contract with Trustmarque and that assurance is received that backups are conducted regularly and disaster recovery arrangements are tested for the ledger.	30/6/2017	High	cannot complete it without Finance involvement and we have asked for copies of the contract with Trustmarque which are not yet been made available. I have asked again and copied you into the request This issue is now between Barry and Simon Barry Stratfull will talk to Trustmarque to see who our contract is with and take matters further	No Action Taken	

Audit Actions by Implementaion Status

Bar Chart of Outstanding Audit Actions by Implementation Status

Appendix 3 - Chart of Status of Management Actions

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Appendix 4 SBC Risk Register

Report Date	04 Dec 2017
Risk Area	1. Corporate Risks

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 4	Inability to manage the urban regeneration projects such that they deliver a quality product on time and to budget	Slough will be an attractive place where people choose to live, work and visit	<p>Description There are a number of major regeneration projects planned for the town which when completed will attract businesses in the area e.g. the TVU site and the old library. Failure to manage these projects effectively may result in project delays and increase project costs.</p> <p>Consequence The main impact will be delays in attracting businesses to the area with the consequential loss of income and ability to provide jobs and opportunities for Slough residents. Inadequate governance arrangements will contribute to ineffective decision making and management</p>	I = 3 L = 5 15	Created a Directorate for Regeneration Asset Master	Existing	I = 3 L = 4 12	Ensure that there is sufficient budget available Person Responsible: Joe Carter To be implemented by: 31 Mar 2017	I = 2 L = 3 6
					External advisors used for legal and technical advice	Existing		Ensure that SBC has proper representation on SUR board Person Responsible: Joe Carter To be implemented by: 31 Mar 2018	
					Monitoring reports go to Cabinet & Members	Existing			
					Terms of reference and governance around SUR contracts	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 2	Failure to ensure financial sustainability.	All 5 year plan outcomes	<p>Description The revenue support grant is declining whilst the population in the Borough is growing. In addition there is an increasing demand for the Council's Services. Efficiency savings still need to be made to reduce expenditure, whilst the financial sustainability of the Council in the longer term is..</p> <p>Consequence Failures or delays in the Slough Urban Regeneration programme is likely to produce an extended period of lower than expected income which will in turn impact the quality of services that can be delivered and result in a failure to meet the corporate objectives. Failures or delays in the Slough..</p>	I = 4 L = 4 16	Assessment of the impact of Brexit on Council finances	Existing	I = 4 L = 2 8	Review current controls on a quarterly basis and report to Cabinet Person Responsible: Barry Stratfull To be implemented by: 31 Jan 2018	I = 4 L = 2 8
					Budget Monitoring Reports to Members, Corporate Management Team, Departmental Management Teams	Existing			
					External experts used to carry out financial analysis. 5 Year Plan in place	Existing			
					Medium term financial strategy	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 1	Recruiting, retaining and stabilising the senior management team.	All 5 year plan outcomes	<p>Description There are currently interim positions at Chief Executive and Resources, Housing and Regeneration Directorate. Two out of seven assistant directors have recently resigned. The Council is undergoing an organisational restructuring, requested by the leaders, and there is a need to recruit into these..</p> <p>Consequence Failure to stabilise the senior management of the Council will result in reduced effectiveness of leadership and potential inability to achieve the corporate objectives.</p> <p>Reputational Damage</p>	I = 4 L = 5 20	Corporate Management Team that leads the Council	Existing	I = 4 L = 4 16	Once consultation is complete implement new structure will need to be implemented Person Responsible: Surjit Nagra To be implemented by: 31 Dec 2017	I = 4 L = 2 8
CR 19	Failure of Children's Social Care	Our children and young people will have the best start in life and opportunities to give them positive lives	<p>Description The council is currently subject to statutory intervention by the DfE following 3 consecutive failed Ofsted inspections. Social care Functions now sit within Slough Children's services Trust and will be re-inspected in 2018.</p> <p>Consequence Poor outcomes for vulnerable children include risks to safeguarding. Reputational damage to the council. Prolonged statutory intervention</p>	I = 4 L = 6 24	Improvement Board	Existing	I = 3 L = 5 15	Review of KPI for Improvement Board, Person Responsible: Cate Duffy To be implemented by: 31 Dec 2017	I = 3 L = 4 12
					Joint Parenting Panel	Existing		Review of governance by external improvement partner Person Responsible: Cate Duffy To be implemented by: 31 Dec 2017	
					Reporting to Cabinet	Existing		Updated improvement Plan Person Responsible: Cate Duffy To be implemented by: 31 Dec 2017	
					Reporting to Education and Children's Scrutiny	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 16	Ensuring that the Council meets its statutory duties with regards to school provision	Our children and young people will have the best start in life and opportunities to give them positive lives	<p>Description Currently forecasts indicate that there will be an insufficient level of available places in early years as well as an excess demand for places in the secondary school sector within the medium term</p> <p>Consequence The Council has limited space in the Borough to build more schools</p>	I = 4 L = 5 20	Capital Strategy Board	Existing	I = 4 L = 4 16	Strategy to Cabinet Person Responsible: Cate Duffy To be implemented by: 28 Feb 2018	I = 4 L = 3 12
					Oversight by Cabinet and Overview and Scrutiny	Existing			
					Place Planning Board	Existing			
CR 10	Ensuring that the sustainability and transformation partnership (STP) reaches a satisfactory agreement between all the partners.	Our people will become healthier and will manage their own healthcare and support needs	<p>Description Slough needs to deliver a sustainable Health & Care system</p> <p>There are 13 partners on the Board including acute hospital trusts, community trusts and CCGs.</p> <p>Consequence Failure of sufficient funds to be transferred to the Council to provide the social care will result in the Council not agreeing with the consequential reputational damage or the Council being put under greater financial pressure.</p> <p>Slough does not get enough focus</p>	I = 3 L = 4 12	A voting member of the board	Existing	I = 3 L = 3 9	The new Cabinet lead will need to be inducted and supported. Person Responsible: Alan Sinclair To be implemented by: 31 Jan 2018	I = 2 L = 3 6
					Reports are sent to the Wellbeing board and to Scrutiny Panel	Existing		Working out KPI metrics and financial control total Person Responsible: Alan Sinclair To be implemented by: 31 Mar 2018	
					There is a Wellbeing Board alliance	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 18	Failure to Implement SEND Reform	Our children and young people will have the best start in life and opportunities to give them positive lives	<p>Description The Council has a statutory duty to implement Children & Families Act 2014 reforms to SEND by April 2018</p> <p>The Council will be inspected within the next three years</p> <p>Consequence Failure to do so may result in Government intervention</p> <p>A poor inspection would damage</p>	I = 4 L = 5 20	Recruited a Service lead for SEND for better integration with the Council	Existing	I = 3 L = 5 15	Additional resources for SEND Person Responsible: Cate Duffy To be implemented by: 31 Dec 2017	I = 3 L = 4 12
					Regular review and monitoring at Children's Learning & Skills Management team	Existing		Establishment of SEND Partnership Board Person Responsible: Cate Duffy To be implemented by: 31 Dec 2017	
					SEND has been returned to Council	Existing		Creation of SEND Strategy with partners Person Responsible: Cate Duffy To be implemented by: 28 Feb 2018	
CR 5	Failure to ensure the Town Centre redevelopment, backed by external investors, is completed in as short a timescale as possible.	Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents	<p>Description The town centre will be redeveloped investors to make it an attractive centre for businesses to operate from and residents to visit. However there will be a period when the town centre will be blighted.</p> <p>In the short term SBC have to ensure the short term viability of the Town Centre</p> <p>Consequence Failure to ensure this period is short will mean that businesses and their income will be delayed or they may decide to go elsewhere. We understand this happened in elsewhere</p>	I = 4 L = 4 16	Discussions and negotiations with investors has started (single point of contact)	Existing	I = 4 L = 4 16	Establish a relationship with Ardia through a project board Person Responsible: Joe Carter To be implemented by: 31 Mar 2018	I = 3 L = 3 9
								Need to develop a program/strategy for attracting short term investment Person Responsible: Joe Carter To be implemented by: 31 Mar 2018	
								Ensure that the Planning Performance Agreement is established and is fully resourced Person Responsible: Sanjay Dhuna To be implemented by: 31 Mar 2018	

