

Report to Audit Committee

Agenda
Item:

A.7

Meeting Date: 30 July 2020
Portfolio: Finance, Governance and Resources
Key Decision: Not applicable
Within Policy and Budget Framework: Yes
Public: Public

Title: INTERNAL AUDIT PLAN AND PROGRESS REPORT 2020/21
Report of: CORPORATE DIRECTOR FINANCE & RESOURCES
Report Number: RD15/20

Purpose / Summary:

Internal Audit is required, under the mandatory Public Sector Internal Audit Standards (PSIAS), to prepare an annual risk-based audit plan and charter for approval by the Audit Committee. A draft audit plan and charter was due to be presented to the Audit Committee on 16 March 2019; however, this meeting was cancelled due to the Covid-19 global pandemic.

In lieu of an approved plan Internal Audit have utilised resource to date in 2020/21 working to the draft plan. There has been a need to revise the plan as a result of the pandemic. This report provides the revised audit plan and Charter for 2020/21, along with a brief overview of the work carried out by Internal Audit since the start of the 2020/21 financial year.

Recommendations:

Members are requested to:

- Approve the 2020/21 Audit Plan which is attached at Appendices A - C.
- Approve the Internal Audit Charter for 2020/21 attached at Appendix D
- Note the progress made by Internal Audit in 2020/21 to date
- Note the progress made on audit recommendations to date outlined in Appendix E

Tracking

Audit Committee	30 July 2020
Scrutiny Panel:	Not applicable
Council:	Not applicable

1.0 BACKGROUND INFORMATION

- 1.1 The Chartered Institute of Internal Audit defines internal auditing as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. Internal Audit helps the Council to achieve its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes.”
- 1.2 The Accounts and Audit Regulations 2015 require the Council to undertake “an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 1.3 The PSIAS affirm the need for annual risk-based audit plans to be developed in order that the Head of Internal Audit can form an annual opinion on the Council’s systems of risk management, governance and internal control.
- 1.4 This Internal Audit Plan has been prepared in line with a risk-based planning methodology and consultation with the Council’s Senior Management Team to identify the areas where it is considered that Internal Audit can add the greatest value through provision of independent assurance. Original preparations were undertaken between January and February 2020 and a draft plan (approved by SMT on 25 February 2020) was prepared.
- 1.5 As a result of the pandemic’s impact on Council services it was necessary to revise the plan to ensure it reflected available resource and continued to address those areas that would add greatest value and where the highest risk is deemed to be. The revised plan was considered and approved by Senior Management Team for presentation to the Audit Committee on 14th July 2020.
- 1.6 The Plan is attached at **Appendices A to C**.

2.0 INTERNAL AUDIT SERVICE DELIVERY

- 2.1 The PSIAS require that the Internal Audit Plan sets out a high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 2.2 It is a requirement of the PSIAS that the Council has in place an Audit Charter. The Charter, which is attached as **Appendix D** sets out the arrangements for the delivery of the Internal Audit service. The only significant change made to the Charter is to include a paragraph on the role of the Audit Committee (para 10.1).

3.0 ROLES OF MANAGEMENT AND OF INTERNAL AUDIT

- 3.1 It is the role of management to establish effective systems of governance, risk management and internal controls in order to:
- safeguard the Council's resources and prevent fraud;
 - ensure the completeness and reliability of records;
 - monitor adherence to laws, regulations, policies and procedures;
 - promote operational efficiency demonstrate the achievement of value for money;
 - manage risk.
- 3.2 It is the role of Internal Audit to provide independent assurance to senior management and the Audit Committee that the Council has implemented adequate and effective procedures in relation to these responsibilities.
- 3.3 In order to safeguard its independence, Internal Audit does not have any operational responsibilities and is not responsible for any of the decision making, policy setting or monitoring of compliance within the Council.

4.0 INTERNAL AUDIT RESOURCES

- 4.1 It is proposed that there will be 495 direct days of Internal Audit time in 2020/21 (**Appendix A**). This compares to 528 direct days included in the internal audit plan for 2019/20. The reduction is due to time lost to date in 2020/21 due to disruption caused by the Covid-19 pandemic.
- 4.2 The number of days planned for each category is detailed at **Appendix B** with the following variations from 2019/20:
- Corporate reviews have reduced from 55 to 30 days. The key corporate risks such as information governance, risk management, climate change and business continuity are considered as part of all individual audit reviews.
 - More days are required in 2020/21 to complete the triennial programme for main financial systems (as more reviews are scheduled to be carried out in 2020/21)
 - More time is required for follow-up audits due to the higher number of partial assurance audits (2) issued in 2019/20.
 - Directorate reviews have reduced from 210 to 175 days, predominately due to disruption incurred in the first quarter of the year (see above). It should be noted that while only 5 days are assigned to the Corporate Support Directorate, there are also 24 days elsewhere in the audit plan to review ICT Services (part of the Corporate Support Directorate).
 - More time required for planning purposes as a result of the need to revise the 2020/21 audit plan.
- 4.3 Risks relating to cyber security and IT in general remain high profile. The in-house team do not possess the suitable knowledge and resource to properly review and assess the technical aspect of these risks and therefore again propose to procure 14 days resource from a specialist IT auditor.
- 4.4 The level of coverage is considered sufficient to provide an opinion on the systems of governance, risk and internal control in line with the PSIAS and in order to support the preparation of the Annual Governance Statement. Due to the ongoing pandemic there is the potential for further disruption and downtime; however, this has been factored

into the planning process and Internal Audit have determined those jobs considered a priority to ensure a suitable level of coverage is maintained.

- 4.5 The PSIAS also reflect the requirement for internal audit plans to be flexible in order to respond to new and emerging risks to the organisation. Some capacity is therefore built into the Plan to allow Internal Audit to respond to such issues. Should contingencies be exhausted during the year, the approved Plan may need to be revised. In this event, revisions would be considered and agreed by the Senior Management Team and reported to the Audit Committee, including the need for any additional audit resources if appropriate. Any request for significant consulting activity by Internal Audit would be approved by the Audit Committee in line with the requirements of the Public Sector Internal Audit Standards.

5.0 CATEGORIES OF INTERNAL AUDIT WORK

- 5.1 **Corporate Reviews** – these are reviews which are strategic in nature or which cut across the entire Council. These reviews are designed to provide assurance that the Council has effective governance and risk management arrangements to mitigate strategic risks.
- 5.2 **Directorate Risk-Based Audit Reviews** – these reviews have been identified in consultation with senior management and following reviews of the Annual Governance Statement Action Plan and Corporate Risk Register. These reviews are spread across service areas following a risk assessment to ensure that Internal Audit resources are targeted at the areas where the greatest benefit will be achieved.
- 5.3 **Financial System Reviews** – a three-year programme is in place which ensures that each main financial system is reviewed in depth at least once every three years. Management also has a responsibility to ensure that all financial systems continue to operate effectively each year and has asked Internal Audit to confirm with relevant managers that basic controls continue to operate. This will involve completing internal control questionnaires with relevant managers and providing these to the S151 officer for information.
- 5.4 **Governance System Reviews** – a provision is included for an annual update and review of the Council's compliance with the local code of corporate governance.
- 5.5 **Follow Up Audits** – a provision for follow up work is included in the Plan to ensure that all audit recommendations are followed up in line with the agreed follow up approach outlined in section 7.
- 5.6 **Counter Fraud** – the Plan includes a provision for counter fraud work, including reactive work should irregularities occur requiring Internal Audit to advise management on their investigations.
- 5.7 **Advice and guidance** – capacity has been built into the plan for advice and guidance to all services across the Council as well as contingency to respond to emerging risks. This includes time specifically allocated for planned pieces of consultancy work.
- 5.8 **Contingency** – small allocation of time to respond to emerging risks and unplanned work. This might include requests to audit grant claims, for example.

- 5.9 **VFM & Efficiency Reviews** – additional days will be included in the plan for undertaking Value for Money and Efficiency Reviews.
- 5.10 A summary of the number of days allocated to each category of audit work is shown at **Appendix B**. The proposed individual reviews are shown at **Appendix C**.
- 5.11 For completion, the following reviews included in the draft plan prepared in March 2020 have now been removed. These reviews either need to be delayed as a result of the pandemic, or are no longer considered a relevant risk priority.
- IT Strategy
 - Street Cleaning
 - Recycling (Performance Information)
 - City Engineering
 - E-Procurement
 - Project Management (Advice and Government)
- 5.12 All the above reviews will be considered as part of the 2021/22 planning process and included where considered relevant.

6.0 AUDIT PROGRESS 2020/21 (APRIL-JULY)

- 6.1 Internal Audit have continued to deliver work from the draft audit plan during the start of 2020/21. Progress against assignments is noted in the status column of the draft audit plan (**Appendix C**). To date, two assignments have been finalised, neither of which attract an assurance rating. A more detailed progress report will be provided to the September Audit Committee in line with the usual reporting process.

