

Meeting Date: 28 September 2022
Portfolio: Finance, Governance and Resources
Key Decision: Not applicable
Within Policy and
Budget Framework YES
Public / Private Public

Title: INTERNAL AUDIT PROGRESS 2022/23 (JULY-
SEPTEMBER)

Report of: CORPORATE DIRECTOR FINANCE & RESOURCES
Report Number: RD34/22

Purpose / Summary:

This report provides an overview of the work carried out by Internal Audit between July and September of 2022/23. The report also includes information on progress against the agreed audit plan, performance indicators and previous audit recommendations.

Recommendations:

The Committee is requested to

- i) note the progress against the audit plan for 2022/23;
- ii) receive the final audit assignments as outlined in paragraph 2.3;
- iii) note the progress made on audit recommendations to date outlined in Appendix B.

Tracking

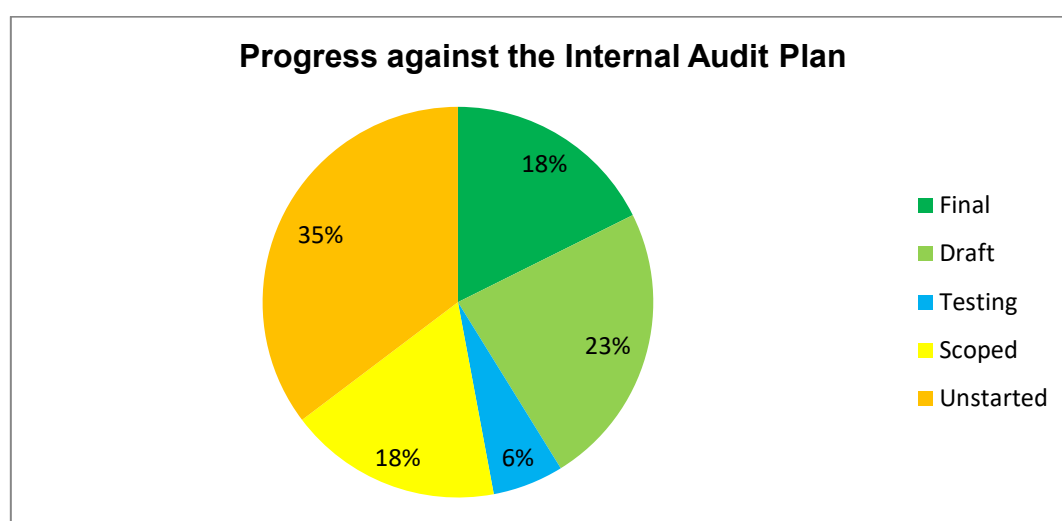
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|------------------|--------------------------|
| Audit Committee: | 28 September 2022 |
| Scrutiny Panel: | Not applicable |
| Council: | Not applicable |

1. BACKGROUND INFORMATION

- 1.1 Management is responsible for establishing effective systems of governance, risk management and internal controls. It is the responsibility of management to establish appropriate arrangements to confirm that their systems are working effectively, that all information within them is accurate and that they are free from fraud or error.
- 1.2 Internal Audit's role is to provide independent assurance to senior management and the Audit Committee over the adequacy and effectiveness of management's arrangements for governance, risk management and internal control.

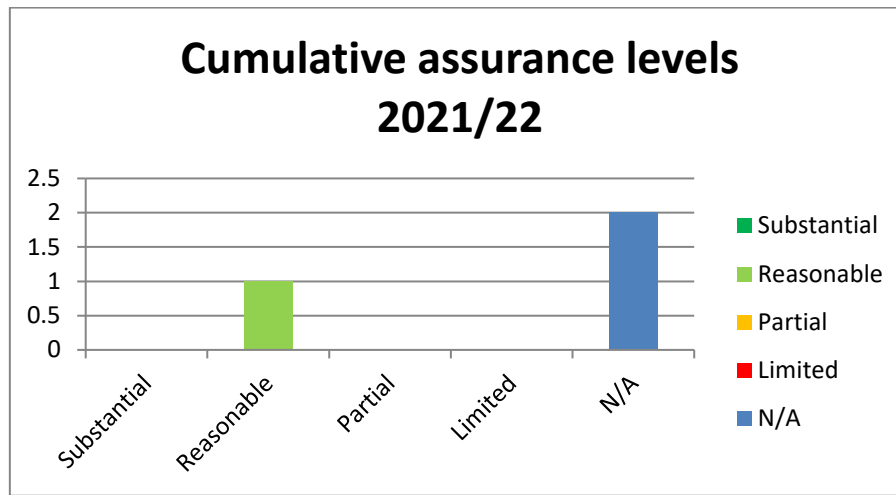
2. PROGRESS AGAINST AUDIT PLAN

- 2.1 Progress against the 2022/23 audit plan is detailed at **Appendix 1**.



- 2.2 41% of planned reviews have been finalised to draft and a further 24% of planned audits are underway, indicating good progress against the audit plan.
- 2.3 Two planned pieces of work were finalised in the period.

| Review Area | Assurance Level |
|--|-----------------|
| Absence Management (Follow-Up) | Reasonable |
| Annual Governance Statement / Good Governance Principles (No report – see below) | N/A |



2.4 Work was completed on updating the Good Governance Principles to reflect the governance framework in place for 2021/22. This piece of work contributed towards the content of the 2021/22 Annual Governance Statement (as approved at the 27 July 2022 Audit Committee).

2.5 Audit resource was also utilised in the period on the following:

- Audit advice to Accountancy Services in relation to adapting processes for a creditor who was unable to provide written confirmation of their details.
- Audit advice to Accountancy Services in relation to training provided to agency staff.
- Attendance at various LGR meetings and workshops
- Audit advice in relation to risk registers presented by Regulatory Services in relation to the Sustainable Warmth Grant.

