

ABERDEEN CITY COUNCIL

COMMITTEE	Audit and Risk Committee
DATE	11 th May 2015
OWNER OF PAPER	David Brown, Chief Internal Auditor
TITLE OF REPORT	Implementation of recommendations relating to Internal Audit, External Audit and other investigations 1 st January 2015 to 28 th February 2015.

1. PURPOSE OF REPORT

To update Audit and Risk Committee Members on the progress on implementing Internal Audit, External Audit and other investigations recommendations included within reports previously approved by the Audit and Risk Committee. This report focuses on:

- Internal Audit, External Audit and other investigation recommendations due for implementation prior to 28th February 2015.

2. RECOMMENDATION(S)

Members are asked to consider this report and request actions or explanations as appropriate.

3. FINANCIAL IMPLICATIONS

There are no financial implications other than those associated with the implementation of the recommendations which will be undertaken and financed by the Services.

4. OTHER IMPLICATIONS

This report does not have any direct links with the following: legal, resource, personnel, property, equipment, sustainability and environmental, health and safety and/or policy implications and other risks.

5. BACKGROUND/MAIN ISSUES

See Appendix A for summary of overdue internal audit recommendations and explanations for progress and revised timescale for implementation.

See Appendix B for a summary of overdue external audit and other investigations recommendations and explanations for progress and revised timescale for implementation

6. IMPACT

Corporate – Internal Audit supports the Local Outcome, set in both the Single Outcome Agreement and the Interim Business Plan, that “Our public services are high quality, continually improving, efficient and responsive to local people’s needs.”

Public – None

7. BACKGROUND PAPERS

None.

8. REPORT AUTHOR DETAILS

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1. Summary Findings - recommendations from Internal Audit

- 1.01 The table below summarises the internal audit reports where recommendations were due for implementation prior to 28th February 2015.
- 1.02 The total due at 28th February 2015 includes those recommendations that were open as of our last report at 31st December 2014 and those due to be implemented in the period between the 1st January 2015 and 28th February 2015.
- 1.03 The 'open' recommendations are all those recommendations with an original target implementation date prior to 28th February 2015. This includes those recommendations where a revised target date for implementation has been communicated to Committee. Please refer to Appendix A for a detailed listing of all open recommendations.

Title	Date Issued	Total Due at 28 th Feb	Closed	Open
Self-Directed Support Arrangements	Sep-14	3	3	0
Arm's Length Organisations	Apr-13	3	1	2
Contract management arrangements within Social Care & Wellbeing	Jan-14	1	0	1
Fleet Management	Feb-14	1	0	1
Key Invoicing Controls within the Building Services Department	Jul-13	1	1	0
Car Parking and Bus Lane Enforcement	Sep-14	8	8	0
Complaints Handling	Sep-14	3	1	2
Flooding and Coastal Risk Management	Sep-14	3	1	2
IT Security (Network and Perimeter)	Sep-14	3	3	0
Private Sector Housing	Jun-14	5	5	0
Community Centres	Apr-14	2	0	2
Compliance with Laws and Regulations	Nov-14	3	1	2
Fraud Governance – Housing Tenancy and Scottish Welfare Fund	Nov-14	3	1	2
ICT Governance	May-14	1	1	0
Service review	Feb -15	1	0	1
Total		41	26	15
Percentage of Total			63%	37%

- 1.04 Analysis of revised target dates against original action due dates for open recommendations:

Revised Target Dates	Number of Open Recommendations
Between 2-6 months after original due date	8
Between 7-12 months after original due date	4
Between 13-17 months after original due date	3

2. Summary Findings - recommendations from External Audit and other investigations

2.01 The table below summarises the recommendations relating to External Audit and other investigations which were due for implementation at the time of compiling this report:

- UK Information Commissioner's Office (ICO) Audit of the Council's Data Protection Arrangements (published in June 2013);
- Audit Scotland Interim Report 2013/14 (published June 2014); and
- Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA) report (published April 2014).

