

AUDIT AND ACCOUNTS COMMITTEE



Date: Tuesday, 24 January 2017

Democratic and Members' Services
Quentin Baker
LGSS Director: Law and Governance

14:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Room 128
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1. **Apologies for absence and declarations of interest**
Guidance on declaring interests is available at
<http://tinyurl.com/ccc-dec-of-interests>
2. **Minutes of the Audit and Accounts Committee held 29th November 2016** **5 - 20**
3. **Audit and Accounts Committee Action Log** **21 - 28**
4. **Valuation of Highways Assets** **29 - 38**
5. **Registration of Land Purchased for Highways Purposes** **39 - 42**
6. **Report on learning points from the production of the 2015-16 Statement of Accounts** **43 - 48**
7. **Risk Management Report** **49 - 70**

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| 8. Internal Audit Progress Report | 71 - 94 |
| 9. Cambridge Library Enterprise Centre (CLEC) Update
- to follow | |
| 10. Ely Archives
- to follow | |
| 11. Integrated Resources Performance Report for the period ending November 2016 | 95 - 116 |
| 12. Forward Agenda Plan | 117 - 130 |
| 13. Date of Next Meeting: 2.00pm Tuesday 21st March 2017 | |

The Audit and Accounts Committee comprises the following members:

Councillor Michael Shellens (Chairman)

Councillor Barry Chapman Councillor Sandra Crawford Councillor Roger Henson Councillor Peter Hudson Councillor Mac McGuire and Councillor Peter Topping

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

Clerk Name: Rob Sanderson

Clerk Telephone: 01223 699181

Clerk Email: rob.sanderson@cambridgeshire.gov.uk

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Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccf-film-record>.

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AUDIT AND ACCOUNTS COMMITTEE: MINUTES

Date: 29th November 2016 (Moved from 22nd November original date)

Time: 2.00 – 4.50 p.m.

Place: KV Room, Shire Hall, Cambridge

Present: Councillors: S Crawford, R Henson, P Hudson and M Shellens,
(Chairman)

Apologies: Councillors: M McGuire

Action

258. DECLARATIONS OF INTEREST - None

259. MINUTES OF THE MEETING HELD ON 20TH SEPTEMBER 2016

The minutes of the meeting held on 20th September 2016 were confirmed as a correct record and were signed by the Chairman subject to the following amendment:

Minute 246. Titled 'Cambridgeshire County Council – Report to the Audit and Accounts Committee – BDO External Audit for the year ended 2016'. In the second paragraph deletion of the words in the third and fourth lines reading "and also that they were unable to start their detailed audit work until later than originally planned" so that the sentence now just reads: "Apologies were given for the delayed submission of the report to the Committee, due to the recent illness of the BDO Engagement lead".

Making reference to the Action Log, the following specific issues were raised as either requiring further clarification or with an explanation being provided for the Committee's attention:

- 9. Minute 242 9a) Risk Management Report. Following the reduction in schools funding from £34m to £4m for 2016-17, the figures for 2017-18 and 18-19 were £32.6m and £24.9 as set out in more detail in the Minute Action Log included as a separate item on the agenda,
- Regarding an update on when a response would be received on **the three issues of concern the Chairman had raised as set out in 9c), it was orally reported that the Corporate Risk Group had considered them and that they would be reported to SMT on 12th January as part of them receiving the next Risk Register update report. SMT's response, as well as the Chairman's suggestions on what corporate risks should be included going forward, would be included in the report due to come forward to this Committee's 24th January meeting.**
- Minutes 249 – 'Integrated Resources and Performance Report for

**Sue
Grace /
Tom
Barden**

the period ending 31st July 2016' - Last bullet - reporting back on the Transformation Fund. Finance indicated that the earliest it would be possible to provide a realistic update on progress would be either the June or July 2017 meeting. **Action: It was agreed that the Forward Programme should include the addition for July 2017.**

**R.
Sander-
son
(RVS) to
add**

- Minute 251 - Audit and Accounts Committee Action Log from Minutes - (Previous Minute 218d) – 'ensuring that where good practice had been identified in schools, this should be shared with other schools' head-teachers and governors'. Internal Audit had provided assurance to the Chairman outside of the meeting that this was their existing practice including sharing a letter sent to schools with him.

260. MINUTES OF THE EXTRAORDINARY MEETING HELD ON 14TH OCTOBER 2016

The minutes of the extraordinary meeting held on 14TH October 2016 were confirmed as a correct record and were signed by the Chairman.

261. CAMBRIDGESHIRE COUNCIL WORKFORCE STRATEGY UPDATE

The Committee received the latest update on the progress of the Cambridgeshire County Council Workforce Strategy.

Lynsey Fulcher, the lead from the LGSS Workforce Planning and Strategy Team for Cambridgeshire, highlighted that a significant amount of work had already been undertaken to analyse the critical workforce gaps and hard to fill roles. It had also identified the need for innovation, digital awareness skills, as well as a strong requirement for commissioning, commercial and contract management ability. Outcomes from the current work on community resilience would require employees to be more solutions focused, to build community resilience by helping the community to identify solutions. A further consideration was the loss of professional and technical roles as posts had become more generic and 'management' focused in recent years.

The report set out the details of the Strategy's development with the current timetable expectation being that a first draft report highlighting key strategic workforce themes and solutions to issues would be available for Strategic Management Team (SMT) and Members in January. Subject to SMT approval, It would then come for final approval to the General Purposes Committee with the intention of launching the Strategy in March 2017.

Appendix one provided a proposal of how the final CCC Workforce Strategy might look with five key themes outlined. The themes would be supported by an action plan and would outline how the actions would be implemented and reviewed. It would be a living document, flexible to changing circumstances, including pressures such as from the UK leaving the EU. **Action: There was a request that once implemented, this action plan should be presented to the Audit and Accounts**

**Martin
Cox /
Lynsey
Fulcher**

Committee on a quarterly basis.

In discussion the following issues were raised:

- The Chairman commented that in his opinion the Council's past record on contract management had not been good and that resilience was required to better cope with changes such as monitoring staff overseeing a contract leaving the Council. As a reply the intention would be to identify talent paths within the Council to fill in gaps that occurred from staff changes.
- One Member highlighted the difficulties of recruiting and retaining staff in front line service roles in both Children's and Adults Services. In response to a further related question it was confirmed that the Strategy would take into account the significant workforce savings being proposed in the next two years.
- With reference to paragraph 3.3 of the report and the wording regarding ensuring the workforce in 2020 was fit for purpose, the Chairman sought clarity on what action was to be taken in the next year. It was clarified that the Action Plan would seek to address identified gaps as soon as possible. As an example reference was made to measures being taken to fill the gap as a result of the cessation of the Apprenticeship Levy.
- The need to assist people leaving the Council as a result of redundancy to help equip them in seeking alternative employment, as well as the need to make the County Council attractive to potential new employees at a time when the workforce was contracting.
- Brexit and the effect on employment in the care services was seen as a potential significant challenge.

Having been invited to comment on the proposed framework for the Workforce Strategy,

It was resolved;

to note the approach being taken to develop the Cambridgeshire Workforce Strategy.

262. ANNUAL AUDIT LETTER 2015-16

The Committee received and noted the Annual Audit Letter from the Council's external auditors BDO summarising the key issues from the work they had undertaken in respect of the Financial Year ended 2015-16. The Audit conclusions included:

Financial Statements:

Issuing an unqualified true and fair opinions on the Council and Pension Fund financial statements on 17th October 2016. A number of material

and non-trivial audit differences had been identified by the Audit and subsequently corrected by management. The detailed findings, including uncorrected misstatements which were immaterial, had been reported to this Committee on 20th September and 14th October.

Use Of Resources (Council Only)

Issuing an unqualified conclusion on the Council's arrangements for securing economy, efficiency and effectiveness in its use of resources on 17 October 2016.

Exercise Of Statutory Powers

The Auditors had not been required to exercise their statutory powers and had no matters to report.

Grant Claims And Returns Certification (Council Only)

A "reasonable assurance" report had been prepared in relation to the 'Local Transport Plan Major Projects Chesterton Busway Scheme' managed by the Council. They concluded that the return submitted to the sponsoring Department in respect of the above scheme was prepared, in all material respects, in accordance with the associated grant conditions subject to two matters which had been reported to the grant paying body.

With reference to the report the Chairman had already passed on his observations regarding spelling and grammar corrections required to be made.

The Chairman brought to the Committee's attention that the lead auditor Lisa Clampin had been unable to attend and present the report as she had been rushed to hospital the previous day.

Action: The Committee agreed that Democratic Services should convey to Lisa Clampin their best wishes for a speedy and complete recovery.

RVS

263. CHANGES TO THE ARRANGEMENTS FOR THE APPOINTMENT OF EXTERNAL AUDITORS

The Committee received a report explaining that The Local Audit and Accountability Act 2014 had established new arrangements for the audit and accountability of relevant public sector organisations, including local authorities.

There was currently a transitional period for local authorities, where the role of appointing external auditors and setting fee levels had been transferred from the now defunct Audit Commission and undertaken by the Public Sector Audit Appointments Ltd (PSAA). The transitional arrangement for local authorities was due to end on 31 March 2018 with the audit of the 2017-18 financial statements. The new arrangements gave local authorities the option to opt in to the PSAA sector-led auditor

appointments, or to set up their own Auditor Panel to appoint their own local external auditors, which could be undertaken either individually or jointly with one or more other authorities. The appointment must be made by 31 December 2017.

At present the current external auditors for the LGSS Partners were all different as detailed in the report. As LGSS in 2015-16 had operated with a single integrated closedown team, it was suggested that there was a strong case to have a single external auditor across all LGSS partners for effective management of the external audit relationships and to enable efficiencies to be achieved. The report therefore set out the key considerations on the two different approaches available to appoint external auditors to secure a single auditor for all the Partners with effect from the 1 April 2018, which were to either:

- i. Opt in to the PSAA sector-led appointments process; or
- ii. Establish an auditor panel to advise on the appointment of the local external auditor and to ensure the maintenance of independent relationships.

The action milestones should the Committee support i) were set out as being;

Action / Milestone	Date
Invitation to opt in issued	27 October 2016
Full Council approval to opt in	January/February 2017
Closing date for receipt of notices to PSAA to opt in	9 March 2017
PSAA contract notice published	20 February 2017
PSAA award audit contracts	End of June 2017
PSAA consult on and make auditor appointments	End of December 2017
PSAA consult on and publish scale fees	End of March 2018

In discussion issues raised included:

- One Member suggesting that the members of an Independent Panel would require a great deal of time and officer resources to help them understand the Council's systems / processes.
- The Committee agreed that having three different auditors was highly inefficient and that it made sense to seek to obtain economies of scale in understanding systems.
- The point was made that should the Council have issues with the performance of the auditor appointed by PSAA or in respect of non-compliance with the agreed contract, there should be recourse to seek a replacement citing fundamental breach of contract.

- | | |
|---|----------------------------------|
| <ul style="list-style-type: none"> • Concern was expressed regarding the sequencing of the last two action milestones which appeared to be the wrong way around. It was suggested that the Committee's concerns should be included in the final Report to go to Council in February. Action | I
Jenkins
/ J Lee |
| <ul style="list-style-type: none"> • The Chairman requested details of who audited Peterborough. The Finance Officer present undertook to find out and send him the details outside of the meeting. Action | S Hey-
wood |

Having considered the advantages and disadvantages of each option

it was unanimously resolved that the Committee supported that:

- a) LGSS Partners opt-in to the PSAA sector led auditor appointment arrangements on the basis that the cost, complexity, timing and resourcing pressures were considered prohibitive in setting up a local independent Auditor Panel and separate procurement process.
- b) Prior to the decision being taken by the Full Council to opt-in, LGSS officers write to the PSAA and request to meet with the Chief Officer at PSAA to seek assurance that a single auditor be appointed for the LGSS Partners, setting out the clear rationale in terms of the efficiency and value for money that this would achieve.

**I
Jenkins
/ J Lee**

264. INTEGRATED RESOURCES AND PERFORMANCE REPORT TO END OF AUGUST 2016

This report which had been agreed by General Purposes (GPC) Committee on 25th was presented to allow the Committee to assess progress in delivering the Council's Business Plan.

Comments / issues raised by Members included:

- Page 64 – Para 2.2 second paragraph on performance indicators did not mention that four were currently red.
- Page 65 Paragraph 3.1 On the table and the variance outturn forecast, the Chairman questioned the increase from £508,000 in July to £1,855,000 in August and what the current position was at the end of October. In response it was explained that £1.45m of this increased overspend related to increased spend in Looked After Children (LAC). The projected bottom line variance had decreased to £1,500,000 in September but had again increased to the end of October to £1,800,000. The Chairman expressed his concern that each year since he had been on the Council this area of the Children's budget had overspent. He questioned why the budget estimate for this demand led service was never correct or that sufficient contingency built in. In reply to a further question it was confirmed that

the over-spend would be met from reserves and savings made in other areas of the Council budget. It was explained that GPC had received a more detailed report on the issues at their October meeting and the Finance Officer, at the request of the Chairman who had raised the issue at the Chairman's briefing, was able to pass around copies of the report for Member's background information.

- **Page 67 Older People and Mental Health - Central Commissioning with reference to the line reading "A further £60K underspend is expected due to the reduction of respite block beds undertaken based on analysis suggesting we were not fully utilising the blocks". There was a request for an update to be circulated following the meeting** as the Chairman was surprised that these could not be filled and was concerned that beds were being paid for which were not being used. The note should explain "How many block beds did we have? Why weren't they being used, especially with the Delayed Transfer of Care (DETOC) issues, why didn't we use them to get people out of hospital? How many beds have we reduced to?"

S
Heywood

- Under performance targets on page 72 the Chairman highlighted that the average number of days lost to sickness was below target which was a good news story.
- As an update to the Capital Variation Adjustments it was explained that they were discussed at the monthly meeting of the Capital Programme Board. This followed the action taken in May to re-profile schemes to make them more realistic in terms of expected spend during the year. This approach was endorsed by the Chairman.

- **Page 75 last two lines Children Families and Adults – Basic Need Secondary – reading "A revised budget for the project will be known in September, which will include funding from the loss adjuster" the Chairman requested an update. It was explained that the detailed amount of the insurance claim had not yet been settled but the officer would investigate further and provide details of the settlement outside of the meeting once finalised.**

S
Heywood

- Page 77 in the table on the line reading 'Capital Receipts' and the entry of £4.0m against the column heading 'Additional Reduction in Funding' in response to the request for an explanation it was stated that this was an estimate made in the Business Plan. The actual capital receipts could be higher or lower, depending on the timing of sales and the price achieved.
- One member highlighted that the figure of £2.4 m for

liquidated damages for the Guided Busway was a long way short of the cost of the repairs required. It was explained that the sum of £2.4m related to what was remaining of the liquidated damages already awarded.

It was resolved:

to note the report.

265. INTERNAL AUDIT PROGRESS REPORT FOR NOVEMBER COMMITTEE

This report provided an update on the main areas of audit coverage and the key control issues arising for the period 1st September 2016 to 31st October 2016.

Paragraph 1.1 listed the audit assignments which had reached completion since the previous Committee report. (set out as Appendix 1 to these Minutes) Section 4 set out more detail on the summaries of completed audits with moderate or less assurance, with an oral explanation provided of the key recommendations and the action now being taken. Table 2 set out the audit assignments which had reached draft / interim report stage. Further information on work planned and in progress was set out in the Audit Plan attached as Appendix A. As an update it was indicated that the team were still on target to achieve the 2016-17 Internal Audit Plan

In Appendix A the Chairman highlighted that a large number of reports (18) were still showing from Quarter One. It was explained that two were now closed, seven were ongoing still and would not be closed until the end of the year with five now at the draft report stage and four others open as at the current time as it had not been possible to arrange dates to interview staff.

Section 2 updated details of:

- the current Human Resources caseload being prepared by HR primarily relating to disciplinary matters as set out in table 4,
- Pensions investigation project
- Counter fraud awareness work and corruption work being undertaken.

Outstanding management actions were summarised in Table 3, which included a comparison with the percentage implementation reported at the previous Committee. It was highlighted that every action for CFA now had an action plan against it. A summary of the outstanding recommendations, and the progress with implementing them was provided in Appendix B of the report.

Section 5 Other Audit activity provided an update on the implementation of Galileo and the current position regarding the recruitment exercise within the Internal Audit Team. The latter included recruiting to 5-6 trainee posts with interviews to be held in the following week. As an

update, Mairead Kelly was congratulated on having secured a permanent senior audit officer post.

It was resolved:

To note the report.

266. REVIEW OF ELY ARCHIVE

As background, it was explained that in March 2014 the Council had undertaken an options appraisal to identify potential suitable accommodation for the Council's Archives Service, and identified a preferred property, Strikes Bowling Alley, located in Ely. An original scheme (£12m in partnership with the University) included a cost estimate for building the Archive Centre on the site at £2.5m, with a contingency of £1.5m. After the University decided not to go ahead, the allowance for the project in the Council's Business Plan was reduced to £4m. A report to the General Purposes Committee (GPC) in October 2015 identified that costs for the project, as scoped, to include the Ely Registration office and office accommodation, had increased to £6.2m. PGC resolved to reduce the scope of the project on the conversion of the building for the use of Archives only, bringing the costs down to £4.2m, broadly in line with the previous budget.