3 PERFORMANCE INDICATORS

3.1 To provide an effective internal audit service, there needs to be a measure of the performance it achieves. The table below shows progress against indicators agreed for 2022/23.

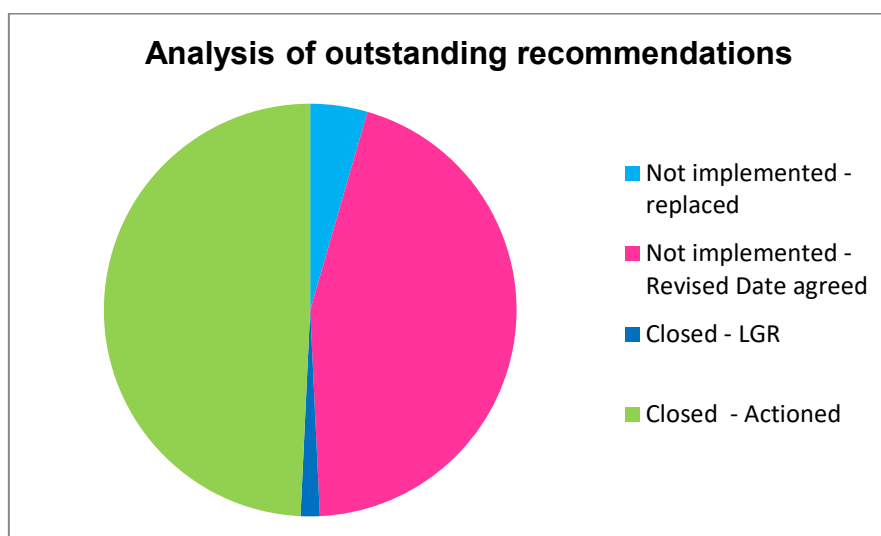
| Indicator | Target (YTD) | Performance | Comments |
|--|--------------|-------------|----------------|
| Planned Audits Completed | 45% | 18% | 41% to draft. |
| Timely Draft Reports (within 3 months of fieldwork starting) | 80% | 100% | |
| Timely Final Reports (within 8 days of client response) | 90% | 100% | |
| Recommendations Agreed | 95% | 100% | |
| Assignments completed within 10% of allocated resource) | 60% | 100% | Will reduce Q3 |
| Chargeable time | 80% | 66% | |

| | | | |
|--|-----|-----|--|
| Recommendations implemented first time | 80% | 52% | |
|--|-----|-----|--|

4 AUDIT RECOMMENDATIONS

4.1 **Appendix B** shows a summary position of outstanding audit recommendations and progress made against implementing these. Once the agreed implementation date has passed, internal audit will ask the responsible officer for an update of progress. The responses will then be reported to the next available Audit Committee meeting and, if implemented, will then be removed from the list so that only outstanding recommendations remain. Where the recommendations relate to a partial assurance audit, these will be subject to a formal follow up and will be reported back to Audit Committee separately. New recommendations will be added to the list once final reports are agreed.

4.2 33 recommendations out of 67 followed up were found to have been fully implemented (14 in line with original agreed timescales) and are now closed. 1 further recommendation was no longer listed as outstanding, as following a review of risk exposure by senior management it was deemed to be accepted until LGR, where it will no longer be relevant. There are a further 94 recommendations not due for follow up, all of which will be followed up in the next review.



4.3 The implementation of agreed actions has improved following intervention from Senior Management, but there are still incidences of managers not responding to requests for information. Internal Audit will continue to provide Senior Management with information to assist completion of outstanding actions.

6. RISKS

6.1 Findings from the individual audits will be used to update risk scores within the audit universe. All audit recommendations will be retained on the register of outstanding recommendations until Internal Audit is satisfied the risk exposure is being managed.

7. CONSULTATION

7.1 not applicable

8. CONCLUSION AND REASONS FOR RECOMMENDATIONS

The Committee is requested to

- i) note the progress against the audit plan for 2022/23;
- ii) receive the final audit reports as outlined in paragraph 2.3;
- iii) note the progress made on audit recommendations to date outlined in Appendix B.

9. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

9.1 To support the Council in maintaining an effective framework regarding governance, risk management and internal control which underpins the delivery the Council's corporate priorities and helps to ensure efficient use of Council resources.

Contact Officer: Michael Roper

Ext: 7520

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 a summary of internal audit activity and summaries of specific internal audit reports. This report fulfils that requirement.