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 11	Ensuring the Council's internal control environment is fit for future.	All 5 year plan outcomes	<p>Description Continued changes in personnel / vacancy / service change have resulted in loss of corporate memory and deterioration in the control framework including adherence with policy, systems, process and procedures. This can result in decisions being made without a firm policy footing or decisions being..</p> <p>Consequence The Council is therefore at greater risk of being challenged or making a poor decision with sub optimal</p>	I = 3 L = 5 15	Reviewed Code of Conduct	Existing	I = 3 L = 3 9	Complete the review of HR policies under the new structure Person Responsible: Surjit Nagra To be implemented by: 31 Mar 2018	I = 2 L = 2 4
					Reviewed Constitution	Existing		Complete the review of the constitution. Person Responsible: Sushil Thobhani To be implemented by: 31 Mar 2018	
					RSM Internal Audit provides assurance Implementation of Agresso has increased	Existing		Complete the review of the code of conduct Person Responsible: Sushil Thobhani To be implemented by: 31 Mar 2018	
					Updated financial procedure rules	Existing			
CR 17	The Effects on the Council of political Instability	All 5 year plan outcomes	<p>Description The political instability of the Council hampers the effectiveness of the Council</p> <p>Consequence Senior Management resources diverted into dealing with issues that arise from the political situation. Decisions and important information reports are being delayed Possible intervention from Central Government</p>	I = 4 L = 5 20	To be decided	Existing	I = 4 L = 5 20	To Be decided Person Responsible: Roger Parkin To be implemented by: 31 Jan 2018	I = 4 L = 5 20

