#### ABERDEEN CITY COUNCIL

COMMITTEE Audit, Risk & Scrutiny

DATE 9 March 2016

DIRECTOR N/A

TITLE OF REPORT Outstanding Internal Audit Recommendations

Pre 2015/16

REPORT NUMBER N/A

CHECKLIST COMPLETED Yes

#### 1. PURPOSE OF REPORT

1.1 This report advises the Committee of progress Services have made with implementing recommendations agreed in Internal Audit reports issued by PWC.

#### 2. RECOMMENDATION

2.1 The Committee is requested to review, discuss and comment on the issues raised within this report and the attached appendices.

### 3. FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising as a result of this report.

### 4. FOLLOW UP OF RECOMMENDATIONS

4.1 The details relating to recommendations made previously by PWC, which were due to be implemented by the end of December 2015, are shown in the attached appendix.

## 5. REPORT AUTHOR DETAILS

David Hughes, Chief Internal Auditor <u>David.Hughes@aberdeenshire.gov.uk</u> (01224) 664184

# **Outstanding Internal Audit Recommendations**

# Appendix A

| Report Title           | Date   | Recommendation and Risk   | Update   | Responsible  | <u>Original</u> | Revised date   |
|------------------------|--------|---|--|--|-----------------|--|
| <u>Keport Title</u>    | Issued | Rating  | <u>Opuate</u>  | Officer  | Due Date        | itevised date  |
| Community Centres      | Apr-14 | Risk Rating – Medium 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.   | A report was taken to Communities, Housing and Infrastructure Committee in February 2015 recommending that the development grant was held for those Centres yet to sign up. The Committee did not accept this recommendation and a further report is expected to go to CHI on this issue at a future date. The further delay is in order to allow Committee Conveners to discuss the issue.  Update as at January 2016: The report is scheduled to go the March 2016 meeting of the Audit, | Service<br>Manager,<br>Communities<br>and<br>Partnership | 31-Dec-14       | Previously<br>advised<br>31-Oct-15,<br>then<br>31-Jan-16<br>Now<br>31-Mar-16 |
| Complaints<br>Handling | Sep-14 | Risk Rating – Low 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. These training materials should form a part of the induction process for | Risk and Scrutiny Committee.  Procedural improvements are being implemented before rolling the training out across the organisation, so that all council employees are being trained using a consistent corporate approach.  An online interactive learning (OIL) course has been developed and as recommended, the content is based on the SPSO training material. The OIL course will form part of the   | Customer<br>Experience<br>Officer                        | 31-Dec-14       | Previously<br>advised<br>31-Dec-15<br>Now<br>31-Mar-16                       |

| <br>                                | <del>,</del>                          |  |
|-------------------------------------|---------------------------------------|--|
| new joiners.                        | corporate training programme which    |  |
| Refresher training should be        | will commence once a complaints       |  |
| mandatory for all staff members     | web form is launched, providing a     |  |
| involved in the complaints handling | corporate method for all council      |  |
| process. This should include a      | officers to logging Frontline         |  |
| reminder of best practices in       | Complaints. Development of the        |  |
| complaints handling, and details of | online form is currently ongoing.     |  |
| new or updated procedures.          | Face to face training will then also  |  |
|                                     | be undertaken with frontline teams to |  |
|                                     | reinforce the procedures and          |  |
|                                     | coaching provided to responding       |  |
|                                     | officers to improve the quality of    |  |
|                                     | responses. These actions are          |  |
|                                     | planned to commence before the        |  |
|                                     | end of 2015.                          |  |
|                                     |                                       |  |
|                                     | Update as at January 2016:            |  |
|                                     | Complaints handling training has      |  |
|                                     | been undertaken with a range of       |  |
|                                     | services over the last few months     |  |
|                                     | and will be rolled out on a wider     |  |
|                                     | scale once a corporate procedure for  |  |
|                                     | logging complaints is in place. This  |  |
|                                     | is to be achieved through the use of  |  |
|                                     | an online form which will be          |  |
|                                     | launched by the end of the financial  |  |
|                                     | year. A Complaints Handling Toolkit   |  |
|                                     | has been developed and is now         |  |
|                                     | available on the Zone to support all  |  |
|                                     | members of staff in complaint         |  |
|                                     | handling. The resources in the        |  |
|                                     | toolkit are designed to support best  |  |
|                                     | practice as outlined by the Scottish  |  |
|                                     | presente de common by the coefficient |  |

