

ANNEX B *Summary of Outstanding Recommendations*

(Recommendation status as at 31.10.2023).

Audit	Risk level	Summary of Recommendation	Target Date	Status
<i>Essential Recommendations overdue - over 3 months</i>				
ICT Light Touch Security	E	<p>A target date for CCC re-obtaining PSN certification is agreed and JMT is kept updated of progress towards this target. In view of management's comments on the draft report, we recommend two separate target dates be agreed:</p> <ul style="list-style-type: none"> • One for the completion of an ITHC and the submission of an appropriate Remediation Plan to PSN (if needed). Perhaps the target for this could be August 2021 • And the other target being for the completion of (at least the high priority elements of) the new Remediation Plan. We suggest this target date could be 3-6 months after the above. 	30/11/2021	<p>The IT Service has confirmed that the Public Sector Network application was submitted to the Cabinet Office on 18 October 2023. The Cabinet Office asked some clarification questions, and the service responded to these on 15 November 2023. The service are awaiting a response, which is expected by the end of November, and hope to have the application confirmed shortly after.</p> <p>Revised target date: 31 December 2023</p>
<i>Essential Recommendations overdue - under 3 months</i>				
There are no 'essential' recommendations overdue by under 3 months.				
<i>High Recommendations overdue - over 3 months</i>				

Consultancy Contracts Assurance	H	Reporting on consultancy expenditure to Committee should include whether or not an e-form has been completed for each separate consultancy assignment, to request approval to use consultants.	31/07/2022	The Head of Procurement & Commercial previously confirmed that the data for this is now being collected through the new e-form for approving consultancy spend. Information on approved spend will be part of the standard reporting on consultancy and agency spend. Revised target date: 01 December 2023
Healthy Child Programme	H	Once a detailed Pricing Schedule has been developed for the contract, the Public Health team should implement quarterly open-book monitoring against the pricing schedule. This should include a detailed breakdown of actual costs incurred by the providers, with this information being reviewed and challenged by the Authority. The service should also ensure the year-end reconciliation of reported costs to actuals takes place in line with the Section 75 Agreement document.	30/06/2023	See detailed update in Internal Audit Progress Report, Section 7.2. Revised target date: 30 th April 2024
Integrated Drugs and Alcohol Treatment System Contract	H	Public Health should alter financial monitoring so that, for budget variances as uncovered in the review of SMS reporting within quarterly contract monitoring meetings, are reconciled to prime evidence, as allowed by clauses 34.1 and 34.2 of the contract. This represents a shift to more open book financial reporting. To assist with this Public Health should utilise the detailed pricing schedule which includes a detailed list of allowable costs against each pricing element. This pricing schedule can be the basis for challenge in contract monitoring meetings allowing for efficient detection of budget variances. It will also allow the council to distinguish costs that should be absorbed by CGL. If the Service considers this unfeasible, they should consult with the Head of Diligence and Best Value for	30/01/2023	See detailed update in Internal Audit Progress Report, Section 7.2. Revised target date: 30 th April 2024

		advice and guidance on how to implement a more open book financial reporting approach.		
Fire Risk Assessments	H	<p>The Property Compliance Team, Estates and Facilities Management should ensure that a review is undertaken to identify a definitive list of all properties for which the Council is required to undertake FRA's. If any such properties identified have not had an FRA in the last three years, the Property Compliance Team Manager should ensure that a FRA is undertaken as a matter of priority.</p>	31/03/2023	<p>The service confirmed the property lists have been reviewed and the definitive 'list' has been created as part of the data entry and data verification processes as part of the new Concerto property database. Once cleansed and verified this will provide the definitive schedule of properties in which CCC has an interest that the property function is aware of. Estimated completion for this is 30 October 2023.</p> <p>Under Corporate Landlord, a further exercise is required to identify property interests taken outside of corporate property processes (I.e. those properties not known or notified to CCC Property). This requires a review of all services across the council and all risks relating to these sites sit with the appropriate services or functions. Estimated completion date 31 March 2024, subject to additional staff resourcing being provided.</p> <p>Revised target date: 31 March 2024</p>
Direct Payments Consolidated Report	H	<p>Internal Audit has consulted with staff in social care, Finance and Debt Recovery and drafted a proposed Direct Payments Fraud and Misuse Policy, attached as Appendix A. The Executive Director of People Services and the Service Director of Finance & Procurement should review this policy, make any amendments, and adopt the policy on behalf of the Council.</p> <p>Once the policy is adopted, it should be communicated to staff in social care and finance, alongside an awareness-raising exercise through the Council's internal corporate communication channels.</p>	30/04/2023	<p>The Head of Financial Operations has confirmed that the draft Direct Payments Fraud and Misuse Policy is in the process of being reviewed, with feedback being provided to clarify the policy or strengthen associated documents such as Direct Payment Agreement templates.</p> <p>After this, the policy will be recirculated through the Practice, Governance and Standards Board. It will then be run past Safeguarding for them to check it is compliant with all relevant requirements, before seeking the final approval at Executive Director for Adults, Health and Commissioning (DASS) and S151 Level.</p> <p>Revised target date: 01 February 2024</p>

Government Procurement cards (GPC)	H	<p>The GPC team should carry out proportionate monthly monitoring of GPC expenditure. Responsibility for review of transactions and dormant accounts review should be delegated from the Head of Finance to the GPC team. This would bring GPC team activities in line with the guidance provided by RBS and supports the Council's management of key risks. Review of monthly transactions should identify for further review and investigation:</p> <ul style="list-style-type: none"> • high value transactions • high value cardholders • prohibited spend categories • unapproved transactions • undeclared vat on spend categories that should be vatable • cardholders/approvers who are not reviewing or approving. <p>Focused review in these areas should ensure high value transactions and non-compliant activity are identified, investigated, and escalated if necessary. Outcomes should be documented within the newly established compliance log to inform a regular compliance report to be shared with the Head of Finance for information. If a review of all expenditure is not practical, regular spot checks should be conducted in the above categories to provide ongoing assurances.</p>	01/07/2023	<p>The service has stated that monthly reviews of data by the Finance team are taking place, but this has not yet been formalised as a set, defined process. The service will be putting in place more systematic monthly processes for an analytical review of transactions.</p> <p>Internal Audit have requested evidence of the current process in place. Once provided, this will be reviewed to assess whether this action can be closed.</p> <p>Revised target date: TBC</p>
Government Procurement cards (GPC)	H	<p>Clear guidance to schools on GPC use should be developed. This should include clear guidelines regarding prohibited categories of expenditure and requirements to review and approve spend. This could be the same as the CCC standard GPC guidance document, or a separate document if it is believed this is required to suit school's needs. Once agreed, a copy should be circulated to all maintained schools and</p>	01/08/2023	<p>The service has confirmed the GPC Team are working on developing guidance for schools regarding the use of school GPC cards.</p> <p>Revised target date: 31 December 2023</p>