The most recent report to Assets & Investment Committee on 21st October 2016, identified that the cost of the project had increased by £860k, to £5.6m. As a result, the Assets & Investment Committee resolved to refer to this Committee a request to undertake a scrutiny of the officer processes throughout the project, and identify internal lessons learned.

The intention, if agreed, was for Internal Audit to undertake a review and, dependent on the issues / information being straight forward, to report the outcomes to the Audit & Accounts Committee meeting on the 20th January 2017, and the Assets and Investment Committee on the 27th January. The report set out a summary of the background to the project and provided proposed Terms of Reference for an audit review (set out as Appendix 1 to the report).

It was resolved:

to approve this addition to the Audit Plan.

**RVS add
to
Forward
Plan**

CHANGE IN THE ORDER OF THE AGENDA

The Chairman, with the support of the Committee, agreed to take the Trading Units report as the next item of business.

267. TRADING UNITS UPDATE

This report was in response to a request at the July meeting during discussion of the draft Statement of Accounts, for a report providing more detail on the Council's Learning Directorate's traded services and

further explanation regarding the overspend in respect of the Grafham Water Trading Account.

The report described the level and significance of trading activity in the seven 'fully traded' services (e.g. CCS (Catering), Burwell House, Cambridgeshire Music, CEES (Environment Education), EdICT, Grafham Water and Professional Centre Services) that accounted for the majority of the Directorate's traded income and the actions being taken to address any issues with trading to secure 2016-17 budgets. Members of the Committee had also been provided separately with two business sensitive confidential case studies illustrating the approach taken to business planning, charging and risk management.

It was reported that the Learning Directorate was currently reviewing all of its traded services with the aim for them to be sustainable, profitable and high quality. If this was not possible, the service might have to close. It was highlighted that CCS was currently undertaking a due diligence process to consider a strategic partnership with HCL which is a wholly owned trading company of Hertfordshire County Council to help secure economies of scale by sharing marketing, market research, and aggregating contracts. In term of marketing,

In respect of the service provided by Cambridgeshire Music issues raised included:

- whether some musical tuition had reduced. This was confirmed, as there was less take-up from pupils in learning orchestral musical instruments. Other reasons included curriculum pressures in schools which sometimes constrained arts subjects during school time. In addition, it was explained that it was possible to set up as a private music tutor without regulation which devalued the position of employed music professionals. It was highlighted that in 2012-13 and 2013-14 the service had been running a significant deficit. In order to become viable and competitive, the Service had in the last two years undertaken major restructuring which had included changing the terms and conditions of staff.
- In answer to a question on whether the raising the national minimum wage or zero contract hours had, had an impact on the Cambridgeshire Music Service, this was not an issue, as neither applied.
- Asking whether there were any areas the Committee could help? In response the main area for all traded services was difficulties in recruiting, due to the slow speed of the recruitment process which could take up to three months. Officers sought help in seeking ways to speed up some of the HR processes.
- Another issue highlighted was the lack of space available in schools to undertake music lessons as many were now c full. This was being partly being addressed through undertaking

more home tuition.

- Keith Grimwade indicated that to help support the Council's trading activity a review as part of the County's commercialisation strand was being undertaken led by Chris Malyon seeking to identify current impediments which would then make recommendations. Possible solutions could involve trading services becoming wholly independent or being run by community groups. Matthew Gunn explained that if some traded units were wholly independent they could hold reserves against their fixed costs which was not currently possible.

In further discussion around the main barrier for the Music Service being current recruitment practices, there was a query on whether Internal Audit should be involved. As the issues were well known and were already being looked at as part of the review, it was more appropriate for **Matthew Gunn to discuss possible solutions with Chris Malyon and HR (Martin Cox) and that this should continue to be monitored.** The Committee indicated its support to the Service and would be happy to receive further reports if they had further issues of concern. The Chief Internal Auditor indicated that he would also make himself available to seek to resolve any issues regarding the trading units that management referred to him.

M Gunn /
C
Malyon /
M Cox

Grafham Water is currently forecasting an £86k deficit. The report and officer presentation explained that its budget included a requirement for a £26,576 targeted contribution to the Local Authority in addition to the repayment of a loan for the sports hall development resulting in a 2016/17 payment totalling £99,160. Also highlighted were significant staffing cost pressures resulting from the National Living Wage changes (£60k addition) and increased Pension and National Insurance contributions. These had not been notified in time to take into account, when setting their budget. It was explained that residential pricing was set a year or more in advance and therefore the increased staffing costs could not be passed onto customers, although consideration also needed to be given to what the market could take before this adversely affected their trading the position.

Other issues which had impacted on the budget included a number of staff on long term sick leave (added costs of approximately £23K as the contingency of 15 weeks had been exceeded), a last minute cancellation and planning costs for the new bike track coming in higher than expected.

To try and mitigate the issues, Grafham Water:

- Had advertised for a number of new staffing positions to reduce the need for expensive agency staff, as well as looking to increase the future contingency to take account of potential long term sickness.
- actively marketed the Centre in order to attract new custom.
- were considering reducing their number of activity centres from three to two.

In discussion on the costs that Grafham Water had to pay to the County Council, the Finance Officer present made the point that they did not pay rent to the County Council. Further to this, a question was raised on what costs made up the figure in the confidential appendix under the heading 'premises'. It was explained this included a rental payment made to Anglian Water and energy charges.

It was resolved:

To note the update report.

268. SAFE RECRUITMENT UPDATE

This report was both a follow up report to previous reports to the Committee in relation to safer recruitment in schools and also to the LGSS Audit and Risk Management Service report on their findings from the 2015/16 safer recruitment audit. The latter had only been able to give "Limited" assurance as a result of the 15 schools audited, compared to an overall assurance level of 'Moderate' for 2014/15.

The report from the Service Director for Learning explained that much work had been undertaken with schools since then, including the safeguarding review of schools carried out by the Education Advisers, checklists for safer recruitment process sent to all schools, as well as providing an increase in safe recruitment training. It was also highlighted that the schools chosen for the most recent audit were schools causing concern and/or schools who had previously received a poor assurance rating, so the results were not comparable with previous years. The number of limited assurances issued had been primarily due to schools failing to ensure staff did not start work at a school until the necessary checks/assessments were in place. In particular, if a DBS was late, schools were often failing to ensure that the Barred List check and Risk Assessment were both completed in full.

The report explained the key controls which a school had to always comply with in order to receive a "Good" assurance rating. Other issues noted from the audit review were poor induction processes and the failure to query gaps in employment or to ensure appropriate references had been received before employees commenced.

The report detailed the latest measures taken to improve practice including:

- Internal Audit and the Learning Directorate jointly producing a safer recruitment audit tool for schools (detailed in Appendix 1 of the report)
- The Local Authority (LA) safeguarding review looking closely at governance as well as day to day practice (detailed in Appendix 2 of the report).
- The LA safeguarding review being updated to ensure it meets the Ofsted framework expectations and new guidance in Keeping Children Safe in Education.

- Schools being given additional guidance regarding delays in DBS checks or clarification around portable DBS checks.
- The new requirements of Keeping Children Safe in Education were presented at the autumn term Governor Briefings to 250+ school governors.
- All schools being written to on the outcome of the audit, and highlighting actions that all schools should consider / take.
- If a school fails to improve, the LA will issue a Warning Notice; if its response is inadequate the LA will use its power of intervention, e.g. to replace the governing body with an Interim Executive Board.
- The Children's Safeguarding Board being advised of the results of all audits and the actions being taken.
- Keith Grimwade would be highlighting the checks required to be undertaken to ensure safe recruitment at the Spring Head Teachers conference which nearly all attended, and would also be speaking on the same subject at four governor meetings.

Issues raised in the debate included:

- In answer to a question on whether there was any difference in safeguarding requirements between academies and maintained schools, it was confirmed that they were the same. It was explained that should the local authority have concerns it could investigate and raise any issues with the Regional Schools Commissioner. It was confirmed that the authority would continue to investigate academies where concerns had been raised.
- One Member was aghast that despite all the previous work undertaken by the Committee to remind schools of their responsibilities, that some schools were still failing in their statutory duty to ensure the safety of children in their care as a result of not following the laid down, safe recruitment practice guidelines. He stated that compliance should be 100% for all schools without exception. While he accepted that DBS checks could cause delay in recruitment, it was the headteacher and the Board of Governors responsibility to ensure shortcuts were not taken which compromised children's potential safety.
- Whether a headteacher from one of the schools highlighted as only having limited or no assurance should be asked to attend the next meeting and explain their lack of compliance. It was suggested that, as additional information was now being provided to schools, it would be more appropriate to look to the future and to take such action if any further examples of significant non-compliance was identified as a result of the ongoing Internal Audit Reviews.

After further discussion it was:

Unanimously resolved:

- a) To note the report

- b) That in the event of a further Internal Audit Review finding a serious failure of safeguarding recruitment practice, that the local headteacher from the school(s) concerned should be required to attend the next available Audit and Accounts Committee and the Head of governors requested to do likewise.
- c) The above resolution should be made known to all the County's headteachers and schools heads of school governors.

**D Wilkin-
son / K
Grim-
wade**

**K Grim-
wade**

269. AUDIT AND ACCOUNTS FORWARD AGENDA PLAN

Noted.

270. AUDIT AND ACCOUNTS COMMITTEE ACTION LOG FROM 20th SEPTEMBER

The Committee noted the completed actions / updates provided in relation to the minutes from the last meeting and earlier meetings, as set out in the report.

271. DATE OF NEXT MEETING – 24th JANUARY 2017

Chairman
24th January 2017

FINALISED ASSIGNMENTS

Since the previous Progress Report to Audit & Accounts Committee in September 2016, the following audit assignments have reached completion:

No.	Directorate	Assignment	Compliance Assurance	Systems Assurance	Organisational impact
1.	Children, Families & Adults (CFA)	Quality Assurance in CFA	Good	Good	Minor
2.	Children, Families & Adults	Commitment Records in CFA	Good	Good	Minor
3.	Children, Families & Adults	Implementation of MOSAIC	Good	Moderate	Minor
4.	Children, Families & Adults	Residential Corporate Appointeeships	Moderate	Moderate	Minor
5.	Cross-Cutting	Scheme of Delegation	Moderate	Moderate	Minor
6.	Public Health	Public Health Grant	Review of grant completed and advice provided to the Director of Public Health.		
7.	Economy, Transport & Environment	Local Transport Capital Block Funding	Grant certification provided		
8.	Economy, Transport & Environment	Bus Service Operator's Grant	Grant certification provided		
9.	Downham Feoffees School	Schools Financial Risks	Moderate assurance.		
10.	Foxton School	Schools Financial Risks	Good assurance (up from Limited in January 2016)		
11.	Granta School	Schools Financial Risks	Moderate assurance (up from Limited in January 2016).		
12.	Kings Hedges School	Schools Financial Risks	Moderate assurance.		
13.	Linton Infants School	Schools Financial Risks	Moderate assurance (up from Limited in January 2016)		
14.	Morley Memorial School	Schools Financial Risks	Moderate assurance (up from Limited in January 2016)		
15.	Thorndown School	Schools Financial Risks	Good assurance.		
16.	Wheatfields School	Schools Financial Risks	Good assurance.		

AUDIT AND ACCOUNTS COMMITTEE MINUTES ACTION LOG FOR COMMITTEE MEETING JANUARY 2017

(UPDATED 6TH JANUARY 2017)

<u>NO</u>	<u>TITLE OF REPORT / MINUTE AND ACTION REQUESTED</u>	<u>LEAD</u>	<u>PROGRESS / RESPONSE</u>
ACTIONS ARISING FROM THE MINUTES OF THE 15th MARCH MEETING 2016 COMMITTEE MEETING			
1.	MINUTE 200 - CAMBRIDGE LIBRARY ENTERPRISE CENTRE REVIEW – UPDATE ON ACTION PLAN PROGRESS TO DATE		
	a) Confidentiality Agreement - It had been agreed that Quentin Baker Director of Law, Procurement and Governance was the appropriate officer to prepare the relevant report.	Internal Audit	<p>As an update to the September Committee meeting it was reported that Internal Audit were at that time still seeking clarification of timescales from the Director of Law, Procurement and Governance. The Chairman asked them to press for a timescale and report back on progress as this a long outstanding request. The position on 8th November was that a further update request was sent from internal Audit to Quentin Baker.</p> <p>A further e-mail from Internal Audit seeking a timetable was sent in the first week of January. Internal Audit to indicate orally at the meeting that a response had not been received.</p> <p>Action ongoing</p>

ACTIONS ARISING FROM THE MINUTES OF THE 7 th JUNE MEETING 2016 COMMITTEE MEETING			
2.	MINUTE 214 - ISA 260 UPDATE REPORT		
	<p>six month progress update on the 18 month project to register all 6,000 parcels of land purchased for highways schemes with the Land Registry.</p>	<p>Mike Atkins / Camille Haggett (Rhodes)</p>	<p>A report is due to be presented to current January 2017 meeting.</p>
3.	MINUTE 215 - BDO EXTERNAL AUDIT PLANNING REPORT TO THE AUDIT AND ACCOUNTS COMMITTEE AUDIT FOR THE YEAR ENDED 31 ST MARCH 2016		
	Transport Infrastructure Assets	Mike Atkins	An update report is to be provided to the current January meeting.
ACTIONS ARISING FROM THE MINUTES OF THE JULY 2016 COMMITTEE MEETING			
4.	MINUTE 226. MINUTES		
	<p>Minute 213 'Systems in place to ensure that Section 106 Funds do not go unspent' and the resolution reading: "That in noting the report it should be placed on record that the unanimous view of the Audit and Accounts Committee was to recommend that <u>where</u> Section 106 monies could not be applied against relevant expenditure by the deadline in the agreement, the County Council should ensure the developer was informed in due course"</p>		<p>The Committee at its September meeting (Minute 251-8) agreed the following approach adopted by officers on identified unspent Section 106 monies:</p> <ul style="list-style-type: none"> Funds being applied against applicable expenditures,

		S Heywood	<ul style="list-style-type: none"> Undergoing discussions with a respective developer as to alternative possible uses for the funds, and if agreement was not possible, the funds being repaid. <p>The Committee requested that where there were any exceptions / negotiations requiring monies to be returned, they should be provided with details, either via an email or a report.</p> <p>As an update to the above, the November Committee meeting agreed that the updates should be provided on a six monthly basis and these have now been added to the Agenda Plan..</p> <p>Ongoing</p>
5.	MINUTE 233. INTERNAL AUDIT PROGRESS REPORT TO 31ST MAY 2016		
	Completed Audit – C1 Domiciliary Care– missed short and late calls	M Kelly	<p>It was agreed that an update on the implementation of the Domiciliary Care Audit should be provided in January 2017 as part of the Internal Audit Progress update report.</p> <p>The update is included in the current report on the agenda.</p> <p>Action completed.</p>

ACTIONS ARISING FROM THE MINUTES OF THE 20th SEPTEMBER 2016 COMMITTEE MEETING			
6.	MINUTE 242 RISK MANAGEMENT REPORT		
a)	<p>Three Issues of concern were raised by the Chairman:</p> <ul style="list-style-type: none"> i) The risk that the lack of Council funds would lead to gaps in service provision and the inability to achieve the Council's aims. ii) The risk that the failure to recruit to low paid jobs could lead to serious issues, such as a lack of supply of care providers. iii) The need to look at not only the services the Council was providing, but also identifying those services that it ought to, but was not, or was no longer able to provide. 	Originally D Thorp / now Tom Barden	<p>The Corporate Risk Group had received the three issues of concern listed and their response was due to be initially be reported to SMT on 12th January as part of receiving the next Risk Register update report after which time SMT would finalise the response.</p> <p>The response will be included as part of the Risk management Report on the present agenda.</p> <p>Action completed.</p>
b)	With respect to appendix 3 providing an analysis of what was included in other Councils Corporate Risk Registers, Officers agreed to undertake a review to see if there were any areas not included on the current County Council Corporate Register which could be a useful addition and that SMT should be asked to consider.	T Barden / Sue Norman	<p>The result of discussions at SMT is due to be reported back to the January meeting as part of the Risk Management Report. Officers had been looking at the content of how risk registers are used and their contents, including future processes and timelines.</p> <p>Action expected to be completed</p>
7.	MINUTE 249. INTEGRATED RESOURCES AND PERFORMANCE REPORT FOR THE PERIOD ENDING 31ST JULY		
	Page 318 - It was noted that the Transformation Fund which was for one off funding initiatives to make better savings was forecast to double in size as showing between the balance at July 2016 and March 2017. There was a request that in due course a report should be received to illustrate the effectiveness / benefits of the spend undertaken.	S Heywood	<p>It was agreed at the November meeting that the update report back should come forward to the July 2017 meeting. The report title had been added to the current Forward Work Programme</p> <p>Action ongoing</p>

