

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF RESOURCES

TO:	AUDIT & GOVERNANCE COMMITTEE		
DATE:	24 January 2019	AGENDA ITEM:	9
TITLE:	IMPLEMENTATION OF AUDIT RECOMMENDATIONS TRACKER		
LEAD COUNCILLOR:	COUNCILLOR BROCK	PORTFOLIO:	CORPORATE & CONSUMER SERVICES
SERVICE:	AUDIT	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JACQUELINE YATES	TEL:	x74710
JOB TITLE:	DIRECTOR OF RESOURCES	E-MAIL:	Jackie.Yates@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The outcomes of all internal and external audit reports are reported to this Committee.
- 1.2 Following discussion at the April Audit and Governance Committee it was agreed that to provide a greater focus on the importance of implementation of agreed audit recommendations an implementation tracker report would be reported to all future meetings of this Committee.
- 1.4 Appendix 1 attached sets out all of the current high and medium risk internal audit recommendations together with their latest agreed implementation date and the officer responsible for implementing them. Going forward all Internal and external audit recommendations will be added to the report.

Appendix 1 - Implementation of Audit Recommendations Tracker January 2019.

2. RECOMMENDED ACTION

- 2.1 The Committee are asked to note the report.

3. POLICY CONTEXT

- 3.1 This report supports the Council's objective of ensuring that it is fit for the future.

4. THE PROPOSAL

- 4.1 A summary of those high and medium risk Internal Audit recommendations which remained outstanding at the last Committee together with an updated management response is provided in Appendix 1 attached. 22 new recommendations have been added to the report since the last meeting. Going forward all new Internal and External audit recommendations will be

added to the tracker.

- 4.2 Prior to reporting to Committee officers responsible for implementing the specific recommendations are asked to update the 'implementation tracker'. Each recommendation is marked with a percentage complete which correlates to a red/amber/green rating depending on the percentage of completeness. Up to 25% complete is marked red, between 26% and 75% complete is amber and over 75% complete is green. However, any recommendations that are less than 50% complete but have exceeded their agreed completion date are also marked red.
- 4.3 Once recommendations are reported as being 100% complete to the Committee they will be removed from subsequent reports.
- 4.4 Where there is a lack of progress with implementation, e.g. successive missing of implementation dates etc. The Head of Service and responsible officer (if they are different) will be asked to attend a meeting of the Committee to explain the difficulties with implementation and the steps they are taking to address them.
- 4.5 There are 116 high and medium risk Internal Audit recommendations on the tracker attached at Appendix 1, of those
 - 57 (49%) are currently green;
 - 40 (34%) amber and
 - 19 (16%) red

This is an improvement on the previously reported position, with the number of red status recommendations continuing to decline. 36 recommendations are completed and will be deleted from the next report.

The table below provides a comparison of progress against previous reports.

RAG Status	Audit & Governance meetings		
	August 18	September 18	January 19
Green	24%	42%	49%
Amber	10%	18%	34%
Red	65%	41%	16%

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The proposals contained in the report support the Council's Corporate Plan priority to:
Remain financially sustainable to deliver its service priorities.

8. LEGAL IMPLICATIONS

- 8.1 The Council has a duty under the Accounts and Audit Regulations to ensure it has in place a financial control framework which is fit for purpose. It also has a duty to ensure Value for Money in the provision of services.

9. FINANCIAL IMPLICATIONS

- 9.1 Whilst there are no specific financial implications arising directly from this report, the timely implementation of audit recommendations is critical in strengthening the Council's internal control and governance arrangements.
- 9.1 The Council's Chief Internal Auditor's reports have over several years repeatedly reported that audit recommendations made in previous audits have not been implemented. This does not represent value for money from either an audit or wider organisational perspective.
- 9.2 Poor systems of internal control and financial governance potentially leave the Council exposed to loss and will result in higher external audit costs due to the lack of assurance they provide and the consequential higher testing thresholds required by the Council's external auditors.
- 9.3 Whilst there are still a large number of recommendations that are rag rated red, there has been positive engagement with the new arrangements and significant improvement since implementing the new tracking and reporting process

10. BACKGROUND PAPERS

- 10.1 Internal Audit Reports presented to Audit and Governance Committee, Chief Internal Auditors Annual Report 2017 & 2018.

Rec No.	Dir	Audit Title	Recommendation	Rec Yr.	Original Audit Completion Date	1st Follow-up Date	Responsible Officer	Responsible Officer Latest Update	Updated on (date)	Status (% Complete)	Overall Status
1	DoR	Bank rec & control account reconciliations	<ol style="list-style-type: none"> 1. A corporate approach for producing reconciliations, evidencing balances and for monitoring the completion status, issues and their resolution needs to be produced and agreed. 2. Greater staff/resource resilience is required to ensure the reconciliations are completed on a timely basis throughout the year. 3. Departments should be required to provide a reconciliation position statement each month. 4. Response will be addressed in rec 5 2017-18 action plan 5. In conjunction with recommendation 3, reconciliation needs to be brought up to date. 6. The completion and review of the bank reconciliation status MUST be a monthly key priority. 	16/17	9-Feb-17	4-Oct-17	<p>Matt Davis - Head of Finance, Jean Stevenson Chief Accountant</p> <p>Reconciliation officers: Bank & cash - Jean Stevenson Creditors - Jean Stevenson Ctax, HB, NNDR, Debtors - Sam Wills Payroll - Sharon Brown Rents - Zelda Wolfle</p>	Bank & Cash - The bank reconciliation is now up to date and the procedure notes are being finalised. (JS) Creditors - There is a small system problem between the Accounts Payable and General Ledgers (circa £4k) that is being investigated by Oracle. The historic manual journals were reconciled as part of the 2016/17 accounts process and are in the process of being resolved as part of the 2017/18 accounts process. (JS)	18-Dec-18	76 or more	
2	DoR	Bank rec & control account reconciliations	The Head of Finance should ensure there is sufficient resource available to properly and robustly plan, execute, test and implement the accepted bank and cash reconciliation process	16/17	9-Feb-17	4-Oct-17	Jean Stevenson - Chief Accountant / Matt Davis - Head of Finance	Resources remain tight following the Finance restructure and a review will be required once the 2017/18 accounts are closed to confirm where reconciliation work is best undertaken. A larger group of staff are now involved in the bank reconciliation processes. The new Technical Accountant has now taken over responsibility.	18-Dec-18	51 to 75	
3	DoR	Bank rec & control account reconciliations	<p>Following implementation of recommendation 1 of last years action plan, business process documents should be written for each reconciliation process to include:</p> <ul style="list-style-type: none"> • Purpose of the procedure (impact on council) • Clearly define the outcome of the process • Name the process in accordance with naming conventions • Define the start and end of the process • Outline who does what and responsibilities - not person specific but role specific • Tools to complete the process, Systems, printing, marking etc. • Exceptions - if process goes wrong, system down etc. • Individual steps to get from start to finish • Reports used etc. • What to do when completed - balanced and unbalanced, actions, financial levels, responsibilities and authority • Review and sign off by the Head of Finance • Reporting framework • Evidence • Storage & protection 	16/17	9-Feb-17	4-Oct-17	Jean Stevenson - Chief Accountant / Matt Davis - Head of Finance	Procedures are now being finalised and they will then need to be tested in operation and reviewed by the Technical Accounting team.	18-Dec-18	51 to 75	
4	DoR	Bank rec & control account reconciliations	<p>The Head of Finance should provide guidance and advice on the treatment of historic reconciling adjustment items for all system reconciliations.</p> <p>Likewise technical advice should be given in respect of those systems reconciliations that continue to have unreconciled balances.</p>	16/17	9-Feb-17	4-Oct-17	Matt Davis - Head of Finance	The historic differences on the bank reconciliation have now been written out. Other discrepancies are in the process of being written off as part of the finalisation of the 2017/18 accounts. This process will be complete by the end of January. Monthly review will then be conducted to ensure that reconciling items are cleared promptly.	18-Dec-18	51 to 75	