		should be shared when schools apply for new GPC or to change a cardholder/approver		
Transparency Code	H	<p>An Information Management Strategy (or equivalent) should be produced to establish how information should be produced and published.</p> <p>It should include:</p> <ul style="list-style-type: none"> • A clear process for key officers to check that all required datasets are published correctly and on time ensuring compliance that the information is published quarterly and annually. • A timetable for key officers to get in touch with service contacts who own the datasets, to remind them that publication is due in advance of deadlines. • Guidance for ensuring if any delayed or absent publication is identified that it is discussed to find out the reasons for this with the officers involved and to establish whether there are ongoing issues with timeliness of publication and to identify the root cause. • Processes to ensure that personal information is redacted appropriately. 	30/06/2023	<p>Internal Audit has seen a copy of the draft Freedom Of Information Publication Scheme & Local Government Transparency Code Policy.</p> <p>The policies have been reviewed but need to go to the new Information Management Board for final review and approval, when the Board has been set up.</p> <p>In order for the Board to be established, first CLT needed to approve a paper proposing the Board, which was taken to their meeting on 13 November. The first meeting of the new IMB will therefore not likely happen until the new year.</p> <p>Revised target date 28 February 2024</p>
Transparency Code	H	<p>Key Officers need to be identified in the Council who are responsible for ensuring that the Transparency Code data is published in line with requirements. This should include identifying, in a written document (such as the Information Management Strategy referenced at Recommendation 1):</p> <ul style="list-style-type: none"> • The central team (i.e. the Information Governance team) with responsibility for requesting data due for publication; collating the data; ensuring that data accuracy checks have been completed; and publishing the data on the Council's external website. • For each individual dataset, identifying which team within the Council is responsible for owning and producing the data and supplying the data to the 	30/06/2023	<p>Internal Audit has seen a copy of the draft Freedom Of Information Publication Scheme & Local Government Transparency Code Policy.</p> <p>The policies have been reviewed but need to go to the new Information Management Board for final review and approval, when the Board has been set up.</p> <p>In order for the Board to be established, first CLT needed to approve a paper proposing the Board, which was taken to their meeting on 13 November. The first meeting of the new IMB will therefore not likely happen until the new year.</p> <p>Revised target date 28 February 2024</p>

		<p>central team. This should include identifying a named key contact within each team for producing the data.</p> <ul style="list-style-type: none"> For each dataset, identifying the checks that should be conducted to verify that the information published is accurate and is compliant with the format requirements of the Transparency Code, by the key officers. This can then be followed consistently when officers change to ensure that the process is consistent. 		
VAT	H	<p>The VAT team should ensure that reconciliations of purchase VAT are undertaken on a monthly basis and include a detailed review of differences highlighted between the General Ledger and the Making Tax Digital report totals.</p> <p>This requirement and detailed process should be incorporated into the VAT procedures recommended at recommendation 1 above.</p>	31/07/2023	<p>The service has confirmed that this now takes place in practice.</p> <p>Internal Audit have requested evidence of the current process in place. Once provided, this will be reviewed to assess whether this action can be closed.</p> <p>Detailed process will be incorporated into the VAT procedures. These have been drafted and are with management for review.</p> <p>Revised target date: TBC</p>
VAT	H	<p>The VAT team should establish and document a procedure to ensure the HMRC regulations on the Partial Exemption rule to local authorities are complied with. This should include regular monitoring to provide in year assurance or to identify where it is likely that the partial exemption limit may be exceeded. This would also support timely completion of the full year calculation as potential issues will have been identified during the year.</p> <p>The VAT team should ensure the procedure requires officers to notify the S151 if it is identified that the partial exemption limit may be breached.</p>	31/07/2023	<p>The Service have confirmed that partial exemption limit calculations are now included as part of the monthly VAT return process and that results of the calculation are shared with the Head of Finance.</p> <p>Internal Audit have requested evidence of the current process in place. Once provided this will be reviewed to assess whether this action can be closed.</p> <p>Detailed process will be incorporated into the VAT procedures. These have been drafted and are with management for review.</p> <p>Revised target date: TBC</p>

		The Partial Exemption calculations should be reviewed and reported to the Deputy 151 Officer as a matter of priority.		
<i>High Recommendations overdue - under 3 months</i>				
Fostering Payments (In-House)	H	Any outstanding debts from the prior financial year (1 year old or more) should be shared with the Debt Recovery service for formal debt recovery via the corporate debt policy once service recovery has been exhausted, or debts should be formally written off in line with corporate procedure. Every effort should be made to confirm contact details of carers at every point of contact. Case workers should routinely check contact details are up to date to prevent risk that council cannot pursue debts. Monies owed should be calculated at a full cost recovery basis and noted on the tracker to ensure the council is recovering full cost.	01/09/2023	Internal Audit has not had an update for this recommendation. This reporting cycle is the first for which this recommendation has been overdue. Revised target date: TBC
Fostering Payments (In-House)	H	Reconciliations should be expanded to include a tracker for all CCC Young People with a Peterborough City Council (PCC) carer. CCC should be made aware of the amount of weekly expenditure for these payments and reconcile quarterly as the recharge process commences, and before it is finalised. This would reduce the risk that CCC are paying above the actual agreed weekly expenditure for these placements. There is concern, given that we have little detail on CCC young people in PCC care (including the level of the carers they are with) that CCC could be being overcharged by this authority. To help reduce the budget gap going forward, the service could explore the volume of CCC YP in PCC care	01/10/2023	Internal Audit has not had an update for this recommendation. This reporting cycle is the first for which this recommendation has been overdue. Revised target date: TBC

		and compare this to the number of PCC YP in CCC care to consider whether it may be worthwhile		
Fostering Payments (External)	H	The service should aim to accelerate timescales for onboarding thus creating a wider scope of providers on the DPS to reduce the need for spot placements. Procurement and Commissioning should review the frequency of the onboarding process and investigate whether the 6-monthly evaluation rounds could be completed on a more frequent basis to increase DPS provider base. Periods at which onboarding occurs should be formalised and frequent.	30/09/2023	The Head of Commissioning confirmed that this is being actioned through the newly-formed Sufficiency Board, and an Action Plan is currently being developed following a deep-dive review. Revised target date: 31 st January 2024
VAT	H	The VAT team should develop documented procedures to give clear guidance on VAT requirements and processes. These procedures should include and clearly explain: <ul style="list-style-type: none"> • Roles and responsibilities of officers • VAT reporting requirements • The detailed steps to be undertaken using the monthly VAT return working spreadsheet • Timescales and deadlines for key tasks • Details of how VAT returns and supporting reconciliations should be undertaken and reviewed/signed off. <p>In developing these procedures the VAT Team should review current processes to determine:</p> <ul style="list-style-type: none"> • the purpose and necessity of the tasks in each of the 25 worksheets, including removal of duplication. • What each VAT report currently run details, is used for, and whether they are all necessary. 	30/09/2023	Procedure notes have been drafted and are with managers for review. Review and approval of these procedures has been delayed, as the relevant managers are focussing on the closedown of the 2022/23 accounts. Revised target date: 31 January 2024