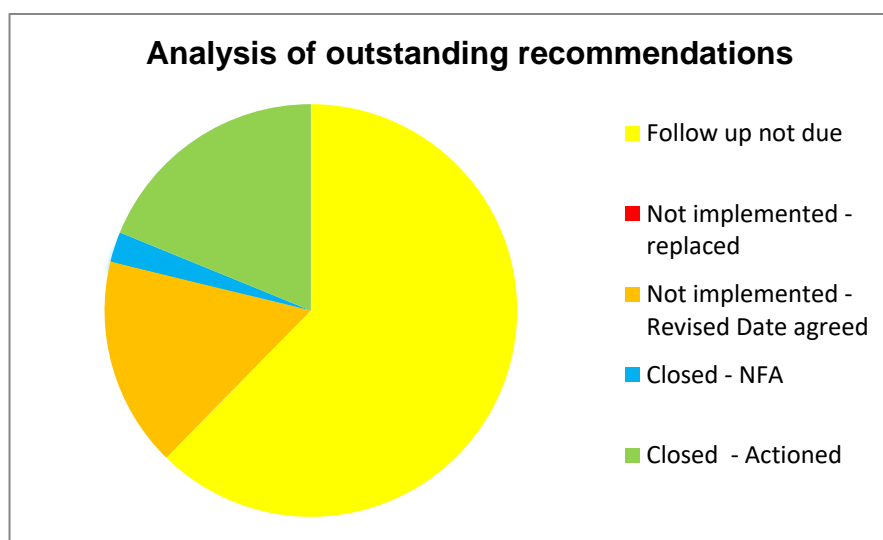
7.0 AUDIT FOLLOW UP ARRANGEMENTS

- 7.1 It is a requirement of the PSIAS that the Head of Internal Audit maintains a system to follow up the implementation of agreed actions from Internal Audit work. Internal Audit will formally follow up the implementation of agreed actions arising from audits that result in partial or limited assurance.
- 7.2 Follow up will be undertaken approximately six months after the issue of the final audit report or in line with the latest agreed timescales for implementation. Where appropriate a revised audit opinion will be issued and reported to the Audit Committee.
- 7.3 Where a follow up is due, but management advise that all actions have not been fully implemented, the follow up will be deferred for a maximum of a month to allow actions to be fully implemented.
- 7.4 Where the follow up does not allow for a revised audit opinion, the Corporate Director will be informed and requested to continue to monitor the implementation within the directorate. A summary report will be provided to Audit Committee. Internal audit will write to the Corporate Director after a further six months to gain assurance that the remaining actions have been implemented.

7.5 Internal Audit will also maintain a schedule of all outstanding audit recommendations and obtain assurances from responsible officers that agreed actions have been implemented.

7.6 **Appendix E** shows a summary position of outstanding audit recommendations and progress made against implementing these as at 17 July 2020. The following should be noted:

- 16 recommendations were found to have been fully implemented and are now closed.
- 14 recommendations have not been implemented and a revised timescale for completion has been proposed.
- 2 recommendations have been closed as they relate to one-off events that can not be followed up.



7.7 Delays for completion of recommendations predominantly relates to vacancies and/or long-term absences resulting in recommendations taking longer to implement than first anticipated. Internal Audit will continue to work closely with relevant departments to ensure recommendations are implemented

8.0 EFFECTIVENESS REVIEW OF THE AUDIT COMMITTEE

8.1 Six responses have been received to the CIPFA self-assessment questionnaire issued in October 2019 for measuring the effectiveness of the Audit Committee. An internal workshop was arranged in April 2020 to discuss findings but was cancelled as a result of the pandemic. An alternative date will be arranged for a workshop to be carried out post the 30th July 2020 Committee meeting.

9.0 PERFORMANCE STANDARDS

9.1 Performance information will continue to be reported to the Audit Committee in 2020/21. Regular liaison meetings with the S151 Officer will also continue to be held to discuss ongoing issues.

10.0 CONSULTATION

- 10.1 Members of the Senior Management Team (SMT) have individually considered their respective areas of the Audit Plan and SMT considered the Draft Audit Plan at its meeting on 14th July 2020.

11.0 CONCLUSION AND REASONS FOR RECOMMENDATIONS

- 11.1 The Draft Audit Plan has been prepared in line with expected practice; Internal Audit is required, under the mandatory Public Sector Internal Audit Standards (PSIAS), to prepare an annual risk-based audit plan for review and approval by SMT and the Audit Committee. The Committee is requested to:

- Approve the 2020/21 Audit Plan which is attached at Appendices A - C.
- Approve the Internal Audit Charter for 2020/21 attached at Appendix D
- Note the progress made by Internal Audit in 2020/21 to date
- Note the progress made on audit recommendations to date outlined in Appendix E

12.0 CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

- 12.1 Internal Audit supports the delivery of the Council Priorities as set out in the Council Plan by providing independent assurance over the arrangements in place across the Council to deliver priorities and objectives.

Contact Officer: Michael Roper

Tel: 817520

**Appendices
attached to report:**

Appendices A – C - 2020/21 Draft Audit Plan

Appendix D – Internal Audit Charter

Appendix E – Schedule of Outstanding Recommendations

Note: in compliance with section 100d of the Local Government (Access to Information) Act 1985 the report has been prepared in part from the following papers:

- None

CORPORATE IMPLICATIONS/RISKS:

Legal – In accordance with the terms of reference of the Audit Committee, Members must consider an annual audit plan and audit charter as part of the delivery of internal audit work. This report fulfils that requirement.

Finance – Contained within the report

Equality – None

APPENDIX A - AUDIT RESOURCES 2020/21 - AVAILABLE AUDIT DAYS

	FTE	Gross Productive Days	Gross Holidays	Gross Bank Holidays	Gross Flexi	Gross Sickness	Gross Training	Total Net Productive Days
Principal Auditor	1.00	260	28	8		5	5	214
Auditor	0.81	211	19	6		4	5	177
Auditor	0.60	156	23	5		3	5	120
Total (In-house)								511
(Add) IT Audit Days - Bought In								14
(Less) Covid-19 Disruption								-30
Total								495

APPENDIX B - AUDIT PLAN 2020/21 - CATEGORIES OF WORK

Category	Category	Description	Days Allocated 2020/21	Days Allocated 2019/20 (For Info)
A	Corporate Reviews	Reviews that have been identified in consultation with senior management which are strategic in nature or which cut across the entire Council. These reviews are designed to provide assurance that the Council has effective governance and risk management arrangements to mitigate strategic risks	30	55
B-F	Directorate Risk Based Audit Reviews (Corp Supp / Economic Development / Community / Governance / Finance)	Reviews that have been identified in consultation with senior management and following reviews of the Annual Governance Statement Action Plan and Corporate Risk Register. These reviews are spread across service areas following a risk assessment to ensure that Internal Audit resources are targeted at the areas where the greatest benefit will be achieved.	175	210
G	Financial System Reviews	A three-year programme is in place which ensures that each main financial system is reviewed in depth at least once every three years. Management also has a responsibility to ensure that all financial systems continue to operate effectively each year and has asked Internal Audit to confirm with relevant managers that basic controls continue to operate. This will involve completing internal control questionnaires with relevant managers and providing these to the S 151 officer for information.	70	55
H	Governance System Reviews incl. Local Code of Corporate Governance and Good Governance Principles	Provision is included for annual review of compliance with local code of corporate governance and contribution towards AGS.	10	5
I	Follow Up Audits	Provision for follow up work is included in the Plan to ensure that any audits with less than reasonable assurance are followed up in line with agreed approach	30	25
J	Counter Fraud incl. policy review	Plan includes provision for counter fraud work. Capacity is also built into the Plan for reactive work should irregularities occur requiring Internal Audit to advise management on their investigations.	35	35
K	Advice and Consultancy	Capacity is built into the plan for advice and guidance to all services across the Council as well as contingency to respond to emerging risks. This allocation also includes agreed consultancy assignments, with Internal Audit offering advice on projects or new ways of working as they are being implemented.	20	20
L	Contingency	A small allocation of time to respond to emerging risks and unplanned work. This might include requests to audit grant claims for example.	17	26
M	VFM & Efficiency Reviews	Reviews that focus on reviewing use of resources to ensure value for money is achieved	20	20
N	IT Audit	Specialist review of controls and processes in place relating to IT systems and processes. This is specialist work bought-on from external sources.	14	14
X	Audit Committees, incl. Effectiveness Reviews	Allocation of time for preparing reports for Audit Committee and attending briefings and meetings	16	15
Y	Planning/Management	Allocation of time for audit planning, reviewing and preparing audit manual, departmental development and Principal Auditor attendance at Operational Risk Management meetings	58	48
TOTAL			495	528

APPENDIX C - AUDIT PLAN 2020/21 - AUDIT ASSIGNMENTS

Category	Audit Area	Proposed Scope	Risk Score						Code	Days	Days
			Financial	Political & Reputation	Other (complaints etc.)	Years since last audit review	Last Assurance Level	Total			
Corporate Reviews	Environmental Strategy (Baseline Data)	Review baseline performance data currently being collated.	3	5	4	5	3	20	A2001	15	Draft
	Risk Management	Review suitability and application of Council's risk management policy to ensure process in place to appropriately mitigate risk in line with the Council's risk appetite.	5	3	3	5	2	18	A2002	15	
Corporate Support	Rev & Ben Revenue Recovery	Review of Housing Benefit overpayment recovery arrangements (incorporate into MFS review of Housing Benefits)	3	4	3	5	3	18	B2002	5	
Economic Development	Development Control	Departmental risk-based review of governance, risk management and internal control framework.	4	5	4	4	2	19	C2001	20	Testing
Community Services	Community Centres	Departmental risk-based review of governance, risk management and internal control framework.	4	5	2	5	3	19	D2001	20	
	City Centre (inc special events/inspections)	Departmental risk-based review of governance, risk management and internal control framework.	3	5	4	5	2	19	D2002	20	Testing
	Waste Services Culture Review	Audit to review culture in place to ensure aligned with corporate expectations, as recommended following two investigations within the department.	N/A						D2005	15	
Governance & Regulatory Services	Air Pollution	Departmental risk-based review of governance, risk management and internal control framework.	3	4	4	5	3	19	E2002	20	Draft
	Electoral Registration	Departmental risk-based review of governance, risk management and internal control framework.	5	3	4	4	2	18	E2003	20	Scoping
	Homeless Accommodation (Part 2)	Completion of testing unable to be carried out during 2019/20 reviews as a result of Covid-19 pandemic.	5	4	3	5	3	20	E2004	5	
	Property Income	Wider review of property income following cancellation of 2019/20 review of Lanes Income as a result of Covid-19 pandemic. Review arrangements in place to maximise income collection and ensure Council expectations are delivered.	5	5	4	5	3	22	E2005	20	
Finance & Resources	Safe recruitment (including health checks etc).	Review recruitment process to ensure suitable information obtained in relation to health checks and other health & safety considerations (2019/20 carry forward).	1	4	5	5	3	18	F2001	10	
	Insurance	Departmental risk-based review of governance, risk management and internal control framework.	5	4	4	5	1	19	F2002	20	Testing
Main Financial Systems	Internal Control Questionnaires - Non Audited Systems	Annual questionnaires issued to ensure adequate controls in place for all significant systems and process not subject to audit in the previous year.	N/A						G2001	2	Complete
	Financial Services Governance Arrangements	Overall review of Financial Services Governance arrangements	N/A						G2002	3	
	Debtors	Cyclical main financial system review to ensure suitable internal controls are in place to manage debtors	N/A						G2003	15	
	Income	Cyclical main financial system review to ensure suitable internal controls are in place to manage collection, securing and banking of income.	N/A						G2004	15	Scoped
	Payroll	Cyclical main financial system review to ensure suitable internal controls are in place for payments to employees.	N/A						G2005	15	
	Housing Benefits	Cyclical review of controls in place for processing payment of Housing Benefits.	N/A						G2006	20	
Governance	Good Governance Principals / Local Code of Conduct	Annual update of local code of conduct, including co-ordinating update of governance processes from responsible managers	N/A						H2001	10	Complete
Follow Ups	Contingency / Routine Follow Up of Audit Recommendations	Follow up review of implementation of all audit recommendations (including 5 day contingency for any additional partial reviews issued)	N/A						I2000	20	
	ICT Various	Follow up of implementation of recommendations from various ICT Audit Reports (Network Controls / Mobile Devices / Firewall)	N/A						I2001	10	
Counter Fraud	Contingency	Contingency for performing fraud investigations and delivering fraud training. If not required in the year time will be spent on implementing counter-fraud measures and performing data analysis to identify potential fraudulent activity.	N/A						J2000	20	
	Annual fraud review	Annual assessment of authority's counter-fraud arrangements.	N/A						J2001	5	