2.02 Please refer to Appendix B for a detailed listing of all open recommendations.

Title	Date Issued	Total Due	Closed	Open
UK Information Commissioner's Office (ICO) Audit of the Council's Data Protection Arrangements	Jun-13	23	20	3
Audit Scotland Interim Report 2013/14	Jun-14	11	10	1
Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA) report	Apr-14	5	0	5
Total		39	30	9
Percentage of Total			77%	23%

Appendix A

Status of outstanding internal audit recommendations

Detailed commentary – open recommendations

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
1	Arm's Length Organisations	Apr-13	<p>Risk Rating: High</p> <p>The Council will put in place reporting arrangements whereby the scrutiny of each ALEOS performance is in the context of its financial performance, service performance, achievement of objectives, risk and contract compliance. A standardised reporting arrangement will be followed for all ALEOs to ensure the following key areas are captured:</p> <ul style="list-style-type: none"> • Financial Performance and Going Concern; • Performance against KPIs; • Contractual Performance; and • Consideration of management of individual ALEO corporate risks. <p>Representation at a senior level from each ALEO will be formally requested to attend Audit and Risk Committee (at least annually) to discuss ALEO performance, risk management arrangements the future strategies of their organisations and how the ALEO contributes to the achievement of its own strategic objectives and single outcome agreement and this requirement will be built into any SLA between the council and the ALEO.</p>	<p>Corporate Accounting Manager</p> <p>30-Sep-13</p>	<p>Work has been on-going through officers in Corporate Governance to agree a scrutiny data set for ALEOs. Once agreed, this will form the basis of scrutiny at meetings of the ALEO governance hub, to be held twice a year and to include representation from these organisations, as well as from officers within key Corporate Governance areas, such as Legal, Finance, HR, Performance and Risk, as well as the services which have established ALEOs to deliver Council services originally within their remit. This will facilitate appropriate scrutiny in all the required areas, and will encourage a dialogue between the Council and ALEOs which is constructive, transparent and flexible.</p> <p>A programme of reporting will be established, detailed minutes will be produced from each governance hub meeting and submitted to the Shareholder Scrutiny Group, and a mechanism for on-going feedback on the process established, as well as a clear remit for the hub, shared with all ALEOs to ensure that there is complete clarity on the purpose of the meetings. This will ensure that the Council, through the SSG, receives a regular statement of assurance on each ALEO's system of risk management, the extent to which each ALEO is meeting its own strategic objectives and those of the SOA, (Cont.)</p>

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
					<p>and the extent and effectiveness of each ALEO's risk management framework, financial monitoring arrangements, etc. This will link clearly to the terms of the operating agreements in place, and any requirement to review and revise these will be flagged during the scrutiny process.</p> <p>Meetings have taken place with Bon Accord Care, Aberdeen Sports Village and Sport Aberdeen who have indicated their commitment to this process. There will also be discussion with AECC Ltd, APA and AHP. It is expected that the first hub meeting will take place in June, thereafter December, and repeated every six months.</p> <p>Revised Target Date: 30-Jun-2015</p>
2	Arm's Length Organisation	Apr-13	<p>Risk Rating: Medium</p> <ol style="list-style-type: none"> 1. Management will ensure that any Funding and Service Provision Agreement outlines the requirement that individual ALEOs must have risk management processes in place to identify, assess and mitigate risks. 2. A risk management framework, established by the individual ALEOs, will be reviewed by the Council to confirm its adequacy, with regular reporting on the status and management of individual ALEO high rated corporate risks reported to Council. 3. In addition, the Council will maintain its own risk register that identifies, assesses and manages its key risks relating to its funding of individual ALEOs and the services they provide. 	<p>Director of Corporate Governance</p> <p>31-Dec-13</p>	<p>The Audit, Risk and Scrutiny Committee at its meeting on 26th February 2015 instructed officers to review arrangements (including the management of risk) on ALEOs and report the detail back to the Committee in June 2015.</p> <p>Revised Target Date: 30-Jun-2015</p>