VAT	H	<p>Corporate Finance should educate the budget managers on the importance of coding VAT to its correct cost centre and make sure that budget managers follow the guidance, re-allocating the associated VAT amount while they re-allocate/journal the net expenditure from the suspense cost centre.</p> <p>Corporate Finance should regularly check the suspense cost centre to ensure the VAT amounts left there won't cause the council to breach 5% PE limits.</p>	30/09/2023	<p>The service is reviewing communication options to target finance admin staff as well as budget managers , and are looking into VAT training and whether funding can be identified for this.</p> <p>VAT on suspense accounts is regularly reviewed and very rarely is an issue, but monthly VAT adjustment journals will be implemented to clear any such items on a regular basis.</p> <p>Revised target date: 31 January 2024</p>
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Medium Recommendations overdue - over 3 months

This Land	M	<p>Governance arrangements: A formal document is produced and presented to C&IC (as Shareholder) containing governance arrangements of:</p> <ul style="list-style-type: none"> • Reporting to Shareholder; • Corporate performance indicators for delivery against the benefits identified; • Business plan; • Financing the company; • Reserved matters; • Risk, Audit, and internal control <p>This could be a development of the drafted Memorandum of Understanding or a separate document which should be discussed and agreed by the committee, with changes made if necessary. Implementation of this recommendation would substantially increase the audit opinion.</p>	01/06/21	<p>The arrangements for reporting to Committee, submission of the annual business plan and financing the company are established. Financing is also governed by loan/security documents (which have recently been updated and reviewed by the external solicitors Freeths). The latest monitoring update to Committee was taken to SRPC on 11 July.</p> <p>Following recent appointments, This Land now has a complete board of directors. The shareholder agreement and articles of association are subject to active review currently, taking account of sector guidance. .</p> <p>The proposed shareholder agreement regulates roles and responsibilities between the Council and the company, its board and sub-committees, describing the governance arrangements for the business and business plan, financial, progress and performance reporting and monitoring, financing and supporting of the business, appointment of auditors, information governance, employment and business conduct. Provision is to be made for assessment and evaluation of the effectiveness</p>
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				<p>of the board and codifying that a shareholder representative (on behalf of the Council) is empowered to request and receive information from the company, including to information relating to assurance and internal controls.</p> <p>The update above is the latest Internal Audit have received. Internal Audit have not received an update for this reporting cycle.</p> <p>Revised target date: TBC</p>
Capital Programme Governance Review	M	There are 23 recommendations in the Capital Programme Governance Review report that became due for implementation on 30 June 2021.	30/06/2021	<p>These recommendations re currently under review as part of an internal audit review. As a result of the work undertaken to date, 3 of the 26 original recommendations have now been marked as 'implemented'. However, the audit work is yet to be completed and the officer conducting the review has now left. This has delayed completion of the review.</p> <p>Revised target date: Audit report expected to be issued in December 2023</p>
General Ledger	M	Urgent action is taken in conjunction with the Payroll and HR Transactions Manager to address the weaknesses in the quality and accuracy of payroll control accounts.	30/09/2021	<p>This action continues to be progressed by the Payroll Team in liaison with Corporate Finance. Aged items are being cleared and there is an action plan in place to address specific issues. The Strategic Finance Manager confirmed that system changes have been implemented that have resolved the root cause issue in relation to two control accounts. Latest analysis shows a significant reduction in aged items.</p> <p>Revised target date: While progress has been made Finance Colleagues have confirmed it will take some time</p>

				to clear the remaining historic transactions. Internal Audit will be undertaking a payroll audit to be completed in Q4. This will include a review of control account reconciliations and clearance of unreconciled items. Internal Audit will provide a further update as part of our next progress report.
DSG - High Needs Block Demand Management	M	The service has indicated that there are already plans to review and update the Personal Budget policy. The service should ensure as part of this update that guidance is clear that where any provision is to be secured by a Personal Budget, Section J of the Education Health and Care Plan should include: details of how the Personal Budget will support particular outcomes; the specific provision it will be used for, including any flexibility in its usage; and the arrangements for any direct payments for education, health and social care.	01/04/2022	<p>No update has been received for the current reporting cycle. The previous update confirmed that “the EHCP Improvement Plan Programme of works contains projects such as Personal Budgets, Education Otherwise Than at School (EOTAS) and Elective Home Education (EHE). In addition, Personal Budgets is reflected in the SEND Strategy working groups. However we will need to develop our own Education (SEND) Personal Budget Policy. Funding has been secured for a fixed term post for a SEND Policy and Guidance Development Lead. The Job Description is in draft for review and submitting to HR. The aim is to complete this by 31st April 2023 and advertise for recruitment this summer term.</p> <p>Once in post the Lead will undertake a review of current CCC Personal Budget Policy to ensure that we have robust and transparent Policies, so that across the system all services know what Personal Budget means. Clear and Transparent guidance is needed to ensure consistent approach and working practice across all of SEND and key stakeholders. This is also inclusive of EOTA’s and EHE with are additional projects where Policy and Guidance will also be developed.</p> <p>The development of the Education, Health and Care Plan (EHCP) Template also forms part of the EHCP Improvement Plan Programme of works.</p> <p>The development of a working group for Personal Budgets is in Phase 1 of this project as part of the Discovery, definition and design elements required. This is expected to commence in September 2023.</p>

				Revised target date: TBC
DSG - High Needs Block Demand Management	M	A detailed written training package should be developed and implemented by the local authority and distributed to schools and special educational needs coordinators (SENCO), with information on how to conduct an annual review meeting and how to amend an Education, Health and Care Plan (EHCP) after an annual review has taken place. The service should also seek to identify schools which repeatedly supply annual review forms that do not meet the standard requirements expected by CCC and retrain them, in addition to challenging paperwork sent by schools if it is not completed correctly.	01/09/2022	<p>The Education, Health and Care Plan (EHCP) Improvement Plan Programme of works is split into two functioning workstreams, Annual Review and EHCP. Under Annual Review we will be conducting extensive research and engagement with our key stakeholders to understand what a good Annual Review looks like. Research will also include anonymised Quality Assurance Audits of Annual Reviews. This will feed into the development of work required to improve the Annual Review process and develop bespoke Training Packages for delivery across the whole system.</p> <p>Seconded Special Educational Needs Coordinators (SENCOs) have been resourced with initial sessions being held alongside the Quality Assurance Lead and Special Educational Needs and Disabilities (SEND) Transformation Programme Lead after the Easter Break. The Annual Review workstream will run until, at minimum, end of 2025.</p> <p>The update above is the latest Internal Audit have received. Internal Audit have not received an update for this reporting cycle.</p> <p>Revised target date: 31 January 2025.</p>
Overall Schools Report	M	The School Finance Team should amend existing CCC regulations for schools to clearly specify areas where schools need to formulate their own internal policies in addition to the CCC regulations for schools. These include a Scheme of Financial Delegation and the other policy areas listed in Annex A to this report.	30/09/2022	The School Finance Team confirmed that implementation of these recommendations was delayed until after the new budgeting and reporting system had been implemented. The team has also experienced staff turnover, so the actions have not been completed but the process of reviewing and updating documentation is underway.