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5	DoR	Bank rec & control account reconciliations	The 'unresolved' suspense items on Academy should be periodically (quarterly) checked to Academy to ensure correct recording. The Head of Finance should agree the treatment of historic unresolved items.	16/17	9-Feb-17	4-Oct-17	Matt Davis - Head of Finance/ Jean Stevenson - Chief Accountant	Reconciliations to the end of March 2018 are being reviewed as part of the closure of 2017/18 accounts and ongoing reviews will then need to be organised	18-Dec-18	51 to 75	
6	DCEEH	Childcare	It is recommended that the possibility of all settings using First Steps is investigated. It is recommended that enquiries are made to establish whether the current access can be used to differentiate between each childcare setting/business unit, as this may promote the opportunity to sharing a single finance resource and the associated cost.	16/17	20-Mar-17	30-Jan-18	Corinne Dishington - Children's Centre Team Manager	First Steps is being further investigated and will be purchased as budgets permit	17-Sep-18	51 to 75	
7	DoR	Corporate Savings (Governance)	The saving proposal template should be certified by the appropriate officers to confirm:- * compliance with professional and legal requirements for Human Resources, ICT & Financial matters * they have been reviewed and approved by the Directorate Management Team	17/18	06-Oct-17	10-May-18	Ashley Rogers Corporate Programme Manager	A new savings proposal in the form of a Business Case was introduced by finance for new savings in November 2018. Individual proposals were approved by Directors at Directorate Management Team meetings as part of the submission process. As these principles are now embedded into the savings proposal process this item can now be closed.	20-Dec-18	Complete	
8	DoR	Corporate Savings (Governance)	Milestone targets should be established for all proposals in accordance with Section 7 of the Proposal Template in order to confirm the completion of key activities are in accordance with the project schedule Any milestone deviations should be summarised/risk rated for managerial resolution and to act as a trigger is to activate any contingency or remedial actions	17/18	06-Oct-17	10-May-18	Lead Officers/ Directors/ Ashley Rogers Corporate Programme Manager Ashley Rogers Corporate Programme Manager	All Corporate Programme Work streams have an agreed 'Overview' document capturing key milestones. These milestones are reported on monthly through a new Highlight Report which is submitted to Work stream Board (chaired by a member of CMT) and then to Corporate Programme Board. Included in the template is a section for noting key risks, issues and mitigations, as well as action required from the Board. As these principles are now embedded into the monitoring process for the programme this item can now be closed.	20-Dec-18	Complete	
9	DoR	Creditors/AP	Formulate an action plan to address corporately the larger number of open purchase orders with a view to closing as many as possible.	18/19	1-May-18		Matt Davis - Head of Finance/ Christopher Beauchamp - Accounts Payable Manager Jennifer Bruce - Financial Systems Manager	New Accounts Payable Manager commenced 16th July and tasked with dealing with this. Further roll out of supplier portal includes the necessary cleansing of old orders as part of this process. Further review in process at present of open purchase orders, needs to be part of regular budget monitoring in future, Budget Managers to be encouraged to review.	28-Dec-18	51 to 75	
10	DoR	Creditors/AP	Operational issues identified should be addressed in new procedure manual to avoid reoccurrence.	18/19	1-May-18		Matt Davis - Head of Finance/ Christopher Beauchamp - Accounts Payable Manager Jennifer Bruce - Financial Systems Manager	Process manuals being written 5 Processes complete, 3 at first stage - Complete Manual 31/01/19	28-Dec-18	51 to 75	

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11	DoR	Creditors/AP	Documented processes for all areas of operation linked to clearly defined roles and responsibilities for members of staff. This would include identifying the business interfaces and expectations around processing, time taken volumes of business for areas like Mosaic payments or expenditure limits on cost centre codes etc.	16/17	25-Mar-17	1-May-18	Jean Stevenson - Chief Accountant Chris Beauchamp - Accounts Payable Manager	Good progress has now been made by the new AP Manager, most processes are now documented	18-Dec-18	76 or more	
12	DoR	Creditors/AP	Need to clearly identify the strategic contribution of AP to the authority and what is required to make AP business process(es) effective for efficient use of AP for the council.	16/17	23-Mar-17	1-May-18	Matt Davis - Head of Finance Chris Beauchamp - Accounts Payable Manager	Portal has been tested and is working, suppliers to be invited to use portal and to send invoices directly into the Fusion scanning/imaging solution, mass/auto matching within fusion to be considered once 75% of suppliers on-boarded with portal/scanning solution. Open PO's/receipts to be address for each supplier when invited to Supplier Portal. P2P is not voluntary and all invoices being processed through Fusion do have PO No.'s. The above is covered by the P2P compliance project.	28-Dec-18	51 to 75	
13	DoR	Creditors/AP	Further work needs to be done to ensure that goods are receipted promptly and for the correct amount or value. Reports need to be run on a regular basis to identify and tackle late payments.	16/17	23-Mar-17	1-May-18	Chris Beauchamp - Accounts Payable Manager	Procedures drawn up for processing Goods Received Notes and Service Level Agreement for Accounts Payable and Directorate processing drawn up including processing Mosaic holds. Agreement of users to address issues promptly. Needs implementation by organisation as a whole as Accounts Payable can't do it on their own. Letter being prepared to go to all Suppliers requesting invoices to be sent in centrally.	28-Dec-18	51 to 75	
14	DoR	Creditors/AP	Need to review the supplier database and cull inactive suppliers as well and consider if centralisation of procurement would be more cost efficient in terms of ordering and paying for goods and services.	16/17	23-Mar-17	1-May-18	Chris Beauchamp - Accounts Payable Manager	Reduced by over half number of suppliers on the system. Created supplier set up procedures. Introduction of portal. Need to close high number of open Purchase Order's on the system. Further report needed to complete tidy up of AP ledger	28-Dec-18	51 to 75	
15	DoR	Debtors	The various policies, guidance and procedure notes relating to the raising, monitoring and treatment of debt generally should be reviewed and where necessary brought up to date. In addition they should be clearly documented on Iris, if appropriate and all relevant staff and users advised of their location and the need for them to comply with these.	17/18	5-Jun-17	7-Feb-18	Samantha Wills - Interim Income & Assessment Manager	Project was delayed, consultation now commenced to move debtors to AP Team with effect from 01.10.2018. Decision was made to not update policies and procedures as decision now made to convert from Academy to Oracle Fusion. Project Migration scoping session undertaken. Project Plan now in place. Funding to be agreed. New policies and procedures will form part of the project migration plan. New completion date od 1st April 2019.	20-Dec-18	25 or less	
16	DoR	Debtors	The Income & Assessment Manager should review and formalise the strategy, techniques and records Income & Recovery staff should use in the identification and follow up actions used in respect of recovery of unpaid invoices. Once agreed this should be documented and followed by staff.	17/18	5-Jun-17	7-Feb-18	Samantha Wills - Interim Income & Assessment Manager	As above	20-Dec-18	25 or less	

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17	DoR	Debtors	All staff who raise invoices should be reminded that: a) invoices should be raised accurately and on a timely basis; b) each invoice should bear the necessary information or detail to reduce the likelihood of subsequent customer queries; c) as a principle services should not continue to be provided until outstanding invoices have been paid; d) there should be clear supporting records and information concerning the invoice that is easily accessible and understandable in the event of future query or need.	17/18	5-Jun-17	7-Feb-18	Andrew Withey - Acting Head of Customer Care and Transformation / Sam Wills - Interim Income & Assessment Manager	As above still delayed A detailed project plan is to be developed with the intention of moving the AR function onto Oracle Fusion by the 1 April 2019.	20-Dec-18	25 or less	
18	DoR	Debtors	It is further suggested that the role and work undertaken by Legal Services in the recovery of unpaid items is reviewed and re-evaluated to ensure it remains appropriate and fit for purpose. Once it is clear what is agreed it is recommended that this is defined in an SLA between Legal Services and Income & Assessment.	17/18	5-Jun-17	7-Feb-18	Samantha Wills - Interim Income & Assessment Manager	In hand ASC and Legal monthly meetings now scheduled	20-Dec-18	51 to 75	
19	DACH	Direct Payments	It is recommended that management re-affirms its commitments towards Direct Payments and reviews the existing strategy to accelerate the uptake of Direct Payments. Furthermore progress should be monitored and appropriately reported to ensure momentum towards achieving this is maintained.	17/18	24-Nov-17		Jo Purser - Acting Head of Adult Social Care	All personal budgets are provided as a direct payment, unless there is a specific, evidenced reason why not. Weekly Adult Social Care performance report includes the percentage of personal budgets agreed at panel which are provided as a direct payment. This is monitored at both the Eligibility Risk and Review Group and the Performance Board.	21-Dec-18	Complete	
20	DACH	Direct Payments	To confirm that all parties recognise and agree to the conditions within it, it is important that a copy of each agreement between RBC and the client is signed (and witnessed) by each party and then filed on Mosaic. Regular checks should be undertaken by management to ensure that data on the spreadsheet is correct and is supported by copies of up to date signed copies of agreements.	17/18	24-Nov-17		Lorraine Goude - Head of Strategic Commissioning and Personal Budget	Percentage of signed agreements continues to rise, now up to 87%. No new Direct Payments have been issued this year without a correctly signed agreement. Both the new agreements and the data on the spreadsheet are reviewed weekly by the team Principal Officer.	14-Dec-18	Complete	
21	DACH	Direct Payments	It is essential that records are updated accurately and in a timely fashion. Currently there are multiple records that need to be individually updated to provide a complete record of actions and transactions relating to individual DP clients. Therefore it is recommended that the current process is reviewed to assess whether a more streamlined record keeping system could be designed so that records agree, with the purpose of freeing PBST time for monitoring purposes.	17/18	24-Nov-17		Lorraine Goude - Head of Strategic Commissioning and Personal Budget	Processes and procedures have been updated resulting in a more streamlined approach which also enhances vigour in the monitoring process. New Mosaic form that captures all information required in one place is being tested and a number of amendments have been proposed to ensure it is fit for its purpose. Due to go live in Mosaic in early Jan'19	14-Dec-18	51 to 75	