Finance – Contained within the report

Equality – None

Information Governance – None

APPENDIX 1

CARLISLE CITY COUNCIL
PROGRESS AGAINST REVISED AUDIT PLAN 2022/23

| Service Area | Review Type | Audit Area | Plan | Actual | Status | Audit Committee | Assurance Evaluation | Comments |
|------------------------|---------------|---|------|--------|---------|-----------------|----------------------|----------|
| Financial Services | MFS | Internal Control Questionnaires - Non Audited Systems | 2 | 2 | Final | July 22 | N/A | |
| Council-Wide | MFS | Good Governance Principles / Local Code of Conduct | 5 | 5 | Final | July 22 | N/A | |
| Human Resources | Follow-Up | Absence Management | 5 | 1 | Final | Sep 22 | Reasonable | |
| Council-Wide | Governance | Corporate Governance Controls | 5 | 8 | Draft | | | |
| Neighbourhood Services | Directorate | Fleet Management (inc Strategy) | 20 | 20 | Draft | | | |
| Regulatory Services | Directorate | Sustainable Warmth Grant | 10 | 10 | Draft | | | |
| Health & Well-Being | Directorate | Bereavement Services | 20 | 21 | Draft | | | |
| Council-Wide | Corporate | Risk Management | 15 | 14 | Testing | | | |
| Financial Services | MFS | Car Parking Income | 20 | 1 | Scoping | | | |
| Financial Services | MFS | Treasury Management | 15 | 0 | Scoping | | | |
| Revenues and Benefits | MFS | National Non Domestic Rates | 20 | 2 | Scoping | | | |
| ICT Services | Directorate | ICT Service Provision | 20 | 0 | | | | |
| Regeneration | Directorate | Town Deal - Business Assurance Framework | 20 | 0 | | | | |
| Property Services | Directorate | Building Maintenance | 20 | 0 | | | | |
| Financial Services | MFS | Financial Services Governance Arrangements | 5 | 0 | | | | |
| Neighbourhood Services | Follow-Up | Neighbourhood Services (Culture) | 5 | 0 | | | | |
| Council-Wide | Counter-Fraud | Annual fraud review | 5 | 0 | | | | |
| | | Follow-up contingency | 30 | 0 | | | | |

| Service Area | Review Type | Audit Area | Plan | Actual | Status | Audit Committee | Assurance Evaluation | Comments |
|--------------|-------------|-------------------------------|------------|------------|--------|-----------------|----------------------|----------|
| | | Counter Fraud Contingency | 20 | 0 | | | | |
| | | Advice & Guidance Contingency | 10 | 0 | | | | |
| | | LGR Contingency | 25 | 0 | | | | |
| | | Audit Committee | 20 | 3 | | | | |
| | | Planning & Management | 48 | 18 | | | | |
| | | OVERALL TOTAL | 404 | 105 | | | | |

| Ass Code | Audit | Directorate | Recommendation | Priority | Risk Exposure | Agreed action | Responsible Manager | Original Completion Date | Revised Completion Date (if applicable) | No. | Status | Review due | Comment |
|----------|---------------------------------------|--------------------|---|----------|--|---|---|---------------------------------|---|-----|---|------------|--|
| A1802 | Smarter Service Delivery (Reasonable) | Corporate Support | 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 | Council in possession of unnecessary personal information. Risk of breaching data protection legislation. Risk of fines and sanctions. | 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 | 30 September 2022 (Review date) | 9 | Implementation of this recommendation has been continuously delayed due to ongoing resource shortages within ICT Services. An assessment of risk exposure has been carried out and given the limited extent of personal information found to be retained it has been deemed unnecessary to utilise additional third party resource. However, there is still a need to cleanse data prior to LGR and an in-house deletion tool is being developed by ICT Services. | Q3 2022/23 | No response received in current review period. |
| B1804 | Casual, Interim & Agency (Reasonable) | Community Services | The review form should be completed for all agency workers who exceed the 12-week agency rule. | M | Incorrect practice not identified and rectified and could lead to sanctions and reputational damage to the Council. | Form developed, and process will be updated to ensure compliance. Current Agency agreement with Adecco finished 31st January 2019. | HR Manager | 31 March 2019 | 31 July 2021 | 7 | Working group meeting held in June 2022 to review and refresh historic actions. New long-term agency appointments are now made using the OSA form to ensure appropriate approval following input from HR and Finance. HR & Neighbourhood Services have developed shared spreadsheet of appointments for review. | | |
| B1804 | Casual, Interim & Agency (Reasonable) | Community Services | 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 | There is a risk of reputational damage to the Council due to a failure to manage the contract appropriately | A new process will be implemented to ensure that the recommendations are met. | HR Manager | 30 April 2019 | 30 September 2022 (review) | 7 | Working group meeting held in June 2022 to review and refresh historic actions. Shared spreadsheet in place. Awaiting confirmation from Agencies over employment checks performed. | Q3 2022/23 | |