Overall Report	Schools	M	<p>Where CCC regulations for schools allow for varying proportionality of controls such as separation of duties, the Schools Finance Team should consider clarifying in what situations it is acceptable to deviate from best practice, and to what degree. This could include setting a financial threshold above which schools must be able to evidence separation of duties in purchasing.</p> <p>It should also be made clearer in the regulations what constitutes sufficient separation of duties at different stages of the purchasing process. For example, can the same person approve a purchase order and then raise it on the system (such as the Headteacher)</p>	30/09/2022	<p>Internal Audit are awaiting a revised target date.</p> <p>Revised target date: TBC</p>
Overall Report	Schools	M	The School Finance Team should amend CCC regulations for schools to state that the Payroll Costing Report and Previous Pay Comparison Report should be used to identify all variances and illustrate the full cost of the payroll to be signed off. If these two reports are used, the Payroll Validation Reports and EPM Variance reports are not necessary and schools are able to conduct more detailed scrutiny of their payroll.	30/09/2022	
Overall Report	Schools	M	The School Finance Team should consider amending CCC regulations for schools to include a requirement that a second officer must authorise individual payroll amendments. This would require schools to apply separation of duties in all individual payroll amendments, which if not demonstrated increases the risk of payroll fraud.	30/09/2022	
overall school audits 22-23		M	In conjunction with Recommendation 1, the Director of Education and/or Schools' Finance Team should write to all schools to explain that whilst schools do not use ERP Gold, they should follow the key purchasing controls of having an order form raised, approved by a separate approver, and a goods receipting process should be undertaken and evidenced before payment.	31/07/2023	<p>The service has advised that this will be done through the School Finance Team's initial correspondence to schools at the start of the academic year.</p> <p>Internal Audit are awaiting a revised target date.</p> <p>Revised target date: TBC</p>

overall school audits 22-23	M	In conjunction with Recommendation 1, the Director of Education and/or Schools' Finance Team should write to all schools to clarify that PTA and school bank accounts should be kept entirely separate. In conjunction with Recommendation 4 below, this information should be included in consolidated financial guidance for schools	31/07/2023	No update has been provided in the current reporting cycle. Revised target date: TBC
overall school audits 22-23	M	The School Finance Team should consolidate existing CCC regulations for schools into a single document. This should include key controls for making purchases without the use of ERP Gold, which formerly existed in the Financial Regulations for Schools.	31/07/2023	The School Finance Team confirmed they were still implementing the new budgeting and reporting tool (EMS), which would be implemented by the end of the term but was taking the team capacity. The service stated this on the service's priority list for after the implementation of EMS as they want to ensure corporate documentation and guidance reflects requirements from the new system.
overall school audits 22-23	M	The School Finance Team should amend existing CCC regulations for schools to clearly specify areas where schools need to ratify their own internal policies in addition to the CCC regulations for schools.	31/07/2023	Internal Audit are awaiting a revised target date. Revised target date: TBC
Key Policies and Procedures	M	The Partnership Governance Advice and Guidance to be allocated an owner, reviewed depending on the last review date and published on Camweb.	30/11/2022	The Service Director of Policy and Communities has now left the Council and so the Executive Director Strategy and Partnerships will pick up this recommendation with assistance from a Policy and Strategy Officer who will be undertaking the review. Document review has started and will include Democratic Services and other key stakeholders. Review and update of document to be completed before end of 2023, with final sign-off in January 2024. Revised target date: 31 January 2024

<p>Accounts Receivable Income 21/22</p>	<p>M</p>	<p>Documented procedures should be created to govern the future ongoing use of the fortuitous income codes. These procedures should include clear criteria that should be met prior to a suspense item being moved to an income code.</p> <p>These procedures should also cover the process of moving transactions from customer accounts to a fortuitous income code. Once developed, the procedures should be agreed with the S151 officers.</p>	<p>31/12/2022</p>	<p>This action was delayed due to the Income Management System (IMS) project implementing a new income system – in part as changes resultant from the new system had to be considered.</p> <p>A draft process has now been developed in respect of how the fortuitous income code will be operated. As the Income Processing Service is a shared service the paper outlining the new process had to be reviewed / approved with the S151 officers across each Partner organisation to obtain approval.</p> <p>The CCC process and document has been agreed and Finance codes provided. Operational will start during January 2024 due to resource constraints within Income Processing due to dual (ERP and IMS) system testing. Revised target date: 31 January 2024</p>
<p>Accounts Receivable Income 21/22</p>	<p>M</p>	<p>A policy should be developed to govern how credit only customer accounts should be treated and managed. The policy should include at what point in time a credit only account should be considered as aged. For example, an aged account could be defined as one that has not had any invoices raised for 6 months. The policy should include a check to ensure that a credit only account is not due to failure on behalf of the Council to raise an invoice prior to any further action being taken.</p> <p>Once this policy has been developed, exception reporting should be developed to identify aged credit only accounts so that action can be determined and taken in line with the policy.</p> <p>Data on credit only accounts should be incorporated into the current reporting regime and in conjunction</p>	<p>31/12/2022</p>	<p>Although credit only accounts is a situation that spans all customer groups the bulk of such situations is predominantly within the Adult Social Care (ASC) sphere. Bearing this in mind, principles on how to deal with credit-only customer accounts will be drafted in conjunction with ASC to ensure that we limit the impact to vulnerable customers and their financial representatives.</p> <p>ASC credit only accounts have been referred to Adults Directorate to work through and advise of refunds to be processed to Debt/Income</p> <p>This review will also consider the recommendation within the 2022/23 audit of Income Processing, in respect of a small difference write-off / write-on where the account balance is minimal and therefore further actions would not be cost effective.</p>