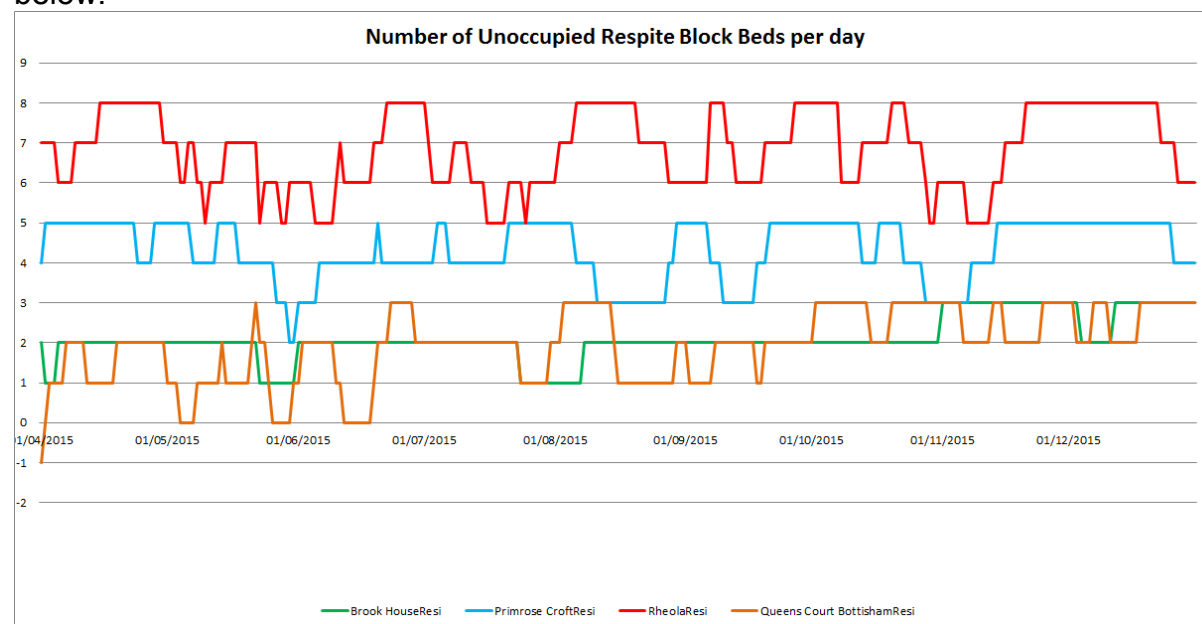
8.	MINUTE 251 – AUDIT AND ACCOUNTS COMMITTEE ACTION LOG FROM MINUTES		
	11. Statement of Accounts		
	<ul style="list-style-type: none"> C) Page 10 Reserves Background - Note for Chairman on Comparative Figures of other counties. 	I Jenkins	<p>The officers had undertaken research from various published data but would clarify with the Chairman if it was the type of information he was seeking.</p> <p>Action ongoing</p>
ACTIONS ARISING FROM THE MINUTES OF THE 29th NOVEMBER 2016 COMMITTEE MEETING			
9.	MINUTE 259 MINUTES OF THE MEETING HELD ON 20 TH SEPTEMBER 2016		
	Agreeing to the Forward Programme being updated to include a report on the Transformation Fund to the July meeting.	R Sanderson	This has been added on the Committee Agenda Plan included on the agenda. Action completed
10.	MINUTE 261 – CAMBRIDGESHIRE COUNCIL WORKFORCE STRATEGY UPDATE		
	There was a request that once implemented there should be a regular quarterly report on the Action Plan progress	Martin Cox / Lynsey Fulcher	<p>The first quarterly update report has been scheduled for the 30th May Committee and then subsequently to the 19th September and 23rd January and 15th May 2018 Committee meetings.</p> <p>Action ongoing</p>
11.	MINUTE 262. ANNUAL AUDIT LETTER		
	The Committee agreed that Democratic Services should convey to the Chief External Auditor a speedy recovery.		<p>An e-mail was sent to both Lisa Clampin and her PA the next day.</p> <p>Action completed</p>

12.	MINUTE 263 CHANGES TO THE ARRANGEMENTS FOR THE APPOINTMENT OF EXTERNAL AUDITORS		
a)	The sequencing of the last two action milestones appeared to be the wrong way around. It was suggested that the Committee's concerns should be included in the final Report to go to Council in February.	I Jenkins / J Lee	The report to the 10 th January 2017 General Purposes Committee includes a paragraph (3.19) setting out the concerns of the Audit and Accounts Committee. Action completed.
b)	The Chairman requested details of who audited Peterborough. The Finance Officer present undertook to find out and send the Chairman the details outside of the meeting.	S Heywood	In response the Chairman was informed by e-mail that Peterborough's External Auditors are Ernst & Young. Action completed
13.	MINUTE 264. INTEGRATED RESOURCES AND PERFORMANCE REPORT TO END OF AUGUST 2016		
a)	Page 67 Older People and Mental Health - Central Commissioning with reference to the line reading "A further £60K underspend is expected due to the reduction of respite block beds undertaken based on analysis suggesting we were not fully utilising the blocks". There was a request for an update to be circulated following the meeting.	S Heywood	A response was sent to the Chairman on 12 th December and is included as appendix 1 to this Action Log. Action completed
b)	Page 75 last two lines Children Families and Adults – Basic Need Secondary – reading "A revised budget for the project will be known in September, which will include funding from the loss adjuster" the Chairman requested an update. It was explained that the detailed amount of the insurance claim for St Bede's had not yet been settled but the officer would investigate further and provide details of the settlement outside of the meeting once finalised.	S Heywood	A response was sent to the Chairman on 5 th January 2017 explaining that the insurance claim discussions were still ongoing, with agreement on the range of the settlement, and these were figures provided in the e-mail. However the final figure would be dependent on the level of fees the insurance company would fund. Once known the final figure settlement would be provided to the Chairman outside of the meeting.

			Action ongoing.
14.	REVIEW OF ELY ARCHIVE		
	It was agreed to add the review to the Audit Plan and subject to no complications having been found requiring further investigation, to report back to the January Committee.	D Wilkinson / M Kelly	A report is due to be presented to the current January Committee but is likely to be a late despatch item. The action is expected to be completed
15.	Trading Units Update		
	Main Barrier for the Music Service being current recruitment practices Matthew Gunn to discuss possible solutions with Chris Malyon and HR (Martin Cox) with support from the Head of Internal Audit if required and that progress should continue to be monitored.	M Gunn / C Malyon / M Cox / D Wilkinson	This is currently being progressed and Matthew Gunn has indicated that he will be seeking a meeting with the Head of Internal Audit. Action ongoing.
16.	SAFE RECRUITMENT UPDATE		
	a) That in the event of a further Internal Audit Review finding a serious failure of safeguarding recruitment practice, that the local headteacher from the school(s) concerned should be required to attend the next available Audit and Accounts Committee and the Head of governors requested to do likewise. b) The above resolution should be made known to all the County's headteachers and schools heads of school governors.	D Wilkinson / K Grimwade K Grimwade	This will be as and when necessary. Keith Grimwade has confirmed he will be informing school governors at the termly briefings, and headteachers at the breakfast meetings, this term, and will also follow up the message in writing. Action ongoing.

Respite Block Beds

Prior to 2016/17, the Council maintained a substantial block contract for respite provision. The contract was significantly under-utilised over a prolonged period, mainly because it provided too much capacity in the City and South area but didn't include provision in the north of the county, reflecting weaknesses in the market. The level of under-utilisation for the first three quarters of 2015/16 can be seen in the graph below:



Respite Beds are designed for when the caregiver of a service user is unable to give care for a period of time or is in need of a break from their care responsibilities. This can be a planned respite, whereby a carer is going on holiday for a period of time or an emergency respite, where there is sudden change of circumstance leading greater requirement of care arrangements. Due to differences in the nature of care provided in respite homes and those required by complex discharge patients, it was not suitable to use respite beds to get people out of hospital.

The decision was made to decommission a proportion of the block respite provision due to the level of under-utilisation and the numbers of respite block beds have been reduced from 27 beds as at 1st April 2016 to 14 beds since 1st October 2016. That said, the opportunity remains to use alternative forms of respite activity which can be commissioned on an individual basis.

VALUATION OF HIGHWAY ASSETS

To: Audit and Accounts Committee

Date: 24th January 2017

From: Mike Atkins – Highway Asset Manager

Electoral Division(s): All

Purpose: To report to committee on the valuation of highway assets in accordance with forthcoming accounting requirements.

Key Issues:

The highway network is by far the most valuable asset for which the County Council is responsible.

The County Council is required to report the value of the highway assets for which it is responsible, in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA)'s *Code of Practice on the Highways Network Asset (the Highways Code)*.

The Council was previously informed by CIPFA that compliance with *The Code of Practice on Local Authority Accounting in the United Kingdom 2016/17* would require the Council to report Depreciated Replacement Cost (DRC) figures for highway assets for its 2016/17 accounts. However, an update from CIPFA in November 2016 has postponed implementation of the DRC requirement, with a view to implementation in 2017/18.

Recommendation: That the Committee notes the progress of the project to ensure that auditable figures for the valuation of highways assets are provided, in accordance with CIPFA requirements.

<i>Officer contact:</i>	
Name:	Mike Atkins
Post:	Highways Asset Manager
Email:	Mike.atkins@cambridgeshire.gov.uk
Tel:	01223 715560

1. BACKGROUND

- 1.1 *CIPFA's Code of Practice on the Highways Network Asset* (the Highways Code) was first published in 2010 and since then has been used to provide information for the Council's Whole of Government Accounts (WGA) return and to support asset management. The key principle of the Highways Code is that the same data should be capable of serving the needs of asset management, financial management, budgeting and financial reporting. The key driver of the Highways Code is the more effective management of assets.
- 1.2 *CIPFA's Code of Practice on Local Authority Accounting in the United Kingdom 2016/17* (the Code), which is used to prepare the Council's Statement of Accounts, included the intention to introduce the implementation of the Highways Code to the 2016/17 accounts for the first time. This would have required the move to reporting local authority highway networks using Depreciated Replacement Cost (DRC), replacing the existing method. The existing method is the reporting of historical cost, with the DRC figure being provided for information purposes only.
- 1.3 However, on 9 November 2016 The CIPFA/LASAAC (Local Authority (Scotland) Accounts Advisory Committee) Board decided to postpone full implementation of the change, as further work is required on updating centrally provided rates for the calculation of Gross Replacement Cost (GRC) figures. These rates are over five years old. CIPFA will issue an update to the 2016/17 Code to confirm this decision, once it has completed the full due process. It is anticipated that the requirement for DRC figures will now apply from 2017/18; however this decision will be reviewed by CIPFA/LASAAC in March 2017.

2. MAIN ISSUES

- 2.1 The current reported historical value of the infrastructure asset (which includes Highways Network Assets) for which the County Council is responsible is £710.817m. This is the figure that was reported as part of the Council's 2015/16 Statement of Accounts.
- 2.2 Under the new reporting requirements, now anticipated to take effect for 2017/18, the Depreciated Replacement Cost for Highway Network Assets will be reported. The DRC value of the County's highway assets reported in the Council's 2015/16 WGA return was £10,588.502m. In accordance with the Highways Code, this figure includes nominal valuations for land. Therefore the increase from the previous historic cost to the 2016/17 depreciated cost will be somewhere in the region of £10 billion.
- 2.3 The highway infrastructure, which is vital to national and local economic prosperity, will therefore become the most valuable asset that the Council holds.

- 2.4 The Highways Asset Management Team and Finance Team have been working closely on this matter for a number of years and are currently in a good position to comply with the requirements of the Highways Code. An internal audit of the 2014/15 valuation was carried out in August 2015 and the report is included as **Appendix A**. The audit report stated *'We can conclude that the 2014-15 Highways Infrastructure Note was developed on a sound basis.'*
- 2.5 In anticipation of the requirement to provide DRC figures for the 2016/17 accounts, a project plan (see **Appendix B**) was developed. Progress on the project to date is in accordance with this original plan. However, further to the recent update from CIPFA/LASAAC, the project plan will now be updated to reflect the anticipated revised timescales.

3 RISKS

- 3.1 The main risk associated with the new financial reporting requirements is with respect to the significantly higher valuation figure. Small proportional errors might result in high absolute variations in the valuation, which could then lead to potential qualification of the Council's accounts.
- 3.2 The procedures being put in place, including the revised project plan, will mitigate the likelihood of errors occurring. Guidance is also being proactively sought from external auditors (BDO) to ensure that the Council can appropriately evidence compliance with the Highways Code.
- 3.3 For 2017/18, the date for closure of the accounts for all authorities will be brought forward to 31st May 2018. Currently the draft accounts for each year are required by 30th June. Therefore this is a compressed timescale in comparison with previous years. The likely first implementation of the DRC reporting requirements will correspond with this time pressure. Officers from both the Highways Service and Finance are aware of this risk and will work together to ensure that the figures are available on time, in accordance with the updated project plan, which is currently being developed and will reflect this new faster closedown timescale.
- 3.4 CIPFA provides toolkits and documents to enable Highways officers to produce DRC figures in accordance with the Highways Code. However, previously these toolkits have not always been provided in a timely manner. The production of the 2017/18 figures in accordance with the revised deadline for the accounts will be dependent upon the timely provision of these tools. This requirement has already been raised with CIPFA and Highways officers will emphasise it further to CIPFA via the Eastern Highways Alliance and other representative groups.

Source Documents	Location
CIPFA Highways network set briefing	http://www.cipfa.org/policy-and-guidance/highways-network-asset-briefing

LGSS Internal Audit

Internal Audit Briefing Note – Highways Infrastructure Asset Note in Whole of Government Accounts

Date: August 2015

Draft To: Eleanor Tod, Group Accountant (Capital)
Barry Wylie, Asset Planning Manager

Prepared by: Richard Wood, Principal Auditor

1. INTRODUCTION

Local Authorities will be required to provide for the first time a Highways Infrastructure Asset Note in the Whole of Government Accounts (WGA) 2015-16. Guidance relating to this is set out in the “Code of Practice on Transport Infrastructure Assets”.

The production of a 2014-15 Note will form the baseline for the 2015-16 Note. The Note consists of a spreadsheet of the elements of Gross Replacement Cost (GRC) and Depreciated Replacement cost (DRC) for the various Transport Infrastructure Assets of the Council. The Note will become part of the Statement of Accounts when the Code is fully implemented in 2016-17.

Internal Audit were requested to review the 2014-15 Note ahead of submission and in preparation for the incorporation into the Statement of Accounts.

2. AUDIT APPROACH

Internal Audit provided assurance over the 2014-15 Note submitted to by independently verifying figures on the spreadsheet with reference to:

- Underlying evidence supporting the figures.
- Compliance to section 5 of the “Whole of Government Accounts for Local Authorities (England) on completing the 2014-15 Data Collection Tool Pack”.

3. SUMMARY FINDINGS

We were able to agree all of figures on the Note back to suitable supporting evidence provided by both the Asset Planning Manager and the Group Accountant (Capital). **We can conclude that the 2014-15 Highways Infrastructure Note was developed on a sound basis.**

The following items were however noted:

A typographical error in the input of the carriageway width. This error understated unclassified urban carriageway by 0.02m. This was not however a material error when compared to the classification – but should be considered for correction at the time of the final submission.

The length of carriageway upon which depreciation is calculated is based upon the UK Pavement Management System (4,195km). This is less than the figure used to calculate the carriageway gross replacement cost drawn from the Insight system (4,405km). The Guidance does however allow the UKPMS figure to be utilised.

The following footway items were pending full verification:

- Underlying evidence supporting footway widths from the UKPMS had been provided as an average, but not fully evidencing the urban/rural split of widths.
- Footway length data supporting the Note for one of the categories (Hierarchy 4) was unable to be agreed back to supporting evidence as this had yet to be loaded on the UKPMS.

Verge widths for the Land asset classification were pending full confirmation back to underlying supporting evidence.

We understand that Street Lighting data is intended to be refreshed ahead of final submission to more accurately reflect the status of this class of assets.