| B1804 | Casual, Interim & Agency (Reasonable) | Community Services | 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 | If procedures and processes are not clearly documented there is a risk that service objectives are not achieved as officers may be unsure of their roles and responsibilities. There is also a risk that this may result in sanctions, litigation and reputational damage to the Council, in addition to the additional financial burden of unapproved staff in post | Existing council policies will be reviewed and amended as necessary, to include all classes or workers and employees. | HR Manager | 30 April 2019 | 30 September 2022 (review) | 7 | Working group meeting held in June 2022 to review and refresh historic actions. New long-term agency appointments are now made using the OSA form to ensure appropriate approval following input from HR and Finance. HR & Neighbourhood Services have developed shared spreadsheet of appointments for review. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 1 – the policy should be reviewed on a regular basis and managers should be made aware of any amendments. | M | Policy becomes outdated. Managers make poorly informed and/or inconsistent decisions. | Initial review to be carried out (see Recommendation 3). Review date to be included in new policy (suggestion likely to be every two years) | HR Manager | 31 st December 2020. | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 2 – The current training provision should be reviewed to avoid duplication, as well as ensuring any amendment made to the policy are incorporated into future training. | M | Managers make poorly informed/inconsistent decisions due to insufficient understanding of Policy. Duplication of resource in training provision. | Training will be provided once new policy is developed and approved. Will roll out through VAR Management briefing but then look at SkillsGate modules as well as regular Managers' sessions. | HR Manager and Organisational Development Manager | 31 st March 2021 | | 1 | Formal follow-up completed. Training provision still requires review. Closed as replaced. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 3 – the policy should be revised to ensure it can deliver a consistent and fair approach, including incorporation of actions to address the issues identified within this audit. | H | Inconsistent approach results in failure to manage absences and also potential disciplinary action and employment tribunals. | Task and finish group has been established made up of members and HR to review. First virtual meeting scheduled w/c 15 th June 2020 | HR Manager | 31 st December 2020 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 4 – Current responsibilities should be reviewed to ensure all are still appropriate and stream-lined where possible. Retained responsibilities should be documented in the policy. | M | Responsibilities not appropriately assigned or understood, resulting in inefficient processes. | As Recommendation 3 review of Policy will ensure responsibilities are reviewed and made clear in the policy document. | HR Manager | 31 st December 2020 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 5 - A process should be adopted to ensure regular formal communication between responsible functions, including maintaining a list of agreed actions | M | Teams work in silos and do not maintain consistent roles and responsibilities, reducing in inefficient and inconsistent actions. Resource not focused on agreed priorities. | As Recommendation 3 review of Policy will ensure clarity of responsibility and trigger points will allow for easier monitoring and action. | HR Manager | 31 st December 2020 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 6 – Absence information should be reported to BTSP on a more frequent (quarterly) basis when sickness levels rise above target levels. (subject to the agreement of the Chair of the Panel). | M | Management decisions not made on a timely basis. | Agreed that from January 2021 this will be in place – following review and implementation of the new Policy (subject to agreement from BTSP Chair) | HR Manager | 31 st January 2021 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 7 – Template forms should be revised and consideration should be given to developing a more intuitive electronic process. | H | Forms do not provide relevant information of inform appropriate corrective action, resulting in increased absence. Potential issues in the result of disciplinary action. Forms not completed correctly resulting in accurate information. | As Recommendation 3 review of Policy will ensure new and easier forms & recording methods. Every attempt will be made to utilise our current systems and/or electronic reporting. | HR Manager | 31 st December 2020 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 8 – Monitoring, training and support should be provided to managers to ensure a consistent approach is taken towards managing individuals who have hit key trigger points. | H | Inconsistent approach creating difficulties in the event of disciplinary action. Ineffective/excessive action taken, both of which could contribute to increased absence. | As Recommendation 4 review of Policy will ensure new and easier triggers and policy should limit any ambiguity | HR Manager | 31 st March 2021 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 9 – Reference to the employee privacy statement should be included on absence management notification forms | M | Breach of data protection legislation. | Reference to be made on all forms which share personal information. Wording to be agreed between Information Governance Manager and HR Manager. | Information Governance Manager & HR Manager | 31 st December 2020 | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |

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|-------|---|---------------------|---|---|--|---|---|---|-------------------|---|--|------------|--|
| A1902 | Absence Management (Partial) | Community Services | Recommendation 10 – Retention periods should be reviewed to ensure they are aligned with all relevant legislation and guidance | M | Information not retained in line with guidance/legislation | Retention periods to be reviewed and agreed with Information Governance Manager and OH Provider. | HR Manager & Information Governance Manager | 31 st December 2020 (could be earlier as not dependent on Policy review) | | 1 | Formal follow-up completed. Retention schedule still requires review. Closed as replaced. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 11 – A process for ensuring absence information is retained in one location by Human Resources (avoiding duplicate records) should be undertaken, including ensuring information is deleted once it has expired. | H | Increased risk of data breaches, resulting in non-compliance of data protection legislation. Wasted resource used to store duplicate records. | HR and Payroll are moving to electronic only records. All referrals and absence related data should only be kept to HR and Payroll and revised policy will include sections on data retention. | HR Manager | 31 st December 2020 (could be earlier as not dependent on Policy review) | | 1 | Formal follow-up completed. No assurances that only central record retained. Closed as replaced. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 12 – the service level agreement in relation to Physiotherapy should be updated and include reference to data protection legislation | M | Third-party provider does not securely retain sensitive council information in line with legislation | The service level agreement in relation to Physiotherapy should be updated and include reference to data protection legislation. | H&S Manager and Legal | 31 st December 2020 (could be earlier as not dependent on Policy review) | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| A1902 | Absence Management (Partial) | Community Services | Recommendation 13 – all third parties handling sensitive personal absence data should be required to complete the Information Governance Manager's questionnaire. | M | Third-party provider does not securely retain sensitive council information in line with legislation | This to form part of the OH and third-party contracting processes. | H&S Manager | 31 st December 2020 (could be earlier as not dependent on Policy review) | | 1 | Formal follow-up completed. Confirmed as actioned. Closed. | | |
| D1901 | Tullie House (Reasonable) | Community Services | Recommendation 8 – The Council should obtain assurances that performance information represents value for money and continuous improvement | M | Failure to ensure delivery of VFM. | To be discussed at next contract monitoring meeting and actions agreed and recorded | Health & Well-Being Manager | 26-Feb-20 | 31 March 2021 | 4 | Started, but was on hold as both organisations need to prioritise response to Covid-19 pandemic. Revised date agreed. Revised date agreed. | Q3 2022/23 | No response received in current review period. |
| D1905 | Tourist Information Services (Reasonable) | Community Services | 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 | Failure to obtain value for money for services provided | All fees and charges are now included in the financial process. | Destination Manager | 01 October 2019 | 31 March 2022 | 5 | Relevant update included as part of update to fees and charges report. Closed. | | |
| D2002 | City Centre (Reasonable) | Community Services | Recommendation 7: Delegated authority / responsibility for issuing pavement café licences should be included in the relevant Scheme of Delegation. | M | Pavement café licences may be granted / rejected without proper authorisation which may lead to reputational damage to the Council. | Health and Wellbeing Services Manager to include pavement café licences in the relevant Scheme of Delegation. | Health and Wellbeing Services Manager | 29-Jan-21 | 30 August 2021 | 5 | No response to follow up request. | Q3 2022/23 | No response received in current review period. |
| G2005 | Payroll (Reasonable) | Community Services | Recommendation 1 – Review of staff procedure notes, and wider suite of policies, guidance documents and forms on the intranet to ensure alignment to financial regulations, clarify for new members of staff, and regular update. | M | Service cannot wholly demonstrate that they have interpreted and applied the financial regulations that relate to payroll. / New staff are unclear on how to run payroll at short notice. / Key forms and documents are not current. | Ensure that there are clear procedure and guidance documents for payroll staff, that align to financial regulations. Ensure that documents and forms are updated on the intranet and dated so that all staff know they are using/viewing the most update version. | HR Manager / Payroll & i-Trent Supervisor | 31-Mar-22 | 30 September 2022 | 3 | Review started and anticipated to be completed by end of July 2022. | Q3 2022/23 | No response received in current review period. |
| G2005 | Payroll (Reasonable) | Community Services | Recommendation 2 – Review the critical service recovery arrangements to ensure that there are fully tested and documented planning arrangements in place for all key scenarios, that can be actioned at short notice. | M | Payroll unable to be run. Comprehensive planning not in place for alternative arrangements. | Review the critical service recovery arrangements and agree on a plan and ensure it is documented. | Deputy TC & CE /HR Manager /Payroll & i-Trent Supervisor | 31-Dec-21 | 20 September 2022 | 3 | Relevant discussions and updates not taken place. | Q3 2022/23 | No response received in current review period. |
| G2005 | Payroll (Reasonable) | Community Services | Recommendation 6 – Personal data to be retained and disposed of for the Authority and Community Centres in line with the corporate records management policy. | M | Carlisle City Council may not comply with UK GDPR and could be subject to legal challenge. | To dispose of payroll filing in line with retention and disposal rules. Ensuring that the disposal log is updated correctly. | HR Manager / Payroll & i-Trent Supervisor | 31/03/22 (depending on Covid 19 & access to the office) | 30 September 2022 | 3 | Disposal has now started and disposal log is being completed. | Q3 2022/23 | No response received in current review period. |
| G2005 | Payroll (Reasonable) | Community Services | Recommendation 7 – Management to keep a record of the availability of software releases and document the reasons if IT rent is not updated with a release. | M | Reasons for not updating IT rent available software releases not fully transparent. | To create and keep an update a log of i-Trent system updates. | HR Payroll & i-Trent Supervisor Manager/ Lead ICT Officer | 30-Jun-21 | 30 September 2022 | 3 | Review begun, but further work necessary. | Q3 2022/23 | No response received in current review period. |
| I2002 | Driver Checks (Follow Up_ Reasonable) | Community Services | Recommendation 1 – The approved Drivers Handbook should be printed and circulated to relevant Line Managers & Elected Members and added to the City Council E-library. | M | Officers driving on Council business without appropriate licence and / or insurance | The Handbook for Drivers will be available electronically for officers / managers and elected members with access to the intranet. Printed copies will be available for drivers without intranet access and a copy will be placed in each fleet vehicle, including pool cars. This is being further enhanced through the development of a Skillgate module to monitor awareness and improve compliance. | Fleet and Depot Manager | 15-May-21 | 31 July 2022 | 3 | Driver handbook approved and available online (Via Skillgate) and within fleet vehicle. Closed. | | |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 1 – Operational risk management arrangements to include regular consultation with wider stakeholders | M | Key stakeholders have not been consulted on operational risks. | Wider consultation to be applied to Risk Register quarterly reviews | Revenues and Benefits Operations Manager | 31st October 2021 | | 4 | Risk Register reviewed by Team. Latest review timely and up to date. Closed. | | |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 2 – Guidance documents to be regularly reviewed and updated with consideration given to DWP good practice. | M | Content of key documents not current or align to DWP good practice guidance. | Documentation to be reviewed in accordance with DWP circulars and relevant good practice guidance | Revenues and Benefits Operations Manager | 31st December 2021 | | 4 | No response received | Q3 2022/23 | No response received in current review period. |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 3 – Regular Management meetings to be clearly recorded, and conclude previous actions raised. | M | management decision making process lacks transparency / Staff are not kept regularly informed. | Regular management meetings to resume with actions to be captured and documented. | Revenues and Benefits Operations Manager | 30th June 2021 | | 4 | Management Team Meetings re-instated. Closed. | | |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 4 – Staff training requirements to be regularly assessed with outcomes recorded. | M | Staff are not fully trained to carry out their role. | All staff training requirements to be captured and documented. | Revenues and Benefits Operations Manager | 31st January 2022 | | 4 | No response received | Q3 2022/23 | No response received in current review period. |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 5 - Collection and Recovery Policy to be finalised and published. | M | Service priorities are unclear to staff. | Documentation to be reviewed and formally approved for publication. | Recovery Team Leader | 31st December 2021 | | 4 | No response received | Q3 2022/23 | No response received in current review period. |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 6 – Update the current arrangements in place with the Authority's collection agent. | M | Level of service of Collection Agent is not formally agreed and falls below expectations | Agreement to be reviewed with monitoring arrangements and information reviews to be re-instated. | Recovery Team Leader | 30th September 2021 | | 4 | No response received | Q3 2022/23 | No response received in current review period. |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 8 - The Systems Support Team should apply the archiving tool provided to the Academy system to ensure historic records no longer required are deleted on a timely basis. | M | Authority may not be fully compliant with UK GDPR | Archiving processes to be commenced and appropriate records removed. | Systems Support and Control Manager | 31st March 2022 | | 4 | No response received | Q3 2022/23 | No response received in current review period. |