		<p>with unapplied items reporting (recommended above) and should include:</p> <ul style="list-style-type: none"> • The number of credit only accounts • The value of transactions on credit only accounts • The volume of transactions on credit only accounts • Narrative on any issues and action taken in relation to clearing transactions from credit only accounts. 		<p>A Draft Process Policy has been created which, if agreed by partners, should be to be put in place start of Q4</p> <p>The target date has been revised to 2023/24 Q3 to allow for the new Income system to be embedded across all Partner organisations.</p> <p>Revised target date: 31 October 2023 for partner approval and 31 January for implementation in practice.</p>
Insurance Fund	M	<p>The Claims Handling Manual should be updated following implementation of an Insurance Strategy, this should ensure that the service goals and objectives are supported by operational processes which target management resource accordingly. This could also include: current reporting review processes, betterment circumstances.</p>	31/12/2022	<p>Head of Insurance advised workings of the revised document are in progress, although the implementation of this recommendation relies to some extent on the Insurance Strategy being finalised. The strategy has not been formally approved and is under review by the s151 Officer.</p> <p>Revised target date: 01 December 2023</p>
Insurance Fund	M	<p>An Insurance Strategy is developed to provide a clear framework for the service goals and objectives including a structured approach to the Councils insurance arrangements. For example, this could include the following information: The strategic aims of the service, a breakdown of the risks the council self-insures and policies the council holds with external insurance providers, the process for projecting future risk profile, management and recharging arrangements, claims management processes and processes for reviewing the insurance strategy.</p>	01/01/2023	<p>Head of Insurance advised that this action has been delayed due to service pressures, however work has now commenced to form an insurance strategy and an initial framework for the document is with S151 for consideration and feedback. The strategy will then need to go to Lead Authority Board as the document will support all councils the Insurance Service supports.</p> <p>Revised target date: 01 December 2023</p>

<p>Money Laundering Risk Assessment</p>	<p>M</p>	<p>“The content on money laundering in the Fraud Prevention eLearning should be updated to include:</p> <ul style="list-style-type: none"> • Updated information on money laundering laws. • Examples of the type of higher-risk transactions that staff might see in a CCC context. • Case studies with more of a public sector focus. • Reporting Procedure. • Customer Due Diligence process. <p>Key teams in areas at highest risk of money laundering (i.e. Finance Operations, Property and social care finance) should be targeted to encourage them to complete the eLearning.</p> <p>The Council should consider introducing a separate Anti-Money Laundering training module which could be offered as targeted or even mandatory training for staff in higher risk teams. “</p>	<p>31/01/2023</p>	<p>Internal Audit has decided to create a separate bespoke eLearning training module specifically on anti-money laundering, which can be rolled out to the targeted staff groups.</p> <p>Development of the eLearning has been impeded by the high levels of staff turnover in the team, however the first draft of this training module has now been completed and shared with the Council’s Learning & Development Service to develop into an eLearning module.</p> <p>Revised target date 31st January 2024</p>
<p>Fire Risk Assessments</p>	<p>M</p>	<p>Once a definitive list has been identified of all council properties requiring FRAs, a column should be added to the corporate portfolio spreadsheet to indicate where a FRA needs to be completed for a property, so the Compliance Team can regularly reconcile against their own FRA compliance spreadsheet to ensure they are carrying out required FRAs.</p> <p>An area of good practice would be to add another column for the rationale if a FRA is not required, as this would prevent the need to duplicate work if staff move on. The live corporate portfolio list should then be made available to all Teams to ensure that they are aware of when new properties are added or when properties are deleted.</p>	<p>31/03/2023</p>	<p>The service confirmed progress has been made on this recommendation but it is not yet complete. This work is being prioritised alongside other key H&S tasks and is linked to the work on compiling a verified list of properties.</p> <p>Revised target date: 31 March 2024</p>

Government Procurement cards (GPC)	M	It is recommended that the CCC FAQ document is used as the primary guidance for acceptable use. As an internal document, it can be tailored to be consistent with the policies of CCC. The RBS User Guidance provides a more general guidance, and details of the responsibilities of Cardholders, Approvers and the GPC team. The User Guide, CCC FAQ Document and Travel and Expenses Policy should be consolidated and updated to ensure that guidance on staff subsistence is clear and consistent to all staff, including those in Client Funds and Social teams where exceptions may be permitted.	01/06/2023	The current process has been reviewed, with the goal to transfer all off-system processes onto ERP, to allow workflow approval, audit trails, improved reporting, and automated ERP alert emails. New guidance will be put in place when the new process is implemented. Revised target date: 31 December 2023
Government Procurement cards (GPC)	M	Conditions and exemptions for spend (usually purchases on behalf of service users) within prohibited categories should be clearly specified in the CCC FAQ document	01/07/2023	Reports have now been produced and a meeting is being arranged with Finance to confirm which categories should be prohibited. Revised target date: 31 December 2023
Chartwell Assurance	M	To maximise transparency, it is recommended that a checking mechanism is included within Project Management Office (PMO) gating or within project commissioning working procedures, that requires commissioning officers/project managers to consider whether related party and/or conflict of interest declarations apply to their project and, if they do, document a plan for managing this. Declarations and linked management plans can be reported to and governed by the relevant project boards/groups. This may include the Capital Programme Board and Corporate Leadership Team for larger scale projects.	01/06/2023	The service has confirmed that PMO gating meetings now include as the first agenda point, a statement regarding conflict of interest. A new project management framework is in development, and the ambition is to have this published on Camweb in early 2024. Revised target date: 31 st January 2024
Income Processing 22/23	M	The Business Systems Team should ensure that the discrepancy in the CCC ZAR10 control account reconciliation is resolved. Once completed the details	31/07/2023	Business Systems working with Accounts Payables Colleagues to clear the low value discrepancy, relating to one transaction of £354.25.

		of the issue and resolution should be reported to the CCC Head of Finance.		Revised target date 31 December 2023
FOI and SARS	M	The Information Governance Team should review all policies and procedures on both Camweb and the Council's external website.	31/07/2023	The policies have been reviewed but need to go to the new Information Management Board when set up. In order for the board to be established, a paper to CLT is required which will be provided 13 November. It is unlikely that a new IMB meeting will happen until the new year. Revised target date 31 January 2024
Fostering Payments (In-House)	M	The service should undertake a review of its success to date in using IFA 'top up' fees to recruit and retain in-house foster carers and consider whether a higher level of payment should be rolled out across the board to attract and retain more in-house carers. If payment of higher fees significantly improves the availability of in-house placements, the additional cost of the 'top up' fees may be offset by the reduction in the need for external placements. This should be fully explored by the service.	01/08/2023	The service has advised that the fostering service is currently undergoing a transformation project, which includes reviewing the issue of payments to foster carers as outlined in the recommendation. Revised target date 31 March 2024
Transparency Code	M	A process should be introduced for reporting on compliance with the Transparency Code to the Information Management Board and/or senior management to include any issues with production of or access to data.	30/06/2023	The policies have been reviewed but need to go to the new Information Management Board for final review and approval, when the Board has been set up. It is unlikely that a new IMB meeting will happen at which these policies can be approved until the new year. Revised target date 28 February 2024
Transparency Code	M	The process that the Information Governance Team undertakes for correcting published data which is subsequently identified as inaccurate is not documented.	30/06/2023	The policies have been reviewed but need to go to the new Information Management Board for final review and approval, when the Board has been set up. It is unlikely that a new IMB meeting will happen at which these policies can be approved until the new year.