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3	Contract Management Arrangements within Social Care & Wellbeing	Jan-14	<p>Risk Rating: High</p> <p>Contracts should be in place for all services procured. Where a service has not been tendered, a clear rationale and support for this decision should be retained as evidence, and be complete and easily accessible. Where a Committee approves a contract extension, this should always be followed up with the agreement and formalisation of a contract. Where a contract expires, that is yet to be tendered or the contract extension in place a clear protocol should be in place, which considers how the service manages any risks to the Council, including an approvals process, whilst continuing to provide the service.</p>	<p>Social Care & Wellbeing Service Manager</p> <p>31-Jan-14</p>	<p>The Commissioning and Contracts team have now transferred to Commercial and Procurement Services. The team are adopting the already well established protocols within the Procurement Team for ensuring that there is an ongoing rolling programme for contract renewal.</p> <p>Internal audit have agreed to review the current arrangements with a view to closing this finding before the June audit committee.</p> <p>Revised Target Date: 25-Jun-15</p>
4	Fleet Management	Feb-14	<p>Risk Rating: Low</p> <p>Licence information should be input directly into Tranman and set-up to be regularly checked with DVLA. This will provide give greater comfort that infractions will be highlighted early and allow FM to monitor that driver qualifications are suitable for their role.</p>	<p>Fleet Manager</p> <p>30-Jun-14</p>	<p>A prototype has been presented to the Fleet management transformation group and a full version is now being developed. The current time frame for this is for the system to be in operation by the end of May.</p> <p>Revised Target Date: 31-May-15</p>

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5	Community Centres	Apr-14	<p>Risk Rating: Medium</p> <p>The Council should take action to ensure that all leased community centres sign up to the new lease and management agreement. If necessary, payment of the Development Grant should be withheld until signed lease and management agreements are in place.</p>	<p>Service Manager, Sport and Communities</p> <p>31-Dec-14</p>	<p>A paper was considered by the Communities, Housing and Infrastructure Committee on 18 March 2015. Amongst other things, the report included the following recommendation:</p> <p>"[I]nstruct officers to withhold payment of the Development Grant to Community Centre Associations who had not signed up to the Management Agreement and lease / licence to occupy by 31 March 2015. In the event that these Associations formally entered into the new agreement by 30 June 2015 and completed the signing of the agreements by 30 September 2015, the Development Grant would then be processed, backdated to 1 April 2015."</p> <p>The committee did not approve this recommendation, but resolved "to request a progress report in September on the outstanding centres which had not yet signed up to the Management Agreement and Lease."</p> <p>Revised Target Date: 30-Sept-2015</p>

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6	Community Centres	Apr-14	<p>Risk Rating: Medium</p> <p>To ensure that all leased community centres are operating to the required standard and complying with all applicable legislation, the Council should ensure that all documentation required per the management agreements is obtained and that prompt action is taken where this is not the case.</p>	<p>Service Manager, Sport and Communities</p> <p>31-Oct-14</p>	<p>Work is ongoing to roll out "health checks" which seek to ensure that Management Committees are complying with the Management Agreement, Lease and appropriate legislation. Where there are significant gaps with compliance, the Development Grant is not processed until standards are met. A report on progress is currently being prepared for consideration by the Communities, Housing and Infrastructure committee in May.</p> <p>Revised Target Date: 31-May-15</p>
7	Complaints Handling	Sep-14	<p>Risk Rating: Medium</p> <p>Officers responsible for investigating and responding to complaints should be provided with access to Covalent.</p> <p>Procedures should be updated to emphasise the importance of lessons learned and confirm that officers responsible for investigating and responding to complaints are required to complete this field. Training should reinforce these points.</p> <p>Exception reports highlighting all upheld or partially upheld complaints without lessons learned should be produced and sent to Heads of Service on a monthly basis. Heads of Service should be assigned responsibility for chasing the completion of this field where appropriate.</p>	<p>Performance and Risk Manager</p> <p>31-Dec-14</p>	<p>Two of the SPSO training sessions have been carried out (40 key officers attended) with a third scheduled for 26th March (a further 20 key officers will attend).</p> <p>Revised Target Date: 26-Mar-15</p>