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22	DACH	Direct Payments	In order to demonstrate appropriate controls over the use of public funds it is recommended that the strategy, resources and purpose of the current checking programme is reviewed. In particular it is important that the required validation regime (frequency, process etc.) is assessed to make sure that it provides a reasonable but effective challenge to check and agree the legitimacy of expenditure. A pivotal consideration should include an assessment of existing staffing resources and whether these are adequate in order to discharge the standards RBC should be expecting as the responsible body. If the assessment determines that (additional) changes are required then it should also be determined what (additional) resources are needed, if any.	17/18	24-Nov-17		Lorraine Goude - Head of Strategic Commissioning and Personal Budget	Processes and procedures have been updated resulting in a more streamlined approach which also enhances vigour in the monitoring process. Monitoring DPs on a Pre-paid card is a more effective way to check the legitimacy of expenditure, so the continued increase of the number of people on a Pre-paid card supports these processes. The previously vacant post in the team has been successfully recruited to.	14-Dec-18	51 to 75	
23	DACH	Direct Payments	It is strongly recommended that the strategy to deliver pre-paid cards is reviewed and where appropriate tightened so that (unless there are good and documented reasons not to do so that are assessed on a case by case basis) the principle of their adoption (of pre-paid cards) becomes understood and accepted as the norm. It is also recommended that management identifies whether there needs to be a programme of education or support across relevant areas in the directorate (including care management colleagues) so that the take up is increased and it is further suggested that targets are set for this to happen. An option may be for the Council to remove the choice aspect and explore moving all (new) clients straight on to Pre-paid cards, as some other local authorities already do.	17/18	24-Nov-17		Lorraine Goude - Head of Strategic Commissioning and Personal Budget	In January'18 the decision was made that unless there was good reason no to do so, all new Direct Payments would be made through a pre-paid card. As Direct Payment Service Users have been reviewed or monitored, where appropriate they have been moved on to pre-paid cards. Percentage of DPs on a Pre-paid card continues to increase, up from 62% in September to 71%.	14-Dec-18	51 to 75	
24	DACH	Financial Deputies	Serious consideration and management support needs to be given to moving to a direct payments system for clients, where feasible, to reduce the amount of cash handled and time required to administer.	17/18	16-Feb-18	01-Jun-18	Jo Purser - Acting Head of Adult Social Care	We are currently in the process of distributing Lloyds Cards, the Lloyds cards are not prepaid cards. • 27 Clients now using the cards Prepaid Cards: 40 waiting for commencement of prepaid cards, 2 up and running 131 bank cards The remainder of individuals will move over in the new year	14-Dec-18	51 to 75	
25	DACH	Financial Deputies	The premise of the team needs to be reviewed. If the team is to be cost neutral, this needs to be carefully costed out to ensure that this is achievable (particularly in terms of income targets).	17/18	16-Feb-18	01-Jun-18	Jo Purser - Acting Head of Adult Social Care	The budget is being reviewed; the reports that can be created on Caspar to help supply more precise predictions are being explored. Due to implementing the payment cards which has been priority, and waiting for the decision of the new post to be agreed, the predicted target for 2018/2019 is under review.	21-Dec-18	51 to 75	

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26	DCEEH	Foster Care	A number of key documents, including policies and procedures and the Foster Care Handbook, are out of date. These need to be reviewed and updated to reflect current practice and then reviewed on a regular basis going forward.	17/18	5-Mar-18		Jackie Hooper - Service Manager LAC Leaving care / Julie Kennewell - Team Manager Specialist Fostering	The Fostering Handbook has been updated. This will continue to be reviewed yearly . In readiness for 2019 the handbook will be reviewed by 8.2.19 in readiness for the new financial year. The Missing Person policy, Behaviour policy, Bullying policy, safeguarding policy, Statement of purpose and all other policies and procedures have been considered and updated to reflect Ofsted registration of the Fostering service as an IFA.	9-Jan-19	76 or more	
27	DCEEH	Foster Care	Initial inquiries from prospective foster carers should be followed up in a timely manner as per existing targets. Initial enquiries should be followed up within 24 hours, and an information pack dispatched within 2 days. Applicants who meet initial requirements should be seen within 10 days from their initial contact.	17/18	5-Mar-18		Julie Kennewell - Team Manager Specialist Fostering/ Jackie Hooper - Service Manager LAC Leaving care / Siobhan Egan - Service Manager - Performance and Data Intelligence	Since April 2018, RBC has received 119 Initial enquiries of which 94 have been responded to within 24hrs and we continue to aim to improve this. Information packs are dispatched at the enquirers request, either via email or by post. Since April 2018 27 Initial Visits have been undertaken of which 10 were completed within 10 days from the initial contact. Evidence suggests that where this timescale hasn't been met this is due to the enquirer requesting a delay in proposed visit. As of Jan. 2019 progression of enquiries have resulted in 11 new approvals of foster carers and 2 further new approvals being heard at fostering panel in January 2019. 2 active fostering assessments will be completed in the first quarter of the new financial year. 4 new applications are being progressed as of Jan 2019. In Jan. 2019 a skills to foster group will commence that will include 9 potential foster carer households.	9-Jan-19	76 or more	
28	DCEEH	Foster Care	All documentation relating to the Independent Fostering Panel should be held in a central location. This should include all annual reviews. Consideration should be given to adopting open advertising for panel vacancies to try to assist in obtaining a more diverse composition. Prospective applicants should be provided with a job description/specification of what is expected from incumbents.	17/18	5-Mar-18		Jackie Hooper - Service Manager LAC Leaving care / Julie Kennewell - Team Manager Specialist Fostering	All documentation is kept in a central location. The diversity of panel member has slightly improved. However, this remains ongoing in order for the panel to not only demographically reflect Reading but also to reflect the broad range of knowledge and experience . Going forward open advertising will be considered. The Coram BAAF Adoption & Fostering Academy job description and person specification is currently used and new applicants are provided with this.	9-Jan-19	51 to 75	
29	DCEEH	Foster Care	In house placements should be sought for all referrals unless there is a valid reason why this cannot be done (i.e. child's safety). Action taken on referrals should be clearly and consistently recorded, and this should be on Mosaic. Where there is a confidentiality issue, access to the record should be limited as appropriate. There should not be a single point of failure in the referral process.	17/18	5-Mar-18		Jackie Hooper - Service Manager LAC Leaving care	All placement referrals for fostering firstly considers appropriate matching and availability within the in house fostering service. All placement discussions with carers are recorded on the carers record.	9-Jan-19	76 or more	
30	DCEEH	Foster Care	Foster carers should be provided with the foster carer handbook on a regular i.e. annual basis. This needs to be reviewed and updated on a regular basis to ensure the information it contains is consistent with other documentation. It should have a clear version control and details of when it was last updated.	17/18	5-Mar-18		Jackie Hooper - Service Manager LAC Leaving care/ Julie Kennewell - Team Manager Specialist Fostering	The handbook will be provided to Foster Carers in April each year.	9-Jan-19	51 to 75	

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31	DCEEH	Foster Care	Foster carer fees and allowances should be regularly (i.e. annually) reviewed, benchmarked and formally approved.	17/18	5-Mar-18		Jackie Hooper - Service Manager LAC Leaving care	A yearly review of fostering allowances will continue to ensure that the payment fees are benchmarked and formally approved to ensure that the continued development of the service is not compromised by market forces that impact on recruitment and retention of our carers.	9-Jan-19	76 or more	
32	DCEEH	Foster Care	There should be a clear, central record of paid leave taken by foster carers to ensure that maximums are not breached.	17/18	5-Mar-18		Julie Kennewell - Team Manager Specialist Fostering	Paid leave is recorded on mosaic in supervision forms and case notes. This can't be pulled from mosaic as a central record. However, this will be developed by March with the view to go live in the new financial year.	9-Jan-19	51 to 75	
33	DCEEH	Foster Care	Mosaic records, particularly purchase orders, need to be updated in a timely manner to avoid foster carers being incorrectly paid. Notes and relevant documents should also be clearly labelled and attached to the relevant record in a timely manner.	17/18	5-Mar-18		Julie Kennewell - Team Manager Specialist Fostering	Clearly labelled notes are evident on mosaic. There is a formalised fortnightly payment run for Foster Carer payments which are documented and recorded on mosaic.	9-Jan-19	76 or more	
34	DoR	General Ledger	Need to clearly identify and document the business processes that support the General Ledger and identify what activity is being undertaken and who is responsible and how that activity is supported by valid secure audit trails for the same. This would include maintaining formal supporting records for financial transactions that are entered manually or via spreadsheet and ensuring where possible separation of duties is enforced for journal entry and approval.	17/18	6-Apr-17	31-May-18	Matt Davis - Head of Finance	Processes are now working well	18-Dec-18	Complete	
35	DoR	General Ledger	There needs to be consistent control over data entry from feeder systems that standardises and controls data input to reduce the need for journals to amend miscoded items. The number of Oracle Fusion codes needs to be reviewed with a view to identifying key codes and removing redundant or unused codes.	17/18	6-Apr-17	31-May-18	Matt Davis - Head of Finance	Daily reports produced and sent to owners of feeder systems for their checking that totals loaded correctly. Coding to be reviewed as part of the introduction of inter company accounting in time for 1st April 2019. New Children's Company Business Unit now in place and inter company accounting being tested.	18-Dec-18	51 to 75	
36	DoR	General Ledger	Journals produced between April and October 2017 will have to be reviewed and evidence sought for the need for creation.	18/19	4-Jun-18		Jean Stevenson - Chief Accountant	Verification of this is now completed.	18-Dec-18	Complete	
37	DoR	General Ledger	All Journals need to be reviewed and authorised in a timely fashion	18/19	4-Jun-18		Jean Stevenson - Chief Accountant	Journals now being reviewed and authorised in a timely fashion.	18-Dec-18	Complete	
38	DoR	General Ledger	All journals need proper designation as to the type of journal and its purpose.	18/19	4-Jun-18		Jean Stevenson - Chief Accountant	The significant reduction in the number of journals means there is more clarity as there are less inputters processing journals. However a review will be needed before the financial year end.	18-Dec-18	51 to 75	
39	DoR	General Ledger	The number of codes that are being used for one off transactions needs to be reviewed to ensure that this is the most efficient way to record financial information.	18/19	4-Jun-18		Jean Stevenson - Chief Accountant	This review is scheduled to be conducted by the Financial Systems Team as part of the overall review of codes for the introduction of inter company accounting. This should be completed by 1st April 2019, now the Children's Company Business Unit is active in Fusion.	18-Dec-18	51 to 75	

