

**Appendix 1 List of Outstanding audit actions**

	Location	Action Required	Management Actions	Recommendation Rating	Implementation Status	Target Date	Person Responsible
Title: <b>Schools Financial Value Standard</b>							
Reference No.: <b>51617</b>							
	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"> <li><input type="checkbox"/> Five year residency requirement;</li> <li><input type="checkbox"/> Lack of home ownership requirement; and</li> <li><input type="checkbox"/> The working household's additional preference criteria.</li> </ul>	Medium	Partially Completed	30/09/17	Colin Moone
Title: <b>General Ledger</b>							
Reference No.: <b>201617</b>							

	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
<b>Title: Payroll</b>							
Reference No.: <b>271617</b>							
	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: <b>Information Governance</b>							
Reference No.: <b>31617</b>							

	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.	<p>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;</p> <ul style="list-style-type: none"> <li>•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;</li> <li>•The specific resources within the Council to fulfil these roles.</li> <li>•The key policies underpinning the overarching Information Governance Policy;</li> <li>•Governance arrangements for overseeing the IG agenda within the Council;</li> <li>•Processes for delivering training and awareness programmes to staff; and</li> <li>•Arrangements for reporting, escalating and monitoring IG incidents and breaches.</li> </ul> <p>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.</p>	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"> <li>•The requirement for the Council to have in place a Caldicott function;</li> <li>•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;</li> <li>•The additional training requirements for staff within the function;</li> <li>•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</li> <li>•The governance arrangements for monitoring the effectiveness of the function.</li> </ul> <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"> <li>•The requirement for the Council to have in place a Caldicott function;</li> <li>•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;</li> <li>•The additional training requirements for staff within the function;</li> <li>•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</li> <li>•The governance arrangements for monitoring the effectiveness of the function.</li> </ul> <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"> <li>•Data protection; and</li> <li>•Requirements for reporting information governance incidents.</li> </ul>	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: <b>Asset Management</b>							
Reference No.: <b>291516</b>							

	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"> <li>•How to identify assets;</li> <li>•Responsibility of staff in reporting new assets and disposals to the finance team, the legal team and the asset management team;</li> <li>•Documentation to be held for assets owned by the Council;</li> <li>•Responsibility in recording all assets into the Land Terrier and the Asset Register;</li> <li>•Timeliness and responsibility of reconciliations between the asset values in the asset register and the general ledger;</li> <li>•Timeliness and responsibilities for all involved teams within the asset revaluation process and updating of results.</li> <li>•Formal written verification procedures covering how regular reconciliations are to be completed against the asset register and the Councils property management</li> </ul>	Medium		31/03/17	Neil Wilcox
Title: <b>Matrix Management of Agency Staff</b>							
Reference No.: <b>71516</b>							

	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"> <li>• Meeting frequency;</li> <li>• Membership; and</li> <li>• Last and next review date.</li> </ul>	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"> <li>• Whether adequate budget is available for the post;</li> <li>• The post was required urgently out of hours and therefore, there is only authorisation from one member of staff; or</li> <li>• The reason why the contract has been extended.</li> </ul> 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: <b>Risk Management</b>							
Reference No.: <b>171617</b>							



	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 Intelex CRR template:</p> <ul style="list-style-type: none"> <li>oThe current and target risk score for each risk were not included;</li> <li>oMovement in risk score should be stated for each risk;</li> <li>oNo risk reference quoted for any risk;</li> <li>oAction owner for 3 risks (Adult Safeguarding, Data Security, Preparedness for OFSTED inspections) was not stated;</li> <li>oCurrent controls, assurances and future actions were not documented for 3 risks (Adult Safeguarding, Data Security, and Slough Children's Services).</li> </ul>	<p>The Council will ensure that the Intelex Corporate Risk Register templated report includes the following for each risk:</p> <ul style="list-style-type: none"> <li>oInitial, current and target risk scores;</li> <li>oMovement in risk score;</li> <li>oRisk reference;</li> <li>oAction owner, current controls, assurances and future actions for all risks.</li> </ul>	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 &amp; 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 Intelex in November 2016, the system had not been rolled out at a Directorate level.</p>	<p>The Council will agree the roll out of Intelex 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
<b>Title: Legal Services Part 1</b>							
<b>Reference No.: 81718</b>							
	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
<b>Title: Neighbourhood ASB Enforcement</b> <b>Reference No.: 111718</b>							