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|-------|---|----------------------------------|--|---|---|---|--|-------------------|-------------------|--|---|--|------------|--|
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 9 – Management to review access to Revenues and Benefits Office on a regular basis with the Facilities Manager. | M | Inappropriate access gained to the Revenues and Benefits Office. | Periodic access reviews to continue bi-annually and use approved reports to be retained | Revenues and Benefits Operations Manager | 31st July 2021 | | | 4 | Access lists reviewed on a regular basis. Closed. | | |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 10 – Management to implement the RBV policy, or review and amend the policy to align with current practice. | M | Evidence gathering processes are inefficient. | Policy to be reviewed to align with operational practice, including the monitoring of risk categories assigned. | Revenues and Benefits Operations Manager | 31st October 2021 | | | 4 | RBV Policy reviewed and approved at March 22 Audit Committee. Closed | | |
| G2006 | Housing Benefits (Reasonable) | Finance & Resources | Recommendation 11 – Clear recovery targets to be set for Overpayment Recovery staff in line with DWP good practice guidance. | M | Overpayment recovery is not efficient and effective | Target performance to be determined, based on previous years collection performance. | Recovery Team Leader | 31st October 2021 | | | 4 | No response received | Q3 2022/23 | No response received in current review period. |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 1 – A review of all responsibilities for electoral services should be conducted across the Council and assurances should be obtained that arrangements are in place to cover these responsibilities (named substitutes and formal procedures). In addition, local procedural notes should be formalised and made available to all officers. | M | Lack of guidance for City Council specific tasks. | Electoral Services Officer will formalise their procedure notes and will consult Director on review of responsibilities. | Electoral Services Officer / Corporate Director Governance & Regulatory Services | 30-Nov-21 | 30.12.22 | | 4 | Review of procedures started, but still ongoing. Review next quarter. | Q3 2022/23 | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 2 – The Electoral services team should be involved in completing and reviewing the relevant operational risk register. | M | Failure to identify and mitigate all relevant risks. | Will prepare document to be amended/updated when necessary. | Electoral Services Officer | 30-Nov-21 | | | 4 | First informal follow-up scheduled. | Q3 2022/23 | No response received in current review period. |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 3 – Risk registers for individual elections should be presented to Senior Management to provide assurances that appropriate actions are in place to manage risk. | M | Failure to identify and mitigate all relevant risks. | Will prepare a risk register and make available for SMT. | Electoral Services Officer | 30-Nov-21 | | | 4 | First informal follow-up scheduled. | Q3 2022/23 | No response received in current review period. |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 4 – Individual election plans should include an evaluation section and further documentation should be complete such as Activity Plans and Engagement Strategies, in line with recognised best practice. | M | Failure to adhere to all relevant statutory requirements. | Add this to the planner already used in Electoral Services, however time constraints in the weeks leading up to an election may limit the content. | Electoral Services Officer | 30-Nov-21 | | | 4 | First informal follow-up scheduled. | Q3 2022/23 | No response received in current review period. |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 5 – A formal agreement should be put in place between the authority and printing service that specifies how data protection legislation is adhered to | M | Breach or loss of sensitive personal information. | Consult with Information Governance Manager on wording and send document to SciPrint. | Electoral Services Officer | 30-Nov-21 | | | 4 | Suitable agreement now in place. Closed. | | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 6 – The Electoral Services privacy statement should be updated to include reference to the National Fraud Initiative. | M | Breach of data protection legislation through failing to adequately notify individuals on how data will be processed. | Consult with Information Governance Manager and put in place. | Electoral Services Officer | 30-Nov-21 | | | 4 | First informal follow-up scheduled. | Q3 2022/23 | No response received in current review period. |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 7 – The Council should ensure the Electoral Registration Officer has a separate registration with the ICO. | M | Breach of data protection legislation. | Consult with Information Governance Manager and put in place. | Electoral Services Officer | 30-Nov-21 | | | 4 | Separate registration now in place. Closed. | | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 8 – A disposal log should be retained by the service | M | Breach of data protection legislation. | Consult with SST. | Electoral Services Officer | 30-Nov-21 | | | 4 | Retention and disposal log now in place. Closed. | | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 9 – Individuals accessing the electoral register should be required to sign an appropriate declaration (including provision of their name and address). | M | Breach or loss of sensitive personal information. | Consult with Customer Services and prepare suitable declaration form. | Electoral Services Officer | 30-Nov-21 | | | 4 | Form now in place. Closed. | | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 10 – A Memorandum of Understanding should be in place between the Council and the DWP stating how and why sensitive personal information in the electoral register is shared between both parties | M | Breach or loss of sensitive personal information. | Consult with Information Governance Manager regarding implementing this recommendation. | Electoral Services Officer | 30-Nov-21 | | | 4 | Date Sharing Instructions in place that includes consideration of GDPR requirements. Closed. | | |