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8	Complaints Handling	Sep-14	<p>Risk Rating: Low</p> <p>A complaints handling training package should be developed and included as mandatory training for any staff members involved in complaints handling. Management could consider utilising SPSO training materials as an alternative to developing a bespoke training package.</p> <p>These training materials should form a part of the induction process for new joiners. Refresher training should be mandatory for all staff members involved in the complaints handling process. This should include a reminder of best practices in complaints handling, and details of new or updated procedures.</p>	<p>Performance and Risk Manager</p> <p>31-Dec-14</p>	<p>The content and format of the training is currently under development and dates are to be scheduled.</p> <p>Revised Target Date: 31-Dec-15</p>
9	Compliance with Laws and Regulations	Nov-14	<p>Risk Rating: High</p> <p>The Council's draft 'Policy and strategic Response to Fraud, Bribery and Corruption' should be updated to include the above points prior to finalisation.</p> <p>The finalised policy should be formally communicated to staff and line management should be reminded of the importance of escalating matters to the Head of Finance and the Head of Legal and Democratic Services (the Monitoring Officer).</p>	<p>Director of Corporate Governance</p> <p>Head of Legal and Democratic Services</p> <p>31-Dec-14</p>	<p>Officers are to submit the revised policy to the Corporate Management Team in May 2015, following which the Policy will be submitted to Committee for approval.</p> <p>Revised date: 31-June-15</p>

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
10	Compliance with Laws and Regulations	Nov-14	<p>Risk Rating: Medium</p> <p><input type="checkbox"/> The Council's draft "Policy and strategic Response to Fraud, Bribery and Corruption" should be updated to include the above points prior to finalisation.</p> <p><input type="checkbox"/> The finalised policy should be formally communicated to staff and line management should be reminded of the importance of escalating matters to the Head of Finance and the Head of Finance and the Head of Legal and Democratic Services (the Monitoring Officer).</p>	<p>Head of Legal Services</p> <p>Corporate accounting Manager</p> <p>31-Dec-14</p>	<p>The corporate project management process has been amended to make it mandatory for all projects that require legal support (or other support service participation) to consult with legal services before the project's initial proposal is approved, and that legal services are satisfied and supportive of the nature of the proposal. Subsequent to this, when the project reaches the business case stage, legal services should also be consulted before the business case is approved. Gate Reviews have been put in place to ensure these consultations have taken place. The Head of Legal & Democratic Services is also a member of the Review Group and is therefore has full view of all capital projects and their progress.</p> <p>Revised date: Closed</p> <p><i>Internal audit have requested further documentation to verify that the action is closed.</i></p>
11	Flooding and Coastal Risk Management	Sep-14	<p>Risk Rating: Medium</p> <p>In relation to flooding related issues which impact Aberdeen City, the Council should review its options on how it can improve its influence over decision making.</p> <p>It is recommended that the Council should request representation on SAIFF and other groups, which may be deemed beneficial. Responsibility within the Council for attending these groups should be assigned.</p>	<p>Structures, Flooding and Coastal Engineering Manager</p> <p>31-Dec-14</p>	<p>ACC have lobbied SEPA and the Scottish Government for representation on SAIFF groups. ACC is now awaiting a response and an invite.</p> <p>Revised Target Date: 30-June-15</p>

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
12	Flooding and Coastal Risk Management	Sep-14	<p>Risk Rating: Medium</p> <p>a) Guidance should be prepared to define in what circumstances a flood incident should be reported to the Structures, Flooding and Coastal Engineering team.</p> <p>b) The Road Operations team should keep a spreadsheet of all incidents reported. The incidents which are required to be reported to the Structures, Flooding and Coastal Engineering team should be done so on a regular basis (e.g. monthly).</p> <p>c) Management should consider how they can progress and contribute to national discussions regarding ambiguity of responsibilities.</p>	<p>Roads Manager</p> <p>Structures, Flooding and Coastal Engineering Manager</p> <p>31-Dec-14</p>	<p>a) All incidents of flooding are recorded at the West Tullos Depot, Currently details of all flooding incidents are forwarded to the Flooding Team.</p> <p>b) Tullos maintain a spread sheet of all flooding incidents - this will be transferred to a shared drive that the flooding team can access. They can then decide which incidents need investigation/address.</p> <p>c) This is being taken forward both in meetings with the Scottish Government, SEPA and Scottish Water and at our conference in March. Due to the number and level of the parties involved agreement on responsibilities will be a slow process.</p> <p>Revised Target Date: 30-Jun-15</p>