APPENDIX C - AUDIT PLAN 2020/21 - AUDIT ASSIGNMENTS

[illegible]

INTERNAL AUDIT CHARTER

1. Introduction

- 1.1 This Charter describes the purpose, authority, responsibilities and objectives of internal audit at Carlisle City Council. It establishes Internal Audit's position within Carlisle City Council and the nature of the Financial Services Manager's (Designated Head of Internal Audit) functional reporting relationships with the Audit Committee.
- 1.2 The Charter also provides for Internal Audit's rights of access to records, personnel and physical properties relevant to audit engagements.
- 1.3 The Council's Internal Audit Service is required to conform to the mandatory Public Sector Internal Audit Standards (PSIAS). These standards comprise a Definition of Internal Auditing, a Code of Ethics, the Seven Principles of Public Life, and the Standards by which internal audit work must be conducted. Any instances of non-conformance with the PSIAS must be reported to the Audit Committee and significant deviations must be considered for inclusion within Annual Governance Statement and may impact on the external auditor's value for money conclusion.
- 1.4 An Audit Charter is one of the key requirements of the PSIAS. As such, failure to approve an Audit Charter may be considered a significant deviation from the requirements of the Standards.
- 1.5 The Charter must be presented to the Council's senior management and final approval of the Audit Charter rests with the Audit Committee. This will be done alongside the approval of the annual audit plan.
- 1.6 The PSIAS uses the terms 'board' and 'senior management' and require that the Audit Charter defines these terms for the purpose of the internal audit activity. For the Council, senior management refers to the Senior Management Team and the 'board' is the Audit Committee, which is charged with responsibility for governance.

2. The Mission of Internal Audit

- 2.1 To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

3. Purpose

- 3.1. Carlisle City Council's Internal Audit Service has adopted the Definition of Internal Auditing from the PSIAS. The definition explains the purpose of the internal audit activity:

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

- 3.2. The CIPFA Local Government Advisory Note (LGAN) further explains that the Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements (collectively known as the control environment). Internal audit plays a vital part in advising the Council that these arrangements are in place, effective, and operating properly. The mandatory annual internal audit report and opinion informs the Council's annual governance statement (AGS), both emphasises and reflects the importance of this aspect of internal audit's work and provides assurance to the Audit Committee that an effective internal control framework is in place. Senior Management's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the Council's objectives.
- 3.3 Internal audit is described by the PSIAS as a key component of good governance within the public sector. When properly resourced, positioned and targeted, internal auditors act as invaluable eyes and ears for Senior Management and the Audit Committee inside the Council, giving an unbiased and objective view on what's happening in the organisation.
- 3.4 Internal Audit's core purpose is to provide Senior Management and Elected Members with independent, objective assurance that the Council has adequate and effective systems of risk management, internal control and governance.
- 3.5 By undertaking an annual risk assessment for each department or business area within the Council, and using this to prepare an annual risk-based audit plan, Internal Audit is able to target resources at the areas identified as highest risk to the Council. In order to recognise changing risk priorities the plan will be flexible and subject to amendment when deemed necessary by the Designated Head of Internal Audit / Principal Auditor / Corporate Director of Finance & Resources. This then allows Internal Audit to give an annual overall opinion on the Council's systems of risk management, internal control and governance.
- 3.6 Internal Audit supports the Corporate Director of Finance & Resources (Section 151 Officer) to discharge their responsibilities under section 151 of the Local Government Act 1972, the Accounts and Audit Regulations 2015, and the CIPFA Statement on the Role of the Chief Financial Officer in Local Government. This Statement places on the Corporate Director Finance & Resources (Section 151 Officer), the responsibility for ensuring that the authority has put in place effective arrangements for internal audit of the control environment and systems of internal control as required by professional standards.
- 3.7 Internal Audit supports the Head of Paid Service (Chief Executive) in providing high level assurances relating to the Council's governance arrangements. Internal Audit also supports the Monitoring Officer (Corporate Director of Governance & Regulatory Services) in discharging their responsibilities for maintaining high standards of governance, conduct, and ethical behaviour.

4 Core Principles for the Professional Practice of Internal Auditing

- 4.1 The Core Principles, taken as whole, articulate internal audit's effectiveness. For an internal audit function to be considered effective, all Principles should be present and operating effectively. The designated Head of Internal Audit is responsible for ensuring that internal auditors, as well as the internal audit activity, demonstrate achievement of the Core Principles.
- 4.2 The Core Principles are: -
- a. Demonstrates integrity
 - b. Demonstrates competence and due professional care
 - c. Is objective and free from undue influence (independent)
 - d. Aligns with the strategies, objectives, and risks of the organisation
 - e. Is appropriately positioned and adequately resourced
 - f. Demonstrates quality and continuous improvement
 - g. Communicates effectively
 - h. Provides risk-based assurance
 - i. Is insightful, proactive, and future-focused
 - j. Promotes organisational improvement.

5 The Role of Internal Audit

- 5.1 Internal Audit is an independent, objective assurance and consulting service designed to add value and improve the Council's operations. Internal Audit helps the Council to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes. The 'three lines of defence' diagram attached illustrates how Internal Audit supports the governance framework and provides a line of defence in ensuring the Council is adequately managing their risks.
- 5.2 The PSIAS defines consulting services as follows: "Advisory and client related service activities, the nature and scope of which are agreed with the client, are intended to add value and improve an organisation's governance, risk management and control processes without the internal auditor assuming management responsibility. Examples include counsel, advice, facilitation and training."
- 5.3 Internal Audit operates as an independent in-house team at the Council, though the team will buy-in additional specialist IT audit services from a third-party supplier.
- 5.4 The services provided by Internal Audit are designed to assist each of the Council's departments to continually improve the effectiveness of their respective risk management, control and governance frameworks, and processes and to allow an independent, annual opinion to be provided on the adequacy and effectiveness of these arrangements.

5.5 Internal Audit activities in support of this include:

- Planning and undertaking an annual programme of risk-based internal audit reviews focusing on risk management, internal control and governance;
- Undertaking internal audit reviews focusing on reviewing value for money
- Review arrangements for preventing, detecting and dealing with fraud and corruption;
- Review of overall arrangements for risk management and corporate governance;
- Review of grant funded expenditure where assurance is required by funding bodies or where risks are considered to be high;
- Provision of advice on risk and control related matters;
- Consultancy services which may include hot assurance on projects or service and system development;
- Investigation of suspected fraud or irregularity or provision of advice and support to management in undertaking an investigation; and advising on strengthening controls following such an incident.

6 Authority, Responsibility and Objectives

Authority

- 6.1 This charter provides the authority for Internal Audit's right of access to all activities, premises, records, personnel, cash and stores as deemed necessary to undertake agreed internal audit assignments. In approving this charter, Senior Management and Members of the Audit Committee have approved this right of access and therefore the responsibility of all officers to comply with any reasonable request from members of Internal Audit.
- 6.2 This charter delegates to the designated Head of Internal Audit, the responsibility to undertake an annual risk assessment for each department in consultation with the Council's management, and from this, prepare a risk-based plan of audit work for approval by the Audit Committee.
- 6.3 Internal audit shall have the authority to undertake audit work as necessary within agreed resources so as to achieve audit objectives. This will include determining the scope of individual assignments, selecting areas, and transactions for testing and determining appropriate key contacts for interview during audit assignments.
- 6.4 The charter establishes that the designated Head of Internal Audit or nominated deputy has free and unfettered access to the Audit Committee and has the right to request a meeting in private with the Chair of the Audit Committee should it become necessary.

Responsibilities and Objectives

- 6.5 Internal audit's primary objective is to undertake an annual programme of internal audit work that allows an annual opinion to be provided on the overall systems of risk management, internal control, and governance for the Council.
- 6.6 The designated Head of Internal Audit and their staff have responsibility for the following areas:

Planning

- Develop an annual internal audit plan using a risk based methodology, based on at least an annual assessment of risk and incorporating risks and concerns identified by senior management;
- Submit the annual audit plan to senior management (SMT) and to Audit Committee for approval; and
- Review agreed audit plans in light of new and emerging risks and report any necessary amendments to agreed plans to Audit Committee (following consultation with the Corporate Director Finance & Resources).

Implementation

- Deliver the approved annual programme of internal audit work and report the outcomes to senior management (as agreed at the scoping stage of each engagement) and Audit Committee. Where locally agreed, internal audit reports may also be reported in full to the Audit Committee;
- Assist, as required, in the investigation of significant suspected fraudulent activities within the Council and report the outcomes to senior management (S151 Officer, Monitoring Officer and other relevant Corporate Directors); and
- Monitor implementation of agreed audit recommendations through follow up process and report the outcomes to Senior Management and the Audit Committee.