| E2003 | Electoral Services (Reasonable) | Governance & Regulatory Services | Recommendation 11 – Regular market testing should take place to ensure value for money is achieved for the provision of temporary portacabins. | M | Value for money not achieved | Investigate costs of temporary offices prior to an election to ensure best value. | Electoral Services Officer | 01-May-21 | | | 4 | Market testing undertaken (though limited options identified). Closed. | | |
| G2003 | Debtors (Substantial) | Finance & Resources | Recommendation 1 – To implement an Annual Review & Sign-off by Team Leader on Debtors process to provide assurances no significant changes have taken place within the service in the past year | M | Inaccurate/inefficient/inappropriate debt recovery due to failure to adhere to agreed process | Set up a reminder to review and sign off current procedure manual annually (as documented per 5.2.1). | Financial Services Manager | 30-Jun-21 | 02 January 1900 | | 1 | A change in personnel has led to the identification that all procedures and process notes should be moved over to a designated SharePoint site which would also allow for: easy access, modification, periodic review and sign-off. It would also provide greater resilience due to the staffing risks surrounding LGR. Progressing. | Q3 2022/23 | No response received in current review period. |
| I2001 | ICT Recommendations (N/A) | Corporate Support | Recommendation 2 – The Data Sharing Agreements should be checked to ensure compliance with GDPR and should be signed by all parties to formalise the arrangement. | H | Failure to comply with legislation / Legal complications in the event of contractual dispute. | Information Governance Manager pursuing data protection agreements between all parties. There has been a delay on progressing due to limited engagement with partnership organisations. Progress anticipated at start of 2021/22. Once an Options Appraisal is available the team will consider overall implications for the Partnership and obtain signed agreements where required. | Information Governance Manager / Revenues and Benefits Operation Manager | 31-Dec-21 | | | 1 | As the three Councils involved will amalgamate on 1st April 2022, Senior Management have reviewed a risk assessment and determined acceptable level of risk not to implement (cost of implementation outweighs the benefits). | | |
| C2002 | Major Funding Streams - Ec Dev (Reasonable) | Economic Development | Recommendation 5 – Review and update the project management handbook. | M | Projects do not follow best practice or achieve positive outcomes. | Review and update the project management handbook. | Project and Performance Manager in consultation with project managers. | 31-Dec-21 | 30 June 2022 | | 2 | Initial scoping has indicated a much wider piece of work to be done on a corporate level - completion pushed back to end of Q1 22/23 to allow further discussions with other PM leads across the Council | Q3 2022/23 | No response received in current review period. |
| C2002 | Major Funding Streams - Ec Dev (Reasonable) | Economic Development | Recommendation 6 – Review the use of SharePoint Repository. | M | Project decisions delayed through availability of project documentation. | Review use of SharePoint repository. / Assign responsibility for management of repository. Regularly update major projects group on missing content. | Project and Performance Manager in consultation with service managers | 31-Jul-21 | 30 June 2022 | | 2 | SharePoint site established with document upload in progress - repository for all project / programme information | Q3 2022/23 | No response received in current review period. |
| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 2 - To develop a training program to provide updated Trustee training for elected members and appointees who have roles on the various Charitable Trust Boards | M | Risk of inappropriate and inconsistent Governance arrangements across the Community Centres | Contact APSE to arrange Trustee training for elected members and appointees who have roles on Charitable Trust Boards. | Healthy City Team Manager | 30/12/21 | 30 September 2022 | | 3 | Initial contact made with Organisational Development, but more time required to enable training to be devised and delivered. | Q3 2022/23 | |
| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 3 - To seek documented internal professional advice on legislative and regulatory requirements to establish the most robust agreements for the management of these Community Centres | H | Unclear funding arrangements, and reputational risk to The Authority | Contact legal service for documented advice on the legislative and regulatory requirements of Community Centre funding agreements for 2022/23 financial year. | Healthy City Team Manager | 30/01/22 | 30 September 2022 | | 3 | Legal advice obtained and all agreements now either finalised or in draft. Closed. | | |
| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 4 – Reinstate Annual Agreements with Community Centres | H | Unclear funding arrangements, and reputational risk to The Authority | Reinstate annual agreements. | Healthy City Team Manager | 01/04/22 | 30 September 2022 | | 3 | Majority of agreements now in place. Progress being made in finalising remaining. | Q3 2022/23 | |