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
13	Fraud Governance – Housing Tenancy and Scottish Social Welfare Fund	Nov-14	<p>Risk Rating: Medium</p> <p>A fraud risk assessment and identification will be undertaken for Housing Tenancy. This will identify the fraud risks and map these to appropriate fraud prevention and detection controls in place that mitigate those risks.</p> <p>A fraud register will be established for housing tenancy to allow cases of fraud or suspected fraud to be formally recorded. Processes will be established for staff to report fraud and suspected fraud for inclusion on the registers.</p> <p>A formal policy document will be developed that clearly explains the Council's approach to tackling potential housing tenancy fraud. (ADVISORY ONLY)</p>	<p>Housing Access Manager</p> <p>Housing Manager</p> <p>30-Nov-14</p>	<p>A draft risk assessment has been prepared by the Corporate Fraud Team in conjunction with housing management, based on the National Intelligence model. This is scheduled to be implemented by the deadline.</p> <p>Our Housing Policy Development Officer is tasked to draft a formal policy document after an initial period of operating the integrated service, to ensure it is cognisant of the emergent activity levels and practices.</p> <p>Prior to implementation of the integrated fraud reporting service all Housing Officers will be briefed to prepare them for working to the new processes and to emphasise the importance of audit checks and consistent recording of the same.</p> <p>The current fraud prevention and detection controls will be revised after an initial period of operating the integrated service to incorporate the recommendations of the initial risk assessment and ensure continued relevance in the context of a corporate approach. This will have regard to good practice identified by other authorities operating a similar model.</p> <p>Revised Target Date: 30-Apr-15</p>

Item No.	Report Title	Report Issued Date	Recommendation and Risk Rating of Finding	Responsible Officer and Action Due Date	Responsible Officer Update
14	Fraud Governance – Housing Tenancy and Scottish Social Welfare Fund	Nov-14	<p>Risk Rating: Medium</p> <p>Housing Officers will be reminded of their responsibility for timely and consistent documentation in evidencing proper fraud prevention checks have been performed at the start of a new tenancy.</p> <p>Current fraud prevention and detection controls will be reviewed to identify where new controls could be implemented. This will be performed in conjunction with the recommendations in finding 3.01 and will take account of the risk to the Council of housing tenancy fraud, and an assessment of the available resource within Housing and Environment to manage new controls. Reference will be made to good practice adopted by other Local Authorities in determining appropriate controls to implement.</p>	<p>Housing Access Manager</p> <p>Housing Manager</p> <p>30-Nov-14</p>	<p>As part of the implementation of the integrated fraud reporting service a briefing will be prepared for all Housing Officers to ensure the identified evidencing and checks are duly followed. The current fraud prevention and detection controls will be revised after an initial period of operating the integrated service to incorporate the recommendations of the initial risk assessment and ensure continued relevance in the context of a corporate approach. This will have regard to good practice identified by other authorities operating a similar model.</p> <p>Revised Target Date: 30-Jun-15</p>
15	Service Reviews – Adult and Older People	Feb-15	<p>Risk Rating: High</p> <p>The definition, requirements and timeliness of a review under the Care Management Standards should be re-communicated to Care Workers via team meetings.</p>	<p>Head of Adult Services</p> <p>28-Feb-15</p>	<p>Given the current work ongoing for the integration of health and social care, further time is require to complete this action to allow time for revisiting the standards to ensure they meet the needs of the Service moving forward post-integration.</p> <p>Revised Target Date: 30-Jun-15</p>

Appendix B

Status of outstanding recommendations relating to External Audit and other investigations