Reporting

- Any significant issues arising during audit fieldwork will be discussed with management as they are identified;
- Draft audit reports will be produced on a timely basis following all audit reviews and these will be discussed with management prior to finalising, to ensure the factual accuracy of the report and incorporate management responses;
- Quarterly progress reports will be prepared and discussed with management before being reported formally to the Audit Committee;
- Internal audit has a responsibility to report to the Audit Committee any areas where it is considered that management have accepted a level of risk that may be unacceptable to the Council; and
- Internal audit has a duty to bring to the attention of the Audit Committee where the designated Head of Internal Audit, or his/her nominated deputy, believes that the level of agreed resources will impact adversely on the provision of the annual audit opinion.

Relationships with other Inspectorates

- Internal Audit will maintain effective relationships with other providers of assurance and external inspectorates in order to avoid duplication of effort and enable Internal Audit, where appropriate, to place reliance on the work of other providers.

Non-Audit / management responsibilities

6.7 In order for Internal Audit to maintain its independence and thereby provide an independent and objective opinion, there are a number of areas that internal audit is not responsible for:

- Internal Audit does not have any operational responsibilities;
- Internal Audit does not have any part in decision making within the Council or for authorising transactions; and

- Internal Audit is not responsible for implementing its recommendations (though may offer further consultancy advice where necessary) or for ensuring that these are implemented (though implementation of audit recommendations will be monitored and reported to the Audit Committee on a regular basis).

6.8 All Internal Officers will complete an annual declaration of business interests, which will include mitigating controls to prevent any potential conflicts of interest.

6.9 The Designated Head of Internal Audit is also the Council's Financial Services Manager, with management responsibility for the Accountancy team. Several controls have been implemented to prevent any impairment to Internal Audit's independence or objectivity:

- The Audit plan will be agreed by the Senior Management Team collectively.
- Audit reviews are presented to the Audit Committee by the Principal Auditor.
- The scope of all audits are agreed in advance with Chief Officers.
- The Financial Services Manager will not review any work that they have direct operational responsibility.
- Any non-cosmetic amendments requested for reports in this area will be reported to the Audit Committee.
- Satisfaction surveys will not be issued for audits that the Financial Services Manager has operational responsibility.
- The Principal Auditor has a direct reporting access to the Chair of the Audit Committee and Chief Executive.

6.10 The presence of internal audit does not in any way detract from management's responsibilities for maintaining effective systems of governance, risk management and internal control.

6.11 Internal audit's role is to provide senior management and the Audit Committee with assurance that the management have established procedures that allow them to prevent or detect fraud or error, and to respond appropriately should this occur. Internal audit does not have any responsibilities for preventing or detecting fraud or error, this is the responsibility of the Council's managers.

6.12 It is the responsibility of the Council's managers to maintain adequate systems of internal control and to review their systems to ensure that controls continue to operate effectively.

6.13 The role of Internal Audit and the Council's managers is summarised in the diagram attached (Third Line of Defence).

7 Scope of Internal Audit Work

7.1 The scope of Internal Audit work covers the entire systems of risk management, internal control, and governance across the Council. This allows Internal Audit to provide assurance that appropriate arrangements are in place to ensure that:

- the Council's risks are being appropriately identified, assessed and managed;
- information is accurate, reliable and timely;
- employees' actions are in compliance with expected codes of conduct, policies, laws and procedures;
- resources are utilised efficiently and assets are secure;
- the Council's plans, priorities and objectives are being achieved, and
- Legal and regulatory requirements are being met.

8 Position and Reporting Lines for Internal Audit

8.1 Internal Audit reports operationally to the Section 151 Officer (Corporate Director of Finance & Resources) within the Council. Functional reporting is to the Audit Committee.

8.2 On a day to day, basis Internal Audit will report the outcomes of its work to the senior officer responsible for the area under review. Progress and performance of Internal Audit will be monitored by the Section 151 Officer, who is charged with ensuring the Council has put in place effective arrangements for internal audit of the control environment and systems of internal control as required by professional standards.

8.3 Internal Audit reports the outcomes of its work to the Audit Committee on a quarterly basis. This includes as a minimum, a progress report summarising the outcomes of Internal Audit engagements as well as the performance of Internal Audit against the approved plan of work.

8.4 On an annual basis, Internal Audit will prepare and present to the Audit Committee, an annual report containing:

- the overall opinion of the designated Head of Internal Audit;
- a summary of the work undertaken to support the opinion, and
- a statement of conformance with the Public Sector Internal Audit Standards.

8.5 Should significant matters arise in relation to the work of Internal Audit, these will be escalated through the management hierarchy and to the Chair of the Audit Committee as appropriate.

8.6 Where major changes are required to agreed audit plans or Internal Audit is required to divert resource to urgent non-planned work, this will be agreed with the Corporate Director of Finance and Resources and / or Chief Executive and reported to the Audit Committee.

8.7 Where changes are less urgent, these will be discussed with senior management and the Chair of Audit Committee before being implemented. All changes to approved audit plans will be reported to the next meeting of the Audit Committee.

9 Ethics, Independence and Objectivity

Ethics

- 9.1 Internal Audit works to the highest standards of ethics and has a responsibility to both uphold and promote high standards of behaviour and conduct.
- 9.2 All internal auditors working within the UK public sector are required to comply with the mandatory Code of Ethics contained within the PSIAS, and the Seven Principles of Public Life. Internal Auditors will also be expected to adhere to the Officer's Code of Conduct in place for Carlisle City Council. As such this Code has been adopted by the Internal Audit and all staff will be requested to sign up to the Code on an annual basis. Auditors within the service are also required to comply with the codes of ethics of their professional bodies.

Independence

- 9.3 Internal Audit is independent of all of the activities it is required to audit which ensures that Audit Committees can be assured that the annual opinion they are given is independent and objective. While the designated Head of Internal Audit reports operationally to the Section 151 Officer (Corporate Director of Finance & Resources) there is also a functional reporting line to the Audit Committee and the designated Head of Internal Audit / Principal Auditor both have direct access to the Chair of Audit Committee.
- 9.4 Internal auditors will not undertake assurance work in areas for which they had operational responsibility during the previous 12 months.
- 9.5 Internal Audit will report annually to the Audit Committee to confirm that the independence of Internal Audit is being maintained.

Resourcing, Proficiency and Due Professional Care

- 9.6 For internal audit to provide an opinion to the Council within Internal Audit there must be a sufficiently resourced team of staff with the appropriate mix of skills and qualifications. Resources must be effectively deployed to deliver the approved programmes of work. This may include bought-in specialist audit services, such as IT from third parties.
- 9.7 It is the responsibility of the Senior Management Team to ensure that they approve a programme of audit work sufficient to provide an adequate level of assurance over their systems of risk management, internal control and governance.
- 9.8 Internal Auditors, by the nature of their work, will receive and review significant volumes of information from the various clients of Internal Audit. Confidentiality is therefore paramount and all internal audit staff are bound by the mandatory Code of Ethics within the PSIAS (in addition to compliance with the General Data Protection Regulations). The Code requires that auditors do not disclose information without the appropriate authority unless there is a legal or professional obligation to do so.
- 9.9 In line with the requirements of the Standards, in the event that the designated Head of Internal Audit considers that the level of agreed resources will impact adversely on the provision of the annual internal audit opinion, the consequences will be brought to the attention of the Audit Committee.

- 9.10 In line with the requirements of the PSIAS and the CIPFA Statement on the Role of the Head of Internal Audit (2010), the designated Head of Internal Audit, is professionally qualified and appropriately experienced.

The Role of Internal Audit in Fraud-related work

- 9.11 The PSIAS require that the role of internal audit in any fraud-related work is defined within the audit charter.
- 9.12 Internal audit may undertake planned reviews of areas considered to be at risk of fraud, including an annual review of counter-fraud arrangements. Such reviews will be included within audit plans following discussion with management for approval by the Audit Committee. In addition, where relevant, the risk of fraud is considered when undertaking risk-based audit reviews.
- 9.13 It is recommended that the Council reviews its counter-fraud and confidential reporting (whistle blowing) arrangements and ensures appropriate arrangements are in place for reporting and investigating suspected frauds or other irregularities, including the reporting of frauds to Internal Audit. The Council's Counter Fraud Policy states that senior management are responsible for following up any allegation of fraud or corruption that is received and are required to report all suspected irregularities to the Corporate Director of Finance & Resources. The Corporate Director of Finance & Resources will liaise with the designated Head of Internal Audit (or Principal Auditor) to determine the appropriate way to proceed, including ensuring that any investigation is undertaken by suitably qualified and experienced staff.

Advice / Consultancy work

- 9.14 Where Internal Audit is requested to provide advice, consultancy, or investigatory work, the request will be assessed by the designated Head of Internal Audit. Such assignments will be accepted where it is considered the following criteria are met:
- The work request aligns with the available skills and resources within Internal Audit at the time;
 - The assignment will contribute to strengthening the control framework;
 - No conflict of interest could be perceived from Internal Audit's acceptance of the assignment; and
 - The request relates to functions that are the responsibility of the Council's management.
- 9.15 In line with the PSIAS, approval will be sought from the Audit Committee for any significant additional consulting services not already included in the audit plan prior to accepting the engagement.

10 Management and Board Responsibilities

- 10.1 The responsibilities of the Audit Committee are defined within its own Terms of Reference, but in summary the Committee is responsible for considering Internal Audit's annual report and opinion, as well as all internal audit reports throughout the year. The Committee is also responsible for reviewing the effectiveness of the Internal Audit function

10.2 For Internal Audit to be fully effective, it needs the full commitment and cooperation from management in the Council. In approving this Charter, the S151 Officer (Corporate Director of Finance & Resources) and the Audit Committee are mandating management to cooperate with Internal Audit in the delivery of the service by:

- Attending audit planning and scoping meetings and agreeing the terms of reference for individual audit assignments on a timely basis;
- Sponsoring each audit assignment at Service Manager level or above;
- Providing Internal Audit with full support and cooperation, including complete access to all records, data, property and personnel relevant to the audit assignment on a timely basis;
- Responding to internal audit reports and making themselves available for audit finding and closeout meetings to agree draft audit reports;
- Implementing audit recommendations within agreed timescales.