	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
<b>Title: Gas Servicing</b>							
Reference No.: <b>61718</b>							
	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
<b>Title: Voids</b>							
Reference No.: <b>61617</b>							

	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: <b>Homelessness</b>							
Reference No.: <b>301617</b>							
	Place & Development	<p>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.</p> <p>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.</p>	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: <b>Health &amp; Safety</b>							
Reference No.: <b>211617</b>							

	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
<b>Title: Procurement</b>							
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: <b>Asset Register</b>							
Reference No.: <b>291617</b>							
	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: <b>Governance</b>							
Reference No.: <b>151617</b>							

	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"> <li>• Title;</li> <li>• Description;</li> <li>• Supplier;</li> <li>• Contract End Date;</li> <li>• Expiry Date;</li> <li>• Contract Extension Date; and</li> <li>• Project Category.</li> </ul>	<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"> <li>• Reference number</li> <li>• Title of agreement</li> <li>• Local authority department responsible</li> <li>• Description of the goods and/or services being provided</li> <li>• Supplier name and details</li> <li>• Sum to be paid over the length of the contract or the estimated annual spending or budget for the contract</li> <li>• Value Added Tax that cannot be recovered</li> <li>• Start, end and review dates</li> <li>• Whether or not the contract was the result of an invitation to quote or a published invitation to tender</li> <li>• 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.</li> </ul>	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.	<p>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:</p> <ul style="list-style-type: none"> <li>• Date the grant was awarded</li> <li>• Time period for which the grant has been given</li> <li>• Local authority department which awarded the grant</li> <li>• Beneficiary</li> <li>• Beneficiary's registration number</li> <li>• Summary of the purpose of the grant amount</li> </ul>	Medium		30/04/17	Craig Brewin
Title: <b>Business Continuity Planning Arrangements</b>							
Reference No.: <b>11617</b>							

	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"> <li>• Establishes the context of the assessment and defines the criteria for evaluating the potential impact of a disruptive incident;</li> <li>• Takes into account legal and other commitments;</li> <li>• Includes systematic analysis and prioritisation of risk treatments;</li> <li>• Defines the required output from the business impact analysis and risk assessment; and</li> <li>• Specifies the requirements for this information to be kept up-to-date.</li> </ul> <p>The business impact analysis will include;</p> <ul style="list-style-type: none"> <li>• Identifying activities that support the provision of services;</li> <li>• Assessing the impacts over time of not performing these activities;</li> <li>• 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</li> </ul>	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"> <li>• The roles and contributions of staff to the effectiveness of BCM within the Council; and</li> <li>• The roles and contributions of staff to the effectiveness of BCM within the Council; and</li> <li>• The implications of non-conformance with the policy.</li> </ul> <ul style="list-style-type: none"> <li>• The implications of non-conformance with the policy.</li> </ul> "	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"> <li>• Be based on appropriate scenarios with clearly defined aims and objectives to minimise the risk of disruptions; and</li> <li>• Produce formalised post exercise reports that contain outcomes and lessons learnt, recommendations and actions to implement improvements.</li> </ul> "	Medium	No Action Taken	30/09/16	Joe Carter
<b>Title: Rent Accounts</b>							
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
<b>Title: Voluntary Sector Commissioning - Delivery of Outcomes</b>							
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
<b>Title: Cash Handling</b>							
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"> <li>• Claims are reviewed against an up to date authorised signatory list;</li> <li>• Receipts are retained pertaining to expenditure claimed; and</li> <li>• Evidence is retained of the claimant confirming receipt of the reimbursement of petty cash</li> </ul>	Medium	Partially Completed	31/05/17	Vijay McGuire
<b>Title: Management of Housing Stock</b>							
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
<b>Title: Creditors</b>							
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
<b>Title: Holy Family Catholic School</b>							
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
<b>Title: Five Year Plan Outcomes</b>							
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"> <li>•All indicators are SMART and measureable;</li> <li>•Performance is updated for all Outcomes quarterly;</li> <li>•Actions to address underperformance are included alongside reasons for underperformance; and</li> <li>•Detail is included to support RAG ratings including the thresholds which constitute the ratings.</li> </ul>	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
<b>Title: Income and Debtors Management</b>							
Reference No.: <b>381516</b>							
	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**