Recommendation	Agreed action, date and owner	Update	Lead Officer
UK Information Commissioner's Office (ICO) Audit of the Council's Data Protection Arrangements			
<p>B16. Consider the appropriateness of whether staff who are responsible for the corporate oversight of DP compliance, and potentially information assets in future, should undertake dedicated training.</p>	<p>ACC note this recommendation and will consider what training is available and assess the need and appropriateness of same.</p> <p>OWNER: SIRO</p> <p>TIMESCALE: Training will be undertaken within 12 months of the date the Audit report is published.</p>	<p>As a consequence of organisational restructuring, it is now considered necessary to facilitate a comprehensive, dedicated, mandatory training session for all ECMT members in respect of information management and information security.</p> <p>In respect of the IMGAG, members will undertake a self-assessment process regarding training requirements in late Autumn 2014 with any identified training needs planned thereafter.</p> <p>The timescale for completion of this action is therefore extended to within 18 months of the publication of the Audit report.</p>	<p>Dorothy Morrison / Fiona Smith</p>
<p>C4. ACC should adopt a protective marking scheme so as to provide clear benchmark guidance for appropriate security standards to apply to any data being processed. This would be consistent with SOCITM and HMG / Scottish Government guidance.</p>	<p>ACC will undertake an options appraisal to assess whether it will adopt a Protective Marking Scheme.</p> <p>OWNER: SIRO</p> <p>TIMESCALE: within 8 months of the Audit report being published.</p>	<p>As detailed in the February 2014 update, progress on implementing this recommendation has been delayed due to the wider issues in respect of the government marking scheme.</p> <p>IMGAG has decided to trial the ACC version of the new Government Classification Scheme (GCS) within SC&W.</p> <p>Update 24/10/14: A Joint Inspection of Children's Services has delayed the introduction into SC&W.</p> <p>Update 09/03/15: The trial in SC&W has completed and the draft information Security Classification scheme has now been built into CareFirst. The draft was reviewed again and further updates were made to the document and it will be sent out all Services for review later in March.</p>	<p>Steve Skidmore</p>

<p>C16. Protective markings should be applied to data and follow to 'end of life' including occasions of further processing by applications such as Business Objects.</p>	<p>ACC accept this recommendation and defers to its response at C4. ACC will investigate how it might achieve the "follow" function in relation to the processing of that data.</p> <p>OWNER: SIRO</p> <p>TIMESCALE: within 8 months of the Audit report being published.</p>	<p>See Update C4</p>	<p>Steve Skidmore</p>
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Audit Scotland Interim Report (2013/14)

<p>In line with the Employee Code of Conduct, staff are responsible for declaring gifts or hospitality received. There may be merit in reviewing declaration processes within services including staff reminder systems.</p> <p>Risk: There may a reputational risk to the council if records are incomplete</p>	<p>Individual reminders given to Directors at 1-2-1 discussions. This will be highlighted as part of the launch of the new suite of policy documents (Refer Action 3).</p>	<p>Employee Code of Conduct – Waiting on launch of Policy documents by finance.</p>	<p>Jane MacEachran</p>
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Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA) Report

<p>1. Amend the RIPSA protocol and procedures document to address the issues discussed in the Inspection Report.</p> <p>a) Review the OSC Code of Practice to identify all areas in which the Aberdeen City Council procedures require reviewed.</p> <p>b) Review and amend the Aberdeen City Council protocol and procedures document.</p>	<p>TIMESCALE: a) By end September 2014, b) By end December 2014</p>	<p><u>Prior Update:</u></p> <p>There has been some slippage on the dates for implementing these actions, again due to other workload pressures and staffing changes in the team. The review of guidance for Authorised Officers is underway and will be completed by mid-February 2015. An Authorising Officers meeting will take place in early March 2015 at which the revised guidance will be issued and refresher training will be provided.</p> <p><u>Update for audit committee on 11th May</u></p> <p>There are a number of aspects, which have been pushed back slightly. This is due to the Office of the Surveillance Commissioner publishing a revised Code of Practice in March 2015 and a number of new pieces of legislation which took effect at the same time. These developments have caused us to have to review some of the work we had already done and we want to ensure that we capture the most up-to-date legislation and guidance in the revised documents.</p> <p>Revised date for reporting to Committee is June 2015</p>	<p>Fiona Smith</p> <p>Karen Donnelly</p>
<p>2(a) Audit of Council staff to identify those who hold either an investigative or enforcement function.</p> <p>Desktop audit to be sent to all Head of Service / 3rd Tier Managers</p>	<p>TIMESCALE: Issued by mid-September 2014 for return by mid-October 2014</p>	<p><u>Prior Update:</u></p> <p>Again, there has been some slippage on the dates for implementing these actions due to staffing changes in the team. A guidance note is presently being prepared and will be completed by the end of February 2015. As above, refresher training for Authorising Officers will be provided in March 2015.</p> <p><u>Update for audit committee on 11th May</u></p> <p>There are a number of aspects, which have been pushed back slightly. This is due to the Office of the Surveillance Commissioner publishing a revised Code of Practice in March 2015 and a number of new pieces of legislation which took effect at the same time. These developments have caused us to have to review some of the work we had already done and we want to ensure that we capture the most up-to-date legislation and guidance in the revised documents.</p> <p>Revised date for completion is end of April 2015</p>	<p>Fiona Smith</p> <p>RIPSA Working Group</p>