		The process that the Information Governance Team undertakes for correcting wrongly published data should be documented so it is consistent.		Revised target date 28 February 2024
<i>Medium Recommendations overdue - under 3 months</i>				
Accuracy Coding	of	M	All product codes that reference 'health' should be reviewed to provide clarity over which code should be used for transactions that relate to the NHS or other health authorities. Consideration should be given to streamlining product codes. A large amount of Council money contributes to NHS services, evident in 3 sample transactions amounting to over £1m, so it is important the expenditure is coded correctly to not overstate the expenditure on professional fees and hired services.	01/09/2023 Code changes have not yet been agreed by partner LAs and they cannot be changed in ERP Gold only for CCC. Further meetings are required. . Revised target date: 31 January 2024
Accuracy Coding	of	M	Product codes and product code descriptions should be reviewed to rationalise/remove duplicates and conflicts. to provide greater clarity and help mitigate the risk of miscoding on the GL. This review should cover the following: <ul style="list-style-type: none"> • The 'grants to voluntary bodies' account code could be removed and replaced with the pre-existing 'grants' account code which already has two product codes: 'charitable' and 'non-charitable'. Any expenditure related to charities will then all be coded to one product code and account code, rather than split across two different account codes. • The 'grants and support for other service users' product codes could be amended to include the description 'direct to service user' to ensure it is completely clear to an officer the account code should only include payments made directly to service users. • The 'joint partnership funding' product and account code could be renamed to 'contributions to joint partnerships', 'to make it clear to officers the account 	01/09/2023 Code changes have not yet been agreed by partner LAs and they cannot be changed in ERP Gold only for CCC. Further meetings are required. . Revised target date: 31 January 2024

		<p>code should only be used when the payment is a contribution and is not fully incurred by CCC.</p> <ul style="list-style-type: none"> • Product code descriptions should be reviewed to ensure there are no duplicate descriptions. 		
Accounts Payable 22-23	M	<p>The current process for manual spreadsheet uploads should be reviewed to ensure that only budget holders can approve manual uploads, that they can only approve upload payments against their own budget, and that they cannot approve individual payments in excess of their agreed limit in line with each Council's scheme of financial management.</p> <p>If the process is to remain it should be agreed with S151 Officers at each Council.</p>	30/09/2023	<p>Due to spreadsheets containing multiple cost centres in some scenarios ERP cannot be used as an approval process. The spreadsheet process does not lend itself to individual budget manager approval. AP will produce a document that outlines the process and will look to agree Section 151 approval and approval limits.</p> <p>Revised target date: 31 December 2023</p>
Accounts Payable 22-23	M	<p>The Head of Financial Operations should consider whether verification checks should be introduced in relation to bank account changes where the supplier on ERP Gold is an individual rather than an organisation. Internal Audit recommend the following controls are considered for implementation:</p> <ul style="list-style-type: none"> • When an ERP supplier amend form is submitted by an officer (e.g. a social Worker) they should certify that they have confirmed the change as legitimate with the supplier (i.e. the customer/foster carer). • A copy of the suppliers identification must be provided with the ERP supplier amend form. <p>If it is considered by the Head of Finance Operations that any such controls are disproportionate or may have an adverse impact on the efficiency of operations, the current arrangements for bank detail changes in relation to non-commercial suppliers who are individuals should be endorsed by the S151 Officer at each client council to ensure they are prepared to</p>	30/09/2023	<p>A demonstration was held by Spotlight on the 31 October who have a Bank Verification Tool, which also has the ability to check individual bank accounts during the verification process. This is run by the Cabinet Office who have provided us with 1,000 credits to pilot the solution and perform a time and motion study to understand any resource impact on including individuals to the verification process. There is a potential cost of 50p per verification check in the future, however six months will provide us with the time to ensure that the solution is fit for purpose. A meeting was held with Audit on the 1 November who agreed this is a good way forward. The pilot will commence in November, and progress can be report in Q4 to S151 Officers so that an informed decision can be made in the future</p> <p>Revised target date: 31 March 2024</p>

		accept the increased risk of bank mandate fraud/financial abuse.		
Client Funds	M	<p>Procedures for identifying and reporting fraud or financial abuse, should be written up and included in the bank of policy and procedure documents held by the team. Procedures should include who is responsible for reporting concerns; the key officer roles and teams concerns should be reported to; the method used for reporting; and how activity relating to cases that have already been reported by other Council services should be recorded.</p> <p>This document should make reference to the council's whistleblowing and anti-fraud policy and the team should be clear that suspected fraud and financial abuse of service users must be reported to Internal Audit and to Safeguarding as soon as possible once a concern is raised.</p>	30/09/2023	<p>Procedures have been drafted and provided to Internal Audit. Internal Audit advice following the review was that the draft procedures need some additional elements to fully implement the recommendation. These amendments will be actioned and then procedures will be sent to ASC Safeguarding and MASH Team.</p> <p>Revised target date: 31 December 2023</p>
Client Funds	M	<p>Amend case file audits so they include checks on a sample of client expenditure to verify spend back to receipts and ensure that spend is correctly authorised by the team and evidence is saved. Client expenditure should also be appropriate and any potential patterns of expenditure which may not fit with the client's needs should be highlighted. Additionally, there should be a check added to ensure that clients assets are maintained correctly, including checks to ensure funds have been received for any sale of assets.</p>	30/09/2023	<p>Procedures have been drafted and provided to Internal Audit. Internal Audit advice following the review was that the draft procedures need some additional elements to fully implement the recommendation. These amendments will be actioned and then procedures will be sent to ASC Safeguarding and MASH Team.</p> <p>Revised target date: 31 December 2023</p>
Client Funds	M	<p>In order to mitigate the risk of misappropriation of client assets, documented procures should be developed covering physical assets held by the client including how these should be properly identified, and processes should be put in place where it is agreed how they should be maintained, used and disposed of.</p>	30/09/2023	<p>Procedures have been drafted and provided to Internal Audit. Internal Audit advice following the review was that the draft procedures need some additional elements to fully implement the recommendation. These amendments will be actioned and then procedures will be sent to ASC Safeguarding and MASH Team.</p>