STEP	TIMING	STATUS	EVIDENCE
1 Carry out impact assessment	As soon as possible	Complete	Informal assessment completed previously, prior to release of LAAP 100. Gaps identified have now been completed and CCC Highway Infrastructure Asset Data/Information Strategy (approved Feb 16) is latest document that considers data requirements (see strategy).
2 Identify key staff (finance & highways)	Summer 2013	Complete	Finance - Ellie Tod
Assess adequacy of resources			Highways Lead - Barry Wylie, with additional support from individual asset owners where specialist support required, i.e. Structures, Signals, Street lighting
Allocate responsibilities			
3 Initial briefing and training of key stakeholders & staff	At an early opportunity then ongoing throughout the project	Ongoing - further update being sent to A&AC in Jan 17 (and verbal update to chairman's briefing in Sep 16)	<p>Key stakeholders: A&AC S151 Officer Capital Accountant and Closedown Accountant Highways Asset Planning Manager External Audit</p> <p>Capital Accountant, Closedown Accountant and Highways Asset Planning Manager liaise regularly. External Audit have been provided with the WGA every year.</p> <p>Capital Accountant attended various CIPFA courses (and attending further course in Oct 16) and read technical guidance (Code, LAAP 100 etc).</p>
4 Identify asset data requirements for SoA in accordance with the Accounting and Transport Codes	Summer 13	Complete	<p>Asset Planning Manager regularly attends CIPFA briefings with HAMFIG input. Accounts (UPDATED) - additions info required, split into new and enhancing</p> <p>CCC's draft Highway Infrastructure Asset Data/Information Strategy identifies all data requirements including those for valuation purposes.</p>
5 Identify systems changes (both finance & highways)	Summer 13	Complete	<p>Accounts - change to working papers but not systems</p> <p>Highways - updated supporting information supplied by CIPFA. No change to internal systems required</p>

10	6 Implement required changes to asset data and systems	September 14 to June 15	Complete	Any required changes are incorporated in supporting documentation developed by HAMFIG and available through CIPFA. If authority data requirements change, these will be developed and incorporated into internal systems as required/when notified.
	7 Identify changes required to accounting policies and notes to the accounts	August 15	Complete	No changes have been required so far. PPE policy - infrastructure section MIRS BS PPE Note New HNA Note
	8 2014/15 WGA submission	July - September 15	Complete	Submitted with draft WGA in Jul 15 and final WGA in Dec 15 (only late because accounts were late)
	9 Internal Audit review of 2014/15 submission	August 15	Complete	See IA Report
	10 Review and implement any changes identified in the 2014/15 Dry Run and by Internal Audit	October 15 - June 16	14-15 WGA Submission: Footways at 97%	14-15 WGA Submission: Footways at 97% (increased from 95%) - A significant number of missing footways have been identified, however we are aware of gaps that still exist in the network, and that there are some un-associated footways that are currently not recorded. A project will be undertaken shortly to identify the location of these footways/paths and include them on the asset register.
			Land at 95% - complete	Land at 95% (increased from 85%) - Land extent is dependent upon defining the exact highway boundary on all of our roads. Unfortunately the precise width of all of our highway verges is not known, particularly in the more rural areas, and it is unlikely that we will ever have investigated every section of highway fully. Therefore it is accepted that the accuracy of our overall land area may fluctuate annually and we will report it as 95% accuracy. Any annual fluctuation should not be material.
			IA Report: Typo error - complete	Typo error - corrected
			UKPMS v. Insight - complete	Reconciliation of missing sections of road has been completed. However the road length recorded in each system will always be different due to the differing rule sets applied to each system. For instance, the LSG within Insight will measure a dual carriageway 100m long as two lane lengths, 100m x 2 = 200m, whereas the UKPMS would measure a single line of 100m, and stipulate it is a dual carriageway.
			Urban/rural split of footways - complete	Urban/rural split of footways now sorted
			Footway length supporting data - complete	Footway length supporting data now uploaded to UKPMS

11	Include commentary in Narrative Report for 2015/16 Statement of Accounts that there will be a change in accounting policy for 2016/17 and describe nature of the changes	July 16	Other: WGA rec to accounts - complete N/A	Identified that PFI additions and disposals were not included in the return so the split between additions/disposals/revaluations was not accurate. Therefore in 2016-17 reconciled to accounts figures, not ETE additions
				No longer required for accounts since the 2015-16 figures are not being restated
12	2015/16 WGA submission	July 16	Complete	
13	Split current infrastructure balance between HNA and non-HNA	December 16	In progress	The Guided Bus cost figure (as the most material non-HNA) has been split out; however the depreciation calculations still need to be split. Final step will be to analysis the Infrastructure additions for the last 5 years to see whether there have been any material non-HNA assets being added to the Infrastrucutre balance. If there have, then we will potentially need to look further back into the additions. This work will start once the Group Accountant (capital) has attended the CIPFA course in Oct 16.
14	Prepare draft amendments for 2016/17 Statement of Accounts (draft accounting policies, draft disclosure for HNA)	December 16		
15	Identify and implement any procedure or data omissions following review of draft amendments	December 16 – February 17		
16	Produce 2016/17 Statement of Accounts	March - June 2017		
17	Submit 2016/17 WGA information	June 17		
18	Audit of 2016/17 Statement of Accounts	July – September 17		

REGISTRATION OF LAND PURCHASED FOR HIGHWAYS PURPOSES

To: Audit and Accounts Committee

Date: 24th January 2017

From: Camilla Rhodes, Asset Manager – Information

Electoral Division(s): All

Purpose: To report to committee on:
a) The 18 month project to register all 6,000 parcels of land purchased for highways schemes with the Land Registry

Key Issues: This project is needed to secure the value of the assets financially and legally in terms of the rights they represent.

The project has been delayed, resulting in a revised completion date of Autumn 2018. This means that the £25,000 funding set aside for the project will need to be rolled forward.

Recommendation: That the Committee notes the revised timescale for the project and the proposal to roll forward the requisite funding into 2018-19.

<i>Officer contact:</i>	
Name:	Camilla Rhodes
Post:	Asset Manager – Information
Email:	camilla.haggett@cambridgeshire.gov.uk
Tel:	01223 715621

1. BACKGROUND

- 1.1 The County Council is seeking to electronically register some 6,000 parcels of land purchased since the 1930s to 1990 for highway purposes with HM Land Registry (HMLR). The total area of the plots is about 1,800 hectares. This land represents assets of considerable value as resources for future transport schemes and as assets of financial value. Registration of title will protect the assets from being lost, for example through adverse possession.
- 1.2 There is no estimate of the total value of the land, due to the large number and wide geographical location of the plots. However, a small plot of urban land in Newnham, Cambridge realised a price of £40,000 in 2013. Rural land will realise less, depending upon location and purpose.
- 1.3 The objective is both to secure the registration of the land to the Council and to obtain detailed, indexed titles of each deed.
- 1.4 Approval for the project was given, by the Executive Director for Economy, Transport and Environment, on 30th November 2015 after consultation with the Chair of the Highways and Community Infrastructure (HCI) Committee. Funding for the project was secured from operational savings allocated for consolidation and digitisation of highway asset records.
- 1.5 The cost of the project is estimated at £25,000, based on the Land Registry's quotation received on 30th September 2015. This includes a 25% discount for a large-scale application.
- 1.6 The project was estimated by Land Registry to take them approximately 18 months to process, completing around June 2017.
- 1.7 Initial scoping indicated that it would be possible to make an electronic lodgement using previous scans of the County Council's deeds, the first of its nature in the country. The benefit of this would be a more efficient and secure process, removing the need to move thousands of legal deeds physically between Cambridge and Land Registry Fylde office.

2. MAIN ISSUES

- 2.1 The detailed scoping of the project was initially delayed by resourcing issues at the Land Registry until May 2016. The project was subsequently delayed by problems discovered by the Land Registry in the sample of scanned documents during detailed scoping. It was found that the scans were not complete, and as a result it would not be possible to make an electronic lodgement.
- 2.2 In order to resolve this, the documents are to be re-scanned using funding from the Asset Information 2016-17 Searches budget. This will take

approximately two months. The project can then proceed with Land Registry. Further sample electronic documents will be provided to ensure that the new electronic registration processes are effective.

- 2.3 It is now anticipated that the project will be completed autumn 2018. As a result, the £25,000 operational savings set aside for the project need to be rolled forward to be spent in the financial years 2017-18 and 2018-19.

Source Documents	Location
None	

**REPORT ON LEARNING POINTS FROM THE PRODUCTION OF THE 2015-16
STATEMENT OF ACCOUNTS**

To: **Audit and Accounts Committee**

Date: **24th January 2017**

From: **Closedown Group Accountant**

Electoral division(s): **All**

Forward Plan ref: **N/a** *Key decision:* **N/a**

Purpose: **This report is to summarise the learning points from the production of the 2015-16 Statement of Accounts. The report also outlines proposed changes to systems and processes for the preparation of the 2016-17 Statement of Accounts.**

Recommendation: **That the Committee note the report**

<i>Officer contact:</i>
Name: Iain Jenkins
Post: Group Accountant
Email: ijenkins@northamptonshire.gov.uk
Tel: 01604 364664

1. BACKGROUND

- 1.1. The Council produces its Statement of Accounts on an annual basis. The accounts are a sizeable document (circa 180 pages), encompassing the County Council accounts, the Pension Fund accounts, and the Annual Governance Statement. The production of the accounts is a complex process, incorporating a large number of tasks and processes that takes several months to complete, culminating on the publication of the draft accounts at the end of June. The accounts and associated working papers are then passed to the Council's external auditors, BDO, who undertake their audit work prior to the final set of accounts being approved by the Audit and Accounts Committee and the auditors issuing their audit opinion.
- 1.2. The deadlines for the publication of the accounts are set by statute within the Accounts and Audit Regulations. The draft accounts must be certified by the Section 151 Officer and published by 30th June. Following the conclusion of the audit the final audited accounts must be approved by the S151 Officer and the Chair and the Audit and Accounts Committee and published by 30th September.
- 1.3. The Council's draft Statement of Accounts for 2015-16 were published on 30th June. However the final audited opinion was issued on 17th October 2016, missing the statutory deadline. The consequence to the Council of a late publication is reputational, there is no monetary penalty.
- 1.4. Since the conclusion of the 2015-16 accounts officers have met with BDO to review the accounts production and audit process and to identify learning points and improvements that can be made. This report is to summarise those points.
- 1.5. It should also be noted that the statutory deadlines for the publication of the Statement of Accounts are changing. The Accounts and Audit Regulations 2015 introduce shorter statutory deadlines. The draft accounts will be required to be published by 31st May, with the final audited accounts published by 31st July. These deadlines take effect from the production of the 2017-18 accounts onwards. So any proposed changes to processes should be seen in the context of the forthcoming reduction in statutory deadlines. A specific report on the implications of the changes to the statutory deadlines will be brought to the March meeting of the Audit and Accounts Committee.

2. LEARNING POINTS FROM THE PRODUCTION/AUDIT OF THE 2015-16 STATEMENT OF ACCOUNTS

Timetable and scheduling

- 2.1. The audit was not concluded in sufficient time to meet the CCC democratic timetable. Papers could not be circulated far enough ahead of the scheduled Committee meeting on 20th September to allow members enough time to undertake an informed review of the accounts prior to the statutory deadline. As a result an additional meeting of the Audit and Accounts Committee had to be scheduled for 14th October.

- 2.2. In order to address this, the 2016-17 Statement of Accounts are to be ready for sign off at the end of August 2017. The scheduling of all tasks in the preparation, audit and review of the accounts is to be aligned accordingly to meet this deadline. This should allow sufficient time for members to review the final accounts prior to the Audit and Accounts Committee scheduled for 19th September 2017.
- 2.3. BDO have agreed to produce a Gantt chart for 2016-17. This will list the tasks involved in the process, outline the level of resources required, include contingency, and will reflect the risk profile of the work. CCC will ensure that its internal closedown timetable is in line with this Gantt chart.
- 2.4. Regular monthly liaison meetings have been arranged between CCC officers and BDO to monitor progress. The first of these took place on 6th December 2016.
- 2.5. An escalation protocol is to be agreed between CCC and BDO to ensure that should any issues arise during 2016-17 they will be raised at an appropriate level and on an appropriate timescale to allow mitigating actions to be undertaken.

Records Required Listing

- 2.6. In order to facilitate the audit BDO issue CCC with a records required list which sets out the documents and working papers which they would like to review as part of their audit fieldwork. This is provided to the authority in advance of the audit to allow the relevant documents to be produced/collated.
- 2.7. The records required listing for 2015-16 asked for various working papers to be produced along with supporting documentation. The supporting documents provided to BDO by CCC were sometimes not what the auditors had intended, and on several occasions further information had to be provided after the initial request. This slowed down the audit and meant that some straightforward audit queries took longer to resolve than they should have done.
- 2.8. For 2016-17 BDO will update their records required list to add as much detail as possible on the documents that CCC are required to provide. This will allow the appropriate documents to be supplied at the start of the audit.
- 2.9. A draft records required listing has been supplied by BDO on 3rd January 2017. This will be reviewed by CCC officers with the final version to be agreed at the February liaison meeting.
- 2.10. BDO will also supply guidance to CCC on the types of acceptable audit evidence, and this will be incorporated into the records required listing.
- 2.11. Any documents required from schools are to be advised by BDO in sufficient time to enable them to be provided prior to the school holidays.

Journal listing

- 2.12. One of the items requested by BDO during 2015-16 was a complete listing of all transactions from the general ledger for the financial year. Due to specifications of this request, and the amount of data involved, this could not be produced directly by CCC officers. Consequently this data had to be supplied directly to BDO by Fujitsu. As 2015-16 was the first year that this had been requested the computer script for extracting the report had to be refined several times in order to extract the correct dataset for BDO's requirements. This took some time to be concluded and meant that this data was produced later than originally scheduled.
- 2.13. The same dataset will be required to be produced for 2016-17. Officers have been liaising with Fujitsu to agree the parameters for this report to allow it to be produced at an earlier stage than in 2015-16.

Interim Audit

- 2.14. The auditors are on site for several weeks prior to the end of the financial year to undertake interim audit work. This reduces the amount of testing required during the main audit in the summer.
- 2.15. For 2016-17 BDO will be onsite for 5 weeks commencing in February. The aim is that, where possible, data up to the end of period 9 will be audited; reducing the amount of testing required to be undertaken during the main audit.
- 2.16. Other audit testing can be completed during the interim audit in 2016-17 which was undertaken later in the process in 2015-16. For example the review of asset valuations can be commenced, and the Council's Minimum Revenue Provision (MRP) calculation can also be reviewed.

Activity Log and IT Access for BDO

- 2.17. An activity log is maintained during the course of the audit to records task that are in progress and audit queries that have been raised. For 2015-16 this was updated on a weekly basis, however due to the volume of activity during the audit this meant that the log quickly become out of date. Also, although remote access to the CCC network had been requested for BDO, technical difficulties meant that they were unable to utilise it. Consequently updates to the activity log had to be sent by email as the auditors could not update it directly.
- 2.18. It has been agreed with BDO that the activity log needs to be a live document showing the current position at any one time. As it has proven difficult to arrange remote access for BDO to the CCC network the possibility of giving CCC officers access to BDO networks has now been explored. A sharepoint site has been set up hosted by BDO on their site which can be accessed by both CCC and BDO officers. This new site will be used in 2016-17 to share files with BDO and will store the 2016-17 activity log to allow both CCC and BDO to update it. This is a secure, password-protected site and access will only be given to the relevant

officers. CCC officers have confirmed the data security arrangements with the Authority's Information Governance Team prior to starting to use the site.

3. RECOMMENDATIONS

3.1 That the Committee note the report.

4. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

5.2 Helping people live healthy and independent lives

There are no significant implications for this priority.

5.3 Supporting and protecting vulnerable people

There are no significant implications for this priority.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

There are no significant implications within this category.

6.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

6.7 Equality and Diversity Implications

There are no significant implications within this category.

6.8 Engagement and Consultation Implications

There are no significant implications within this category.

6.9 Localism and Local Member Involvement

There are no significant implications within this category.

6.10 Public Health Implications

There are no significant implications within this category.

Source Documents	Location
Accounts and Audit Regulations 2015	Room 128 Shire Hall, Cambridge

RISK MANAGEMENT REPORT

To: **Audit and Accounts Committee**

Date: **24th January 2017**

From: **Sue Grace, Director, Customer Services and Transformation**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **N/A**

Purpose:

- **To provide the Audit and Accounts Committee with the profile of Corporate risks faced by the Council**
- **To provide details of significant changes to the Corporate Risk Register since the last report to the Committee in September 2016**
- **To provide the Audit and Accounts Committee with the profile of risks faced by corporate and executive directorates**

Recommendation: **Audit and Accounts Committee comments on and notes the latest Risk Management Report.**

<i>Officer contact:</i>	
Name:	Duncan Wilkinson
Post:	LGSS Head of Internal Audit
Email:	Duncan.Wilkinson@Milton-keynes.gov.uk
Tel:	01908 252089

1. BACKGROUND

1.1 In accordance with best practice, the Council operates a risk management approach at corporate and service levels across the Council, seeking to identify key risks which might prevent the Council's priorities, as stated in the Business Plan, from being successfully achieved.

1.2 The risk management approach is encapsulated in 2 key documents:

- Risk Management Policy

This document sets out the Council's Policy on the management of risk, including the Council's approach to the level of risk it is prepared to countenance as expressed as a maximum risk appetite. The Risk Management Policy is owned by the General Purposes Committee.