10.3 Instances of non-cooperation with reasonable audit requests will be escalated through the Senior Management Team and ultimately to the Audit Committee if necessary.

10.4 While Internal Audit is responsible for providing independent assurance to the Council and the Audit Committee, it is the responsibility of the Council's management to develop and maintain appropriately controlled systems and operations. Internal Audit does not remove the responsibility from management to continually review the systems and processes for which they are responsible and to provide their own assurances to senior management and elected Members that they are maintaining appropriately controlled systems.

11 Quality Assurance

11.1 The PSIAS require that the Internal Audit function is subject to a quality assurance and improvement programme that must include both internal and external assessments. Internal Audit will report the outcomes of quality assessments to the Audit Committee through its regular and annual reports.

Internal assessments

11.2 All internal audit reviews are subject to management quality review to ensure that the work meets the standards expected for audit staff. Such management review will include:

- Ensure the work complies with the PSIAS;
- Work is planned and undertaken in accordance with the level of assessed risk; and
- Appropriate testing is undertaken to support the conclusions drawn.

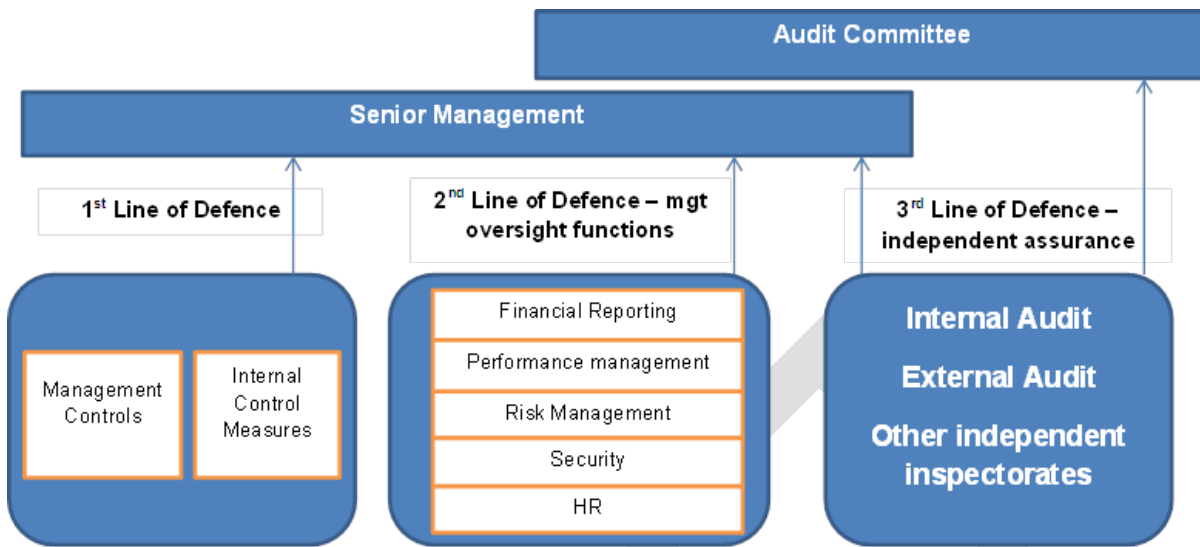
External assessments

11.3 An external assessment must be conducted at least every five years by a qualified, independent assessor from outside the Council. The last review was performed in 2018/19. The Internal Audit team was found to be compliant with the PSIAS.

12 Review of the Audit Charter

12.1. This Charter will be reviewed annually and approved alongside the annual audit plan.

Internal Audit - The Third Line of Defence



The above diagram demonstrates the three lines of defence in ensuring that the Council is adequately managing its risks.

The first line of defence comprises the arrangements that operational management have implemented to ensure risks are identified and managed. These include the controls that are in place within systems and processes together with the management and supervisory oversight designed to identify and correct any issues arising.

The second line of defence refers to the strategic oversight arrangements that are designed to provide management with information to confirm that the controls in the first line of defence are operating effectively. For example, the risk management policies and strategies that determine how risks within the Council will be identified, assessed and managed and the reporting arrangements to confirm that these policies and strategies are being appropriately implemented and complied with.

Internal audit forms the third line of defence alongside other independent providers of assurance. The role of internal audit is to provide the senior management and Elected Members of the organisation with assurance that the arrangements within the first and second lines of defence are adequate and working effectively to manage the risks faced by the organisation.

APPENDIX E - FOLLOW-UP MONITORING SPREADSHEET (17.07.20)

Audit Review						Assurance Level
2017/18 - Flexitime & Toil (B1703)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
The use of the Flexi bank procedures should be reviewed to ensure they are applied consistently.	M	Use of flexi bank procedures will be reviewed alongside the flexi policy and additional guidance issued to Managers and staff, if appropriate.	HR Manager	By March 2019	31 December 2020	A wholesale review of flexi system will be undertaken during 2020 linked to the iTrent development plan. 3rd follow-up scheduled Q4 2020/21
The policy should be more specific with regards to guidance for travel for courses / training.	M	Existing guidance for travel time, expenses and mileage will be updated for Managers and staff to supplement the current Flexitime scheme.	HR Manager	By March 2019	31 December 2020	A wholesale review of flexi system will be undertaken during 2020 linked to the iTrent development plan. 3rd follow-up scheduled Q4 2020/21

Audit Review						Assurance Level
2017/18 - IT General Controls (H1707)						N/S
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Given the criticality of data accessible through Active Directory, logs of information security events (i.e., login activity, unauthorised access attempts, access provisioning activity) created by these systems should be proactively, formally reviewed for the purpose of detecting inappropriate or anomalous activity. These reviews should ideally be performed by one or more knowledgeable individuals who are independent of the day-to-day use or administration of these systems.		<p>Funding for an ICT Security Specialist and an Active Directory auditing tools, SteathBits was included in the 2018/19 ICT Services' budget.</p> <p>The ICT Security Specialist post has been job evaluated based on a new job description. I intend to advertise the post in January 2019. The current issues with recruiting ICT talent for an existing post, has required me to investigation options for making the post more attractive to potential applications, such as adding a market factor supplement and relocation packaged; funding for these needs to be identified. I am also looking at the possibility of converting the post into an apprenticeship.</p> <p>The procurement process for the Stealthbits software will start in December, it anticipated that the software will start monitoring our Active Directory infrastructure in April 2019.</p>	ICT Services Manager	31 December 2017	01 April 2020	<p>A contract has been sign with a supplier to provide a managed Security Information and Event Management (SIEM) service; it is anticipated that this service will be 'live' by August 2019.</p> <p>In addition, software has been procured to automate the monitoring of Active Directory; this service will be 'live by August 2019.</p> <p>To mitigate, the delay in implementing the automated monitoring of Active Directory, manual processes have been put in place to provide ICT management with information on key Active Directory activity.</p> <p>3rd follow-up review scheduled Q1 20/21</p>

Audit Review						Assurance Level
2017/18 - IT General Controls (H1707)						N/S
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Documented policies and procedures addressing change management processes and related control requirements (such as change testing, approvals, and documentation requirements) within Civica Authority Financials, Trent, and Academy should be established, formally approved by the appropriate members of the organisation, and communicated to relevant personnel responsible for implementing them and/or abiding by them		Following an review of change management methodologies and consultation with my senior managers, I have decide to adopt the Information Technology Infrastructure Library (ITIL) Service Management best practice processes throughout ICT Services. The development of an ITIL implementation plan will be completed by the end of December and implementation will begin in January. Change management and incident management will be the first ITIL processes implemented.	ICT Services Manager	Not stated	01 April 2020	<p>All ICT Services staff are undertaking formal training with the aim of gaining ITIL accreditation.</p> <p>A small team has been created to oversee the introduction of ITIL processes throughout ICT Services. This team are currently working on the introduction of Change Management for the management of the council's firewalls; once this is completed, the same process will be expanded to include all services provided by ICT Services. It is anticipated that this will be completed by December 2019.</p> <p>3rd follow-up review scheduled Q1 20/21</p>

Audit Review						Assurance Level
2018/19 - Corporate Charge Card (H1802)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Card holders should sign a declaration to confirm their adherence to the credit card procedures (including ensuring only they use the card and that the suitable supporting documentation is obtained and completed).	H	A declaration form will be prepared and issued to all card holders to sign. This will be updated annually.	Financial Services Manager	30 June 2018	30 May 2020	Further developments being undertaken by the Council to introduce virtual Credit Cards. Project delayed due to long-term sickness, but Internal Audit are working with finance to ensure new project is adequately controlled. Review progress quarterly. 3rd follow-up scheduled Q2 2020/21.
Card usage should be independently spot checked to ensure procedures are being adhered to.						