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 9	Management of the procurement process to ensure that the Council is fully compliant with procurement rules and meets the associated regulations.	All 5 year plan outcomes	<p>Description The Council operates a hybrid procurement model which is in between centralised and non-centralised procurement. Hence some procurement is undertaken directly from the Directorates.</p> <p>The procurement process should also comply with the Public Services Social Value Act by having regard to..</p> <p>Consequence Failure to follow the EU or local rules for procurement opens the Council up to the risk of being challenged by unsuccessful bidders. Hence it is important that procurement officers have adequate training and familiarise themselves with the basic rules.</p>	I = 3 L = 5 15	Dedicated Procurement team	Existing	I = 3 L = 3 9	<p>The Procurement team will undertake monthly monitoring and analysis of expenditure by supplier and by type of expenditure to monitor compliance with the Council and EU procurement thresholds requiring formal contracts to be awarded and to identify any potential efficiencies and savings that could be delivered through consolidation of</p> <p>Person Responsible: Sushil Thobhani To be implemented by: 31 Dec 2017</p> <p>The Corporate Procurement Rules will be reviewed and updated to ensure it is reflective of current legislation and thresholds. The amendments will then be either approved by Council as part of the 2017 annual review of the Constitution or presented to the Constitution Panel for approval</p> <p>Person Responsible: Sushil Thobhani To be implemented by: 31 Dec 2017</p> <p>The Procurement Strategy will be updated to ensure it is aligned to the strategic priorities set out within the Five Year Plan. The strategy will then be issued to CMT and Cabinet for approval, published on both the Council website and intranet and then reviewed annually thereafter</p> <p>Person Responsible: Sushil Thobhani To be implemented by: 31 Mar 2018</p>	I = 2 L = 3 6
					Internal Procurement and tender regulations in Constitution	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 3	Failure to ensure that the Council meets its statutory service requirements in homeless, re-housing and emergency housing as well as compliance with health and safety regulations [Fire].	Our residents will have access to good quality homes	<p>Description The Council has statutory responsibility to provide accommodation for the homeless and adequate housing to meet the local demand. The increasing number of homeless is an emerging risk as the Council is required to find temporary accommodation which will be a high cost and poses a safeguarding..</p> <p>Consequence Failure to manage these properties could mean a failure to its corporate objectives and the Council's statutory obligations including health and safety, in particular, fire.</p> <p>Reputational Damage</p>	I = 4 L = 5 20	A group has been set up to look specifically at high rise properties	Existing	I = 3 L = 4 12	Building compliance project that reports to the Health & Safety Board. this is aimed at the dealing with the high risk H&S items Person Responsible: Mike England To be implemented by: 31 Mar 2018	I = 3 L = 3 9
					Contracts have been strengthened with respect to contractor's health and safety responsibility	Existing		Putting place Homelessness Prevention strategy aimed at trying to contain homelessness and containing the financial impact upon the authority Person Responsible: Colin Moone To be implemented by: 31 Mar 2018	
					Corporate health and safety board.	Existing			
					Homeless Prevention Board	Existing			
					The risk of homelessness is being monitored.	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 6	There is a risk that the processes for bringing Environmental Services back in house are inefficient and ineffective making the transition difficult. Failure to ensure Environmental services operate to the standard expected by the Council.	All 5 year plan outcomes	<p>Description Environmental services have been run by external organisations for the last few years.</p> <p>Consequence Failure to understand how well the services have been managed, their financial situation, the skills of staff and the risks they carry may mean the Council is taking on unwanted liabilities or does not have sufficient capabilities / capacity to ensure successful continuity of services to users once..</p>	I = 3 L = 5 15	Call off contract with Agency in case of staff shortages or strikes.	Existing	I = 3 L = 3 9	Embedding new staff into the organisation including line management structure Person Responsible: Mike England To be implemented by: 31 Jan 2018	I = 3 L = 2 6
					New Fleet purchased	Existing		Construct a system of monitoring service delivery including Key performance indicators Person Responsible: Mike England To be implemented by: 31 Jan 2018	
					TUPE transfer of staff including experienced staff and managers.	Existing			
					Working Group has been set up to manage mobilisation (Chaired by CEO).	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 15	Managing External Contractors	All 5 year plan outcomes	<p>Description Failure to manage external contractors</p> <p>Consequence The Council has ultimate responsibility for contractor risks and a contractors financial failure or over commitment of resources may result in the Council's services not being delivered or reputational damage due to poor health and safety practices or poor quality of work</p>	I = 4 L = 3 12	Client and Compliance Teams	Existing	I = 4 L = 1 4	Undertake repeated financial due diligence at regular intervals Person Responsible: Barry Stratfull To be implemented by: 31 Mar 2018	I = 3 L = 1 3
					Employee Skills Committee	Existing			
					Financial Due Diligence	Existing			
					Financial Procedure Rules/Procurement Rules	Existing			
					Overview and Scrutiny Panel Neighbourhood Panels	Existing			
					Performance Monitoring Reports	Existing			
					Regular internal	Existing			
					Robust contracts	Existing			

SBC Risk Register

Risk Ref	Risk Title	5 Year Plan Outcomes	Description & Consequence	Inherent Risk Priority	Risk Control	Control Status	Residual Risk Priority	Action Required	Target Risk Priority
CR 14	Failure to ensure that the Council has adequate permanent staff with the skills required to meet their corporate objectives.	All 5 year plan outcomes	<p>Description The Council has relied on a high number of long-term agency staff to carry out its functions because of role vacancies. The organisational restructuring alongside developing initiative provides the opportunity to recruit staff into roles</p> <p>Consequence Failure to develop the workforce and retain staff will mean the Council does not have the required skills to meet its corporate objectives</p>	I = 3 L = 3 9	Employment Appeals Committee Monitoring data	Existing	I = 2 L = 2 4	<p>Develop initiatives to reduce this risk</p> <p>Person Responsible: Surjit Nagra</p> <p>To be implemented by: 31 Dec 2017</p>	I = 2 L = 2 4
					Invested in the Slough Academy for difficult to fill posts	Existing			
					Restructured Adult Social Care	Existing			
					Working with Matrix regarding the longevity of Agency staff.	Existing			
CR 8	Ensuring the effectiveness of resilience plans/ continuity plans for key locations and services.	All 5 year plan outcomes	<p>Description The Council's business continuity plan was last reviewed in 2013. The internal audit report in 2016 would provide no assurance that adequate controls are in place. The BCP has not been tested through desk top or simulation exercises.</p> <p>Consequence Failure to have an up to date BCP places the Council at risk of being unable to continue its business should a serious event cause disruption. Senior management do not appear to have appreciated the significance of the risks or given this due attention in the past</p>	I = 4 L = 6 24	Dedicated Business Continuity Officer	Existing	I = 4 L = 5 20	<p>A formal programme of business continuity training will be developed and delivered to staff covering, but not limited to; • The roles and contributions of staff to the effectiveness of BCM within the Council</p> <p>Person Responsible: Joe Carter</p> <p>To be implemented by: 31 Dec 2017</p>	I = 2 L = 3 6
					External assistance to help develop the plan	Existing			

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SLOUGH BOROUGH COUNCIL

REPORT TO: Audit & Corporate Governance Committee

DATE: 14th December 2017

CONTACT OFFICER: Neil Wilcox, Director Finance & Resources
(Section 151 Officer)

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WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

CORPORATE FRAUD UPDATE – QUARTER 3 2017/18

1. **Purpose of Report**

This report updates the Audit & Corporate Governance Committee on the counter fraud activity of the Council in the 3rd Quarter of 2017/18.

2. **Recommendation(s)/Proposed Action**

That the activity and outcomes of the Corporate Fraud Team are noted.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

The governance of the Council underpins the delivery of all of the Joint Slough Wellbeing Strategy priorities.