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40	DoR	HB Subsidy	It is recommended that: a) backfill for secondees positions needs to be in place earlier. b) consideration is given to the number of contractors in place in key positions within the team. c) a clear plan is put in place for quality checking going forward. This needs to include the identification and reporting of issues relating to individuals to allow them to be addressed in a timely manner.	16/17	17-Sep-17		Sam Wills - Interim Income & Assessment Manager	Monitoring in place, resilience contract in place, training provided 10% Quality in place with contractor	18-Jul-18	76 or more	
41	All	Health & Safety	In order to share instances of different and best practice(s) it is suggested that the directorate chairs of the health & safety periodically attend and observe other directorates' meeting to see whether specific techniques, formats etc. could be usefully shared between them.	16/17	8-Feb-17	29-Sep-17	H&S Committee Chairs: Resources - Shella Smith Adults - Steve Saunders Schools - Paul Wagstaff Children's - Paula Ward DENS - Sarah Gee Central - Peter Sloman	Meetings are underway - there have been several since December 2017. A further revised H&S Strategy is being presented to CMT in August and following this will be shared with the H&S Leads, which in turn will aid consistency in risk management approach.	15-Aug-18	76 or more	
42	DoR	Health & Safety	There needs to be confidence in the integrity of the staff health and safety training data held on I-Trent and that it is accurate and kept up to date so that reliance can be placed upon this. This may involve some further work to achieve this and possibly some prioritisation of resources by Training / HR.	16/17	8-Feb-17	29-Sep-17	L&D - Russell Gabbini	The Organisational and Workforce Development Manager is leading on the training actions. Data cleanse exercise has shown that information in iTrent is not accurate. New exercise underway to tie in with other iTrent work. Also Learning Pool dates is being corrected. New CMT target to get all L1 & L2 training completed by Q2 2019. Plus All staff will have to complete an online appraisal (knowledge check) or update session commensurate with their responsibility. If they fail this then they will have to go to repeat the appropriate level of on-line training or attend a classroom course to be recognised as compliant. Knowledge checks for levels 1 and 2 to be released to relevant staff April 2018	5-Dec-18	51 to 75	
43	All	Health & Safety	Once the exercise to cleanse data has been completed, where it has become flagged that staff training is not up to date, then a programme of training to remedy this should be implemented.	16/17	8-Feb-17	29-Sep-17	L&D - Russell Gabbini	As above	5-Dec-18	51 to 75	
44	DoR	Information Governance and Data Protection	The management framework needs to be documented (action plans and ToRs) and aligned with a strategy that identifies the key staff needed to implement and maintain it. This in turn needs approval and incorporation into the reporting framework of CMT who should receive regular reports on progress and any significant issues highlighted in work practices.	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	Management framework is encompassed in the GDPR project plan. Monthly reports have been to CMT. The last report to CMT went on 24.07.2018	No changes 21.12.18	76 or more	
45	DoR	Information Governance and Data Protection	All staff identified as being key to a properly managed information governance process should have their roles and responsibilities reflected in their job descriptions.	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	This is to be actioned. Discussions are in hand with HR to determine whether it is appropriate that the roles and responsibilities to Information Governance are to added to Job Descriptions	No changes 21.12.18	25 or less	

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46	DoR	Information Governance and Data Protection	Information Asset Owners (IAO) need to be formally appointed for each system that processes personal data with responsibility for ensuring that it operates within the policies and procedures governing information security and data protection including ensuring access to data is only by authorised persons.	16/17	07-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	The information case owners system is in place. IAO guide has been drafted and will be presented to Corporate Management Team (CMT) in February 2019	No change 21.12.18	25 or less	
47	DoR	Information Governance and Data Protection	There needs to be a formal risk management framework that incorporates a formal information risk register that records the location of personal data and the risks associated with it. IAOS should be tasked with managing the risks identified for their data.	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	The information case owners system is in place.	No change 21.12.18	76 or more	
48	DoR	Information Governance and Data Protection	Privacy Impact Assessments (PIA) should be completed for all data processing changes and new projects	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	Completed but PIA will be reviewed annually	No change 21.12.18	76 or more	
49	DoR	Information Governance and Data Protection	Information Security and data protection requirements need to be built into all Third Party contracts where setting out access to systems and data transfer safeguards.	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	For existing contracts there is a standardisation letter of variation in line with GDPR. Procurement have signed this off. Appropriate provisions are being added to future contracts that come through Legal Services. Guidance is now on the Intranet. It is up to Service Heads to ensure this is followed with assistance from the Legal Services Contracts Team	No changes 21.12.18	26 to 50	
50	DoR	Information Governance and Data Protection	Regular reviews of compliance with policy and reviews of data accuracy (paper and electronic) should form part of any managed approach to security and data processing. Reviews should also include whether records need to be retained, whether data is actually needed and whether adequate control and consent in place for its usage.	16/17	7-Oct-16	9-Apr-18	Chris Brooks - Head of Legal & Democratic Services	Retention schedules completed and available to services	No change 21.12.18	76 or more	
51	DENS	Leisure (income collection)	A formal procedure for reviewing and approving all promotions, discounts or free use of facilities should be put into place. This should include:- * The annual review of key documentation that indemnifies the Council and reconfirms the club's responsibilities. * The cost benefit analysis for such activity should be reviewed and approved by the appropriate officer responsible.	16/17	14-Jun-16		Ben Stanesby - Recreation & Leisure Manager / James Sadler - Operations Manager	Clubs are charged scheduled rates which are now included in the annual fee setting process. Free use of early morning use of swimming pools has ceased and centres now control all use and safety checks of facilities.	4-Dec-18	Complete	

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52	DENS	Leisure (income collection)	<p>Unless authorised by management, in order to reduce the costs and debts attributed to the raising of sales invoices, arrangements should be put in place to ensure payment always is received at the point of use:-</p> <ul style="list-style-type: none"> * Individuals or clubs continually book facilities with arrears should be brought to management's attention. * Booking forms should be reviewed to ensure payment is always received in advance and is appropriately recorded as required, e.g. office use details should record payment details or the sales invoice details if authorised by management. * Unless specifically instructed by the person making the booking, all sales invoices should be made out to the club/body concerned. 	16/17	14-Jun-16		James Sadler - Operations Manager	Invoices are made out to hiring organisations. A CRM system is being used to manage booking at Prospect park where ongoing problems with invoicing were being experienced. Full payment is taken at the time off booking for Prospect Park bookings now, and bookings are also available online which requires full payment at the time of booking. Block bookings are not renewed if bookers are not at a zero balance. If it is a high profile club and they have a debt but wish to renew so they do not loose their space while the debts is investigated, it is raised with the senior management team to decide an outcome. Small bookings are now booked and paid for at the time of booking through Legend. Some bookers invoices are raised for the year and are paid off in lump sums as and when player subs are taken. This is monitored and if a payment has not recently been made bookers are called and reminded to make a payment.	4-Dec-18	Complete	
53	DENS	Leisure (income collection)	<p>Refund controls need to be strengthen to ensure the audit trail validates legitimacy:-</p> <ul style="list-style-type: none"> * Refunds must not be made unless the initial payment can be substantiated e.g. same debit card and signed for. * The reason and frequency of refunds need be enforced and monitored. * Refunds should not be permitted unless the debit as been confirmed. The regularity of debit and credit transactions should be monitored. 	16/17	14-Jun-16		James Sadler - Operations Manager	All refunds are recorded within the CRM system which also identifies the initial credit. A refund form is filled out by both the receptionist and Duty Manager and the refund can only be approved by the Duty Manager. Refunds will be included in the new journaling system and reviewed at the of journaling and investigated.	4-Dec-18	76 or more	
54	DENS	Leisure (income collection)	The cash handover procedures should be standardised so that the clear bags are signed as part of the safe check procedure.	16/17	14-Jun-16		James Sadler - Operations Manager	This has been implemented. Bags and serial numbers are checked and recorded at the time of site safe checks.	4-Dec-18	Complete	
55	DENS	Leisure (income collection)	<p>Compliance controls to evidence separation of duties need to be enforced and monitored accordingly. This should include:-</p> <ul style="list-style-type: none"> * The same operator opening and closing the till is the same person certifying the daily reconciliation. * Unless supported by a risk assessment and authorised by management, officers should not be permitted to operate LEGEND under another staff members User rights. * Duty Manager conducting the validation of the daily reconciliation must be independent of the operator. 	16/17	14-Jun-16		James Sadler - Operations Manager	Each operator open and closes their till and certifies the reconciliation. This checked by a second member of staff. Staff only operate tills under their own login. Site Operations Managers conduct random till checks to using a report on what should be in the till at the time of checking. This helps identify discrepancies earlier.	4-Dec-18	Complete	
56	DENS	Leisure (income collection)	Separation of duties between Finance and LEGEND need to be reviewed and put in place.	16/17	14-Jun-16		James Sadler - Operations Manager	New process automating production of journals from the CRM system have been developed and is being audited to ensure appropriate separation of duties, implementation at Meadway imminent.	14-Aug-18	51 to 75	