Audit Review						Assurance Level
2018/19 - Smarter Service Delivery (A1802)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
A process should be developed to archive and/or delete personal information held within both Salesforce and My Account, in line with suitable retention periods.	M	Scheduled deletion and disposal report tool is currently being configured. MyAccount specific privacy policy is being introduced with appropriate retention schedules applied.	Customer Services Manager	31 August 2018	31 August 2020	Progress limited due to vacancy in ICT Services. Extension agreed. 2nd follow-up scheduled Q2 20/21

Audit Review						Assurance Level
2018/19 - Refuse Collection & Recycling (D1804)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Current processes for managing stock should be reviewed and streamline to make it more effective and efficient.	M	Physical stock-check is carried out weekly and will be reconciled against the electronic record (Salesforce) on a monthly basis.	Team Manager (Technical Services)	30-Nov-18	31-Dec-19	Reconciliation process now established - closed

Audit Review						Assurance Level
2018/19 - Council Tax (F1804)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Appraisals should be undertaken with all officers and the appraisal documents should be completed timely and processed in line with the Council's processes.	M	Team Leader appraisal notes to be formally agreed.	Revenues & Benefits Operations Manager	31 st January 2019	30-Sep-19	Documents drafted but not finalised. Revised date agreed. 2nd follow-up scheduled Q1 2020/21
		Team Appraisal to be completed in the Revenues Section.		31 st March 2019	31-Jan-20	As above. 2nd follow-up scheduled Q1 2020/21.
The GDPR legislation needs to be complied with and data records deleted appropriately.	H	Records to be reviewed, data deletion remains subject to appropriate software functionality	Revenues & Benefits Operations Manager	30 th September 2019	31-Mar-20	Database review commenced, archiving software being evaluated for record deletion on an ongoing basis to be introduced during the year. 2nd follow-up scheduled Q1 2020/21

Audit Review						Assurance Level
2018/19 - Homelessness Services (E1802)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
The service should review personal information held and delete/destroy any information that is no longer relevant/useful.	M	Archived database to be reviewed, with irrelevant data to be deleted.	Homelessness Services Manager.	31-Mar-19	31-Mar-20	Recommendation not fully actioned as more time required to review data (access has been restricted as mitigating control). 2nd follow-up scheduled Q1 2020/21
The Council should obtain clarity on their responsibility for data processed by the Choice-Based Lettings project	M	Meeting of CBL Executive arranged to approve data breach policy.	Homelessness Services Manager.	31-Jan-19	31-Mar-20	Recommendation not fully actioned as more time required to implement agreement (which is outside of authority's control). Revised implementation date agreed. 2nd follow-up scheduled Q1 2020/21

Audit Review						Assurance Level
2018/19 - Casual, Interim & Agency (B1804)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
The review form should be completed for all agency workers who exceed the 12-week agency rule.	M	Form developed, and process will be updated to ensure compliance. Current Agency agreement with Adecco finished 31st January 2019.	HR Manager	31-Mar-19	01-Jun-20	The whole process for recruiting and employing casuals and agency staff is being reviewed. This is a significant process and has started with a review of all current casual employees. The casual contract needs reviewed together with an update and consolidation of all relevant policies. Finance team are assisting in making timesheets electronic where possible. 2nd follow-up scheduled Q2 2020/21
A process should be developed to ensure HR are aware of all new agency, casual and intermediary staff to ensure relevant employment checks and processes can be performed	M	A new process will be implemented to ensure that the recommendations are met.	HR Manager	30-Apr-19	01-Jun-20	
A process to cover the administration of agency, casual and intermediary staff should be completed and approved, including ensuring all posts are approved and that use is monitored on an ongoing basis.	H	Existing council policies will be reviewed and amended, as necessary, to include all classes or workers and employees.	HR Manager	30-Apr-19	01-Jun-20	

Audit Review						Assurance Level
2018/19 - Information Governance (A1801)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Recommendation 5 – Assurances should be obtained that all officers without access to a network account have received appropriately targeted training regarding their obligations in relation to records management.	M	Managers with staff who do not have network access will be listed, provided with support and asked to confirm in writing that they have ensured their staff have received appropriate training and information.	Health and Wellbeing Manager	14 June 2019	31-Mar-20	Not completed for Green Spaces officers. Agreed revised timescales. 2nd follow-up scheduled Q2 2020/21
Recommendation 7 – The current privacy statements should be reviewed to ensure they reflect all personal information collected, processed and shared by the Council	M	The IGM will contact relevant managers for their privacy notices, or lack of, to be reviewed in accordance with the audit findings. Managers will also be requested to review the privacy notices against the newly drafted Record of Processing Activity.	Information Governance Manager/ All Managers	28 June 2019	31-Mar-20	Progress made, though waiting completion of two privacy statements (Property Services and Old Fire Station) 2nd follow-up scheduled Q2 2020/21
Recommendation 9 – Further work is required to ensure the Council stores and disposes of records in line with what is stated in its retention schedules, including particular work required from an ICT perspective.	M	The Council's ICT systems will be reviewed to enable and support the deletion of electronic data. A review of the retention schedules and disposal logs will be added to the Information Governance Inspection Checklist.	ICT Services Manager/ Information Governance Manager	02 August 2019	Review quarterly	This is a significant exercise, which requires input from ICT Services, who are currently holding a number of vacancies (including Head of Service). It is anticipated that the project will take some time to fully embed. Progress will be reported regularly until completed.
Recommendation 14 – The Council's Home-working guidance and self-assessment should be updated to reflect GDPR requirements	M	The Council's Home-working guidance and self-assessment will be updated to reflect GDPR requirements and re-issued for completion and sign off by managers of staff who work from home	Information Governance Manager	21 June 2019	30-Jun-20	HR have identified a fuller review of home-working arrangements is to be carried out and GDPR requirements will be updated as part of this review. In the mean-time the Information Governance Manager has issued advice on home-working as part of an overall review of information security arrangements. 2nd follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2018/19 - Allowances, Travel & Subsistence (B1801)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Recommendation 1 – The policy and procedures should be updated to ensure that a copy of the current car insurance certificate including business usage is provided and a reminder sent to all staff. A copy of insurance documents should be provided annually to support a travel claim. P & P should review current held insurance documents to ensure that they are up to date. Only the latest Policy should be on the Intranet for employees to refer to.	M	Review the policy, procedures and claim form and ensure that the most up to date is on the intranet.	Payroll & i-Trent Supervisor / HR Manager	31-Dec-19		Procedure updated and process in place to issue reminders quarterly - closed.
		A process will be created to ensure the insurance details are up to date. Reminder e-mails can be sent every quarter.				
Recommendation 2 – A regular review of mileage and subsistence rates should be completed in line with NJC / HMRC guidance.	M	Annual review of mileage & subsistence rates in conjunction with NJC / HMRC guidance.	Payroll & i-Trent Supervisor / HR Manager	31-Dec-19		Ongoing review process in place - closed
Recommendation 3 – All Personnel & Payroll processes should be documented and approved.	M	Produce procedure notes.	Payroll & i-Trent Supervisor / HR Manager	30-Jun-20		Procedure notes prepared and retained on shared drive for all officers to access as required - closed.
Recommendation 4 – The Council's Scheme of delegation should be amended to include the approval of 'Travel & Subsistence Expenditure'.	M	SST will refer to the Council's Scheme of Delegation for authorised approvers.	Service Support Supervisor / Financial Services Manager	31-Jul-19	30-Jun-20	Not implemented due to absence of Financial Services Manager. 2nd follow-up scheduled Q2 2020/21
		A general email reminder will be sent to all staff.				
Recommendation 6 – Claims more than 3 months old should be authorised by the appropriate Director.	M	This is currently being implemented.	Payroll & i-Trent Supervisor	30-Apr-19		Process in place - sample checked and confirmed as appropriately actioned - closed
Recommendation 7 – Car details on claim forms should be matched to the information recorded on iTrent, any issues should be investigated and resolved.	M	This is ongoing. As issues arising are investigated.	Payroll & i-Trent Supervisor	30-Apr-19		Ongoing checks in place - closed
Recommendation 8 – Consideration should be given to implementing an electronic claim form to improve the legibility, efficiency and internal controls of the travel payment process, including consideration of set mileage for common journeys.	M	This needs to be discussed & investigated further to see if it is time and cost effective. This will be looked in line the i-Trent review which is due to be undertaken in 2020.	Payroll & i-Trent Supervisor / HR Manager	30-Apr-21		Informal follow-up scheduled Q2 2020/21
Recommendation 10 – The current processes should be reviewed, and amendments made to ensure that all officers are showing on iTrent as the correct user status (Casual / essential / petrol only) and not recorded as 'no scheme'.	M	This is on-going. As issues arise they are investigated	Payroll & i-Trent Supervisor	30-Apr-19		Ongoing checks in place - closed

Audit Review						Assurance Level
2018/19 - Safeguarding (B1803)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Recommendation 1 - The Safeguarding policy should be reviewed and updated	M	The Safeguarding Policy will be reviewed and updated to ensure relevant legislation and working practices are captured.	Policy and Communications Manager	30-Sep-19		Policy reviewed and updated - closed
Recommendation 2 - The DBS checking guidance notes and procedures policy should be approved and made available to all necessary officers.	M	A draft DBS Checking and Recruitment of ex-offenders policy, guidance and procedure has been prepared and was considered by CJC on 9th May 2019. Comments from Trade Unions are awaited, and the Policy will then be approved by SMT and the Employment Panel.	HR Manager	Draft 9 th May 2019 Final approval by 31st July 2019		Policy reviewed and updated - closed
Recommendation 3 – The Council should ensure all staff required to complete corporate training in relation to adult and child protection complete the relevant modules within Skillgate.	M	A reminder will be issued to all relevant officers asking them to complete the relevant Skillgate training modules.	Corporate Director of Finance and Resources	01-Jul-19	01-Jul-20	Review of e-learning system indicated various individuals have not yet completed training - revised date agreed. 2nd follow-up scheduled Q2 2020/21
Recommendation 4 - The process for ensuring new starters DBS checks are in place should be documented and a consistent approach should be applied if they are not received timely.	M	Basic DBS checks are now completed by the employee online. Line Managers will be required to report to HR Systems Support Officer every 3 weeks on progress and ensure employees do not have access to confidential information until a satisfactory Basic DBS is in place. Those in positions requiring Enhanced DBS checks will be required to shadow fellow workers until DBS is received.	HR Manager	01-Jun-19	01-Jul-20	In progress, but some alterations to be made following recent inspection from CRB. Revised date agreed. 2nd follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2018/19 - Garages (D1803)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Recommendation 1 - The Draft Fleet Strategy should be completed, approved and shared corporately	H	Fleet Strategy to be agreed.	Fleet and Depot Manager	30-Sep-19	31-Mar-20	Approval in progress, expected to be complete by end of March. 2nd follow-up scheduled Q2 2020/21
Recommendation 2 – Team meetings and appraisals should be established for all officers working in the Garage.	M	Team meetings to be initiated immediately and held regularly.	Fleet and Depot Manager	30-Apr-19		Evidence provided that meetings and appraisals now in place - closed
		Appraisal to be carried out for current staff and for new staff appointed to vacancies.				
Recommendation 3 – Staff should be registered for and complete the online training for GDPR and Cyber Security.	M	Staff to complete all mandatory training modules.	Fleet and Depot Manager	30-Apr-19		Staff completed relevant modules - closed
Recommendation 4 – The Health and Safety folder should be reviewed and updated.	M	Safe working manual updated and communicated to all staff.	Fleet and Depot Manager	30-Sep-19		Updated folder provided as evidence - closed
Recommendation 5 – A full review of the risk assessments should be undertaken.	M	Safe working manual updated and communicated to all staff.	Fleet and Depot Manager	30-Sep-19		Updated folder provided as evidence - closed
		This will include a review of risk assessments and controls.				