The Risk Management Policy states that the Council aims to manage risk in a manner which is proportionate to the risk faced based on the experience and expertise of its senior managers, although this must be within the Council's risk appetite. Audit and Accounts Committee members are therefore reminded that accepting a residual risk score of amber is appropriate provided that an objective risk assessment has been undertaken.

- Risk Management Procedures

This document details the procedures through which the Council will identify, assess, monitor and report key risks. The Risk Management Procedures document is owned by the Strategic Management Team (SMT).

1.3 The respective roles of the Audit and Accounts Committee and General Purposes Committee in the management of risk are:

- The Audit and Accounts Committee provides independent assurance of the adequacy of the Council's risk management framework and the associated control environment.
- The General Purposes Committee has an executive role in the management of risk across the Council in its role of ensuring the delivery of customer outcomes.

1.4 Risk Identification

The Council's approach to risk identification is described in the following extract from the Council's Risk Management Policy as approved by General Purposes Committee:

- Risk management should operate within a culture of transparency and openness where risk identification is encouraged and risks are escalated where necessary to the level of management best placed to manage them effectively;

- Risk management should be embedded in everyday business processes;
- Officers of the Council should be aware of, and operate, the Council's risk management approach where appropriate;
- Councillors should be aware of the Council's risk management approach and of the need for the decision making process to be informed by robust risk assessment, with General Purposes Committee members being involved in the identification of risk on an annual basis.

Ownership of the Corporate Risk Register (CRR) lies with SMT which reviews the Register on a quarterly basis, following an initial review by the Corporate Risk Group (CRG), chaired by the LGSS Head of Internal Audit.

Significant changes to the CRR are reported to General Purposes Committee and Group Leaders on a quarterly basis. On an annual basis General Purposes Committee and SMT will review the CRR to seek to ensure that all significant risks faced by the Council are reflected. This annual review is undertaken in co-ordination with the annual business planning process.

- 1.5 The CRR was reviewed by SMT on 15th December 2016. A report detailing significant changes to the CRR will be presented to the General Purposes Committee at its meeting of 10th January 2017.
- 1.6 This report is supported by:
- The Corporate Risk Profile (**Appendix 1**)
 - The Corporate Risk Register (**Appendix 2**)

2. CORPORATE RISK REGISTER UPDATE

- 2.1 Following the review of the CRR by SMT on 15th September, SMT is confident that the CRR is a comprehensive expression of the main risks faced by the Council and that mitigation is either in place, or in the process of being developed, to ensure that each risk is appropriately managed.

Appendix 1 shows the profile of Corporate Risk against the Council's risk scoring matrix.

2.2 Risk 9: Failure to Secure Funding for infrastructure

At the previous SMT Officers felt that the residual risk score could be reduced from a red to an amber risk. ETE Directors have approved reducing the residual score to Amber. Although the requirements for infrastructure remain very high and funding is likely to continue to not meet all needs officers considered that the devolution deal and the funding opportunities that it provides as well as the LEP growth deal, combined with the mitigating actions, justifies this risk being amber rather than red. This does not imply that funding for infrastructure will not be an issue but officers felt that the

number of mitigating actions and potential funding sources meant that it was not appropriate to leave this as a red risk.

2.3 Risk 22: The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget

This risk has been refreshed and renamed as 'The Total Transport project fails to identify and implement affordable solutions that allow service levels to be maintained' and has been approved by ETE Directors.

SMT agreed the revised Risk 22

2.4 General points from the Audit and Accounts Committee on 20th September 2016

As a general issue on risks, the Chairman highlighted three issues of concern that he had:

1. The risk that the lack of Council funds would lead to gaps in service provision and the inability to achieve the Council's aims.
2. The risk that the failure to recruit to low paid jobs could lead to serious issues, such as a lack of supply of care providers.
3. The need to look at not only the services the Council was providing, but also identifying those services that it ought to, but was not, or was no longer able to provide.

A response agreed by SMT is as follows:

1. The Business Plan sets out the Council's aims and objectives for the next 5 year period. Risk 1b, 'failure to deliver the current Business Plan 2016-2021', contains a number of controls and actions to ensure that the risk of not achieving the Council's aims is mitigated or avoided.
2. The Children, Families and Adults Directorate has a number of controls and actions focused on working with the care provider market to mitigate this risk, including working with the sector on recruitment, training and career development.
3. The business planning process looks at all services the Council provides, and, as noted in the controls for Risk 1a, includes full consultation with the public and the use of data, research and business intelligence to inform the planning process. All changes to services resulting from the planning process are supported by community impact assessments which are published alongside the Business Plan. The Council is now taking a transformational approach to its business planning, and in some cases is developing new services to meet need (for example the development of a district-based delivery model in children's services, or the new Adult Early Help service in adult social care). The Innovation Fund has also been launched, to help people to stay safe, independent and well in their community, through this fund local organisations can bring forward proposals to respond to local need.

3 SERVICE RISK

CORPORATE AND EXECUTIVE DIRECTORATE RISKS

- 3.1 The following table overleaf shows the profile of directorate risk across the Red, Amber, Green (RAG) range and comparison with the previous quarter's profile.

ANALYSIS OF DIRECTORATE RESIDUAL RISKS AS AT DECEMBER 2016

DIRECTORATE	Green		Amber		Red		Total	
	Aug	Dec	Aug	Dec	Aug	Dec	Aug	Dec
Children, Families and Education (Nov-16)	1	1	14	14	1	0	16	15
Economy, Transport and Environment (Oct-16)	1	1	18	19	1	0	20	20
Corporate (Apr-15)	0	0	7	7	0	0	7	7
Public Health (Oct-16)	0	0	21	22	0	0	21	22
TOTAL	2	2	60	62	2	0	64	64

The Table illustrates that there are 64 risks recorded in service risk registers. 64 of the risks are managed within the Council's stated risk appetite of a maximum score of 15 as defined in the Risk Management Policy.

- 3.2 CFA Management Team considered the CFA Risk Register in November 2016. It was agreed that the risks need to be sharpened up to distinguish between business as usual and other risks which are of concern, and that there was not enough focus on the financial risks in a timely way. This review is currently underway with directors. A sharper, quicker approach to risk management may have implications for the more general risk management framework, which will be brought back to SMT and A&AC for consideration.

4. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

Risk management seeks to identify and to manage any risks which might prevent the Council from achieving its 3 priorities of:

- Develop the local economy for the benefit of all
- Help people live healthy and independent lives
- Support and protect vulnerable people

Source Documents	Location
Corporate Risk Register	Box OCT1108, Shire Hall, Castle Hill Cambridge, CB3 0AP

CORPORATE RESIDUAL RISK MAP – DECEMBER 2016

Page 55 of 130

Favourable change

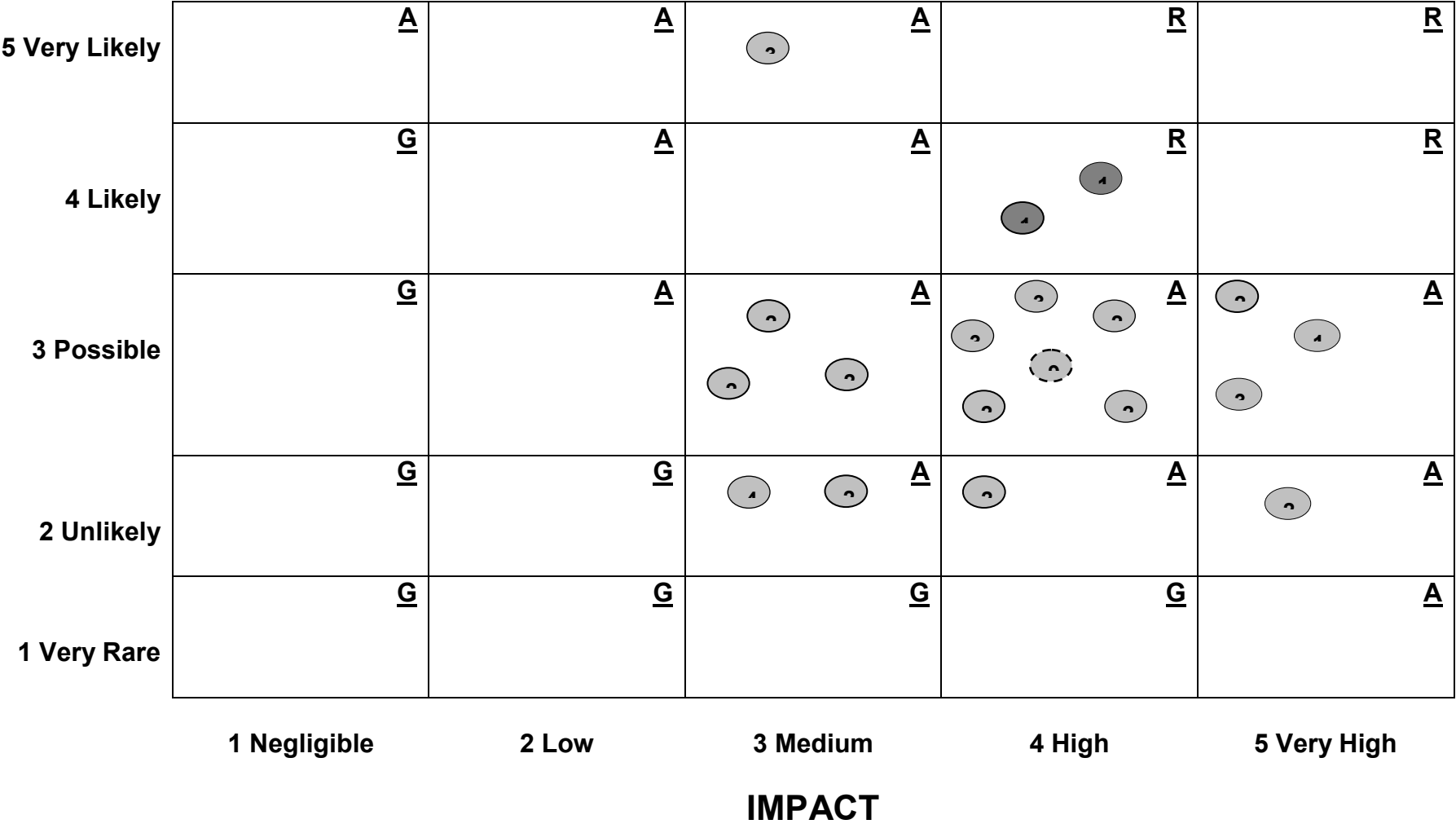
Adverse change

Green rated

Amber rated

Red rated

PROBABILITY



CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Unfavourable result of negotiations with Government about settlement 4. Worsening Pension Fund deficit 5. Legislative changes add unforeseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	CD CS&T	1. Robust political leadership, strong vision, clear priorities and policies, developed through councillor engagement 2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options. 3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. A working party is exploring alternatives to the existing business planning process 7. Capital Programme Board - robust management of the delivery of capital elements of the Business Plan 8. CFA savings tracker in place and reviewed by the CFA Performance Board monthly and weekly at the working group 9. An 'in-year savings tracker' in place to enable SMT to strengthen performance management of the delivery of the Business Plan 10. Business Case process in place as part of the development of savings proposals for the Business Plan	4	4	16	4. Review how CFA can better integrate planning cycle with partners	ED-CFA	Jun-16		G	Executive Director, Children, Families and Adults	This has been discussed at the Public Services Board multiple times over the summer and autumn 2016. Furthermore, as part of the corporate business planning process this year we are finalising a document that sets out all of the draft proposals across CCC which can be shared with members (to discuss with Parish Councils) and partners.
		1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation. 2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate. 3. Organisation not sufficiently aligned to face challenges.	1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets; need for reactive in-year savings; adverse effect on delivery of outcomes for communities		1. Robust service planning; priorities cascaded through management teams and through appraisal process 2. Strategy in place to communicate vision and plan throughout the organisation 3. Performance Management				4. Review how CFA can better integrate planning cycle with partners 6. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Further action will be taken if back payments cannot be secured.	ED-CFA SD OPMH	Jun-16 Sep-16		G G	 Service Director Children's Social Care	This is being taken forward with Health through the System Transformation Programme which is establishing principles and proposals This action is still underway, and is being closely overseen by Adults Committee. On CHC assessments, we have agreed an action plan with CCG for all assessments to have been completed by 1 April. We will review in Feb / Mar 2017 whether this deadline will be met. On other outstanding areas, we have now exhausted attempts at negotiation between officers and LGSS Law and PCC Law are seeking legal opinion.

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments	
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status			
1b	Failure to deliver the current 5 year Business Plan 2016 - 2021			CE	4. Governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Directorates to review and recommend priorities d. Directorate Management Teams/Programme Gvnce Boards ratify decisions 5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Integrated performance and resource reporting (monthly to GPC) a. Monthly progress against savings targets b. Corporate Scorecard monitors performance against priorities c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions 7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy 8. Limited reserves for minor deviations 9. Routine monitoring of savings delivery to identify any required interventions 10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board 11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups 12. LGSS governance arrgts incl representation on SMT (Section 151 Officer)	4	4	16								
2	The quality, responsiveness and standard of LGSS Services fail to meet CCC requirements	1. LGSS resources available to support CCC are reduced as LGSS expands its customer base 2. Failure to manage LGSS service delivery to CCC	1. Support services to CCC are not provided in a timely, accurate and professional manner	CD CS&T	1. Joint Committee Structure incl CCC Cllr representation, LGSS Overview and Scrutiny Cttee, Chief Executive sits on LGSS Management Board 2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs 3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified 4. Programme Management arrangements in place to move forward workstreams 5. CCC performance management arrangements 6. LGSS performance management team 7. LGSS SLA's in place and regularly reviewed in detail 8. Corporate Director CS&T responsible for managing LGSS / CCC relationship	3	3	9	2. In depth reviews of the SLAs in the Council's contract with LGSS. Further information required by SMT prior to sign off for Audit and Risk Management, Learning and Development and Strategic Assets 3. In line with Action 2. Reviews of Finance Transactions and Health and Safety SLAs will be carried out from March 2016 for completion by August 2016	CD CS&T GD CS&T	May-15	Mar-16 May-16 Jul-16 Dec-16 Feb 17 Aug-16	G G	Corporate Director, Customer Service and Transformation	Reviews of SLAs are underway, and will be aligned with improvement planning work timetabled for the end of January'	
	The Council does not have appropriate staff	1. Ineffective recruitment outcomes 2. Ineffective planning processes 3. Unattractive terms and conditions of employment. 4. High staff turnover 5. Lack of succession planning to capture experience and knowledge 6. Increasing demand for services 7. Lack of trained staff 8. National pressures on the recruitment of key staff	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action 4. Reputational damage to the Council 5. Low morale, increased sickness levels		1. Annual business planning process identifies staffing resource requirements 2. Children and Adults Workforce Strategy and Development plans with focus on recruitment and retention 3. Robust performance management and development practices in place. 4. Flexible terms and conditions of employment				1. LGSS Management Board will review the workforce strategy as part of the Transformation Programme 2. Production of common training programme by OWD taken from service needs and compiled from PADP outcomes (annually) 3. Annual employee survey to feed into LGSS service improvement plans 4. Production of the County wide Organisational Workforce Development Programme	LGSS MB LGSS LGSS SAC&S HoP	Jan-16 Sep-16 Nov-16 Jul-16	Mar-16 Jul-16 Dec 16	G G G G	LGSS Management Board LGSS Service Assurance, Customers and Strategy Head of People		