|                        |        |   | Public Services Ombudsman (SPSO). It provides policies, case studies, procedural checklists and other useful templates that should be used to deal with complaints.  |   |           |   |
|------------------------|--------|---|--|---|-----------|---|
| ALEOs Tier 2<br>review | Feb-15 | Risk Rating – Medium All monitoring officers will be advised that they are required to undertake suitable training and to make use of expertise available in the Council, as determined by management, to enable them to fully execute their duties as set out in the Following the Public Pound guidance.  | Progress with this recommendation is under discussion between the Service and Internal Audit.  | Team Leader,<br>HR&OD   | 31-Dec-15 |   |
| Carefirst              | Feb-15 | Risk Rating – Medium  1. Management should assign responsibility for reviewing and actioning the unmatched transactions report. Management may consider creating a dedicated role for this task as it would benefit from a technical understanding of CareFirst, knowledge of the Council's financial arrangements with suppliers and all client groups.  2. Agreement will be reached on the criteria/ parameters to be used for deciding whether transactions should be investigated or not. The unmatched transaction report will be modified by the CareFirst Team to ensure it only includes the transactions for assessment before it | 1. The identification of a dedicated person with relevant experience remains outstanding, however, some data tidy up work has been undertaken by the CareFirst Team which will result in fewer unmatched transactions being created. Will be picked up as part of the Care Management Transformation Project.  2. As for 1 | Head of Joint Operations  Update for March 2016 Committee: This work stream will sit with the Integrated Social Care Partnership Responsible Officer will be Lead Service Manager (Older People). | 30-Jun-15 | 31-Mar-16 On completion of Care Management Transformation Project  Update for March 2016 Committee: Progress has been further delayed by the long term absence of a service manager resulting in the lead for the |

| is issued to the individual responsible for reviewing and actioning.   |   | project having<br>to cover<br>operational |
|--|---|---|
| 3. Dummy invoices will be processed in CareFirst to remove   | 3. As for 1   | services.                                 |
| illegitimate transactions. This will not impact actuals (which are reported through e-Financials) and will allow |   |   |
| for accurate commitment reporting.  The individual responsible for the   |   |   |
| unmatched transaction report should also be responsible for this task.   |   |   |
| 4. To ensure temporarily suspended care packages do not accrue costs, the person responsible for reviewing       | 4. As for 1   |   |
| and actioning the unmatched transactions report should enter   |   |   |
| variances to offset the amount. A list of users who are not closing care   |   |   |
| packages as per the guidelines should be issued to Service   |   |   |
| Managers for appropriate action.  5. The completed unmatched transaction report should be                        | 5. As for 1   |   |
| reviewed and signed off by the responsible person's line manager   |   |   |
| on a monthly basis. 6. Consideration will be given to  | 6. This issue is part of the new  |   |
| separating the roles of those who assess and manage frontline client   | Planning and Development Manager's workload and discussions                 |   |
| needs and those who are sourcing the supply of care and subsequently recording the care on the                   | are being held across the various sections to ensure that this is actioned. |   |