3b. **Five Year Plan Outcomes**

The work of Corporate Fraud also reflects the priorities of the Five Year Plan as follows:

- *Our children and young people will have the best start in life and opportunities to give them positive lives.*
- *Our people will become healthier and will manage their own health, care and support needs.*
- *Slough will be an attractive place where people choose to live, work and visit.*
- *Our residents will have access to good quality homes.*
- *Slough will attract, retain and grow businesses and investment to provide jobs and opportunities for our residents*

4. **Other Implications**

(a) **Financial**

There are no financial implications contained in this report

(b) Risk Management

<i>Recommendation</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
<i>That the activity and outcomes of the Corporate Fraud Team are noted</i>	This report addresses the issue of fraud	

(c) Human Rights Act and Other Legal Implications

There are no Human Rights issues contained in this report

(d) Equalities Impact Assessment

There is no need for the completion of an Equalities Impact Assessment

5. **Supporting Information**

5.1 So far this quarter The Corporate Fraud Team (CFT) has dealt with 207 enquiries to date from a range of sources including:

- Police Authorities
- The Council's Legal Section (in relation to Right to Buys)
- Department of Works Pensions
- referrals from the general public

5.2 The increase is in part due to the appointment of our Intelligence Officer who is on hand to speak to people rather than to the automated response previously in place.

5.3 We submitted 3 cases to HB Public Law to consider prosecution these have been accepted Summons drafted and a Court date for all 3 of 23.2.18.

We also have a case with the Crown Prosecution Service for Housing and Council Tax Benefit offences & Housing Fraud awaiting a decision.-Person removed from temporary housing and removed from housing register awaiting summons.

5.4 The Council's Financial Investigator has six Financial Investigations open. She has recently concluded a Land Registry Tribunal Trial with the applicants having their claim cancelled. They are now seeking leave to appeal.

5.5 7 administrative penalties in relation to CTRS fraud with the financial penalty amount paid in full totalling £1597.90.

A Fraud referral form specifically designed for use by Housing staff to report their concerns has already resulted in referrals to the Corporate Fraud Team and enables us to have a more consistent approach when assessing Housing Fraud Cases.

We continue to be involved at all stages of the Right to Buy process in order to prevent and detect fraudulent applications. In a recent case £1904.56 Housing Benefit & £95.06 CTRS was repaid prior to the acceptance of a Right to Buy application.

The team has attended workshops on the impact of the General Data Protection Regulation in relation to investigations, and a Housing Tenancy Forum. In early December we will be attending a Business Rates training day as we will be looking at this area of potential fraud in the New Year.

6. **Comments of Other Committees**

There are no comments from other Committees.

7. **Conclusion**

The Committee are requested to note details of the activity and outcomes of the Corporate Fraud Team.

8. **Background Papers**

None

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SLOUGH BOROUGH COUNCIL

Internal Audit Progress Report

**For the Audit and Corporate Governance
Committee meeting on 14th December 2017**

This report is solely for the use of the persons to whom it is addressed. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.



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As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

Recommendations for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is supplied on the understanding that it is solely for the use of the persons to whom it is addressed and for the purposes set out herein. Our work has been undertaken solely to prepare this report and state those matters that we have agreed to state to them. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any party other than the Board which obtains access to this report or a copy and chooses to rely on this report (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to our Client on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 INTRODUCTION

The Internal Audit Plan for 2017/18 was approved by the Audit Committee on 16th March 2017. This report provides a summary update on progress against that plan and any remaining audits within the 2016/17 plan as at the 24th November 2017.

2016/17 Internal Audit Plan

The following two reports issued as part of the 2016/17 plan remain in draft and are still in the process of being finalised:

- Follow Up – sponsor is liaising with the Risk and Insurance Officer to complete.
- Follow Up of Financial Controls – sponsor is liaising with the Risk and Insurance Officer to complete.

2017/18 Internal Audit Plan

The Council have finalised ten 2017/18 reports since the previous Audit and Corporate Governance Committee meeting held in October 2017. These are in the following areas:

- Neighbourhood Anti-Social Behaviour (ASB) Enforcement
- Delayed Transfers of Care (DTC)
- Business Rates
- Five Year Plan Performance Reporting
- Management of the Pupil Premium
- Capital Expenditure
- Housing Benefits
- Housing Regulation
- New Facilities Contract
- Special Educational Needs Funding

The Neighbourhood ASB Enforcement review delivered a '**partial**' assurance opinion. A summary of the review and Medium and High priority management actions, along with implementation dates and owners has been included within Appendix A below.

Two of the reports above (Special Educational Needs Funding and Business Rates) delivered a '**substantial**' assurance opinion, while the remaining seven reports listed above delivered '**reasonable**' assurance opinions.

In addition to the above, the following reports have been issued in draft and we are awaiting responses by management before they are finalised:

- Chalvey Early Years Centre
- Follow Up - Q1

2 SUMMARY OF PROGRESS TO DATE

Reports shown in bold have been finalised.

Executive summaries and action plans from any negative assurance reports finalised since the previous meeting are appended to the bottom of this progress report.