		These assets should be regularly monitored by client funds alongside financial assets.		Revised target date: 31 December 2023
Direct Payments Consolidated Report	M	The Internal Audit team will conduct a full audit review of Direct Payments to identify any control weaknesses not picked up in this consolidated report.	30/09/2023	<p>This remains in the Audit Plan and is currently scheduled to take place in Q2 2024/25. The timing of this audit has been delayed by the need to reprioritise the Audit Plan to the areas of highest risk following significant resource pressures within the team.</p> <p>Revised target date: Audit to commence July 2024.</p>
Direct Payments Consolidated Report	M	Internal Audit will conduct a review of the Council's arrangements with its current and former Direct Payments Support Services (DPSS) to understand the level of contractual responsibility placed on these organisations to identify and flag any excessive or unusual expenditure, arrangements for service users when the contracted DPSS changes, and to consider whether the current contractual terms are sufficient to enable the Council to place reliance on DPSS to report overspending and/or misuse of Direct Payments or whether these should be strengthened.	30/09/2023	<p>This will be covered as part of the Direct Payments Audit scheduled for Q2 2024/25.</p> <p>Revised target date: Audit to commence July 2024.</p>
Direct Payments Consolidated Report	M	The Council's Direct Payment Agreement should be amended to require Council approval for all arrangements where close family are paid as Personal Assistants via a Direct Payment, regardless of whether they live in the same household, and to specify that the Council may ask for the return of any money paid to family members without prior approval. Payments to family members should only be made where this has been written into the service user's Care & Support Plan and signed off accordingly.	30/09/2023	<p>Between March '23 to date, officers have presented revised Direct Payment Agreement templates to Practice, Governance & Standards Board which on first review raised concerns on alignment of the audit control to Care Act regulation.</p> <p>Officers are returning to Board on 07 December to address objections and secure approval.</p> <p>Assuming agreement is reached, DP Agreements already drafted and ready for deployment.</p> <p>Revised target date: 01 February 2024</p>

Direct Payments Consolidated Report	M	Social care procedures should be updated to specify that when individuals with a Direct Payment are reassessed and a new Care & Support Plan drawn up, they should also be issued with the current version of the Direct Payment Agreement/Authorised Person Agreement alongside the Care & Support Plan and requested to return a signed copy.	30/09/2023	<p>Between March 2023 to date, Practice Fact Sheets have been updated by Practice, Governance & Standards Team, and held over pending agreement to other audit actions.</p> <p>On agreement/approval to Audit Actions 1 and 4, Fact Sheets will be updated to 'live' and articles released in the Practice Newsletter.</p> <p>Revised target date: 01 February 2024</p>
Direct Payments Consolidated Report	M	Direct Payments Monitoring Officers procedures should be updated to include a check of whether there is a signed and up to date (within the last 3 years) Direct Payment Agreement (DPA)/Authorised Person Agreement on file when conducting their annual account	30/09/2023	<p>Between March 2023 to date, updated internal procedures have been drafted and held over pending agreement to other audit actions.</p> <p>Once agreed, the updated Direct Payments Monitoring Officers procedures will be deployed.</p> <p>Revised target date: 01 February 2024</p>
Debt Recovery 22/23	M	The use of debt collection agencies should be reintroduced, for both automated referrals in line with the collections policy and manual referrals by recovery officers on a case by case basis. Consideration should be given to amending procedures to refer further categories of debt not currently included in the collections policy. This could include aged debts and/or debts that have not been subject to recovery activity for a significant period of time. If referrals to the collection agency are not going to be reintroduced, this decision should be ratified by the S151 Officer.	30/09/2023	<p>It is acknowledged that the Income policy does mention all debts under £500 and over 90 days (excluding Adult Social Care) should be referred to a Debt Collection Agent.</p> <p>In order to achieve this however in an efficient way requires some configuration within ERP Gold, and due to a number of significant system projects during 22/23 & 23/24 there has not been resource available to progress at this time.</p> <p>It should also be noted that 99% of 22/23 sundry debt has been secured and therefore resources are being directed towards increasing ASC debt. As part of the Deep Dive into ASC Debt we will work with ASC to see whether External DCAs could be utilised for some ASC debts.</p>

				Revised target date: TBC
Debt Recovery 22/23		The Head of Finance Operations should decide if procedures should be amended to reflect the current practice and detail the approval time-out procedure, or whether to amend the system workflow in ERP for write-offs to ensure that budget holder approval must be given before write-offs are progressed. In conjunction with Recommendation 5, the procedure could vary for different values of write-offs.	30/09/2023	<p>The Inbuilt system process is functioning as intended with write-offs being sent to approved budget holders using the ERP workflow process, before approval is obtained from S151 or delegated officer.</p> <p>It is recognised however that although the process is operating as designed that in some areas there may be a need for greater compliance with budget holders to approve their write-offs within the system workflow.</p> <p>Initial review was undertaken following a request to change ERP process by WNC to simplify the approval process. Details of suggested changes have also been shared and agreed by CCC & MKC with a follow up meeting scheduled with WNC S151 for November 23.</p> <p>Once agreed CR will be raised with Business System for development, which is unlikely to be in place until 24/25 due to current number of system projects.</p> <p>Revised target date: TBC. To be updated once the meeting with WNC S151 held.</p>
Fostering Payments (In-House)	M	ART should endeavour to ensure that a 408 form is signed for every young person placed. The Fostering service should endeavour to obtain a signed copy of the placement plan (72 hrs) prior to the start of any placement. In cases of emergency, where this is unfeasible, they should endeavour to collect this at the earliest opportunity. The Fostering service should undertake a review of all current in-house foster carers to confirm that a signed, up-to-date foster care agreement is on file for them. In cases of existing	01/10/2023	<p>Internal Audit has not had an update for this recommendation. This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>

		<p>placements which do not have a signed fostering agreement, corporate parenting should liaise with the foster parents to obtain these. All signed agreements should be documented in a shared folder to ensure any problems can be quickly settled with foster carers.</p> <p>The Fostering service should endeavour to complete 408 notifications to include all information (including weekly placement fees), to confirm changes to placements have been authorised and to increase the likelihood of accurate commitment records and trackers.</p> <p>Ongoing assurances for the above should be provided via regular spot-checking on a sample of files on an intermittent basis as part of a wider quality assurance process. Outcomes of which could be reported within ART dashboard to maintain oversight of compliance performance.</p>		
Fostering Payments (In-House)	M	<p>To avoid the need for complicated payment suspensions and delays in record updating, fostering finance management should be given access to edit payments within ContrOCC on notification of an error or change. There appears no need for this to be completed by IT, especially as they do not request any evidence of the change to verify any change request. Likewise, for SOC 408 changes, provided the change has been approved and this is verified by the finance team on receipt of the 408 notification the responsibility to update payment records could be shared by the finance, ART and Duty teams.</p>	01/09/2023	<p>Internal Audit has not had an update for this recommendation. This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>