Audit Review						Assurance Level
2018/19 - Garages (D1803)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date	Status
Recommendation 6 – Discussions should be held with Licensing to ascertain if there is a need for the Garages to hold a duplicate copy of the vehicle check	M	Discussion to be held with Licensing Manager to avoid duplication in record keeping.	Fleet and Depot Manager	30-Apr-19		Evidence provided of implementation - closed
Consideration to be given to the removal of paper records utilising modern technology instead.		Discussion to be held with IT and Licensing Manager to replace paper-based checks with an IT solution.	Fleet and Depot Manager	30-Sep-19		Evidence provided of implementation - closed
Recommendation 7 - Once the vehicle replacement plan has been reprofiled an updated copy should be provided to Finance. Additionally, as part of the annual budget setting process a copy should be sent by the deadline each year to ensure that the 5-year budget pressure for the Vehicle Replace Plan is placed in the Medium-Term Financial Plan.	M	The fleet replacement programme is updated regularly using best possible estimates for vehicle costs going forward and updated using accurate costs when available. Information is shared with Finance Officers as part of the monthly monitoring process	Fleet and Depot Manager	30-Apr-19		Suitable process in place between Finance and Garage - closed.
Recommendation 8 – Cash banking should be undertaken regularly, and risk assessment should be completed for cash carrying.	M	Cash to be banked on a monthly basis. New reception facilities will reduce risks to staff. Chip and Pin payment system to be installed to reduce cash handling risks / costs / values.	Fleet and Depot Manager	30-Apr-19	31-Mar-20	Changes to banking process in progress. Revised date agreed. 2nd follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2018/19 - Revenues & Benefits VFM (M1801)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 - All future decisions on service provision should be documented, with information retained to support the actions undertaken.	M	Options relating to service provision will be considered by the RBSS Joint Operational Board. Decisions taken will be recorded and retained	Revenues & Benefits Operations Manager	31 st October 2019		Relates to one-off event. Decisions recorded as part of minute-taking process. Closed
Recommendation 2 - The Service Level agreement should be signed by all parties.	M	Agreement to be signed, subject to any amendments, as the arrangements are currently being reviewed.	Revenues and Benefits Operations Manager	31 st December 2019	30th November 2020	In progress. Delays due to absence of ICT Services Manager . Revised date agreed. 2nd follow-up scheduled Q4 2020/21
Recommendation 3 – The Data Sharing Agreements should be checked to ensure compliance with GDPR and should be signed by all parties to formalise the arrangement.	H	Sharing Agreement to be check for GDPR compliance and then signed by all parties.	ICT Service Manager	31 st July 2019	30th November 2020	In progress. Delays due to absence of ICT Services Manager . Revised date agreed. 2nd follow-up scheduled Q4 2020/21
Recommendation 4 - Officer decision notices should be prepared for any future instances of the Council agreeing to provide additional support to other partners or any other significant variations to the agreement.	M	Significant variations will be recorded in Officer Decision notices	Revenues & Benefits Operations Manager	31 st March 2019		Relates to one-off event. Decisions to be recorded appropriately going forward. Closed.
Recommendation 5 - Prior to the renewal of the Partnership arrangements consideration should be given to the impact of additional work undertaken by Carlisle City Council staff. Consideration should be given to charging for work undertaken in addition to the SLA agreement.	M	Additional work to be evaluated and options for charging, if required, determined	Revenues & Benefits Operations Manager/ICT Service Manager	30 th September 2019	30th November 2020	In progress. Delays due to absence of ICT Services Manager . Revised date agreed. 2nd follow-up scheduled Q4 2020/21
Recommendation 6 - A fully costed option appraisal analysis should be undertaken prior to Carlisle City Council's decision to remain in the Shared Service to ensure financial implication are fully understood. The financial benefits such as the software upgrades and training discounts should be quantified as should the non-financial advantages and disadvantages.	M	Analysis of Partnership costs to be produced to inform decisions on future service provision	Revenues & Benefits Operations Manager	31 st December 2019	30th November 2020	In progress. Delays due to absence of ICT Services Manager . Revised date agreed. 2nd follow-up scheduled Q4 2020/21