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57	DACH/DCEEH	Mosaic Fusion Year end reconciliation audit	Increased emphasis needs to be placed on the importance of ensuring that data held within Mosaic is of an appropriate quality. This includes ensuring that placements are reflected in a timely manner (purchase orders created, amended and closed), so that commitments are accurately reflected and discrepancies and missing invoices can be identified and addressed.	16/17	17-Oct-16	01-Nov-17	Seona Douglas - Director of & DMT DACHS/ Stephen Kitchman - Director of DCEEH/ Nick Penny Strategic Business Partner - DACHS	Acting Head of Service and Principal Social Worker working with mosaic team to build in processes to ensure changes are implemented to improve data quality and consistency of reporting. There has been a progressive improvement in the data recorded for Children's Services, but this needs to be cleansed further. This is a priority action in the move to the new Children's Company where high quality data will be required. LAC profiling has been introduced to improve the robustness of financial modelling and impact of the MTFS. The Business Partner for Children's Services is now having regular meetings to clarify queries and change MOSAIC accordingly to improve the data in MOSAIC. Further MOSAIC reports will need to be written but will be incorporated into the transition to the company's IT work stream. The projections for LAC expenditure was more accurate during 17/18 financial year. Acting Head of Service and Principal Social Worker working with mosaic team to build in processes to ensure changes are implemented to improve data quality and consistency of reporting. NP to review	16-Jul-18	51 to 75	
58	DoR	Mosaic Fusion Year end reconciliation audit	There should be clearly documented policies and procedures for the year end reconciliation and associated accruals process. These should be available to all relevant individuals and reviewed and updated as necessary on a regular basis to reflect current practice.	16/17	17-Oct-16	01-Nov-17	Nick Penny Strategic Business Partner - DACHS	2018 response: The issues with ongoing work on Closure of the 16/17 Accounts along with the Finance Restructure caused capacity issues within Finance which meant that it was not possible to produce procedures for this. As part of the 2017-18 Closedown process we have reviewed and changed the basis of the way in which the accrual for care costs are implemented. The working papers supporting the accruals show the methodology around the accrual and this will consolidated into procedure notes and guidance, so they are available for others to access. Procedure notes will be written once the 2017/18 accounts are finalised and the new Strategic Business Partner will ensure this is done at the earliest opportunity.	21-Dec-18	26 to 50	
59	DoR	Mosaic Fusion Year end reconciliation audit	A lessons learnt review should be conducted post year end which looks at issues encountered with the year-end reconciliation process and associated accruals and provisions. Outcomes from this should then feed into the following year's year-end process. This is particularly pertinent for Adult Services.	16/17	17-Oct-16	01-Nov-17	Nick Penny Strategic Business Partner - DACHS	Following appointment I am reviewing the current processes with the DACS finance team and will update further on the findings. The reconciliations seem very robust and fit for purpose on 1st inspection and I will be looking at how we add further value going forward.	21-Dec-18	26 to 50	

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60	DoR	Mosaic Fusion Year end reconciliation audit	Clear and regular in year and year end reconciliations should be performed between Mosaic and Fusion and review of the accruals/prepayment process to encompass the full financial year rather than since the last invoice received need to be conducted.	16/17	17-Oct-16	01-Nov-17	Nick Penny Strategic Business Partner - DACHS	Mosaic to Fusion reconciliations are currently undertaken on a monthly basis to ensure that the council are paying for the correct value of placement costs. These are reviewed within the DACS finance team and will provide the basis of the year end accruals for 18/19.	21-Dec-18	51 to 75	
61	DoR	Overtime	It is recommended that the monthly payroll return be reviewed and consideration given to including the following: <ul style="list-style-type: none"> Employee contracted hours Completed by field How overtime is being paid for Reason for overtime 	16/17	23-Aug-16	28-Sep-17	Denise Burston - HR Partner - CRES/ Sharon Brown - Payroll Pensions and Data Manager/ Matthew Slater - Payroll & Data Systems Team Manager	A strategic review of the way iTrent is being used has been completed. A project is underway to roll out self-service forms through iTrent and one of these will be overtime claim forms which will enable information to be input regarding why overtime is being claimed and how it will be paid for.	12-Dec-18	51 to 75	
62	DoR	Overtime	It is recommended that the Head of Payroll reviews the overtime payment process, particularly the rates paid, of staff with multiple part time contracts with the Council. The Authority needs to be assured there is no discrimination or unfairness of the current process.	16/17	23-Aug-16	28-Sep-17	Shella Smith - Head of HR and OD	A review of all employment policies is already underway. The revised policies will need to be consulted on or negotiated with the recognised trade unions (as appropriate) and approved by Personnel Committee. The review is due for completion by December 2019. The policies covered in this audit will be prioritised.	12-Dec-18	25 or less	
63	DACH	Public Health	All current miscellaneous schemes run internally by RBC should be formally incorporated into a public health framework and subject to a process of challenge (bidding for approval) and subject to a monitoring framework that clearly identifies how successful outcomes are measured and then evidences those successful measurements.	17/18	29-Sep-17		Marion Gibbon Consultant in Public Health	Memorandum of Understanding are now in place for all departments who have Public Health funding. The Public Health Board meeting commenced in April 2018 to oversee the PH spend. The Public Health Board are monitoring the spend and performance. A tracking process has been developed with a dashboard showing outcomes.	8-Jan-19	76 or more	
64	DACH	Public Health	The recharge of central establishment costs to the public health grant should be done in a timely fashion and in such a way as those costs are transparent and commensurate with the resources employed by the authority to administer the grant monies.	17/18	29-Sep-17		Andy Stockle - Business Partner and Nick Penny - Strategic Business Partner	Corporate recharges have historically been treated 'below the line' and not charged to Public Health. Public Health has a credit budget to reflect this practice. Discussions have taken place with Corporate Finance and there is a review of CEC currently ongoing, which is expected to result in budgets for these being put against cost-centres across the Council. This will result in PH no longer having a credit budget. This is expected to be finalised during the remainder of 18/19.	21-Dec-18	51 to 75	

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65	DENS	Right to Buy	A copy of the Right to Buy Handbook should be available on the new RBC website. Right to Buy policies should be reviewed on a regular basis to ensure that they are still fit for purpose.	16/17	19-Jul-16		Sam Bainbrigge - RTB Team Leader	Although it was agreed that the Right to Buy Policy would be reviewed and published on the council's website by the end of July 2016, this has yet to be implemented. Although a copy of the draft January 2017 policy has been forwarded as confirmation we have been informed this has yet to be approved or published on the council's website. Reliance is placed upon general referral to central government's RTB policy and referral to this in the RTB Handbook published by the Council on the main website, this is drafted it just needs writing in a different format and can then be put for sign off and published - we hope to get this done by end February 19.	7-Jan-19	51 to 75	
66	DENS	Right to Buy	Sequencing check controls need to established to ensure application reference numbers can be accounted.	18/19	11-Jun-18		Sam Bainbrigge - RTB Team Leader	The Ohms system now generates the numbers so they can't be duplicated, this is now generated by OHMS and will therefore create the next sequence number automatically	7-Jan-19	Complete	
67	DENS	Right to Buy	A copy of CIT's findings should be scanned onto I@W and their findings should be analysed to ascertain what preventative (information) and detective (monitoring) controls are required to deter fraudulent applications in the future.	18/19	11-Jun-18		Sam Bainbrigge - RTB Team Leader	Request sent to CIT who now scan their findings back into housing systems so there is an audit trail, CIT now index directly into I@W and this will hit the officer responsible for the application to check and confirm.	7-Jan-19	Complete	
68	DENS	Right to Buy	The reasons why applications are withdrawn by the applicant or cancelled/denied by the council should be analysed by the RTB Team to help ascertain the common occurrences / problems. This will help ensure council resources and the applicant's time are not wasted.	18/19	11-Jun-18		Sam Bainbrigge - RTB Team Leader	Reasons now are kept in one place so they can now be easily analysed. Analysis takes place once a quarter, these are kept in a spreadsheet by the homeownership team and a review by that team carried out every quarter for info	7-Jan-19	Complete	
69	DENS	Right to Buy	Revised date: A number of improvements are required to ensure payments are fully accounted for:- * A copy of the RTB Offer and any sale revisions that confirm the final sale price should be forwarded to Finance. * In conjunction with the RTB Team and Legal, Finance should complete a certified periodic reconciliation between payments due, those received and the accounts on Fusion. The RTB application number should be recorded on Fusion to support the address of the property.	18/19	11-Jun-18		Jean Stevenson - Chief Accountant/ Sam Bainbrigge - RTB Team Leader	Process in place for RTB offers and sale revisions confirming the sale price to be sent to finance. Since process was introduced there have not been many sales, process will be tested as sales happen.	7-Sep-18	51 to 75	