2017/18 Internal Audit Plan (includes draft opinions)

Assignment area	Timing Per Approved IA Plan	Fieldwork date/status	Draft report	Final report	Opinion	Actions		
						L	M	H
Follow Up Q1	June 2017	Draft Report	16 th August 2017		Little progress in implementing agreed actions			
Chalvey Early Years Centre	April 2017	Draft Report	13 th July 2017			1	4	0
Neighbourhood ASB Enforcement	June 2017	Final Report	15th August 2017	13th October 2017		2	4	1
Management of Housing Stock	May 2017	Final Report	23 rd June 2017	21 st August 2017		2	3	1
Lea Nursery School	April 2017	Final Report	2 nd June 2017	23 rd June 2017		10	3	0
Holy Family Catholic School	April 2017	Final Report	8 th June 2017	11 th July 2017		4	3	0
Gas Safety	June 2017	Final Report	11 th July 2017	21 st August 2017		4	3	0
Management of the Pupil Premium	May 2017	Final Report	24 th July 2017	15 th November 2017		0	4	0
Delayed Transfers of Care	September 2017	Final Report	19 th October 2017	27 th October 2017		1	2	0

New Facilities Contract	September 2017	Final Report	19 th November 2017	23 rd November 2017		0	3	0
Five Year Plan - Performance Reporting	September 2017	Final Report	7 th November 2017	15 th November 2017		3	1	0
Housing Regulations	October 2017	Final Report	16 th November 2017	24 th November 2017		5	3	0
Capital Expenditure	October 2017	Final Report	15 th November 2017	22 nd November 2017		5	2	0
SEN Funding	June 2017	Final Report	4 th August 2017	23 rd November 2017		2	1	0
Business Rates	December 2017	Final Report	7 th November 2017	9 th November 2017		1	0	0
Iqra School	April 2017	Final Report	2 nd June 2017	7 th June 2017		1	0	0
Schools Financial Value Standard (SFVS)	May 2017	Final Report	23 rd June 2017	3 rd July 2017	Advisory	3	3	0
AMEY Contract Management	May 2017	Final Report	23 rd October 2017	14 th November 2017	Advisory		-	
Budgetary Control	July 2017	In QA						
Information Governance*	August 2017	In QA						
Council Tax	September 2017	In QA						
Follow Up Q2	October 2017	In QA						
Debtors	November 2017	In QA						
Rent Accounts	November 2017	In QA						
Data Flow Mapping	September 2017	Fieldwork in progress						
Creditors	November 2017	Fieldwork in Progress						

Equal Pay Review / Gender Pay Reporting Gap	September 2017	Fieldwork in progress
Business Continuity Advisory Support	September 2017	Fieldwork In progress
Fixed Penalty Enforcement*	November 2017	Commencing 27 November 2017
Cash Management & Collection / Treasury Management	December 2017	Commencing 4 December 2017
Assets	December 2017	Commencing 4 December 2017
Follow Up Q3	December 2017	Commencing 4 December 2017
Payroll	December 2017	Commencing 11 December 2017
General Ledger	December 2017	Commencing 18 December 2017
Voids*	January 2018	Commencing 5 January 2018
Follow Up Q4	March 2018	Commencing 29 January 2018
General Data Protection Regulations Readiness	November 2017	Commencing 4 December 2017
Staff Establishment Changes	March 2018	Commencing 5 March 2018
Governance	November 2017	Commencing Q4
Adult Social Care Supervision	December 2017	Commencing Q4
Educational Welfare Service*	August 2017	Change requested by Director of Finance and Resources
Annual Governance Statement	March 2018	Commencing March 3018

* Please note change from agreed plan, see details below.

3 OTHER MATTERS

3.1 Changes to the 2017/18 audit plan

Auditable area	Reason for change
Voids	Audit delayed to Q4 (initially agreed to be undertaken in Quarter 2) at the request of the Head of Neighbourhood Services, as a new contractor will be in post from December 1 st , and the review would be better placed to be undertaken in January 2018 to provide assurance over the arrangements for voids with the new contractor.
Educational Welfare Service	<p>This audit was initially agreed to be undertaken in Quarter 2, but has been delayed at the request of the Strategic Director, Children, Skills and Learning, as the service has only recently been brought back in house from Mott Macdonald (Cambridge Education).</p> <p>Subsequently, we have been asked by the Director of Finance and Resources to review the area for Procurement Cards in replacement of this audit.</p>
Fixed Penalty Notices	This audit was due to be undertaken in Quarter 2, but has been delayed at the request of the Head of Neighbourhood Services, as the 2016/17 report was only recently finalised, and Housing are in the process of implementing the actions.
Information Governance	This audit was due to be undertaken in Quarter 2, but has been delayed at the request of the Assistant Director, Finance and Audit, as the Council were still in progress of implementing actions from the previous review in 2016/17.

3.2 Impact of our work to date on year end opinion

The assurances given in our audit assignments are included within our Annual Assurance Report. In particular, the Committee should note that any negative assurance opinions ('No Assurance' or 'Partial Assurance' opinions) will need to be noted in the annual report and may result in a qualified or negative annual opinion.

Where we have issued 'no assurance' (red) and 'partial assurance' (amber / red) reports, these opinions will impact our 2017/18 Head of Internal Audit Opinion for the Council. We have issued two final reports to date that will impact our year end opinion on Management of Housing Stock and Neighbourhood ASB Enforcement (Partial Assurance) and these may need to be considered in the Annual Governance Statement. However, these reports in isolation will not lead to a qualified Head of Internal Audit Opinion.

In addition, it should be noted by the Committee that while the review of AMEY contract management was conducted on an advisory basis, the review identified discrepancies between the published RPIx and what has been used by AMEY Plc for indexing the contract value up to 2010, and this has resulted in a potential overcharge to the Council by AMEY Plc of **£2,019,566** on the non-highways part of the contract. Subject to legal advice, the Council should endeavour to recover this over-charge.

We have continued and will continue to keep the Section 151 Officer, CMT and Audit and Corporate Governance Committee updated over the coming months on the outcome of our remaining 2017/18 work.

We have also agreed a number of areas where negative assurance opinions were issued in 2016/17, but where we have provided further support and advice to the Council to help address these weaknesses in a timely manner. These details are included below.

3.3 Added value work

Area of work	How this has added value
Risk Management Support	We are providing the Council with support to embed and re-establish effective risk management processes to aid in the achievement of the Council's objectives. The support is being provided currently.
Business Continuity Support	Following a negative assurance opinion in 2016/17, we have agreed to provide support to the Council in improving its processes in relation to Business Continuity and the scope of the work is currently in progress.
Data Flow Mapping	Following a negative assurance opinion in 2016/17, we are providing the Council with support to map their flows of data, to aid in the Council's management and security of data. A scope of work has been agreed with the Council and work is underway. A number of workshops have been held already with further workshops planned, with the focus of these workshops being to assist the Council in understanding and mapping their data flows.

