ABERDEEN CITY COUNCIL

COMMITTEE	Audit, Risk & Scrutiny
DATE	27 June 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 appendix.

3. FINANCIAL IMPLICATIONS

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

4. FOLLOW UP OF RECOMMENDATIONS

4.1 On 28 April 2016, the Committee was advised that there were 13 recommendations, made previously by PWC, which had not been implemented by their due date of before the end of March 2016.

4.2 There are currently 12 agreed Internal Audit recommendations, which were due to be implemented by the end of April 2016, that have not yet been implemented. The detail relating to these is shown in the attached appendix.

5. REPORT AUTHOR DETAILS

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Outstanding Internal Audit Recommendations   **Appendix A**

Report Title	Date Issued	Recommendation and Risk Rating	Update	Responsible Officer	Original Due Date	Revised date
ALEOs Tier 2 review	Feb-15	Risk Rating – Medium Elected Members will be advised that participation in the external training programme run by the Council will be mandatory for those who hold director or trustee roles on ALEO boards.	Training was offered to Councillors in March 2016, but only five attended. The Service is in the process of re-arranging training and will ensure that Councillors are made aware that it is mandatory for those holding roles on ALEO Boards.	Team Leader, HR&OD	31-Mar-16	To be advised
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 is issued to the individual responsible for reviewing and actioning.	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 project having to cover operational services Update for April 2016 Committee: 1. An officer has been assigned to review the unmatched transactions report, and has recently commenced work on the review. Early findings suggest that carefirst entries are correct, so it is not presently understood why these entries appear on the unmatched report. A meeting will be set up in the near future with finance and carefirst colleagues to investigate why these items appear on the unmatched transaction report.	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 Now 30-Sep-16

		3.· Dummy invoices will be processed in CareFirst to remove 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 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 reviewed and signed off by the responsible person's line manager on a monthly basis. 6.· Consideration will be given to separating the roles of those who assess and manage frontline client needs and those who are sourcing the supply of care and subsequently recording the care on the system.	2. As for 1 3. As for 1 4. As for 1 5. As for 1 6. Discussions are taking place to include this in the role of the 'care bureau' which is in the process of being set up within care management.			

IT Asset 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. Update as at April 2016: Initial testing has been conducted on the new service desk test toolset with a view to implementing this onto the live system when established in May 2016. Update as at May 2016 The Service has advised that the new system is scheduled to go live in June 2016 subject to final testing.	IT Manager	31-Dec-15	30-Apr-16 Now 30-June 16
IT Disaster 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. Update as at April 2016: DR planning has been arranged for early April with workshops that will include all business system owners identifying the DR model for key critical systems. Systems not tested will be signed and recorded within the new service desk tool set. Update May 2016: DR Planning in progress as scheduled with provisional dates in July 2016 scheduled for testing. As	IT Manager	30-Nov-15	30-Apr-16 Now 31-Jul-16

				per previous update, any systems not tested will be signed and recorded at that time.			
ICT 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. Update as at April 2016: The Digital Strategy will be reported to Committee in June 2016.	Head of IT and Transformation	31-Mar-15	31-Mar-16 Now 30-Jun-16
ICT Management Information and Performance Reporting	Jun-15	Risk Rating – Medium 1) ICT management will engage with stakeholders across the organisation to identify the key applications and servers that support Council services. 2) Working with stakeholders ICT management will develop a suite of KPIs designed to provide relevant management information that is tailored to the needs of the Council.	1) Engagement programme commenced Sept 2015 as part of ICT Digital Strategy governance process 2) Performance scorecard published monthly, Service Plan KPIs in development and further expansion expected from the engagement programme at (1).	Head of IT and Transformation	31-Mar-16	30-Sept-16

		These metrics will be focused on evaluating performance and aligned to the strategic objectives of the organisation.				