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
3	Appropriate staff resources with the right skills and experience to deliver the Council's priorities at a time of significant demand pressures			DoPTT	5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda. 7. Use of statistical data to shape activity relating to recruitment and retention 8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis. 9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention. 10. Increased use of statistical data to shape activity relating to social care recruitment and retention. 11. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence. 12. Social care frontline managers support their own professional development through planning regular visits with frontline services. 13. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention.	3	4	12	8. Deliver the Recruitment and Retention Action Plan	SD OP&MH	Mar-17		G		
4	The Council does not achieve best value from its procurement and contracts	1. ineffective procurement processes 2. Lack of awareness of procurement processes across the Council 3. Ineffective contract management processes 4. Untrained contract managers	1. Poor value for money 2. Legal challenge 3. Wasted time and effort in contractual disputes	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance and templates kept updated with changes in best practice 3. Procurement Training provided on a regular basis with differing levels targeted at specific audiences 4. Central Contract register maintained and access available to relevant Officers 5. Use of checklist (Summary Procurement Proposal) on all new procurement activity undertaken via central Procurement team. This includes a review of options to achieve optimal value and where feasible captures existing costs and new costs after the procurement. 6. Nursing and residential care purchased through central brokerage unit 7. Develop long term sustainable relationships with providers wherever appropriate (e.g. Home care contract)	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training 2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA HIA	Mar-16 Mar-16	Mar-17 Mar-17	G G	Head of Internal Audit	Included in the 2016/17 Audit Plan Included in the 2016/17 Audit Plan
		1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure. This is exacerbated by austerity measures and reduced government funding for local authorities 2. Significant reduction in school infrastructure funding in 2016/17 from £34m per annum to £4m	1. Key infrastructure, services and developments cannot be delivered, with consequent impacts on transport, economic, environmental, and social outcomes. This could also result in greater borrowing requirement to deliver essential infrastructure and services which is unsustainable.		1. Maximisation of developer contributions through Section 106 negotiations. 2. Prudential borrowing strategy is in place. 3. Section 106 deferrals policy is in place. 4. External funding for infrastructure and services is continually sought including grant funding. 5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects.				10. Scope out potential for a more joined up approach to CIL and investment in infrastructure with ECDC and HDC 15. County Planning obligation strategy being developed for district's and CCC use. 16. Seek Members approval of the new Transport Investment Plan which pulls together all transport infrastructure required for growth in Cambridgeshire and to monitor funding for schemes including S106. Members sign-off will take place annually thereafter	HoTIPF HoG&E HoTIPF	Spring-2015 Dec-15 Oct-16	Autumn-2015 Mar-16 Sep-16 Apr-16 Jul-16 Oct-16	G G G	HoTIPF - Head of Transport Infrastructure Policy and Funding HoGE - Head of Growth and Economy	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments	
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status			
9	Failure to secure sufficient funding for infrastructure			ED ETE ED CFA	6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development. 7. County planning obligation strategy being developed for district's and CCC use in identifying community infrastructure needs. 8. Lobby with LGA over infrastructure deficit 9. On-going review, scrutiny and challenge of design and build costs to esnure maximum value for money. 10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure. 11. Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process. 12. Annual school capacity return to the Department of Education seeks to secure maximum levels of funding for basic need. 13. Maintain dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2016) 14. City Deal	3	4	12							HoS - Head of Strategy SD S&C - Service Director, Strategy and Commissioning ED CFA - Exec Director, Children, Familes and Adults	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	Children's Social Care: 1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool 2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral 3. Serious case review is triggered Adult Social Care (inc. OPMH): 1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation 2. Serious case review is triggered 3. Outcomes of reported safeguarding concerns reveals negative practice	1. Harm to child or an adult receiving services from the Council 2. Reputational damage to the Council	ED CFA	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 2. Skilled and experienced safeguarding leads and their managers. 3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews. 5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners. 6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance 7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission 9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services 10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB 11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities	3	5	15	3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team	HoS FREDt	May-16	May-17	G	Service Director Adult Social Care <	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
					14. Business Intelligence Service support services with inspection preparation' 15. Preparation undertaken for inspections of services for children in need of help and protection' 16. Whistleblowing policy 17. Anti Fraud and Corruption Strategy incl Fraud Response Plan 18. Developed information and advice provision (an inspection handbook) 19. Developed an arrangement for disseminating legislative change to all directorates and services										
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	CD CST	1. Corporate and service business continuity plans 2. Relationships with the Unions including agreed exemptions 3. Corporate communication channels 4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) 5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms 6. Operational controls 7. Resilient Internet feed 8. Business continuity testing 9. CCC corporate BCP Group incl LGSS BC leads	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. 13 Review of Corporate Business Continuity Plan. 14. Review of accommodation provision in business continuity plans with LGSS	DoIT HoEP HoEP	Mar-13 Jun-16 Jul-16	Dec-15 Dec-16 Sep-16 Dec 16	 G G G	DoIT - Director of Information Technology HoEP - Head of Emergency Planning	The second LGSS data centre is in Northampton and this is finished and it is connected but much more work is needed before this becomes the live failover site for CCC. Much of the new hardware and systems is on order and/or being installed now but they will keep using Scott House for some time to come The draft of the updated Corporate Business Continuity Plan is complete and ready for sign off following final discussions with LGSS IT. The new plan will be complete and in place by the end of October. Consideration of accommodation provision within the Business Continuity arrangements is still being worked upon
		1. Cambridgeshire Future Transport fails to deliver effective, efficient and responsive passenger transport services around Cambridgeshire	1. The accessibility needs of Cambridgeshire residents are not met, contributing to social exclusion, poor take up of employment and education opportunities, and reduced quality of life. 2. Failure to complete on time will mean business plan savings are not achieved.		1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme 2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms				8. Review of Commissioning. The CFT Member Steering Group has been renamed the Total Transport Member Steering Group. The Group is holding monthly meetings to take forward work on improving commissioning and integration of all forms of passenger transport. The next meeting will consider papers on Terms of Reference, Total Transport Pilot Proposal, Scheduling Software and Business Planning.	HoPT	Mar-17		G	HoPT - Head of Passenger Transport	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
22	The Cambridgeshire Total Transport programme fails to meet its objectives within the available budget			ED ETE	3. Strategic business case, Risks and Issues Log and programme is in place.	3	3	9							
					4. Communications strategy has been developed.										
					5. Engagement strategy including stakeholder mapping has been developed.										
					6. Bi-weekly project team meetings.										
					7. Updates are provided monthly for Members via Key Issues.										
					8. Two year programme in place for the review of the commissioning of services.										
22	The Total Transport project fails to identify and implement affordable solutions that allow service levels to be maintained	1. The changes to services that Total Transport introduces generate a level of adverse opinion such that they prove impossible to sustain. 2. One or more individual serious incidents undermine confidence in the overall provision of the service. 3. It proves impossible to secure savings for the transport budget without incurring additional costs elsewhere (e.g. the impact on domiciliary care provision would outweigh the savings available by changing travel times). 4. The provider market proves unable or unwilling to meet the Council's requirements at an affordable rate.	1. An overall reduction in transport budgets would then result in the same amount as now being spent on meeting statutory obligations using a standalone model, meaning that non-statutory but socially necessary services (for example, community transport or local bus routes) would face withdrawal. This would contribute to social exclusion, poor take up of employment and education opportunities, and reduced quality of life	ED ETE	1. A Total Transport Member Steering Group meets bi-monthly, offering a wide range of political insight and providing a steer for the project 2. A Total Transport Programme Board meets at least quarterly, bringing together Service Directors from CFA and ETE to provide strategic direction 3. A Total Transport Project Group meets monthly, bringing together Heads of Services from CFA and ETE, to consider the operational impacts and opportunities. 5. A new procurement framework has been established, and work continues to engage with (potential operators). High level work is also being undertaken to explore the costs and benefits of in-house operation 6. The Council is actively engaged with other local authorities pursuing a Total Transport agenda, and attends quarterly DfT meetings to share experience and ideas 7. Active plans are being made to determine the best approach following the formal end of the pilot period in March 2017. This includes the roll-out proposal for phase one, which is being considered by GPC on 20 December, and the use of an underspend on the original grant to support the on-going implementation of phase two	2	3	6	1. Smartcard technology to be introduced in September 2016, with review of initial date in October/November. This will provide a good indication of potential savings from this workstream 2. New school bus networks will be introduced from September 2016, testing out different approaches that may offer savings. The operational results and the public response will provide an indication of whether these can be applied more widely 3. A further report is scheduled for General Purposes Committee in November 2016, considering in particular the options for integrating social care and school journeys 4. A new Flexible Minibus Service is scheduled for introduction in January 2017. This will test a possible model that could mitigate future reductions to the budget for local bus services	TTPO TP&OP M TP&OP M TTAO	Sep-16 Sep-16 Nov-16 Jan-17	Nov-16 Nov-16	G G G G	TTPO - Total Transport Project Officer TP&OPM - Transport Policy & Operational Projects Manager TTAO - Total Transport Area Officer	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
23	Major Fraud or Corruption	1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes. 2. Increased personal financial pressures on individuals as a result of economic circumstances	1. Reputational damage 2. Financial loss	CE	1. Financial Procedure rules 2. Anti Fraud and Corruption Strategy incl Fraud Response Plan 3. Whistle blowing policy 4. Codes of conduct 5. Internal control framework 6. Fraud detection work undertaken by Internal Audit 7. Awareness campaigns 8. Anti Money Laundering policy 9. Monitoring Officer/Democratic Services role 10. Publication of spend data in accordance with Transparency Agenda 11. New Counter Fraud Team established in LGSS	2	3	6	3. Implement anti bribery policy 4. Fraud awareness campaigns	HIARM HIARM	Mar-14 Dec-15	Dec-15 Mar 16 Aug-16	A G	HIARM - Head of Internal Audit and Risk Management HIARM - Head of Internal Audit and Risk Management	
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act	1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management. 2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions.	1. Adverse impact on Council's reputation. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 5. Decisions made by managers are not appropriate or timely.	CD CST	1. Governance: SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements 2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy 3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures, 4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) device control 5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests 6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project 7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC 8. Information sharing protocols embedded internally and with partners 9. Audit/QA of accountabilities process 10. e-safety policy 11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members. 12. Mapping Flows of Personal Confidential Data - To adequately protect personal information, organisations need to know how the information is transferred into and out of the organisation, risk assess the transfer methods and consider the sensitivity of the information being transferred. 13. Incident reporting - Damage resulting from potential and actual information security events should be minimised and lessons learnt from them. All information security incidents, suspected or observed, should be reported through the CCC Incident Reporting system and managed in line with the Incident Reporting Procedures and Integrated Risk Management Policy.	3	3	9	6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training 7. Updated Information Asset Register 8. Mapping data flows 11. Implementation of CFA social care Business Systems on new rationalized platform	IM IM HoS IM	Mar-13 Apr-17 Apr-17 Mar-18	Apr-17	G G G G	IM - Information Manager	

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CORPORATE RISK REGISTER

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
					10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.										
27	The pension fund has the potential to become materially under-funded	2. Contribution levels do not maintain the level of the fund 3. The longevity of scheme members increases 4. Government changes to pensions regulations 5. Volatility of financial markets 6. Change to tax threshold causing exceedingly high contribution 7. Shrinking workforce	1. Significant increases in revenue contributions to the Fund are necessary placing additional savings requirements on services	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry 2. Investment Panel work plan 3. Triennial valuation 4. Risk agreed across a number of fund managers 5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation 7. Review investment manager performance quarterly 8. Ongoing monitoring of skills and knowledge of officers and those charged with governance	3	5	15	1. Updated Funding Strategy Statement to be agreed as part of the 2016 triennial valuation process setting out the funding approach for secure, tax rising scheme employers such as CCC 2. An established approach to employer contributions to continue, recognising the secure nature of CCC and the long term nature of the pension liabilities. 3. Review strategic asset allocation as part of valuation process	HoP HoP HoP	Dec-16 Mar-17 Mar-17		G G G	HoP - Head of Pensions	
29	Failure to address inequalities in the county continues	1. Impact of wider economic and social determinants, which may require mitigation through Council services. 2. Failure to target/promote services to disadvantaged or vulnerable populations, or in areas of deprivation, appropriately for local need.	1. Worsening inequalities between geographical areas and/or disadvantaged or vulnerable populations, including health, educational achievement, income.	CE	1. Council's business plan 2. Committee monitoring of indicators for outcomes in areas of deprivation (following full Council motion) 3. Joint Strategic Needs Assessment, Annual Public Health Report, and Joint Health and Wellbeing Strategy (Health inequalities) 4. Implementation of Health Committee Priority 'Health Inequalities' actions and targetting of Public Health programmes (health inequalities) 6. Child Poverty Strategy (income) 7. Targetted services e.g: Travellers Liaison, Traveller Health Team, Chronically excluded adults team etc. 9. Buy with confidence approved trader scheme. 10. Cambridgeshire Inequalities Charter 11. Wisbech 20:20 programme 12. Cambridgeshire 0-19 Education Organisation Plan 13. Cambridgeshire Older People Strategy	3	4	12	1. Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy 3. Develop and agree a combined schools improvement and accelerating achievement strategy for 2016-2018	DoPH SD-L	Dec-16 Sep-16		G G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults SD L - Service Director Learning	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
30	Failure to deliver Waste savings / opportunities and achieve a balanced budget	1. Failure to realise Waste PFI contract opportunities (eg. Reduce cost of CLO and increase income from TPI) and manage operational risk of unforeseen contractual events (eg. Wet IVC waste) leading to significant budget pressures	1.Savings not delivered and potential increased costs leading to significant budget pressures.	ED ETE	1. Strong contract management and close working with legal and procurement to reduce unforeseen costs where possible e.g. management of amount of waste going to landfill. Regular communication, exchange of information and decision-making at the Waste PFI Delivery Board. The Board provides focused management of issues, ensuring contract delivers as required. 2. The Waste PFI is in service delivery phase - the protection that is provided by the contract terms and conditions is in place. 3. Officers working closely with DEFRA, WIDP, Local Partnerships, WOSP and other local authorities 4. The contract documentation apportions some risks to the contractor, some to the authority and others are shared. 5. Clear control of the risk of services not being delivered to cost and quality by levying contractual deductions and controls if the contract fails or issues arise. 6. During the procurement process, the authority appointed a lead to negotiate risk apportionment. The results of the negotiation relating to financial risk are captured in the Payment Mechanism (schedule 26) and Project Agreement that form part of the legally binding contract documentation. 7. Waste PFI contractor investigating contract for Refuse Derived Fuel (RDF) option for Compost Like Output (CLO).	3	5	15	5. Review revised contract management arrangements after 6 months of implementation. 6. Deliver further contract management training if November review identifies a requirement. 7. Identify options for savings in collaboration with Amey and carry out trials where appropriate. 8. Resolve legacy issues in the round with discussions on savings and opportunities.	HoH&C HoH&C HoH&C	Jul-16 Sep-16 Aug-16 Aug-16	Nov-16 Jan-17 Oct 16 Nov-16 Dec 16 Nov-16 Dec 16	G G G G	A&C - Assets and Commissioning	
31	Insufficient availability of affordable Looked After Children (LAC) placements	1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2015-17 2. % LAC placed out of county and more than 20 miles from home as identified in CFA performance dashboard 3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan 2015 to 2017	1. Client dissatisfaction and increased risk of harm. 2. Reputational damage to the council. 3. Failure to meet statutory requirements. 4. Regulatory criticism. 5. Civil or criminal action against the Council	ED CFA	1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. CFA management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit	3	4	12	7. Deliver the actions in the LAC action plan to manage demand and costs	SD CSC	Mar-17		G G G G G G G	Service Director Children's Social Care	
	Insufficient	1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by CFA performance dashboard 3. Home care pending list	1. Client dissatisfaction and increased risk of harm and hospital admission 2. Increase in delayed discharges from hospital 3. Reputational damage to the Council		1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Community resilience strategy details CCC vision for resilient communities 4. Directorate and CFA Performance Board monitors performance of service provision 5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market				4. Retender the main home care contract 5. To support home based services, reablement and its relationship with the intermediate tier is being reviewed and refined to increase efficiency	HoS Procurement HoS DOP	Jul-16 Apr-17	Oct-17	G	Service Director Older People HoS Service Development Older People	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
32	insufficient availability of care services at affordable rates			ED CFA	6. Use of the benchmark rate to control costs of care homes 7. Market shaping activity, including building and maintaining good relationships with providers, so we can support them if necessary 8. Capacity Overview Dashboard in place to capture market position 9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace. 10. Business Case for Council owned Care Home 11. Delivered first phase of Early Help Offer for Adults and OP 12. Retendered the block purchase of care	5	3	15							

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

VERY HIGH (V)	5	10	15	20	25
HIGH (H)	4	8	12	16	20
MEDIUM (M)	3	6	9	12	15
LOW (L)	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

Risk Owners

CD CS&T - Sue Grace
CE - Gillian Beasley
DoPTT - Christine Reed
DoLPG - Quentin Baker
ED ETE - Graham Hughes
ED CFA - Wendi Ogle-Welbourn
DoSD - Bob Menzies
CFO - Chris Malyon

RISK SCORING MATRIX

VERY HIGH (V)	5	10	15	20	25
HIGH (H)	4	8	12	16	20
MEDIUM (M)	3	6	9	12	15
LOW (L)	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT					
LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

Red scores - excess of Council's risk appetite – action needed to redress, quarterly monitoring

Amber scores – likely to cause the Council some difficulties – quarterly monitoring

Green scores – monitor as necessary

Descriptors to assist in the scoring of risk impact are detailed below

Likelihood scoring is left to the discretion of managers as it is very subjective

IMPACT DESCRIPTORS

The following descriptors are designed to assist the scoring of the impact of a risk:

	Negligible (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Legal and Regulatory	Minor civil litigation or regulatory criticism	Minor regulatory enforcement	Major civil litigation and/or local public enquiry	Major civil litigation setting precedent and/or national public enquiry	Section 151 or government intervention or criminal charges
Financial	<£0.5m	<£1.0m	<£5m	<£10m	>£10m
Service provision	(a) Insignificant disruption to service delivery	(a) Minor disruption to service delivery	(a) Moderate direct effect on service delivery	(a) Major disruption to service delivery	(a) Critical long term disruption to service delivery
People and Safeguarding	No injuries	Low level of minor injuries	Significant level of minor injuries and/or instances of mistreatment or abuse of an individual for whom the Council has a responsibility	Serious injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility	Death of an employee or individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges
Reputation	No reputational impact	Minimal negative local media reporting	Significant negative front page reports/editorial comment in the	Sustained negative coverage in local media or negative	Significant and sustained local opposition to the Council's policies

			comment in the local media	negative reporting in the national media	policies
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INTERNAL AUDIT PROGRESS REPORT

To: **Audit & Accounts Committee**

Date: **24th January 2017**

From: **Duncan Wilkinson, LGSS Chief Internal Auditor**

Purpose: **To report on the main areas of audit coverage for the period 1st November 2016 to 31st December 2016 and the key control issues arising.**

Background: (i) **The role of Internal Audit is to provide the Audit Committee and Management independent assurance on the effectiveness of the controls in place to ensure that the Council's objectives are achieved. Internal Audit coverage is planned so that the focus is upon those areas and risks which will most impact upon the Council's ability to achieve these objectives.**

(ii) The Committee is requested to consider the contents of this report.