3.4 Information and briefings

The following items were highlighted as part of our information briefings since the last Audit and Corporate Governance Committee in October 2017:

Funding for supported housing

Following the announcement by the Prime Minister that the Local Housing Allowance cap will not apply to supported housing or the wider social housing sector, proposals for a flexible funding approach for the supported housing sector have been published.

In providing details Minister of State for Local Government, Marcus Jones, [announced](#):

- a system that leaves funding for housing costs for long-term and sheltered housing services in the benefits system;
- a 'sheltered rent' for sheltered and extra care housing to keep rent and service charges at an appropriate level;
- a new timetable, with the system starting from 2020;
- housing costs for short-term services to be paid through local councils; and
- measures to ring-fence local funding and ensure local authorities assess local need.

Homelessness

The National Audit Office (NAO) has published a report on the issue of homelessness. The NAO identified that 'homelessness has increased across all measures since 2010, with many local authorities now seeing it as a risk to their financial sustainability.' In its findings on the response of local government, the NAO found:

- local authorities' ability to respond to increased homelessness was limited by the lack of options available to them to house homeless families;
- that local authorities had increased spending on homeless measures, whilst simultaneously reducing spending on prevention measures; and
- 'nearly a third' of homeless households were placed in temporary accommodation outside of the local authority where the initial registration took place.

Also of note in the NAO's report is the section on the Homelessness Reduction Act 2017; the legislation that places new statutory requirements on local authorities. The NAO cited statistics from the Department for Communities and Local Government which estimate the new duties will lead to: a 7 per cent increase in applications for homelessness assistance; a 15 per cent fall in households that qualify for temporary accommodation; and a 36 per cent increase in cases of homelessness prevention or relief.

[Read more](#)

Stalling devolution

'Devolution deadlock' is squashing the potential for economic growth and new jobs according to the Local Government Association (LGA). The LGA expressed its concern that no new devolution deals have been announced for 18 months despite much interest, and have called on the government to 'urgently publish' its annual devolution report.

[Read more](#)

Unable to meet demand?

Half of councils across England could be unable to meet the rising demand for secondary school places within the next five years per new statistics published by the Local Government Association (LGA). The LGA conducted analysis of Department for Education figures, with a warning that 125,000 children 'face missing out on a secondary school place by 2022/23.'

[Read more](#)

Autumn Budget

The Autumn Budget included a number of announcements of relevance to local government, such as developments within the Northern Powerhouse and a second devolution deal for the West Midlands. As predicted, housing was a key item on the agenda. Changes to Universal Credit and the government's housing investment measures. However, it was confirmed there is to be a 100 per cent council tax premium on empty properties and a review into delays in permitted housing development. Local authorities will be expected to bring forward 20 per cent of their housing supply as small sites, in order to speed up the delivery of new homes and to support

increased competition. Further measures to combat homelessness were also announced and the government confirmed that 'where measures are essential to make a building fire safe... [it] will make sure that current restrictions on the use of local authority financial resources will not prevent them going ahead.'

[Read more](#)

£1.7bn for city growth

The prime minister has revealed that cities will benefit from a £1.7bn pot to improve transport links and local growth. The West Midlands is to receive £250m of the Transforming Cities fund, which will allow a major development of the Midland Metro to go ahead. It was also announced that UK spending on research and development will increase. The government announced that it would put £2.3bn extra spending within this area in 2021-22, which will raise total public investment to £12.5bn in that year. The measures form part of the government's industrial strategy.

[Read more](#)


Analysis of housing revenue account headroom

The Association of Retained Council Housing (ARCH), in partnership with the National Federation of ALMO's (NFA) commissioned Savills to undertake an analysis of the extent of, and trends in, unutilised borrowing headroom within Housing Revenue Accounts in England. Key outcomes include:

- nearly half of all authorities were within 10 per cent of their Debt Cap and nearly 90 per cent (139 out of 158) of authorities were within 20 per cent of their Debt Cap;
- the total headroom below Debt Cap on 31 March 2015 was £3.162bn which represented an increase on 31 March 2014 of £29m;
- 62 per cent of headroom (£1.96bn) was in authorities within 20 per cent of their Debt Cap;
- 83 per cent of authorities were continuing to operate their business plan at or close to the Debt Cap (within 20 per cent) by 2016;
- 60 per cent of headroom - or the equivalent of 15,000 new homes on a £ for £ borrow-to-invest basis - sits in authorities within 20 per cent of their Debt Cap; and
- evidence suggests that only a small number are actively repaying debt as a policy objective

[Read more](#)

APPENDIX A: KEY FINDINGS FROM FINALISED 2017/18 INTERNAL AUDIT WORK (HIGH AND MEDIUM PRIORITY MANAGEMENT ACTIONS ONLY WHERE PARTIAL OR NO ASSURANCE REPORTS HAVE BEEN ISSUED)