|                         |        | system.   |   |   |           |           |
|-------------------------|--------|---|---|---|-----------|-----------|
| IT Asset<br>Management  | Feb-15 | Risk Rating – Low A repair function will be built into the specification of the new IT Service Management Tool, in order to enable ACC to identify repair trends. This will allow reports to be run to see if there are particular assets which have high repair costs.           | Implementation awaiting signing of contract due early January 2016.   | IT Manager  | 31-Dec-15 | 30-Apr-16 |
| IT Disaster<br>Recovery | Feb-15 | Risk Rating – Low System Owners should consider and document the risk of not testing their systems during disaster recovery testing of the data centre. IT will ensure that they request and retain copies of risk assessments prior to all future IT Disaster Recovery exercises | Disaster Recovery (DR) testing rescheduled due to Data Centre Migration using recommended DR approach.  | IT Manager  | 30-Nov-15 | 30-Apr-16 |
| Service review          | Feb-15 | Risk Rating – High The definition, requirements and timeliness of a review under the Care Management Standards should be re-communicated to Care Workers via team meetings.   | This issue has been discussed with service managers and team leaders at a service development day on 6 July with instructions to action the advice given by PWC immediately. Reviews form part of the Care management transformation project that is currently being undertaken by the planning and development manager in OP services. | Chief Officer, Health and Social Care  Update for March 2016 Committee: This work stream will sit with the Integrated Social Care Partnership Responsible | 28-Feb-15 | 31-Dec-15 |

| Services<br>review | Feb-15 | Risk Rating – High  1. Management should formally assess the staffing issues within SC&W and consider increasing the resource budget if appropriate.  2. The following reports should be run on a monthly basis and   | Management has assessed the staffing issue with service managers and team leaders. Since the audit managers have carried out a recruitment drive and made changes to the scheduling of reviews within work loads. Work is ongoing to   | Officer will be Lead Service Manager (Older People). Team Manager, Performance Management and Systems Development Officer          | 20-Jun-15 | 31-Dec-15 |
|--------------------|--------|---|--|--|-----------|-----------|
|                    |        | distributed to the relevant teams who will action the closing or reassignment of the activities:  a. A report detailing open activities which have no open service agreement. and;  b. A report detailing open activities which are not assigned to the care worker who is currently assigned the care package. | define levels of reviews that are appropriate to the activities being carried out.  2. On-going piece of development work. Some data tidy up has already been undertaken and it will be concluded in the processes that form part of the Care Management transformation project.  Update for March 2016 Committee: Two of the four overdue | Update for March 2016 Committee: This work stream will sit with the Integrated Social Care Partnership Responsible Officer will be |           |           |
|                    |        |   | recommendations have been implemented but progress has been further delayed by the long term absence of a service manager resulting in the lead for the project having to cover operational services.  | Lead Service<br>Manager<br>(Older<br>People).  |           |           |
| Services<br>review | Feb-15 | Risk Rating – Medium Users should be instructed to record all reviews in the CareAssess form.   | This will be picked up as part of the Care management transformation project that is currently being   | Team<br>Manager –<br>Performance   | 31-Aug-15 | 31-Dec-15 |

|                        |        | This electronic form allows observations to be created and has reporting functionality.  | undertaken by the planning and development manager in OP services. Action currently on hold pending outcome of above.  Update for March 2016 Committee: Form has been completed and waiting on completion of the care management review.  | Management<br>and Service<br>Managers                 |           |           |
|------------------------|--------|--|---|---|-----------|-----------|
| ICT<br>Governance      | May-15 | Risk Rating – Medium The strategy will include the commitment to implementing an Enterprise Architecture governance framework and have the support of the corporate management team. Including this commitment in the ICT strategy would reduce this risk to a low rating. | Following appointment of new Head of Service, IT and Transformation Service in May, a broader review of all relevant strategies has commenced with revision over the next 3-6 months. Revised date of March 2016 to allow time for all relevant stage approvals.  Update as at January 2016: The Digital Strategy is going through the governance process prior to next Finance Policy and Resources Committee cycle. | Head of IT and Transformation                         | 31-Mar-15 | 31-Mar-16 |
| Section 75<br>Planning | Apr-15 | Risk Rating – Low Heads of Service will appoint an appropriate 'point of contact' for their service with responsibility for responding to requests regarding Section 75 agreements.  | The review of the Development Management Service is proceeding and the implementation of the agreed Action Plan for Improvement commenced in January 2016. This includes improved case management discipline to achieve clarity, consistency of good practice and timely outcomes. This will apply to Section 75 processes and will   | Head of<br>Planning and<br>Sustainable<br>Development | 30-Sep-15 | 31-Mar-16 |