<p>Provide training tailored to the needs of all officers on RIPSA to ensure officers have the knowledge required which is commensurate with individual's responsibilities.</p> <p>a) Three tier training programme to be developed: -Awareness Raising -Operational Users -Authorising Officers</p> <p>b) Following conclusion of the desk top audit referred to at 2(a) above, a programme for the delivery of this training will be developed.</p> <p>c) Training programme rolled out.</p>	<p>TIMESCALE: a) By end October 2014, b) By end October 2014, c) November 2014 onwards</p>	<p><u>Prior Update:</u></p> <p>Progress on implementing this action has been delayed firstly due to other workload pressures and then as the majority of actions cannot be taken forward until the actions for recommendation 2 are completed. The revised due dates are: a) by end February 2015; b) by end March 2015; c) April 2015 onwards</p> <p><u>Update for audit committee on 11th May</u></p> <p>There are a number of aspects, which have been pushed back slightly. This is due to the Office of the Surveillance Commissioner publishing a revised Code of Practice in March 2015 and a number of new pieces of legislation which took effect at the same time. These developments have caused us to have to review some of the work we had already done and we want to ensure that we capture the most up-to-date legislation and guidance in the revised documents.</p> <p>a) Revised date for completion is end of April 2015</p> <p>b) Revised date for completion is end of May 2015</p> <p>c) Revised date for completion is end of June 2015</p>	<p>Fiona Smith</p> <p>Karen Donnelly</p> <p>RIPSA Working Group</p>
<p>3(a) Authorisations should always address in full the activity authorised, where and how.</p> <p>a) Guidance for authorised officers to be reviewed and amended where required.</p> <p>b) Refresher training for Authorising Officers referred to at 2(b) above to cover this requirement.</p>	<p>TIMESCALE: a) By mid-September 2014, b) October 2014</p>	<p><u>Prior Update:</u></p> <p>There has been some slippage on the dates for implementing these actions, again due to other workload pressures and staffing changes in the team. The review of guidance for Authorised Officers is underway and will be completed by mid-February 2015. An Authorising Officers meeting will take place in early March 2015 at which the revised guidance will be issued and refresher training will be provided.</p> <p><u>Update for audit committee on 11th May</u></p> <p>There are a number of aspects, which have been pushed back slightly. This is due to the Office of the Surveillance Commissioner publishing a revised Code of Practice in March 2015 and a number of new pieces of legislation which took effect at the same time. These developments have caused us to have to review some of the work we had already done and we want to ensure that we capture the most up-to-date legislation and guidance in the revised documents.</p> <p>Revised date for completion is end of May 2015.</p>	<p>Fiona Smith</p> <p>Karen Donnelly</p> <p>RIPSA Working Group</p>

<p>3(b) Oversight regime to monitor authorisations to ensure full details of activity authorised are given and to ensure all authorisations are cancelled as soon as they are no longer required.</p> <p>a) Guidance note to be prepared for Solicitors in Commercial & Advice Team who review authorisations regarding areas for monitoring.</p> <p>b) Requirements on Authorising Officers regarding review and cancellation of authorisations to be covered in refresher training.</p>	<p>TIMESCALE: a) By end September 2014, b) October 2014</p>	<p><u>Prior Update:</u></p> <p>Again, there has been some slippage on the dates for implementing these actions due to staffing changes in the team. A guidance note is presently being prepared and will be completed by the end of February 2015. As above, refresher training for Authorising Officers will be provided in March 2015.</p> <p><u>Update for audit committee on 11th May</u></p> <p>There are a number of aspects, which have been pushed back slightly. This is due to the Office of the Surveillance Commissioner publishing a revised Code of Practice in March 2015 and a number of new pieces of legislation which took effect at the same time. These developments have caused us to have to review some of the work we had already done and we want to ensure that we capture the most up-to-date legislation and guidance in the revised documents.</p> <p>Revised date for completion is end of May 2015.</p>	<p>Fiona Smith</p> <p>Karen Donnelly</p>
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