<p>Neighbourhood Anti-Social Behaviour (ASB) Enforcement (11.17/18) – PARTIAL ASSURANCE</p>		<p>2 - Low 4 - Medium 1 - High</p>
<p>The key findings from this review are as follows:</p> <ul style="list-style-type: none"> Compliance with Policy and Procedures <p>Although we noted that a Neighbourhood Services ASB Policy had been developed, with detailed supporting fact sheets covering the processes to follow in managing ASB cases, we identified through our testing and discussions with Team Leaders and the ASB Coordinator that there were inconsistencies between current operational practice and the ASB Policy, and forms/templates prescribed within the policy were not being utilised.</p> <p>There is therefore a risk of inconsistent and/or inadequate responses to ASB cases, and the Council being unable to demonstrate that ASB cases are being given due attention. (Medium)</p> <p>We also identified a lack of consistent recording of categories and types for ASB cases across both the Flare and Capita systems, which restricts the Council's ability to effectively monitor and analyse its overall ASB activity and performance and to benchmark it against other organisations, for instance, through the annual HouseMark ASB Benchmarking report. (Medium)</p> <p>As highlighted above, our sample testing of cases across the two systems identified inconsistencies and inadequacies with regards to the application of the ASB Policy. We have agreed a further one High and two Medium priority management actions in relation to the following:</p> <ul style="list-style-type: none"> Accurate recording of the date of notification on Flare (Medium) <p>Of the 10 Flare cases tested, we identified four cases where the date of notification recorded did not correspond to the date the online reporting form was submitted that was recorded within the notes. In addition, we were unable to confirm the accuracy of the date recorded for two cases as details of the notification had not been recorded within the notes. There is a risk of untimely responses to ASB cases if the date of notification is not accurately recorded, potentially resulting in significant adverse impacts for complainants, and reputational damage because of a perception that ASB enforcement is not taken seriously by the Council.</p> <ul style="list-style-type: none"> Timely responses to cases recorded on Flare (High) <p>Of the 10 Flare cases, we noted one was notified to the Council anonymously, so could therefore not be followed up and responded to. Of the remaining nine cases, we identified;</p>		

- Two had not been responded to and the cases were closed without any action; while
- The remaining seven had not been responded to within the required time-frame (one working day for urgent cases or two working days for all other cases). The initial contact took on average 13 working days.

There is a risk of significant adverse impacts for complainants if ASB cases are not responded to and followed up in a timely manner, and reputational damage because of a perception that ASB enforcement is not taken seriously by the Council.

- **Team Leader oversight of ASB case management (Medium)**

Given the weaknesses identified with the application of the ASB Policy, and identification that in some cases monthly supervisions were not taking place, we have agreed a further management action in relation to this. There is a risk that cases may not be appropriately responded to without regular oversight from Team Leaders.

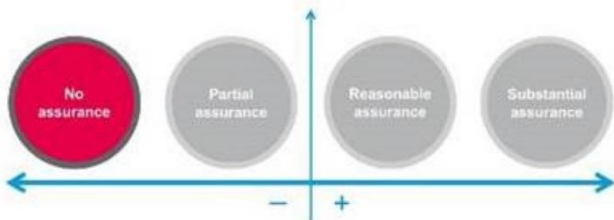
Ref	Findings Summary Management Action	Priority	Implementation Date	Manager Responsible
1	The Council will review the current structure and resources within Neighbourhood Enforcement teams, and assess whether additional resources are required to ensure ASB cases are responded to in a timely manner. As part of this, the role of the Resilience and Enforcement Team in coordinating ASB activity will be reinforced.	High	31 st January 2018	John Griffiths - Head of Neighbourhood Services
2	The Policy and Fact Sheets will be re-circulated to all relevant staff, and they will be required to confirm that they have read and will comply with it. Training covering policy application will be provided to ensure consistent understanding and application.	Medium	31 st October 2017	Michelle Isabelle – ASB Coordinator
3	The Council will review and update the ASB categories and types on both Capita and Flare to ensure these are aligned and reflect the categories and types defined within Fact Sheet 6 - ASB Case Management Systems. Training will subsequently be provided to Team Leaders and Officers on definitions of categories and types to ensure correct assignment and consistent application.	Medium	31 st March 2018	Ian Blake – Resilience and Enforcement Team Leader
4	Council staff will be reminded of the need to record details of the notification on Flare within the notes for all ASB cases, to ensure a clear audit trail exists for reported ASB cases.	Medium	31 st October 2017	Michelle Isabelle – ASB Coordinator

	This will be reviewed by the Resilience and Enforcement Team Assistance when assigning cases to ensure the date of notification has been accurately recorded.			
5	Team Leaders will ensure that ASB cases are reviewed monthly, and following review and approval, and subsequent dissemination of the ASB Policy, that consistent application of the policy is monitored.	Medium	31 st October 2017	Ian Blake – Resilience and Enforcement Team Leader

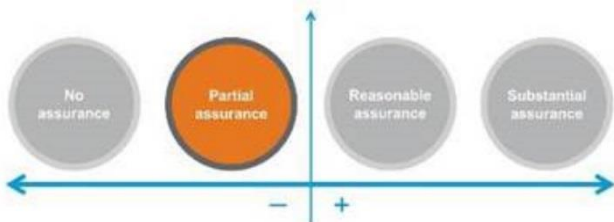
2017/18 ASSURANCE OPINIONS

We are constantly developing and evolving the methods used to provide assurance to our clients. As part of this, we have refreshed our opinion levels in line with the graphics below.

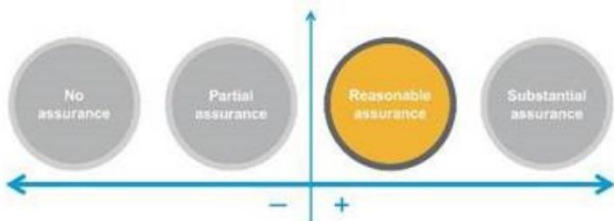
We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the Council can take:



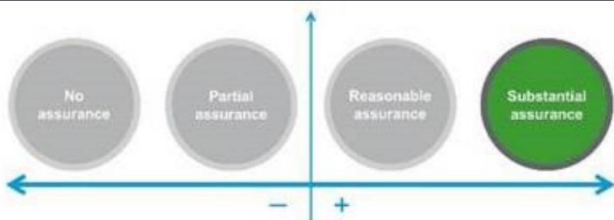
Taking account of the issues identified, the Council **cannot take assurance** that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. Urgent action is needed to strengthen the control framework to manage the identified risk(s).



Taking account of the issues identified, the Council can take **partial assurance** that the controls to manage this risk are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified risk(s).