<i>Officer contact:</i>	
Name:	Duncan Wilkinson
Post:	LGSS Head of Internal Audit
Email:	Duncan.Wilkinson@Milton-Keynes.gov.uk
Tel:	01908 252089

LGSS Internal Audit & Risk Management

Cambridgeshire County Council

Quarterly update report

Q3

As at 31st December 2016

Section 1

1. FINALISED ASSIGNMENTS

- 1.1 Since the previous Progress Report to Audit & Accounts Committee in November 2016, the following audit assignments have reached completion as set out below in table 1:

Table 1: Finalised Assignments

No.	Directorate	Assignment	Compliance Assurance	Systems Assurance	Organisational impact
1.	Cross-cutting (CCC-wide)	Financial Regulations	N/A	Good	Minor
2.	Cross-cutting (CCC-wide)	Code of Conduct and Behaviour Policies	N/A	Good	Minor
3.	Children, Families & Adults	Victoria Road Residential Unit	Moderate	Moderate	Minor
4.	Children, Families & Adults	Hawthorns Residential Unit	Limited	Limited	Minor
5.	Cross-cutting (CCC-wide)	Enforcement Policy	N/A	Good	Minor
6.	Children, Families & Adults	Troubled Families Grant Process Review	Consultancy review completed and actions agreed with management.		
7.	Economy, Transport & Environment	Ely Archives Project Review	Review completed for Audit and Accounts Committee.		
8.	Economy, Transport & Environment	Cycle City Grant	Grant certification provided.		
9.	Cross-Cutting	Procurement, Contracts and Purchasing	Embedded work to support the review of procurement, contracts and purchasing.		
10.	Cross-Cutting	Partnerships Framework	Advice and support to the development of a new Partnerships Framework.		
11.	Somersham	Schools Financial	Moderate assurance (up from Limited		

	School	Risks	assurance at the previous review)
12.	St Helen's School	Schools Financial Risks	Good assurance
13.	Stukeley Meadows School	Schools Financial Risks	Limited assurance (no change from the previous review)
14.	St Johns School	Schools Financial Risks	No assurance
15.	St Phillips School	Schools Financial Risks	Limited assurance
16.	Haslingfield School	Schools Financial Risks	Limited assurance

- 1.2 Summaries of the finalised reports with moderate or less assurance are provided in Section 6. This excludes individual schools audits, which are reported collectively once all reviews have been finalised.
- 1.3 The following audit assignments have reached draft/interim report stage, as set out below in table 2:

Table 2: Draft/Interim Reports

No.	Directorate	Assignment
1.	Cross-Cutting (CCC-wide)	Travel and Subsistence compliance
2.	Cross-Cutting (CCC-wide)	Debt Recovery
3.	Customer Service & Transformation	Business Continuity Policy
4.	Cross-Cutting (CCC-wide)	Grants to Voluntary Organisations compliance
5.	Cross-Cutting (CCC-wide)	Use of Government Purchase Cards compliance
6.	Children, Families & Adults	Client Contributions
7.	Cross-Cutting (CCC-wide)	VAT compliance
8.	Economy, Transport & Environment	Total Transport Pilot
9.	Cross-Cutting (CCC-wide)	Procurement Compliance
10.	Cross-Cutting (CCC-wide)	Key Performance Indicators
11.	Children, Families & Adults	Community-Based Appointeeships

- 1.4 Further information on work planned and in progress may be found in the Audit Plan, attached as Appendix A.

Section 2

2. FRAUD AND CORRUPTION UPDATE

2.1 CURRENT INTERNAL AUDIT INVESTIGATIONS:

A summary of the current investigative caseload of the Internal Audit team is provided below at table 3. This includes investigations relating to suspected theft, fraud or misuse of funds, which are led by Internal Audit. As at the end of December 2016, 33 cases had been closed by Audit.

Table 3: Internal Audit Investigations Caseload

Case Category	Description of activity or risk example	Cases	Outcomes
Concessionary travel & Blue Badges fraud	Common frauds are: <ul style="list-style-type: none"> • Use of counterfeit/altered passes • Use of a pass reported lost or stolen 	1	Advice given to pass holder
		1	No fraud proven
		3	Ongoing investigation
Pensions Payments Project	Project to review cases where pensions had been suspended due to no contact from the pensioner.	27	Closed off & reported to service manager
		2	New contact details and de-suspended
		1	Referred back no trace
Theft or misappropriation	<ul style="list-style-type: none"> • Theft of property • Staff misappropriation 	2	Ongoing investigation
		1	Closed with recommendations
Totals		37	

2.2 CURRENT HR CASELOAD:

A summary of the caseload of work currently being progressed by HR, primarily relating to disciplinary matters, is provided below at table 4.

The high number of cases relating to attendance management is due to a current push to improve attendance management in social care teams, which is being supported by HR. These cases are being progressed and closed; as at our previous report to Audit & Accounts Committee in November 2016, 143 attendance

management cases were open, and this has now decreased to 89 attendance management cases at the start of January.

Table 4: HR Caseload

Case Category	Description of activity or risk example	Open/Ongoing Cases
HR caseload	Disciplinary	3
	Grievance	6
	Performance	21
	Whistleblowing	0
	Attendance management	89
Totals		119

Section 3

3 IMPLEMENTATION OF MANAGEMENT ACTIONS

- 3.1 The outstanding management actions as at the end of November 2016 are summarised in Table 5, which includes a comparison with the percentage implementation from the previous report (bracketed figures).

Table 5: Outstanding Management Actions

	Category 'Fundamental' recommendations		Category 'Significant' recommendations		Total	
	Number	% of total	Number	% of total	Number	% of total
Implemented	25	93% (93%)	39	64% (64%)	64	73% (73%)
Actions due within last 3 months, but not implemented	1	4% (7%)	8	13% (28%)	9	10% (22%)
Actions due over 3 months ago, but not implemented	1	4% (0%)	14	23% (8%)	5	17% (5%)
Totals	27		61		88	

- 3.2 A summary of the outstanding recommendations, and the current progress with implementing them, is provided in a table at Appendix B.

4. SUMMARIES OF COMPLETED AUDITS WITH MODERATE OR LESS ASSURANCE

A. CHILDREN, FAMILIES & ADULTS DIRECTORATE

A.1 Financial Risks in Schools Audits

As part of the 2016/17 Internal Audit Plan, an audit was undertaken on Financial Risks in Schools across a sample of 15 schools which were selected as being high risk, meaning that either:

- The school had received a Limited opinion for both Counter Fraud and financial management/financial governance in their previous audit);
- The school was operating with a deficit budget;
- The school had used more than 50% of their carried-forward budget;
- The school has a high budget and low academic performance data;
- The school had a new School Business Manager; and/or
- The Schools Intervention Service had concerns about financial control.

One low risk school was also included in the sample as an exemplar school, in order to identify good practice which might be shared more widely. From this sample, the following audit outcomes were identified:

Assurance Level:	No. Schools:
Good	5
Moderate	6
Limited	4
None	1

Improvement shown from previous audit (where applicable)	No. Schools
Good (was Limited)	1
Moderate (was Limited)	5
Limited (no change)	1

This is considered to be a broadly positive outcome, given that the audit was focused on schools which were expected to be performing poorly. In particular, the level of improvement shown from the previous audits for the seven schools revisited is encouraging, as most schools demonstrated a clear improvement despite the fact that in some cases less than six months had elapsed from receiving the finalised report from the previous audit, to being reviewed again.

Common themes from schools receiving lower assurance levels were:

- Poor separation of duties around purchasing, including a lack of evidence of pre-payment checks and authorisation, or goods receipting,
- Failure to raise orders and record committed expenditure for goods/services requested by the school;
- Some cases of non-compliance with CCC Contract Regulations for Schools, in particular failing to obtain multiple quotes for purchases;
- Lack of evidence of headteacher checking and sign-off Payroll reports;
- Lack of required insurance checks over contractors and personal car use;
- Lack of local Scheme of Financial Delegation which has been approved by Governors and sets out financial responsibilities across the school;
- Insufficient evidence of Governor review of key information such as the annual budget, financial reports, and long-term financial planning.

Completed action plans to address the issues raised have been received from all except five schools. In two cases this was due to the changeover process caused by the schools federating, and the Executive Headteacher has confirmed that an action plan covering both schools will be submitted to Internal Audit on 18th January. In the other three cases this has been due to changeover of Headteachers and/or School Business Managers and Audit continues to chase for action plans.

Following the audit, a letter is now being prepared to be sent to all Cambridgeshire schools highlighting the key findings of the audit and best practice to address these issues. The Internal Audit team is also developing a self-review toolkit which will be shared to allow schools to assess their financial controls and identify where improvements need to be made.

The Schools Intervention Service have been copied in to all reports issued and a letter of significant concern is being drafted to the school which received no assurance.

A.2 Hawthorns Residential Unit

The 2016/17 Internal Audit Plan included an allowance of time for unannounced visits to Council services. Following the suspension of the Hawthorns residential unit, the Director of Children's Social Care requested this time be used for a review of financial processes and transactions at both of Cambridgeshire County Council's residential units for Looked After Children.

In 2012 a previous audit reviewed financial management at the Hawthorns Unit, and as part of this report it was agreed that a set of formal written financial procedures would be developed and implemented for all of the Council's residential units.

However, although these were developed at least to draft stage, as Internal Audit reviewed the proposed procedures, it appears that these were not embedded at the Hawthorns Unit in practice.

Limited assurance was awarded for both the financial control environment and compliance with the control environment at the Hawthorns Unit. A number of financial records were missing from the records collected from the unit following its suspension, and due to this and the overall quality of record-keeping, the audit was unable to provide assurance that overtime and relief hours payments made to staff were valid, correct and authorised. Financial management was weak and the unit's Business Support Officer had been authorising mileage payments and timesheets, rather than the unit manager.

The use of cash payments and purchase card expenditure was high at the unit and a significant proportion of these transactions lacked receipts. There was a lack of manager authorisation of individual transactions made via petty cash. Overall non-staffing and agency staff expenditure at the unit was high when compared to the Victoria Road Unit, and in particular high expenditure on taxi journeys and failure to follow contract procedure rules in relation to this expenditure was noted.

In response to these findings, management have agreed that a draft financial procedure for residential units will be created and shared with Internal Audit for comments. The final policy will be agreed by the end of January 2017 and will be distributed to all residential unit employees. It will cover all key points raised by this review and the review into the second Residential Unit; Victoria Road. The Hawthorns Unit currently remains suspended, meaning that the Victoria Road Unit is the only unit currently in operation (see below).

A.3 Victoria Road Residential Unit

Moderate assurance was given over the controls in place for financial management at the Victoria Road unit, and moderate assurance over compliance with those controls. It appeared that the unit had previously had a number of appropriate financial controls in place, but that these were not written down and therefore placed reliance on the unit's Business Support Administrator. After this member of staff left the unit in spring 2016, some key financial management processes that had been in operation did break down. This included few or no purchases via the unit's petty cash account being reviewed or approved by a manager between March and May 2016; incorrect petty cash approval slips being used for several months, which provided an inadequate audit trail; and a breakdown in the reconciliation of purchase card expenditure to receipts. There were also areas for improvement in

relation to the unit's procedure for issuing pocket money to young people, use of the petty cash account and reclamation of VAT.

The new financial procedures for residential units (see above) will cover all key points raised by this review, and it was noted that by the time of the audit visit, a number of the processes which had broken down following the departure of the previous Business Support Administrator were already in the process of being reinstated.

5. OTHER AUDIT ACTIVITY

In addition to completing ongoing audit reviews, the Internal Audit team is conducting work in the following areas:

5.1 PUBLIC SECTOR INTERNAL AUDIT STANDARDS EXTERNAL REVIEW

The Cambridgeshire office of LGSS Internal Audit underwent an external review of compliance with Public Sector Internal Audit Standards in December 2016. This included a review of a number of audits undertaken over the current and previous financial year; interviews with relevant officers including all members of the Internal Audit team along with the Council's Chief Finance Officer, Monitoring Officer and Chief Executive; and consideration of Internal Audit policies and procedures.

This review identified no areas of non-compliance that would affect the overall scope or operation of the Internal Audit activity, which is an extremely positive result. Some areas for improvement were identified, including a revision of the current Terms of Reference template used by Internal Audit. A draft action plan to address these areas for improvement has been drawn up and will be implemented before a follow-up assessment is conducted in 2016/17.

5.2 TROUBLED FAMILIES PROCESS REVIEW

Internal Audit conduct review and certification of claims made by the Council under the government's Troubled Families Grant. It was noted that the Council was falling behind target for 2016/17 in identifying and processing families eligible for this grant, and Internal Audit engaged with the Service Director over these concerns. It was agreed that Audit would conduct a review of the processes by which families are identified and claimed, including benchmarking current practice at Cambridgeshire against processes in place at other Councils.

This review has now been completed and a number of suggestions and recommendations have been made. Internal Audit will continue to work closely with the service to review this grant and monitor the progress being made with the claim.

5.3 ELY ARCHIVES REVIEW

A review of the Ely Archives project has been conducted by the Internal Audit service following the request of the Audit and Accounts Committee at their

November meeting. The findings of this review will be reported separately to the January meeting of the Audit and Accounts Committee.

5.4 INTERNAL AUDIT PLAN

In the last quarter, the Internal Audit Plan has been re-assessed in line with current risks facing the organisation and updated accordingly, as part of the ongoing re-evaluation of the coverage required to give stakeholders an appropriate level of assurance; and to ensure resources are prioritised to the areas of highest risk.

- **Public Health Joint Intelligence Unit** – This project has now been cancelled so the audit is no longer required.
- **Commissioning** – This audit was aimed to focus on a review of the Council's commissioning processes; however this is now being undertaken in depth by a project within CFA. Instead, as part of the audit planning for 2017/18 it has been suggested that Internal Audit conduct a review of the new Commissioning Board within CFA.
- **Other Risk Based Audits** – Contingency budget now allocated (see below).
- **Property Portfolio Development Programme** – additional days added due to extra work on the Looked After Children housing project.
- **Total Transport Pilot** – additional days added due to work requested on review of methodology.
- **FOI requests** – time budget allocated due to a number of requests received in-year which were not previously budgeted for.
- **Blue Badges** – time budget allocated due to request from Committee for work which had not previously been budgeted for.
- **Troubled Families Grant** – additional work requested on process review.
- **Annual Governance Statement** – additional budget required to conduct expanded review under new CIPFA/Solace guidance.

6. ACTIONS FROM THE AUDIT ON MISSED, SHORT & LATE CALLS IN DOMICILIARY CARE

- 6.1 The Audit and Accounts Committee requested an update on the implementation of actions from the Domiciliary Care audit issued in May 2016. This reviewed arrangements for controlling and monitoring missed, short and late calls, with a focus on missed calls by care providers, as these pose the highest risk to the safety of individual service users and to the Council both financially and reputationally.
- 6.2 It was agreed that a centralised system for monitoring missed calls by domiciliary care providers would be introduced, which would take into account information reported by service providers but also complaints made by service users and information from monitoring visits, to give the Council a greater ability to effectively monitor providers. The service has worked with the information management team to identify a report which will compile information on missed and late calls that have been self-reported by providers and logged on the AIS system. From January, this will be reviewed centrally by the contracts team and compared to the information on the Soft Concerns Record (which records service user complaints) and information from any monitoring visits or spot checks carried out on contractors.
- 6.3 The audit identified several recommendations around changing the format of the Soft Concerns Record and providing guidance to staff on its use, to ensure it can be used more effectively as part of the centralised monitoring of missed calls. These recommendations have not yet been implemented, as the officer who was leading on the Soft Concerns Record has left the authority; responsibility for these actions has now been re-delegated and Audit are awaiting a revised timescale for these changes.
- 6.4 It was also agreed that officers would use the implementation of the new MOSAIC social care system to explore the possibility of reintroducing a link between providers submitting timesheet information and receiving payment. From November 2017, all providers will be required to use electronic call monitoring systems which track the arrival time and duration of all domiciliary care calls. Information gathered from this will be recorded on the MOSAIC system and form the basis for financial clawbacks and monitoring. Implementation of this system will significantly improve the Council's ability to monitor the performance of social care contractors and any issues with missed domiciliary care call.
- 6.5 It was agreed that service users would benefit from greater support and encouragement to report issues to the Council, which would improve internal

monitoring of issues with missed, short and late calls. Service users have now been issued with revised guidance to explain how to report persistent issues such as missed, short and late calls.