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70	DENS	S106	The roles and separations of duties for the Policy Team and Administration Team need to be reviewed to ensure there is inclusion and oversight for the full monitoring of all S106 monies.	16/17	30-Sep-16	14-Jul-17	Kiaran Roughan - Planning Manager	In addition to new written procedures and staff training, the Planning service has now implemented a bespoke recording and monitoring system (Exacom) that coherently addresses the main control requirements for Section 106 processes. It continues to be the case that there is no regular or complete reconciliation between the respective record systems in Planning used to identify, track and manage S106 amounts and financial systems that record S106 amounts. This is mainly because of resource issues in Finance at the current time.	9-Jan-19	76 or more	
71	DENS	S106	The methodology for recording, collecting and monitoring the payment status of S106 monies need to improved urgently. In particular: a. It is strongly recommended the corporate debtor system should be used for the monitoring and collection of all S106 monies. Each sales requisition should be authorised by the PSM. In particular there is a need to establish clear separation of duties between the instigation, recovery and the monitoring of monies. b. The obligation index increases and revised amounts should always be recorded on Acumen. c. Provisional target dates should be established to monitor the status of payment triggers and for prompting the sales requisition. d. A monitoring procedure needs to be produced for reviewing the status of triggers and payments (who, how, when etc.). e. Oracle Fusion codes should be recorded on Acumen, and a record of receipts should also be recorded. Obligations, finance receipts and balances on Oracle Fusion balances should be regularly reconciled and reviewed by management. Evidence of reconciliations should be retained for an audit trail.	16/17	30-Sep-16	14-Jul-17	Kiaran Roughan - Planning Manager / Mark Worringham - Planning Policy Team Leader	The Exacom System and updated procedures are now in place and are used in operations. This provides an appropriate methodology for recording, collecting and monitoring the payment status of S106 monies. After discussions with Finance it was agreed by the Head of Finance that the corporate Academy system for raising invoices was not appropriate for the purposes of raising and monitoring S106 invoices. It offers no advantages over the use of the facilities and reporting functions of the Exacom system. Indexation and revised amounts area recorded in Exacom. Trigger dates are a function of Exacom. Monitoring of triggers and payments is being undertaken by the Planning Policy Team Leader. Oracle Fusion codes are recorded on Exacom and receipts/ transaction numbers are also recorded on the system. Attempts have been made to reconcile planning records with Fusion, but there remain challenges in obtaining data in a timely manner because of resource issues in Finance.	9-Jan-19	76 or more	
72	DACH	Safeguarding (supervision)	The 'Grandparent' should have overview of supervision records to ensure the expected process is being complied with and is performed in a consistent manner for all staff. A sample of records should be reviewed at least quarterly to identify any supervision that is not at the appropriate standard. Where supervision is not of the appropriate standard the Team Manager/Service Manager should address the issue.	17/18	18-Sep-17	13-Nov-17	Jo Purser -Acting Head of Adult Social Care	An audit was completed. Feedback was about having a tool for consistency, PSW developing an audit tool with RIPFA for best practice. Another audit will be completed as soon as the tool is finalised. Agreed with Team managers and Assistant Team managers that a supervision audit is completed in the month of December. JP to check	10-Dec-18	76 or more	

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73	DOR	Subject Access Requests	There should be a standard policy for all Subject Access/Access to Records Requests. The draft policy should be reviewed to ensure it still is relevant, legal review and formal approval obtained and then implemented and made available to all relevant parties as a priority. It also needs to contain more specific information relating to subject access requests. Going forward, it should also be reviewed on a regular basis to ensure it continues to meet all relevant legal and other requirements.	16/17	23-Jan-17	15-Mar-18	Chris Brooks - Head of Legal & Democratic Services	SAR policy was updated in line with GDPR and available for staff on the Information Governance Pod on IRIS.	21.12.18	76 or more	
74	DOR	Use of Cash Vouchers & Cash Accounts	Documented procedures should be produced to:- a) stipulate the purpose of petty cash accounts e.g. what is considered to be appropriate expenditure, and what is not b) specify the recording, reconciliation and reporting requirements including the transfer of details on to Oracle Fusion c) define the control requirements for the safeguarding of cash and vouchers.	16/17	2-Nov-16	14-Jul-17	Matt Davis - Head of Finance Christopher Beauchamp - Accounts Payable Manager	Process notes being produced, new upload form created to reduce workload/processing times. Petty cash to be closed down already identified, 4 closed, 3 more confirmed. Write off will be required and new accounts will be required in Fusion for remaining petty cash/voucher schemes - completion 28/02/19	11-Sep-18	51 to 75	
75	DOR	Use of Cash Vouchers & Cash Accounts	Controls need to be introduced within the APT to confirm the completeness and accuracy of the floats in circulation and to ensure that petty cash claims are appropriately authorised. This should involve:- a) Conducting an annual review to ensure the records are correct and up to date. b) Introducing a system for recording the issue, transfer and return of floats. Where floats are transferred between officers a copy of the transfer note must be forwarded to the APT. c) Introducing a check control whereby the APT confirms the accuracy of the float balance and of the authorisation details each time a claim is made.	16/17	2-Nov-16	14-Jul-17	Matt Davis - Head of Finance Christopher Beauchamp - Accounts Payable Manager	Process notes being produced, new upload form created to reduce workload/processing times. Petty cash to be closed down already identified, 4 closed, 3 more confirmed. Write off will be required and new accounts will be required in Fusion for remaining petty cash/voucher schemes - completion 28/02/19	11-Sep-18	51 to 75	
76	DOR	Use of Cash Vouchers & Cash Accounts	Finance should consider whether prepaid cards could be better used to control petty cash expenditure. Or alternatively departments / services could be encouraged to use Visa purchase cards instead of petty cash	16/17	2-Nov-16	14-Jul-17	Matt Davis - Head of Finance Christopher Beauchamp - Accounts Payable Manager	Prepaid have been introduced in some departments on a trail basis as a replacement for petty cash. Usage and controls and further roll out of the scheme to be included in the petty cash review to be completed by the end of October	11-Sep-18	51 to 75	
77	DENS	Waste Operations	Record keeping should be more thorough and documents regularly reviewed, updated, agreed as necessary and stored in a central location. This should include meeting paperwork (agendas, papers, minutes), training records, business continuity plans, holiday and sickness absence forms, health declarations and driving license checks.	16/17	12-Dec-16	24-May-17	Michelle Crick - Waste Services Manager/ David Moore - Neighbourhood Services Manager	Staff training master monitoring sheet in place. All records are now retained on the shared Neighbourhoods drive. Record Structure in place in Waste Operations shared folder Master monitoring sheet received.	4-Jan-19	Complete	

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78	DENS	Waste Operations	Driver vehicle checks should be conducted and recorded on a daily basis prior to vehicles commencing their rounds.	16/17	12-Dec-16	24-May-17	Michelle Crick - Waste Services Manager/ David Moore - Neighbourhood Services Manager	Informal audit carried out by Fleet department and 2 waste supervisors. Any discrepancies actioned. Supervisor carries out regular spot checks on driver vehicle checks record sheets. In cab system now forms part of the digital review programme. System chosen must integrate with route optimisation software, record vehicle check results, link to customer services and the web to facilitate self service and have a trade waste element. Discussions with external suppliers have started. In cab system not implemented as waste service subject of a savings proposal and investment not sensible until future of the service agreed.	4-Jan-19	Complete	
79	DENS	Waste Operations	Up to date approval should be obtained to confirm that Waste Operations have the ability to vary trade waste fees according to circumstances.	16/17	12-Dec-16	24-May-17	Michelle Crick - Waste Services Manager/ David Moore - Neighbourhood Services Manager	The trade waste service must have the ability to charge according to the type of waste, its weight and lift frequency. The waste operations review has produced accurate cost model and a trade waste charging structure which is now in use for all customers. We now have the capability to weigh bins and existing trade customer charging has been reviewed in relation to weight and lift frequency. Un-economic customers (heavy bins) have either had their charges increased or contracts terminated.	4-Jan-19	Complete	
80	DENS	Waste Operations	Trade waste contracts should contain accurate details of the number of bins and frequency of collection. This should agree with records in Flare. Care needs to be taken to ensure that charges made for trade waste as a minimum cover the costs of providing the service.	16/17	12-Dec-16	24-May-17	Michelle Crick - Waste Services Manager/ David Moore - Neighbourhood Services Manager	See response above. Also an order has been placed for a waste management software system which will be in operation by 01.04.2019.	4-Jan-19	76 or more	
81	DENS	Right to Buy	An annual deadline for reviewing and progressing the draft RTB policy needs to be established.	18/19	30-Sep-18		Sam Bainbrigge - RTB Team Leader	this will be reviewed at least every February or sooner should changes be required	07/01/2019	Complete	
82	DENS	Right to Buy	A copy of CIT's findings should be scanned onto I@W and their findings should be analysed to ascertain what preventative (information) and detective (monitoring) controls are required to deter fraudulent applications in the future.	18/19	10-Jul-18		Sam Bainbrigge - RTB Team Leader	this is reviewed each quarter to make sure we are dealing with any controls that are required but if something comes up sooner then this will be amended sooner.	07/01/2019	51 to 75	
83	DENS	Right to Buy	The reasons why applications are withdrawn by the applicant or cancelled/denied by the council should be analysed by the RTB Team to help ascertain the common occurrences / problems. This will help ensure council resources and the applicant's time are not wasted.	18/19	10-Jul-18		Sam Bainbrigge - RTB Team Leader	this is reviewed each quarter to make sure we are dealing with any controls that are required but if something comes up sooner then this will be amended sooner.	07/01/2019	51 to 75	