Taking account of the issues identified, the Council can take **reasonable assurance** that the controls in place to manage this risk are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



Taking account of the issues identified, the Council can take **substantial assurance** that the controls upon which the organisation relies to manage the identified risk(s) are suitably designed, consistently applied and operating effectively.

FOR FURTHER INFORMATION CONTACT

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SLOUGH BOROUGH COUNCIL**REPORT TO:** Audit and Corporate Governance Committee**DATE:** 14th December 2017**CONTACT OFFICER:** Linda Walker, Interim Monitoring Officer
01753 875008**WARD(S):** All**PART I**
FOR INFORMATION**SETTLEMENT AGREEMENTS****1. Purpose of Report**

This report updates members of the Audit and Governance Committee on the number of settlements agreed which were not the result of compulsory redundancies together with the number that were agreed as a result of a compulsory redundancy situation over the past 4 years. It also highlights lessons learnt.

2. Recommendation(s)/Proposed Action

The Committee is requested to note the report.

3. Slough Joint Wellbeing Strategy Priorities

The Joint Wellbeing Strategy priorities are taken into account when decisions are made regarding settlement agreements.

4. Other Implications**(a) Financial**

There are no financial implications of this report.

(b) Human Rights Act and Other Legal Implications

The Council must comply with employment legislation and guidance when entering into any settlement arrangements.

(c) Equalities Impact Assessment

It is important to ensure that settlement arrangements do not impact disproportionately on any group.

5. Supporting Information

- 5.1 From time to time the Council may need to make settlement arrangements in relation to members of staff. **Settlement** agreements are legally binding contracts which can be used to end an employment relationship on **agreed** terms. They can also be used to resolve an ongoing workplace dispute, for example, a dispute over holiday pay, sickness and capability.
- 5.2 The table in Appendix 1 sets out the settlement arrangements entered into during the past 4 years. It can be seen that the non-compulsory redundancy situations are far smaller than those relating to a compulsory redundancy situation and total only 5 in the past 4 years
- 5.3 The Council now identifies any lessons learnt from a particular case and considers whether there should be any changes to procedures etc. The last non-compulsory redundancy settlement highlighted deficiencies in the appraisal process which have now been addressed. A robust appraisal process is now being implemented which begins with the most senior officers in the Council and is cascaded to all staff.

6. Conclusion

The Committee will note the total number of exit packages agreed and the costs of those that were non-compulsory redundancy situations.

7. Background Papers

None.

Appendix 1

Slough

2013/2014

<i>Exit package cost band</i>	<i>Number of compulsory redundancies</i>	<i>Number of other departures agreed</i>	<i>Total number of exit packages</i>	<i>Total cost of exit packages in each band</i>
<i>(including special payments)</i>				
0 - 20,000	22	0	22	204
20,001 - 40,000	9	0	9	280
40,001 - 60,000	4	0	4	297
60,001 - 80,000	2	0	2	127
80,001 - 100,000	2	0	2	189
100,001 - 150,000	1	0	1	149
150,001 - 200,000	0	0	0	0
200,001 - 250,000	0	0	0	0
250,001 - 300,000	1	0	1	285
	41	0	41	1531
Add amount accounted for in CIES not included in bandings.				117
Total cost included in CIES				1648

2014/2015

<i>Exit package cost band</i>	<i>Number of compulsory redundancies</i>	<i>Number of other departures agreed</i>	<i>Total number of exit packages</i>	<i>Total cost of exit packages in each band</i>
<i>(including special payments)</i>				
0 - 20,000	10	0	10	85
20,001 - 40,000	8	0	8	238
40,001 - 60,000	1	0	1	49
60,001 - 80,000	2	0	2	125
80,001 - 100,000	1	0	1	81
100,001 - 150,000	0	0	0	0
150,001 - 200,000	0	0	0	0
200,001 - 250,000	0	0	0	0
250,001 - 300,000	0	0	0	0
	22	0	22	578
Add amount accounted for in CIES not included in bandings.				0
Total cost included in CIES				578

2015/2016

<i>Exit package cost band</i>	<i>Number of compulsory redundancies</i>	<i>Number of other departures agreed</i>	<i>Total number of exit packages</i>	<i>Total cost of exit packages in each band</i>
<i>(including special payments)</i>				
0 - 20,000	6	1	7	43
20,001 - 40,000	3	0	3	95

40,001 - 60,000	0	2	2	103
60,001 - 80,000	0	0	0	0
80,001 - 100,000	1	1	2	191
100,001 - 150,000	0	0	0	0
	10	4	14	432
Add amount accounted for in CIES not included in bandings.				0
Total cost included in CIES				432

2016/2017

<i>Exit package cost band</i>	<i>Number of compulsory redundancies</i>	<i>Number of other departures agreed</i>	<i>Total number of exit packages</i>	<i>Total cost of exit packages in each band</i>
<i>(including special payments)</i>				
0 - 20,000	19	0	19	156
20,001 - 40,000	4	0	4	118
40,001 - 60,000	0	0	0	0
60,001 - 80,000	1	0	1	65
80,001 - 100,000	0	0	0	0
100,001 - 150,000	0	1	1	305
	24	1	25	644
Add amount accounted for in CIES not included in bandings.				0
Total cost included in CIES				644

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MEMBERS' ATTENDANCE RECORD 2017/18
AUDIT AND CORPORATE GOVERNANCE COMMITTEE

COUNCILLOR	26/07/17	11/10/17	14/12/17	08/03/18
Brooker	P	P		
Chaudhry	P	P		
Chohan	P	Ap		
Amarpreet Dhailwal	Ap	P*		
Sadiq	P* (from 6.43pm)	P		
Swindlehurst	P	P*		
Usmani	P	P		
CO-OPTED INDEPENDENT MEMBER				
Iqbal Zafar	P	P		
Ronald Roberts	P	P		
Alan Sunderland	P	Ap		

P = Present for whole meeting
 Ap = Apologies given

P* = Present for part of meeting
 Ab = Absent, no apologies given

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