| Decide   | Manage | Disk Dation I am  | provide appropriate contact information for each case. In parallel with this process, discussions with Aberdeenshire Council are proceeding in relation to the review and refinement of the SLA relating to the involvement of its Development Obligations Team, with a view to a conclusion in March 2016. |                                      | 04 1145   | 04 May 40  |
|--|--------|---|---|--------------------------------------|-----------|--|
| Roads<br>Construction<br>Consent                           | May-15 | Risk Rating - Low On initial acknowledgement of the application, if a full and complete roads construction consent submission is received from the consultant or developer, management have indicated that they will commit to providing a response to the application within four weeks. In delivering action 3.01, management will look to link the system for roads construction consent to the e-planning system currently used for planning applications by the Council. | A new system to deal with Planning and Building Standard application is in the process of being purchased and introduced, with a current timescale for going live of end 2015. The incorporation of RCC into that system would follow and would be projected for end of first quarter 2016.                 | Transportation<br>Manager            | 31-Jul-15 | 31-Mar-16  |
| Compliance<br>with the Public<br>Records<br>(Scotland) Act | Jun-15 | Risk Rating – Low Management will develop a Register of Information Sharing Protocols as a resource for staff to consult for clarity on the circumstances and types of information that can and cannot be shared internally.  Management will finalise updating the Council's Data Protection policy  | Revised Data Protection Corporate Policy & Procedures were approved by the Finance, Policy & Resources Committee 15th September 2015. However, owing to staff absence / shortage, redevelopment of the Data Protection pages on the Zone (including development of an 'Information Sharing' section to      | Information<br>Governance<br>Officer | 30-Sep-15 | Previously<br>advised<br>TBC<br>Now<br>31-Jan-16 |

|   |        | with consideration given to the possibility of streamlining the existing Data Protection procedures. Management will ensure the new policy is subject to regular, ongoing, review for compliance with current legislation and alignment with good practice       | include the publication, from existing Legal Services records, of a Register of Information Sharing Protocols) has been delayed.  Update as at January 2016: The Revised Data Protection Corporate Policy & Procedures are due to be published on The Zone by 22 January. A Register of Information Sharing Protocols (ISPs) has been completed and is due to be published on The Zone, with links to the individual ISPs, by 29 January.  |                        |           |  |
|---|--------|--|--|------------------------|-----------|--|
| Compliance with the Public Records (Scotland) Act | Jun-15 | Risk Rating – Advisory Management are advised to review procurement policies and procedures and mode contract language to ensure that those engaging with the Council are contractually obligated to comply with the Council's information management standards. | Commercial & Procurement Services are, as part of the Procurement Achieving Commercial Excellence (PACE) Improvement programme, reviewing procurement policies and procedures and will mode the appropriate contract language to ensure that those engaging with the Council are contractually obligated to comply with the Council's information management standards. The revision of the Standing Orders/Financial Regulations is key to finalisation of this programme and it is expected that the revised Standing Order will be tabled at Council meetings in December and January respectively for Aberdeen | Head of<br>Procurement | 30-Sep-15 | Previously<br>advised<br>31-Jan-16<br>Now<br>31-Mar-16 |

| City and Aberdeenshire Councils.   |  |
|--|--|
| Update as at January 2016: Both authorities would like the Standing Orders to be part of the overall governance reviews and this has delayed the tabling at Council. |  |
| Therefore, the revised SOs will be tabled at meetings in March 2016.   |  |