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| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 6 – To Introduce a High Level Operational Quarterly Risk Register update and monitoring review | M | Risk of inappropriate and inconsistent Governance arrangements across the Community Centres /Reputational Risk to The Authority | Introduce a high level operational quarterly risk register. | Healthy City Team Manager | 30/12/21 | 30 September 2022 | 3 | Evidence of recent review of relevant risks. Closed. | | |
| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 7 – To ensure that updated lease agreements are put into place with appropriate maintenance and improvement criteria clauses incorporated. | M | Risk of Council Assets not being utilised and managed in an appropriate manner as set out in the SLA and funding arrangements | Work with the property team to ensure that update lease agreements are in place. /Implement monitoring of lease set out in the SLA and funding expiry dates. | Property Services Manager | 01/04/22 | 01 July 2022 | 3 | Tasked to Property Services who have indicated leases unlikely to be in place until Summer 2022. Work ongoing. | Q3 2022/23 | |
| D2001 | Community Centres (Reasonable) | Community Services | Recommendation 8 – To develop appropriate performance indicators for Community Centres with outcomes and monitoring reviews communicated | M | Third sector organisations do not achieve best value to The Authority | Review outcomes and monitoring reviews and implement appropriate measures that are in line with the service plan./Explore viability of aligning outcome monitoring to social determinates and health inequalities. | Healthy City Team Manager | 01/04/22 | 30 September 2022 | 3 | Included in new service guidance and part of new draft funding agreements. Closed | | |
| H2101 | Third Party Grant Payments VFM (Reasonable) | Community Services | Recommendation 2 – Seek documented advice on legislative and regulatory requirements. | M | Third sector funding not managed to the required standard. | Legal advice sought to be documented in service guidance | Healthy City Team Manager | 30/11/21 | 30 September 2022 | 3 | Agreements now in place. Closed | | |
| H2101 | Third Party Grant Payments VFM (Reasonable) | Community Services | Recommendation 3 – Reinstate annual agreements with third sector organisations. | M | Third sector organisations unclear on the best value standards to be achieved. | New grant funding agreements being drafted by Legal to be signed by all third sector organisations | Healthy City Team Manager | 30/09/21 | 30 September 2022 | 3 | Annual agreements now in place except one. Attempts to finalise ongoing. | Q3 2022/23 | |
| H2101 | Third Party Grant Payments VFM (Reasonable) | Community Services | Recommendation 6 – Regular monitoring of third sector organisation performance. | M | Third sector organisation does not meet the required performance standards and management unaware. | Performance of grant agreements to be monitored on a quarterly basis. | Healthy City Team Manager | 09/07/21 | 30 September 2022 | 3 | To be incorporated after allocation of monies on a quarterly basis. First monitoring due October 2022. | Q3 2022/23 | |
| A2102 | Environmental Strategy (Reasonable) | Community Services | Recommendation 4 – Management to pre-approve SMART criteria for LECCS actions. | M | Likelihood of successful actions without SMART criteria is significantly reduced. | Following review of action plan (Rec 1), significant actions will be pre-approved by management for SMART criteria. | Policy and Communications Manager | 01 December 2021 | 30 September 2022 | 2 | SMART actions now in place. Closed. | | |
| A2102 | Environmental Strategy (Reasonable) | Community Services | Recommendation 7 - Set a timetable for completion of communication and engagement planning. | M | Loss of Council reputation and partner engagement. | Finalise communication and planning alongside a new action plan (Rec.1). | Policy and Communications Manager | 01 January 2022 | 30 September 2022 | 2 | Communication of activities is ongoing. Delays necessary due to LGR, but combined action plan will be required. | Q3 2022/23 | |
| G2004 | Income (Reasonable) | Finance & Resources | Recommendation 2 – Arrangements, authorisation and limits for holding income within individual service areas should be formalised and documented. | M | Inadequate governance leading to non-compliance with Financial Procedure Rule requirements resulting in inconsistent practices and increased exposure to the risk of theft and fraud. | Scheme of Delegations to be updated to include arrangements, authorisation and limits for holding income. | Financial Services Manager | 30-Sep-21 | 31 March 2022 | 3 | Review of income collection post-pandemic found that other than car parking (established procedure) levels of banking are usually low value. However, input to be obtained from SMT regarding current delegated authority. Progressing | Q3 2022/23 | No response received in current review period. |
| G2004 | Income (Reasonable) | Finance & Resources | Recommendation 3 – PCI-DSS non-compliance should be subject to formal risk assessment activity to identify and facilitate implementation of required controls, action planning and sources of assurance (both short and long-term). | H | Failure to comply with Payment Card Industry (PCI) Security Standards leading to loss or compromised data and resulting in fines or sanctions. | A risk assessment be completed for PCI-DSS non-compliance and added to the Corporate Risk Register | Financial Services Manager / Customer Services Manager | 31-Dec-21 | 01 June 2022 | | There are still significant resource issues within ICT Services and whilst the Civica upgrade, patching and move to the Opayo Gateway has been successfully, tested and implemented as has the new Telephony System, the full rollout of PCI-DSS has not been possible. The immediate risk has been addressed and call recording is paused for assisted payments but there is still a need to complete a formal risk assessment between Finance, ICT and Customer Services | Q3 2022/23 | No response received in current review period. |
| B2106 | Workforce Development (Reasonable) | Community Services | Recommendation 1 – Transformation Board minutes to clarify 'regular' reviews and record full, regular review of workforce development plan actions. | M | Full review of WDP actions is not carried out on a regular basis. | The TB is back up and running on a regular basis and the minutes will record a)How often the Workforce Development plan will be reviewed b) That a full review of the Workforce Development action plan has taken place. The WFD plan has supported delivery of several of the actions included within and a full review will take place in January with the intention of making appropriate changes to capture recommendations and support LGR. | Chief Executive / Workforce Development Manager | 01 January 2022 | | 1 | Report to Transformation group and SMT (April2022) to close down the WFD Plan, with actions completed to date. Forward progression to focus on LGR. | | |
| B2106 | Workforce Development (Reasonable) | Community Services | Recommendation 2 – Regularly review, update and align service retention and disposal records. | M | Non-compliance with UK GDPR leading to loss of reputation and possible sanctions. | Workforce Development Management is currently liaising with Information Governance Manager to consider further improvements ensuring GDPR requirements are met. | Workforce Development Manager | 01 February 2022 | | 1 | Retention and disposal record now in place. Closed. | | |
| B2106 | Workforce Development (Reasonable) | Community Services | Recommendation 3 – All Workforce Development Plan actions to be documented with SMART criteria. | M | Lack of clarity on what planned positive outcomes for actions look like. | Plan currently identifies what, who and when, SMART actions to be considered during complete a review in January. | Workforce Development Manager | January -March 2022 | | 1 | Plan closed. Closed. | | |
| B2106 | Workforce Development (Reasonable) | Community Services | Recommendation 4 – Progress reports to consistently capture performance against desired positive outcomes, for all actions. | M | Lack of clarity on whether planned positive outcomes are being achieved. | Positive outcomes are captured and shared with Transformation and SMT on an ad-hoc basis this will be formalised for all actions. The pulse surveys and employee opinion survey provide some good evidence relating to the WFD plan, this will be considered as a tool to enhance feedback. | Workforce Development Manager | 01 January 2022 | | 1 | Progress reports delivered until closure of plan. Closed. | | |

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| Recommendation evidenced as actioned (Closed). |
| Recommendations evidenced as part actioned and replaced by new recommendation (Closed) |
| Recommendation no longer relevant due to change in circumstances (Closed). |
| Rec will not be implemented by Carlisle City Council. #Move to schedule of recommendations to be considered during transition. |
| 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) |