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84	DENS	Right to Buy	<p>A number of improvements are required to ensure payments are fully accounted for:-</p> <p>* A copy of the RTB Offer and any sale revisions that confirm the final sale price should be forwarded to Finance.</p> <p>* In conjunction with the RTB Team and Legal, Finance should complete a certified periodic reconciliation between payments due, those received and the accounts on Fusion.</p> <p>The RTB application number should be recorded on Fusion to support the address of the property.</p>	18/19	31-Jul-18		Sam Bainbrigge RTB Team Leader	an email now goes to accountancy before the sale so they can expect the funds that we are selling the property for. No money is removed from the sale price for overpaid rent this is done in a separate transaction after the sale so as not to confuse matters	07/01/2019	Complete	
85	DoR	Additional Payments	<p>There should be a clear policy for each type of allowance and additional payment. These should be reviewed on a regular basis and updated as necessary.</p> <p>All additional payments should be made in accordance with the relevant policy and be consistent across teams, departments and directorates and adhered to in every instance.</p> <p>Policies and procedures should be publicised and promoted to relevant staff and managers and be available on Iris.</p>	18/19	31-Mar-19		<p>Shella Smith - Head of HR and Organisational Development for all new payments</p> <p>HR Partners for existing payments</p> <p>Roger Morris</p> <p>Annette Paterson</p> <p>Kirsty Bennett</p> <p>Denise Burston</p>	A review of all employment policies is already underway. The revised policies will need to be consulted on or negotiated with the recognised trade unions (as appropriate) and approved by Personnel Committee. The review is due for completion by December 2019. The policies covered in this audit will be prioritised.	12/12/2018	26 to 50	
86	DoR	Additional Payments	All relevant supporting documentation and information for additional payments should be retained/ documented on relevant personnel files. This should include justification for the payment, evidence of an open process being conducted and relevant sign off, discussion at relevant forums, union consultation/notification (where relevant) and details of calculations.	18/19	31-Oct-18		<p>Shella Smith - Head of HR and Organisational Development for all new payments</p> <p>HR Partners for existing payments</p> <p>Roger Morris</p> <p>Annette Paterson</p> <p>Kirsty Bennett</p> <p>Denise Burston</p>	All additional payments have been reviewed by the relevant HR Partner and the Head of Service. Where documentation has been missing this has now been added to the file. Since July 2018 the Head of HR approves all such payments to ensure that all the necessary documentation is on file.	12/12/2018	Complete	
87	DoR	Additional Payments	All additional payments should be for a specified period of time only and should be reviewed/challenged on a regular basis (as detailed in the relevant policy/procedure) to ensure that they are still appropriate and the most cost effective option. Where additional payments are long standing, consideration should be given to conducting a job re-evaluation and/or reviewing workload to determine if there is a more cost effective solution.	18/19	31-Oct-18		<p>Shella Smith - Head of HR and Organisational Development for all new payments</p> <p>HR Partners for existing payments</p> <p>Roger Morris</p> <p>Annette Paterson</p> <p>Kirsty Bennett</p> <p>Denise Burston</p>	A review of all additional allowances has been undertaken and allowances have ceased or an end date has been identified where appropriate. Since July 2018, all new requests for additional payments must be signed off by the Head of HR and OD and the CX.	12/12/2018	Complete	
88	DoR	Additional Payments	Market supplements should be detailed in all relevant employees' contracts and explicitly detailed that they can be amended and reviewed.	18/19	31-Oct-18		<p>Roger Morris</p> <p>Annette Paterson</p> <p>Kirsty Bennett</p> <p>Denise Burston</p>	Market supplements detailed in all new employee contracts	12/12/2018	Complete	
89	DoR / DENS	Network Security (ICT)	Full visibility of the transport sections ICT needs to be established to ensure that a consistent corporate standard for network security is applied	18/19	18-Oct-18		<p>Andrew Withey - Acting Head of Customer Care and Transformation</p> <p>Cris Butler - Strategic Transport Programme Manager</p>	Officers are in the process of engaging with the Council's IT teams in order to progress a programme of actions to apply the corporate network security requirements to the existing externally supported Transport systems	09/01/2019	51 to 75	

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90	DoR	Network Security (ICT)	Plan produced to carry out upgrades that require shut down of networks for firewall improvements and other major patching requirements.	18/19	18-Oct-18		John Barnfield - ICT Technology and Services Manager	Management Action: Set & Issue Planned Maintenance Schedule. November Planned downtime for FireWall Replacement and DR Tests completed successfully as planned. Future schedules for Planned W-E Maintenance Slots communicated to all staff by ISI, Staff News, and IRIS Intranet. M&PR Requested to also circulate reminders before each scheduled slot to remind staff and ICT will also issue further ISI reminders. Action therefore completed.	10/12/2018	Complete	
91	DoR	Network Security (ICT)	Council make Cyber Security and Cyber awareness training mandatory for staff	18/19	18-Oct-18		Russell Gabbini - Organisational and Workforce Development Manager	Work is currently underway to incorporate cyber security training into the ICT/Information security training required to be undertaken on mandatory Induction. Further work underway to update general cyber security training to be fit for purpose for release to all staff	08/01/2019	25 or less	
92	DoR	Network Security (ICT)	The council's disciplinary procedures are amended to reflect the seriousness of not ensuring that laptops are properly patched.	18/19	18-Oct-18		John Barnfield - ICT Technology and Services Manager	Management Action: - Amend ICT Policy and Golden Rules to reinforce need to reload desktops and reissue via NetConsent. Issue Reminders to Staff to reload desktops via Corporate Comms. ICT Policies amended for Desktop Reload, but now have to be further amended due to HR Policy Change on Social Media Access which has delayed approval and issue. ISI Reminders issued to staff. M&PR asked to issue reminders in Staff News.	10/12/2018	26 to 50	
93	DoR	Network Security (ICT)	There should be regular threat monitoring reports produced by Northgate that include potential hacking incidents and virus software activation to contain threats to enable RBC to take preventative action on staff activity if appropriate.	18/19	19-Sep-18		John Barnfield - ICT Technology and Services Manager	Management Action: The Council's ICT Team will explore with Northgate what options there are for producing a dashboard from existing security products & how this info can be used more proactively to inform behaviour and managed Cyber Threats. A Work Scoping request has been sent to Northgate requesting the above analysis and options appraisal. Northgate have not scheduled works as yet, and this has been escalated to the Programme Manager for urgent review.	10/12/2018	25 or less	

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94	DENS	South Reading Leisure Centre (Income)	<p>a) For compliance purposes, the standards and operational requirements for the booking, payment and monitoring of all income streams should be documented. SRLC should then ensure its procedures are fully complied with by vigilantly monitoring the status of this. This should include:</p> <p>b) All administrative templates should be reviewed annually to ensure these comply with legal and service requirements e.g. booking forms, reconciliations and write off/discount authorisations etc.</p> <p>c) Separations of duties and access controls to Legend between the front of house team and the back office team should be reviewed.</p> <p>d) Check and cross-referencing controls need to be established to evidence the completeness and accuracy of information. This may include a register to confirm the review of all bookings, certification of reconciliations, use of management reports to investigate variances etc.</p> <p>e) Management should provide staff with feedback on the monitoring outcomes.</p>	18/19	01-Nov-18		Ben Stanesby - Leisure & Recreation Manager	a)Processes are documented. b)initial review undertaken, further review of templates is required. c) Separation of duties was introduced immediately prior to the audit. The audit however examined a period prior to changes being made. d) booking review is still to be undertaken, e) is provided on an adhoc basis		76 or more	
95	DACHS	Delayed Transfer of Care	<p>The following recommendations are made:</p> <ul style="list-style-type: none"> - RBC should review the reporting lines, formats and forums to identify and improve performance as well as current impediments to performance identified. - In particular RBC should identify the governance and reporting structures in place that allows for transparency and likelihood of successful implementation. - RBC review the process they have in place to monitor and record progress against targets as well as barriers to doing so in order to determine whether they have access to sufficiently up to date information that has been verified against available evidence. 	18/19	01-Nov-18		Paula Johnston, Acting Head of Adult Social Care	Progress locally against the High Impact Change model is being monitored through the Reading Integration Board. The dashboard to monitor progress against targets continues to be monitored at the Reading Integration Board. Reading has it's own governance and reporting structures to monitor delayed transfers of care and progress against targets. The Berkshire West 10 is the governance and reporting structure for the implementation of the High Impact Change model across the West of Berkshire	21/12/2018	Complete	
96	DACHS	Delayed Transfer of Care	<p>It is recommended that the Council develop and approve comprehensive formal policies and procedures concerning the operation of all aspects of DToC with respect to the activities undertaken by the Council and in conjunction with partner organisations. Additionally:</p> <ul style="list-style-type: none"> - Documentation should be stored in a location where it will be available to all staff involved with DToC operations and data verification work. - Policies and procedures should be regularly reviewed and updated. - Documentation should identify key roles and responsibilities of staff and establish accountability. - The processes in place where the Council is required to work with third parties should be recorded. 	18/19	01-Nov-18		Paula Johnston, Acting Head of Adult Social Care	A Standard Operating Procedure is in place and has been shared with all staff this is located in the Sdrive	21/12/2018	Complete	

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97	DACHS	Delayed Transfer of Care	The Council is advised to: - Formally document and make available to staff the process that is to be undertaken when challenging data from health partners. - The Council should ensure that the documented process incorporates an understanding of the features of the systems used by health partners and is updated to reflect changes to those systems.	18/19	01-Nov-18		Paula Johnston, Acting Head of Adult Social Care	A Standard Operating Procedure is in place and has been shared with all staff this is located in the Sdrive	21/12/2018	Complete	
98	DACHS	Delayed Transfer of Care	The Council should review the Standard Operating Procedure and: - Ensure that the document is expanded in order to provide a robust reference document incorporating processes set in place by the Council. - Is publicised and made known to officers involved with the DToC process either through specific training or else through 1 to 1 supervision(s) - Is regularly updated to reflect changes made in the approach taken by the Council and partners.	18/19	01-Nov-18		Paula Johnston, Acting Head of Adult Social Care	A Standard Operating Procedure is in place and has been shared with all staff this is located in the Sdrive. It will be regularly updated as there are changes in the approach.	21/12/2018	Complete	
99	DACHS	Delayed Transfer of Care	The Council is advised to consider a periodic analysis of the available data from NHS England or local partners, as it pertains to the causes of delays, in order to determine whether there are any causes of delays that it can act upon to bring about an improvement in performance.	18/19	01-Nov-18		Paula Johnston, Acting Head of Adult Social Care	Local Data is analysed on a weekly basis and National Data is on a monthly basis when it is shared. This is presented at the Performance Board	21/12/2018	Complete	
100	DACHS	Delayed Transfer of Care	It is recommended that officers meet with health partners in order to: - Agree and document an understanding of the systems used for the recording of DToC figures and any limitations and restrictions of those systems. - Agree and document the internal processes of the partner with respect to making alterations to data at the request of the local authority. - Agree and document the error checking / audit processes of the health partner with respect to the data that they hold. - Agree and document the types of error that the health partner generated data is capable of generating - The information obtained as a result of meetings should be documented, retained and added where changes occur in order that the Council is able to challenge effectively in the event of staff changes. - The Council should where possible negotiate with the Trusts to ensure that the data provided within the month is sufficiently detailed to allow for a complete picture of attributed delays and also to allow for challenge. - The Council should review and agree with health partners the processes it intends to put in place utilising the Mosaic reporting functionality in light of an understanding of the limitations with the health partners reporting capabilities.	18/19			Paula Johnston, Acting Head of Adult Social Care	We monitor the accuracy of the Social Care DToC data on a weekly basis, checking the figures that we have agreed against those recorded on the RBH and BHFT systems. When we find inaccuracies, we then request changes to this data. These processes are incorporated in the Standard Operating Procedure.	21/12/2018	Complete	
101	ALL	PCI DSS	Although partly mitigated by the Lloyds Cardnet annual certification, the Council's ICT policies should be reviewed on an annual basis and before Learning and Development update and review its PCI DSS training course.	18/19	7-Nov-18		Andrew Withey - Acting Head of Customer Services & Transformation	ICT policies have been updated and need to be issued	04/01/2019	51 to 75	