Fostering Payments (In-House)	M	The service should expand internal and external guidance for the outstanding elements that have not been addressed by the external Foster Handbook and Independent Fostering Agency (IFA) transfer guidance. These outstanding elements include allowances for children entering higher education and confirming allowances for pocket money/savings and respite placements, as these currently are quoted within the Handbook guidance as 'under review'.	01/09/2023	The Service Manager confirmed that the current handbook has been updated to include allowance information about pocket money and savings, as well as respite placements. Allowances for children entering higher education is yet to be resolved. The service is looking to set up a system whereby children's allowance is paid directly into their bank account. Revised target date: 31st March 2024
ICT Change Management	M	ITDS staff should investigate how the Hornbill system can be configured such that extracted lists of changes (e.g. in the Request List screen) include columns to specify the change type and whether changes have been approved, rejected, or neither. These functionalities should then be introduced.		Documentation has been updated but this element has not been incorporated, and so Internal Audit is liaising with the service with regard to this recommendation. Revised target date: 28 February 2024
ICT Change Management	M	In conjunction with Recommendation 1 of this report, the details regarding the priority levels included in RFCs should be clarified in written procedures to add value to existing reporting. This should include what differentiates low and high priority changes, who decides on that classification for each change, and what the workflow implications are. If these classifications are meaningless, they should be removed from Request for Change forms.		The service has created a template document for recording discussions and decisions at Change Advisory Board meetings. Internal Audit has requested evidence of this being used in practice to facilitate closure of the recommendation. Revised target date: 28 February 2024
ICT Change Management	M	All Change Advisory Board meetings should be minuted to evidence who has been involved in discussions and decision-making, and what decisions have been made. This will serve to provide supporting evidence in the event of retrospective review, for actions made in Hornbill on behalf of other users or actions based on Change Advisory Board decisions.		The service has confirmed that this is not possible with the current configuration of Hornbill, but Internal Audit is liaising with the service to explore whether this configuration is achievable. Revised target date: 28 February 2024

ICT Change Management	M	ITDS staff should create a report which can be extracted from Hornbill, that lists changes where more than one approval was provided by the same person. Change Advisory Board should review this on a quarterly basis, to ensure that any changes which were illegitimately pushed-through the approval process do not go unnoticed.		Documentation has been updated but this element has not been incorporated, and so Internal Audit is liaising with the service with regard to this recommendation. Revised target date: 28 February 2024
ICT Change Management	M	In conjunction with Recommendation 1, written procedures should be updated to require that when a PIR is undertaken, results of the PIR and especially any reasons for failure or learning opportunities should be recorded in Hornbill. It should also be recorded who undertook the Post-Implementation Review (PIR) and when.		The service has stated that this recommendation is complete, so Internal Audit is working to obtain evidence of authorisation for retrospective changes by all Change Advisory Board members. Revised target date: 28 February 2024
ICT Change Management	M	Change Advisory Board members should mark that they have reviewed retrospective changes in the Hornbill system to evidence their review by all Change Advisory Board members before the change is formally closed. This is especially important in the absence of any Change Advisory Board meeting minutes.		Documentation has been updated but this element has not been incorporated, and so Internal Audit is liaising with the service with regard to this recommendation. Revised target date: 28 February 2023
IT Security 23-24	M	We recommend that, where it doesn't exist already, the Council establishes formalised policy detailing the approach to the security of the network. This should include requirements for network monitoring and use of information outputs from such activities. It is then essential that the Council works to ensure that system configurations are aligned with requirements outlined in policy. The Council should continue to work towards the implementation of a SIEM solution which will help them detect, assess and respond to security threats. Once procured, the Council should work with the third party	30/09/2023	Internal Audit has not had an update for this recommendation. This reporting cycle is the first for which this recommendation has been overdue. Revised target date: TBC

		provider to outline their security requirements and ensure these are built into the configuration of the SIEM solution.		
IT Security 23-24	M	<p>We recommend that the Council defines its requirements with regard to privileged accounts. This should include:</p> <ul style="list-style-type: none"> • Processes and procedures for request and approval. • A role-based matrix highlighting the users/roles for which privileged access would be appropriate. • Review of privileged accounts in line with a least privilege model to evaluate and reduce the volume of privileged accounts. • Requirements for a minimum number of shared service accounts and increased password changes. • Formalised approval pathways which ensure an appropriate level of approval is sought from an individual other than the requester. • Regular review of privileged access accounts, with disablement of unused/inactive accounts. • Requirements for review and management of tools such as KeePass and LAPS to ensure secure configuration and usage. <p>In conjunction with these requirements, the Council should conduct a review of active privileged accounts. Enterprise and Domain Admin accounts should be reviewed for appropriateness and reduced to a lower number of individuals, applying the principle of least privilege. Consideration should also be given to those accounts which are inactive. IT management, in conjunction with the Information Security Manager should take action to disable or delete these, as appropriate.</p>	30/09/2023	<p>Internal Audit has not had an update for this recommendation.</p> <p>This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>
IT Security 23-24	M	We recommend that the Council underpins the Vulnerability Management Policy with procedural	30/09/2023	Internal Audit has not had an update for this recommendation.

		<p>documentation which includes:</p> <ul style="list-style-type: none"> • Types of security assessment to be undertaken. • Frequency and schedules for security assessments. • Roles and responsibilities for security assessments. • Actions and procedures to be taken to track, manage, report and rectify issues identified during security assessments. This should include consistent usage of the RAP template to assign relevant actions and owners to vulnerabilities. • Compliance requirements for security assessments (e.g., Public Sector Network compliance requirements). <p>We recommend that the Council implements an overall RAP or similar tracker which provides oversight of all vulnerabilities being tracked. By consolidating the outstanding results of all assessments, the organisation will be afforded a holistic view of their vulnerabilities. This will be an important tool to provide oversight to management groups and prevent duplication in tracking vulnerabilities identified during multiple assessments.</p> <p>The Council should consider introducing a vulnerability management working group which meets on a regular basis with the remit of monitoring the results of security assessments and carrying out remediation activities. Such a group should report to both the Cyber Security Group and Strategic Cyber Security Board to ensure clear, hierarchical oversight over the organisation's position with regards to their exposure to vulnerabilities.</p>		<p>This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>
IT Security 23-24	M	The Council should ensure that they prioritise, monitor, track and follow up on actions resulting from password reviews in order that significant issues are remediated in a timely and effective manner. The Council should	30/09/2023	Internal Audit has not had an update for this recommendation.

		<p>consider forced password changes where account passwords are found to not comply with policy and guidance.</p> <p>We recommend that the Council defines policy and processes around the provision and use of exceptional accounts, such as those for third party use or generic accounts. For the latter, the Council should implement working practices to restrict access to only those who require it and track who has been provided with such access.</p>		<p>This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>
VAT	M	<p>Internal Audit suggest the VAT team considering implementing spot checks on ERP Gold transactions to identify cases where VAT has not been recorded in ERP Gold. Such spot-checks may be best focussed on the highest value transactions each month.</p>	30/09/2023	<p>The service has confirmed that these checks are expected to be implemented in the next month. Internal Audit will follow up in early 2024 to ensure the process is implemented.</p> <p>Revised target date: 31 January 2024</p>
VAT	M	<p>The HR Service (as the policy owners) should liaise with the Corporate Comms Team to ensure officers and managers are reminded of the requirement that mileage and expense claims must be supported by VAT receipts.</p> <p>The HR Service should consider undertaking spot checks of mileage and expense claims. It is recognised there may be limited resources to check significant numbers so such checks should focus on the highest value claims.</p>	31/10/2023	<p>The HR Service has confirmed there is a meeting arranged with the Payroll Service at the end of November 2023 to explore how such checks can be best undertaken.</p> <p>This reporting cycle is the first for which this recommendation has been overdue.</p> <p>Revised target date: TBC</p>