Audit Review						Assurance Level
2019/20 - Customer Services Performance Data (B1901)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 - Job descriptions should be reviewed and updated where necessary to reflect the current structure and reporting lines.	M	Appropriate amendments have been made and sent to HR Services to upload to the intranet	Customer Services Manager	9th August 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 2 - Management should ensure an accurate method of monitoring visits is in place.	M	All technical actions are complete, and the funding has been released (post audit).	Customer Services Manager	15th November 2019		Informal follow-up scheduled Q2 2020/21
		Customer Services Manager will oversee the installation of the new system.				Informal follow-up scheduled Q2 2020/21
Recommendation 3 - The Customer Services Manager should liaise with ICT Services to ensure that the telephony system needs are correctly assessed and that a suitable solution is procured.	M	Preliminary demos have taken place with all findings forwarded to IT Services.	Customer Service Manager	Completed		Informal follow-up scheduled Q2 2020/21
		ICT Services to implement Civic wide telephony plan prior to the implementation of the new Customer Contact Centre system.	ICT Services	31st March 2019		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Affordable Housing Register (C1902)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 - Documented procedure notes / guidance should be updated to cover all aspects of the team's work.	M	The Housing Development Officer will provide updated guidance on Low-Cost Housing procedures, providing clarification for existing and future staff – covering the following areas:-	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
		-Maintaining the register (including adding and removing applicants from the list)				
		-Advertising properties				
		-Selection and approval of applicants				
		-Property offers and completions.				
Recommendation 2 - Property Valuations should be retained in each individual property file.	M	Ensure staff are aware all property valuations must be retained, not just those relating to new-build schemes. (Will be addressed through the introduction of procedure notes).	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 3 - An approval form should be completed and signed by an authorised officer to confirm the approval for an individual to purchase a low cost home.	M	A new form will be drawn up, which will be signed by an authorised signatory, in respect of each Low-Cost Housing approval. (Again, Will be addressed through the introduction of procedure notes).	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 4 - The Low Cost Housing Ownership Shortlist Form should be completed in full to ensure there is a complete and clear audit trail of each property awarded and the reasons why individuals were declined / awarded a property.	M	Ensure the Low-Cost Housing team are made aware that all relevant sections of the shortlisting form for available properties are completed, with no required fields left blank. (Will be covered by procedure notes).	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 5 - The whole process should be reviewed to see where improvements can be made, for example, introduction of a property checklist which includes all the steps in the process.	M	The Housing Development Officer will review the entire process, in conjunction with the Low-Cost Housing team to identify areas where improvements can be made, including setting up a new 'property checklist' form. An initial meeting will be arranged with the Council's Internal Audit team to go over the findings of the review.	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Affordable Housing Register (C1902)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 6 - The team should ensure that all documents detailing personal information are locked away outside normal office hours. Access to both spreadsheets (including backups) should be restricted to applicable officers only	M	Re-emphasise the importance of GDPR to the team, including the requirement to keep personal data locked away outside office hours. (Will be covered by procedure note).	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 7 - Current processes and systems should be reviewed in conjunction with ICT to ensure a more efficient, fit-for-purpose solution is in place.	M	Review current systems with Senior ICT Officer and identify areas where processes and/ or systems can be improved, with a view to identifying a preferred option.	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 8 - Clarification should be sought as to how long documents relating to the operation of the Low-Cost Home Ownership Scheme should be retained for, this should be clearly documented in the procedures and retention policy.	M	Liaise with Information Governance Officer regarding timescales for retention of personal data.	Investment & Policy Manager	31st December 2019		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Mobile Devices (I1901)						Partial
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 – The mandatory cyber-security e-learning module should be updated to include latest issues/trends relating to cyber security and enhanced to cover both the physical security of assets and the Council's ICT policies	H	The Skillgate training module will be updated regularly and mandatory for staff to re-take once refreshed. With members we will highlight key areas during their migration to Windows 10 on an individual basis and then provide a briefing prior to full Council on cyber security, physical security and council assets	ICT Services Manager	1st April 2020		Formal follow-up scheduled Q2 2020/21
Recommendation 2- All device users (Officers and Members) should confirm they have read key ICT policies on an annual basis.	M	A Skillgate module will be created to use the ICT Policy website and test users on key parts of the policies. This will be mandatory for new starters as part of their induction process and all staff annually. With Members we will work with Democratic Services to ensure councillors confirm they have read these policies during the induction/re-election process	ICT Services Manager	1st April 2020		Formal follow-up scheduled Q2 2020/21
Recommendation 3 – An exercise should be undertaken to ensure all individuals assigned mobile devices have completed a custodian form acknowledging responsibility for their allocated device.	M	Work underway to retrospectively sign custodian forms for users issued with equipment before the policies were implemented. Custodian forms obtained for all users receiving equipment after policies implemented	ICT Lead Officer (Support)	1st December 2019		Formal follow-up scheduled Q2 2020/21
Recommendation 4 – Action should be taken to ensure all Members have access to suitable cyber-security training	H	With Members we will highlight the key areas during their migration to Windows 10 (commencing October 2019) on an individual basis and then have a briefing prior to full Council on cyber security, physical security and council assets at a suitable meeting	ICT Services Manager	1st April 2020		Formal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Mobile Devices (I1901)						Partial
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 5 – The Council should obtain an application locker to prevent device users from being able to download software that does not require administration rights.	M	Application lockdown policies for Microsoft in-tune will be tested with the new version of Windows 10 (1809/1909) - to be deployed to the Council's devices in Q1 2020 – for compatibility. If not suitable, Application lockdown within Windows 10 will be enabled through group policies on the network to restrict software being installed where admin privileges are not required e.g. browsers	ICT Lead Officer (Infrastructure)	1st May 2020		Formal follow-up scheduled Q2 2020/21
Recommendation 6 – There should be a regular ongoing review of mobile phone usage to ensure devices are still required.	M	Working with current contract supplier (Social Telecoms) to have them review mobile phone usage for misuse and identify unused devices on a monthly basis	ICT Lead Officer (Infrastructure)	1st December 2019		Formal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Bereavement Services (D1902)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 – A review of the procedure notes should be undertaken.	M	Procedure notes will be reviewed and updated where necessary.	Bereavement Services Manager	30 th Nov 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 2 – Management should ensure that the identified team priorities are addressed.	M	Once R3 is implemented a new appraisal will be completed and team priorities addressed.	Bereavement Services Manager	30 th June 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 3 – A review of the staffing at the Crematorium should be undertaken to ensure the current level can adequately provide the service.	M	A review of the current staffing is currently being undertaken and recruitment process has been commenced.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 4 - The Provision of Crematoria Mutual Aid agreement should be reviewed and updated to ensure that it complies with legislation.	M	Discussions will be held with Copeland Council and Legal Services to update the agreement to ensure it is covering the necessary legislation	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 5 – The retention schedule and privacy statement should be reviewed to ensure the same retention period is applied.	M	The retention schedule will be updated to reflect the current practices and the privacy statement. Discussion will be held with the Information Governance Manager.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 6 – All personal data should be stored securely.	M	All personal data is now stored securely.	Bereavement Services Manager	Implemented		Informal follow-up scheduled Q2 2020/21
Recommendation 7 – The memorial forms should be reviewed so that service users are aware their data is being sent to a third-party provider.	M	Memorial forms will be reviewed and updated accordingly.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 8 – The Contract with ClearSkies Software should be updated to include reference to meeting GDPR legislation.	M	Discussions will be held with ClearSkies and Legal Services to update the Contract to ensure it is covering the necessary legislation.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 9 – A record of the Green Spaces job sheets issued should be retained within Bereavement Services, which can then be followed up to ensure jobs are completed.	M	A register will be designed and updated to ensure that all Job Sheets issued are recorded in Bereavement Services.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21
Recommendation 10 – The premises handbook should be completed in full.	M	Full review of the premise's handbook will be completed.	Bereavement Services Manager	30th Nov 2020		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Bereavement Services (D1902)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 11 – The premises handbook should be used to record any incidents at the crematorium.	M	Incident forms will be completed as necessary.	Bereavement Services	Implemented		Informal follow-up scheduled Q2 2020/21
Recommendation 12 – The Surveillance Camera Operating Procedure should be completed, and the signage updated in line with the procedure.	M	The Surveillance Camera Operating Procedure will be completed and implemented.	Bereavement Services Manager	30th April 2020		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Tourist Information Services (D1905)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 - Procedures should be updated to ensure all tasks are documented.	M	All tasks will be documented including the opening and closing procedure, Assembly Room hire, stock control, Lone working guidance specific to this service and processing till discrepancies.	Destination Manager	02-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 2 - Risks including the control strategy / mitigating actions should be reviewed and updated on a quarterly basis in line with the Corporate Risk Management Policy.	M	All risks are now identified and are updated in line with Corporate Risk Management Policy and timetable.	Destination Manager	11-Nov-19		Informal follow-up scheduled Q2 2020/21
Recommendation 3 - Tourist Information Services should update their retention schedule and disposal log in line with the current corporate template.	M	Data retention to be reviewed and new procedures for each type of data to be implemented.	Destination Manager	03-Feb-20		Informal follow-up scheduled Q2 2020/21
Recommendation 4 - Formal agreements, including data processing agreements should be set up with all third parties that the service processes personal information for. A copy of each third party's privacy notice should be provided and retained.	M	Formal agreements, including data processing agreements will be set up with all third parties.	Destination Manager	03-Feb-20		Informal follow-up scheduled Q2 2020/21
Recommendation 5 - All credit and debit card slips and personal information should be securely retained.	M	Store rooms to upper floor of the Town Hall to be made secure for storage of credit and debit card slips and personal information. Working / live documentation will be retained in a lockable cabinet.	Destination Manager	03-Feb-20		Informal follow-up scheduled Q2 2020/21
Recommendation 6 - All stock should be adequately insured.	M	TIC staff to liaise with the Insurance Officer to make sure that all stock held in the TIC is covered by the Council's insurance policy.	Destination Manager	06-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 7 - The electronic data currently stored on the Google Drive should be brought in-house and stored on the Council's network.	M	OFS staff to introduce an alternative in house (SharePoint) solution for shared access between Council departments.	Healthy City Team Manager & Destination Manager	31-Mar-20		Informal follow-up scheduled Q2 2020/21
Recommendation 8 - Casual officers should be given access to and complete the Skillsgate GDPR and Cyber- Security training.	M	This action plan is being prepared off season. Implementation will be held until spring when casual officers are required.	Destination Manager	01-May-20		Informal follow-up scheduled Q2 2020/21
Recommendation 9 - Casual officers should receive the annual pay uplift.	M	Casual officers will receive the annual pay uplift.	Destination Manager	31-Mar-20		Informal follow-up scheduled Q2 2020/21
Recommendation 10 - To comply with the financial procedure rules all value should be accounted for and the number of petty cash floats should be reduced. Petty cash returns should be regularly completed.	M	The spare float used for events is to be eliminated. The £105.52 will be accounted for.	Destination Manager	31-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 11 - The relevant fees and charges schedule should be reviewed as part of the next budget process to ensure it accurately reflects all rates and charges.	M	All fees and charges are now included in the financial process.	Destination Manager	01-Oct-19		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Tourist Information Services (D1905)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 12 - An agreement / contract should be implemented between the Council and Booking.com and signed by both parties.	M	The Destination Manager will contact Booking.com to establish if this is possible.	Destination Manager	31-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 13 - A key list should be documented, and staff should sign for the keys that they have been issued with. Arrangements should be made to have an additional safe key cut. Safe keys should not be retained on the premises overnight.	M	All keys & alarm fobs will be accounted for and signed for by officers in possession of keys for Town Hall.	Destination Manager	31-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 14 - The Health and Safety file should be reviewed, and all outstanding services / checks should be completed, and a procedure implemented for raising the alarm with adjoining businesses in the event of a fire.	M	Health and Safety files to be reviewed and all outstanding checks completed including arrangements for fire alarms with adjoining businesses.	Destination Manager & Facilities Manager	31-Jan-20		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Contaminated Land (E1902)						Substantial
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 – Individual and team meetings should be carried out more frequently.	M	One to ones to be put in place every 16 weeks.	Principal Health and Housing Officer	Immediately		Informal follow-up scheduled Q2 2020/21
Recommendation 2 – Individual training undertaken without Organisational Development involvement should be logged accordingly.	M	The team have started to update their records and this information has been passed to OD. Will ensure all staff with professional training are completed.	Principal Health and Housing Officer	31-Jan-20		Informal follow-up scheduled Q2 2020/21
Recommendation 3 – Procedures should ensure that the GIS system is updated timely.	M	This will be incorporated and updated with IT support.	Principal Health and Housing Officer	31-May-20		Informal follow-up scheduled Q2 2020/21
Recommendation 4 – The correct fees should be published for environmental searches and guidance provided on when to apply	M	Information has been updated.	Regulatory Services	Immediately		Informal follow-up scheduled Q2 2020/21

Audit Review						Assurance Level
2019/20 - Project Management (A1901)						Reasonable
Recommendation	Priority	Agreed action	Responsible Manager	Date	Revised Date (if applicable)	Status
Recommendation 1 – The Project Management SharePoint site should be enhanced to act as a central repository for key information relating to individual projects.	M	Links to all key documents relating to corporate level projects to be sourced, uploaded and maintained within the Project Management SharePoint site by the Project Managers Gaps in availability of key documents to be identified and addressed.	Project Managers	31-Mar-20		Informal follow-up scheduled Q2 2020/21
Recommendation 2 – Lessons learned reports should be completed and reported for all closed projects.	M	Requests for projects to be closed will not be considered by the Transformation Board until a lessons learned report is received and noted by the Transformation Board. Lessons learned report templates will be readily available within the Project Management SharePoint site.	Project Managers. Consideration at Transformation Board to be facilitated by Chief Executive's Office Manager	31 November 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 3 – The reporting process for digital projects should be reviewed to ensure information taken to the Transformation Board is an accurate representation of projects being undertaken.	M	ICT project status report to be prepared by the ICT Lead Officer responsible for Programme and Project Management.	ICT Lead Officer responsible for Programme & Project Management	31 November 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 4 – Further scrutiny should be applied to projects that have made no progress to determine that they are still active and if they require any additional support.	M	The Transformation Board to review these projects when it considers the Corporate Project status report and determine whether a project is still live based on the narrative contained within. Relevant Project Manager to be notified at this point as to the way forward/ next steps.	Chief Executive's Office Manager	31 November 2019		Informal follow-up scheduled Q2 2020/21
Recommendation 5 – The Transformation Board should be informed of and keep a record of lighter projects	M	The Programme Office (PO) to contact staff asking them to ensure the PO is made aware of those projects across the authority which are live and that have a score of less than 15. The PO will carry out random spot checks of such projects to ensure good governance arrangements are in place and guidance within the Project Managers Handbook is being followed. A list of these "lighter" projects will be hosted and maintained on the Project Management SharePoint site and updated accordingly by the relevant Project Manager. This list of "lighter" projects will be monitored by the Transformation Board and any additions or removals will be reported to this Board. Review and update the Project Manager's Handbook as required.	Chief Executive's Office Manager	28-Feb-20		Informal follow-up scheduled Q2 2020/21

Key

Recommendation evidenced as actioned (Closed)

Recommendations evidenced as part actioned and replaced by new recommendation (Closed)

Recommendation not appropriate for follow up e.g. relates to one off scheme (Closed)

Formal Audit follow up scheduled

Management Statement scheduled to request evidence of implementation

Recommendation not actioned - revised timescales for implementation agreed (or rec replaced)

Follow up scheduled for recommendation previously identified as unactioned

Recommendation reviewed and not confirmed as actioned (no response/revised timescales have passed)