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102	ALL	PCI DSS	<p>Responsibility for controlling the acquisition of payment card devices and card payment solutions should be defined and centralised so that the council has complete oversight. This should include:</p> <ul style="list-style-type: none"> * the deployment of payment card devices and card payment solutions, together with risk assessments are fully recorded etc. * the oversight and support of the Council wide PCI compliance programme. 	18/19	7-Nov-18		Chris Beauchamp [Accounts Payable & Receivable Manager]	Completion of PCI DSS oversight policy 20/12/18 - Chris Beauchamp/ AP Manager to enforce policy going forward	28/12/2018	Complete	
103	DENS	Bus Subsidy Grant 17/18	Corporate Finance in conjunction with Services should ensure the accounts for funds received under the auspice of a grant determination are produced for certification on a timely basis.	18/19	7-Nov-18		Richard Johnson Strategic Business Partner	The Finance team will review all DENS revenue Grant claims within the Grants register and work with relevant individuals within the service to ensure that where they require an audit that the process is monitored closely and managed	17/12/2018	25 or less	
104	DENS	Integrated Transport Grant 17/18	Corporate Finance in conjunction with Services should ensure the accounts for funds received under the auspice of a grant determination are produced for certification on a timely basis.	18/19	7-Nov-18		Anna Barefoot [Capital Accountant] & Strategic Business Partner	The process in place with the RBH is robust, however the process in place with BHFT is currently being refined and will be in place by 1st November 2018.		25 or less	
105	DoR	Use of Hyperion Revenue Budget Setting	Policies, procedures and timetables should be reviewed on a regular basis and updated as necessary to ensure they reflect current processes and timeframes.	18/19	26-Nov-18		Karen Ind, Financial Planning and Analysis Lead	The process and timetable was written for the 2019-22 MTFS process and circulated to staff and members. The timetable has been reviewed and updated throughout the process.	20/12/2018	25 or less	
106	DoR	Use of Hyperion Revenue Budget Setting	Consideration should be given to reviewing access rights and consolidating/clarifying what each role/level can do.	18/19	26-Nov-18		Jenny Bruce, Financial Systems Manager	These processes have been included in the Standard Operating Procedure. Named individuals in the Systems Team and Analyst Team have admin rights to the system and all other users have read-only access as all forms have been locked.	20/12/2018	25 or less	
107	DoR	Use of Hyperion Revenue Budget Setting	Consideration should be given as to whether another individual other than the inputter should review/authorise data uploaded into Hyperion and Fusion to ensure it has been completed correctly.	18/19	26-Nov-18		Jenny Bruce, Financial Systems Manager Karen Ind, Financial Planning & Analysis Lead	All data forms are locked so that changes can only be made by spreadsheet upload. Spreadsheet data can only be uploaded by named individuals in the Systems Team or the Analyst Team and those individuals reconcile the spreadsheet before upload.	20/12/2018	25 or less	
108	DoR	Use of Hyperion Revenue Budget Setting	Clear evidence should be retained of what is loaded into Hyperion after the budget has been agreed and that it matches what has been agreed by Policy Committee/Council.	18/19	26-Nov-18		Karen Ind, Financial Planning and Analysis Lead	All changes to Hyperion are uploaded via spreadsheet which must be reconciled to the Medium Term Financial Strategy before upload. The spreadsheets are saved by date as evidence of the changes made to the budget.	20/12/2018	25 or less	
109	DACHS	Continuing Healthcare	It is recommended that the Head of Service works with CCG partners to establish and agree a locally set of documented specifications and standards that detail what the joint arrangements for the procedures and timescales for the application, assessment and recording of CHC cases should be. Once agreed these should be signed off by both parties and all relevant staff advised accordingly.	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	Following the implementation of the revised CHC Framework in October 2018, the Acting Head of Adult Social Care will work with the CCG and partners to review the current Berkshire wide joint policy for CHC.	21/12/2018	51 to 75	

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110	DACHS	Continuing Healthcare	Ongoing efforts to further research and understand the disparity rates in local CHC funding should be fully and consistently backed by senior management in order that the reasons can be properly understood, and any changes made. Resources to do this may have to be found from existing budgets but the work should have senior officer support and the outcomes should be shared with other parties if necessary. Any system changes made as a consequence should be regularly monitored to establish their future effect.	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	NHS England are responsible for auditing the application of the CHC framework. The Local Authority can refer to NHS England if there are specific concerns around the implementation of the framework locally but not research how the framework is being implemented across other areas. Senior management are focusing on ensuring that applications have robust evidence to support individuals to achieve CHC funding. Whilst we accept that the current level of success in this area remains low there are required actions for Reading to implement before highlighting this with NHS England	21/12/2018	51 to 75	
111	DACHS	Continuing Healthcare	It is important that, as the corporate system, Mosaic is used to fully capture and record all activity relating to CHC cases, including copies of correspondence, official reports as well as meeting notes and notes arising from telephone conversations, as well as completed Checklists and Decision Support Tools. Mosaic should be used by all staff to provide important (date) tracking information so that can be used to by the CHC Administrator and management to view activity on individual CHC cases, as well as to be able to apply high level monitoring of CHC cases.	18/19	27-Nov-18		Jo Purser, Acting Head of adult Social Care	Mosaic is now being used to record the CHC process	21/12/2018	Complete	
112	DACHS	Continuing Healthcare	Although there is already recognition that there is a need to bring all CHC training up to date, it is important that in future all staff are adequately trained on CHC procedures, that they are clear they understand these and that a record of this training (and any future updated training) is kept on iTrent. The Head of Service may wish to consider making this training mandatory and to sign this off by formally launching the initiative across the directorate. It is further recommended that any CHC training guides or documentation are kept up to date and located in an appropriate place (e.g. on a shared drive or on IRIS).	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	Mandatory CHC training delivered to Adult Social Care staff All checklists are being scrutinised by Head of Service. An Assistant Team Manager is leading operationally and supporting workers at MDT's. CHC is included in the inductions of new staff - this will be reviewed by the Assistant Team Manager who will keep all training guides and material up to date and accessible in the S drive. Additional information is being shared with staff regarding key points of reference in the framework and a process flow chart is being developed by the Head of Service.	21/12/2018	Complete	
113	DACHS	Continuing Healthcare	It is recommended that the current control spreadsheet record maintained by the CHC Administrator is expanded to also capture dates key documents are submitted to / received from the CCG. This should then be regularly updated and checked to ensure each case is progressed on a timely basis. Where it is found that a case has not progressed then the relevant social work practitioner should follow this up and record this as an action on Mosaic.	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	The information will be reported through mosaic	21/12/2018	Complete	
114	DACHS	Continuing Healthcare	Where an application for CHC support and funding has been rejected by the CCG the reasons for this need to be properly understood and (any lessons) absorbed for consideration with future cases. Where appropriate decisions should be formally challenged. It is therefore recommended that all rejected cases go through a formal review process by an appropriate senior officer so that any lessons can be learnt (and challenged, where appropriate) and outcomes fed back to social care colleagues.	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	Data recorded in Mosaic to identify themes, challenge completed by ATM and Acting Head of Service	21/12/2018	Complete	

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115	DACHS	Continuing Healthcare	<p>It should be determined as part of the review of procedures recommended in R1 above, which RBC staff should communicate with CCG staff over the submission, assessment, determination and follow up of CHC cases. This should then be disseminated to relevant staff.</p> <p>Similarly the role and profile of senior management (e.g. the Head of Adult Care) in relation to CHC cases needs to be visible so that there is a sufficiently high level presence on any joint board or forum to ensure that the Council's position and role is adequately reflected, safeguarded and represented.</p>	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	All submissions to the CHC team go via an RBC CHC GCSX account, these are all reviewed by the Acting Head of Service before submission	21/12/2018	Complete	
116	DACHS	Continuing Healthcare	It is recommended that the Adults and Children's services within RBC share best practice in relation to the handling, administration and management of CHC cases.	18/19	27-Nov-18		Jo Purser, Acting Head of Adult Social Care	Once Brighter Futures has become established the Head of Service will meet with their Head of Service to ensure that consistency of practice is embedded across Children's and Adult's services	21/12/2018	Complete	
									Status		
									25 or less	14	
							Red %	16	26 to 50	5	
							Amber %	34	51 to 75	40	
							Green %	49	76 or more	21	
									Complete	36	
									100 Total	116	