APPENDIX A

CCC INTERNAL AUDIT PLAN 2016/17

Audit Title <i>as per APACE</i>	Status (drop-down)	Directorate (drop-down)	Qtr Opened	Qtr Closed	Plan Days
TRANSFORMATION PROGRAMME					
Following the Money Strategy	Open	Cross-Cutting	Q3		20
Transformation Programme	Ongoing	Cross-Cutting	Q2		10
Corporate Capacity Review	Ongoing	Cross-Cutting	Q2		10
Procurement, Contracts & Purchasing (V4)	Closed	Cross-Cutting	Q1	Q3	20
QA Task & Resource Mapping	Closed	Cross-Cutting	Q2	Q2	5
Corporate Policy Statements	Open	Cross-Cutting	Q3		20
Partnerships Framework	Closed	Cross-Cutting	Q2	Q3	5
Transformation Programme - Benefits Realisation	Open	Cross-Cutting	Q3		15
Business Planning Compliance	Open	Cross-Cutting	Q3		15
MAKING EVERY PENNY COUNT					
Client Contributions	Open	CFA	Q1		20
Traded Services - Cost Recovery	Open	Cross-Cutting	Q2		20
VAT - Compliance	Open	Cross-Cutting	Q1		20
Review of Procurement - Compliance	Open	Cross-Cutting	Q2		10
Overtime - Compliance	Closed	Cross-Cutting	Q1	Q2	20
Travel & Subsistence - Compliance	Open	Cross-Cutting	Q2		20
KEY FINANCIAL SYSTEMS					
Accounts Receivable	Open	Cross-Cutting	Q4		15
Purchase to Pay	Open	Cross-Cutting	Q4		20
Payroll	Open	Cross-Cutting	Q4		25
General Ledger	Open	Cross-Cutting	Q4		10
Bank Reconciliation	Open	Cross-Cutting	Q4		5
Treasury Management	Open	Cross-Cutting	Q4		5
Financial Systems IT General Controls	Open	Cross-Cutting	Q4		10
Risk Management	Not Started	Cross-Cutting	Q3		5
Procurement Governance	Open	Cross-Cutting	Q2		20
Debt Recovery	Open	Cross-Cutting	Q1		20

GRANT VERIFICATION					
Local Transport Capital Block Funding	Closed	ETE	Q2	Q2	5
Local Sustainable Transport Fund	Closed	ETE	Q1	Q2	5
Cycle City Phase II	Closed	ETE	Q2	Q3	5
Public Health Grant	Closed	PH	Q2	Q2	5
Troubled Families Grant	Ongoing	CFA	Q1		30
Disabled Facilities Grant	Closed	CFA	Q2	Q2	2
Bus Services Operators Grant	Closed	ETE	Q2	Q2	5
Arts Grant	Closed	ETE	Q1	Q2	5
Local Growth Fund Grant	Closed	ETE	Q2	Q2	5
COMMISSIONING & CONTRACTS					
Schools Capital Programme	Open	CFA	Q3		20
Skanska Highways	Ongoing	ETE	Q1		20
Highways Contract Transformation	Ongoing	ETE	Q1		25
Waste PFI Contract	Ongoing	ETE	Q2		25
Street Lighting PFI	Open	ETE	Q1		15
Off-Contract Spend	Open	Cross-Cutting	Q2		15
Commissioning	Cancelled	Cross-Cutting	Q3		3
Contract Management	Open	Cross-Cutting	Q3		15
RISK-BASED AUDITS					
Section 106	Open	ETE	Q1		20
Total Transport Pilot	Open	ETE	Q1		24
Replacement of AIS System	Closed	CFA	Q1	Q3	20
Commitment Records in CFA	Closed	CFA	Q1	Q3	20
Public Health Joint Intelligence Unit	Cancelled	PH	Q1	N/A	5
Quality Assurance	Closed	CFA	Q1	Q3	15
Appointeeships	Open	CFA	Q1		20
Blue Badges	Closed	CST	Q1	Q1	4
Residential Care Homes Project	Ongoing	CFA	Q1		10
Property Portfolio Development Project	Ongoing	Cross-Cutting	Q1		15
POLICIES & PROCEDURES					
Financial Regulations	Closed	Cross-Cutting	Q3	Q3	5
Contract Procedure Rules	Open	Cross-Cutting	Q2		5
Business Continuity Policy	Open	Cross-Cutting	Q3		5
Scheme of Delegation	Closed	Cross-Cutting	Q2	Q2	5
Information Governance Policies	Open	Cross-Cutting	Q3		10

Code of Conduct and Behaviour Policies	Closed	Cross-Cutting	Q2	Q3	5
Risk Management Policy	Not Started	Cross-Cutting	Q3		5
Enforcement Policy	Closed	Cross-Cutting	Q2	Q3	5
COMPLIANCE					
Direct Payments - Compliance	Open	CFA	Q4		15
Duplicate Payments - Compliance Follow-Up	Open	Cross-Cutting	Q3		5
Fees and Charges Compliance	Closed	Cross-Cutting	Q2	Q3	10
Grants to Voluntary Organisations - Compliance	Open	Cross-Cutting	Q2		15
Agency Staff - Compliance	Closed	Cross-Cutting	Q2	Q3	15
Unannounced Visits - Compliance	Closed	Cross-Cutting	Q2	Q3	20
Key Performance Indicators - Compliance	Open	Cross-Cutting	Q1		15
Scheme of Delegation - Compliance	Closed	Cross-Cutting	Q2	Q3	15
Use of GPC - Compliance	Open	Cross-Cutting	Q2		15
Contract Extensions - Compliance	Open	Cross-Cutting	Q3		15
EU Procurement Regulations - Compliance	Open	Cross-Cutting	Q2		20
ICT AND INFORMATION GOVERNANCE					
Information Security	Open	CST	Q3		15
Records Management - ICO	Closed	CST	Q1	Q1	5
Agresso ERP	Not Started	Cross-Cutting	Q4		10
General Computer Controls	Not Started	Cross-Cutting	Q4		20
SCHOOLS					
Schools Financial Risks	Closed	CFA	Q1	Q3	30
Safe Recruitment	Closed	CFA	Q1	Q3	30
Schools (Other)	Closed	CFA	N/A	N/A	60
Schools Advice & Training Sessions	Closed	CFA	N/A	N/A	5
ANTI-FRAUD AND CORRUPTION					
Preventative & Pro-Active Fraud Work	Ongoing	Cross-Cutting	N/A		10
National Fraud Initiative	Open	Cross-Cutting	Q2		30
St Luke's Working Party	Open	CFA	Q1		10
Fraud Investigations	Ongoing	Cross-Cutting	Q1		125
GOVERNANCE, RISK MANAGEMENT & OTHER					
Annual Governance Statement/CoCG	Open	Cross-Cutting	Q1	Q1	19
Assurance Framework	Closed	Cross-Cutting	Q1	Q1	10
Risk Management	Ongoing	Cross-Cutting	N/A	N/A	75

FOI requests	Ongoing	Cross-Cutting	N/A	N/A	3
Advice & Guidance	Ongoing	Cross-Cutting	N/A	N/A	50
Follow-Ups of Agreed Actions	Ongoing	Cross-Cutting	N/A	N/A	40
Committee Reporting	Ongoing	Cross-Cutting	N/A	N/A	25
Management Reporting	Ongoing	Cross-Cutting	N/A	N/A	25
Audit Plan	Ongoing	Cross-Cutting	N/A	N/A	25
Operational Plan Total - 2016/17					1550

APPENDIX B

Summary of Outstanding Recommendations

Audit	Risk level	Summary of Recommendation	Target Date	Status
Central Library Enterprise Centre Review	M	Options Appraisal, Market Research & Procurement: Development of guidance relating to options appraisals and market research as part of a review of project management methodology.	1/2/16	Development of new project management guidance has been delayed due to the Corporate Capacity Review which incorporates a complete review of current project management resource and structures. Implementation of these actions is being taken forward as part of this review and work on the new Project Management and Gateway Review processes is now underway within the new Transformation Team. A follow-up report is scheduled to be brought to Audit & Accounts Committee in January 2017.
	M	Engagement with Members: Updated guidance to be included in the review of project management methodology around member oversight and engagement with the development of major projects; providing sufficient information on proposed partner organisations; and keeping local Members informed about matters affecting their divisions.	1/2/16	
	M	Public Consultation: Updated guidance to be included in the review of project management methodology around planning for public consultation and gaining appropriate input from Members.	1/2/16	
	M	Business Cases: Updated guidance to be included in the review of project management methodology around producing robust individual business cases for all projects.	1/2/16	
Direct Payments	M	Direct Payment Monitoring: The requirement to produce monitoring information will be clarified for service users as part of the revision of the Direct Payments Agreement and the DPMOs team will introduce different levels of monitoring for Direct Payments, based on an assessment of service user risk.	30/9/16	The service has revised the Direct Payments Agreement and requirements for monitoring information, but upon review by Internal Audit it was felt that these did not fully address all aspects of the audit recommendations. Feedback has been provided and the documents have been

				revised but the service are awaiting advice regarding data protection requirements prior to re-issuing the revised documents. Awaiting revised date.
	M	Line Management Arrangements for DPMOs: The line management arrangements for the DPMO's will be refreshed, so that they report directly in to the Practitioner Consultant for Direct Payments and are given greater authority to challenge.	30/9/16	This has been delayed due to the current vacancy of the Practitioner Consultant post, which is being recruited to. It is therefore anticipated that the service will not be in a position to fully implement this action until the end of March 2017.
	M	Direct Payments Monitoring Officers Team Procedures: A full set of procedures will be developed and agreed for the Direct Payments Monitoring Officers.	30/9/16	The service has reported that actions with regards to developing new team procedures etc. have also been delayed until these new line management arrangements are in place.
	M	Support Planning: As part of the new procedures, DPMOs will review Support Plans when new payments are set up and an escalation procedure for poor support planning will be set up.	30/9/16	Due date: 31/3/2017.
Payment Methods	H	Understanding the costs of transactions: The cost to the Council of processing transactions via cash; cheque; invoice; credit/debit card; and online payment will be calculated.	31/7/16	The implementation of these actions has been delayed due to the impact of the Corporate Capacity Review. This has resulted in responsibility for implementing these actions shifting between teams, due to staff turnover and staffing structure changes.
	H	Raise awareness of the cost of transactions: The costs to the Council of processing transactions via the various types of payment methods will be made available on CamWeb and publicised to staff.	30/9/16	
	M	Digital Payment by default: A Business Case will be taken to SMT outlining the case for the Council to take the approach that digital payment should be the default option.	30/9/16	As part of the Citizen First, Digital First programme work is being undertaken to establish transaction costs using methodology set out by the Government

	M	Payment processing costs: Once transaction costs are known, consideration will be given to a review of which traded services are charged payment processing costs.	30/9/16	Digital Service and a dashboard displaying these key measures will be developed and shared with staff on CamWeb. A paper setting out this approach will be taken to SMT to confirm this programme of work for 2017/18 and the principle of digital payment by default. Due date: 31/01/17
Domiciliary Care	H	Centralised System for Monitoring Missed Calls Regular centralised monitoring of missed calls on AFM should be introduced, to identify any patterns. This should include cross-referencing to the SCR.	30/9/16	This system will be introduced in January 2017. Due date: 31/01/17
	M	Use of the Single Central Record The SCR should be used to log complaints from all service users, including self-funders. An SCR category for missed/short/late calls should be introduced.	30/9/16	The member of staff responsible has now left the authority; responsibility has now been re-allocated. Awaiting revised date.
Replacement of AIS system (MOSAIC Implementation project)	M	Project Planning Complete the final versions of the Business Case, Project Initiation Document and Terms of Reference for the Project Board, and have these signed off by the Project Board. Include the roles and responsibilities of key officers or groups, including the Project Manager, Project Team and Project Board; and a detailed and up-to-date project plan with owners and timescales for each action and a plan for how progress against this plan will be measured.	30/11/16	This documentation has now been completed and provided to Audit, however the project plan remains high-level and it is not clear how this will incorporate detailed project requirements and workstream planning. Internal Audit to meet with project leads w/c 9 th January to discuss and identify any improvements/changes which may be needed. Awaiting revised date.
Vulnerable Clients' Monies Management (Deputyships)	M	Written Procedures: A complete set of written procedures will be drawn up for Deputyships Officers.	1/7/16	Senior Management are currently in the process of developing an action plan which will ensure that all outstanding actions relating to this review are addressed, and
	M	Receipts, financial records, fraud risk:	1/7/16	

		A procedure will be developed by the team for the review of receipts and financial records.		Internal Audit will complete a follow-up audit in the 2017/18 financial year to verify that all the risks have been addressed. Due Date: 31/3/2017
M		Tax Returns & Capital Gains Tax: Guidance will be created for Deputyships Officers on the instances when they need to consider whether a service user may owe tax, and a review will be undertaken of all clients to identify those who need to submit annual tax returns.	1/7/16	
M		Inventories and House Clearances: An inventories and house clearance procedure will be developed and the team will undertake a competitive procurement exercise for the contract for house clearances.	1/7/16/	
M		Investment of Assets: /A review of client savings accounts will be undertaken to establish the current savings values for clients and the level at which investment in high-interest accounts will be considered. The team will establish options for /investment of high-value client assets and develop a procedure for financial planning.	1/7/16	
M		Liaison and Interface with Social Care: Review and update the <i>Court of Protection Deputyship: General Principles and Operating Procedures</i> guide in conjunction with representatives from Social Care and re-issue.	1/7/16	
M		Updating Guidance Documents: A comprehensive review and update of the guidance relating to Deputyships; Appointeeships; and Handling Clients' Finances.	1/7/16	
M		Distribution of Guidance and Training:	1/7/16	

		Guidance documents will be updated as per the above and distributed to social care staff, promoted and shared more widely with relevant partners. The current Mental Capacity Act Training will be updated.		
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**INTEGRATED RESOURCES AND PERFORMANCE REPORT FOR THE PERIOD ENDING
30TH NOVEMBER 2016**

To: **Audit & Accounts Committee**

Date: **24th January 2017**

From: **Chief Finance Officer**

*Electoral
division(s):* **All**

Forward Plan ref: **N/A** *Key decision:* **N/A**

Purpose: **To present financial and performance information to assess progress in delivering the Council's Business Plan.**

Recommendations: **The committee is asked to:**

Note the recommendation to General Purposes Committee on 10th January to:

Analyse resources and performance information and note any remedial action currently being taken and consider if any further remedial action is required.

<i>Officer contact:</i>
Name: Chris Malyon
Post: Chief Finance Officer
Email: Chris.Malyon@cambridgeshire.gov.uk
Tel: 01223 699796

1. PURPOSE

- 1.1 To present financial and performance information to assess progress in delivering the Council's Business Plan.

2. OVERVIEW

- 2.1 The following table provides a snapshot of the Authority's forecast performance at year-end by value, RAG (Red, Amber, Green) status and direction of travel (DoT).

Area	Measure	Forecast Year End Position (October)	Forecast Year End Position (November)	Current Status	DoT (up is improving)
Revenue Budget	Variance (£m)	+£1.8m	+£1.8m	Amber	↔
Basket Key Performance Indicators	Number at target (%)	44% (7 of 16) ¹	44% (7 of 16) ¹	Amber	↔
Capital Programme	Variance (£m)	+£0.2m	£0.0m	Green	↑
Balance Sheet Health	Net borrowing activity (£m)	£423m	£421m	Green	↔

¹ The number of performance indicators on target reflects the current position.

- 2.2 The key issues included in the summary analysis are:

- The overall revenue budget position is showing a forecast year-end overspend of £1.8m, which is the same net position as was reported last month. Children, Families and Adults (CFA) has some new exceptions to report, although all movements in outturns broadly net out within the service. See section 3 for details.
- Key Performance Indicators; the corporate performance indicator set has been refreshed for 2016/17. There are 18 indicators in the Council's new basket, with data currently being available for 16 of these. Of these 16 indicators, 7 are on target. See section 5 for details.
- The Capital Programme is forecasting a balanced budget at year end. Although all directorates except Corporate Services are all reporting in-year slippage on their capital programmes, totalling £13.8m, this is within the allowances made for capital programme variations, leading to a balanced outturn overall. See section 6 for details.
- Balance Sheet Health; the original forecast net borrowing position for 31st March 2017, as set out in the Treasury Management Strategy Statement (TMSS) is £479m. This

projection has now fallen to £421m, which is £2m lower than reported last month. See section 7 for details.

3. REVENUE BUDGET

3.1 A more detailed analysis of financial performance is included below:

Key to abbreviations

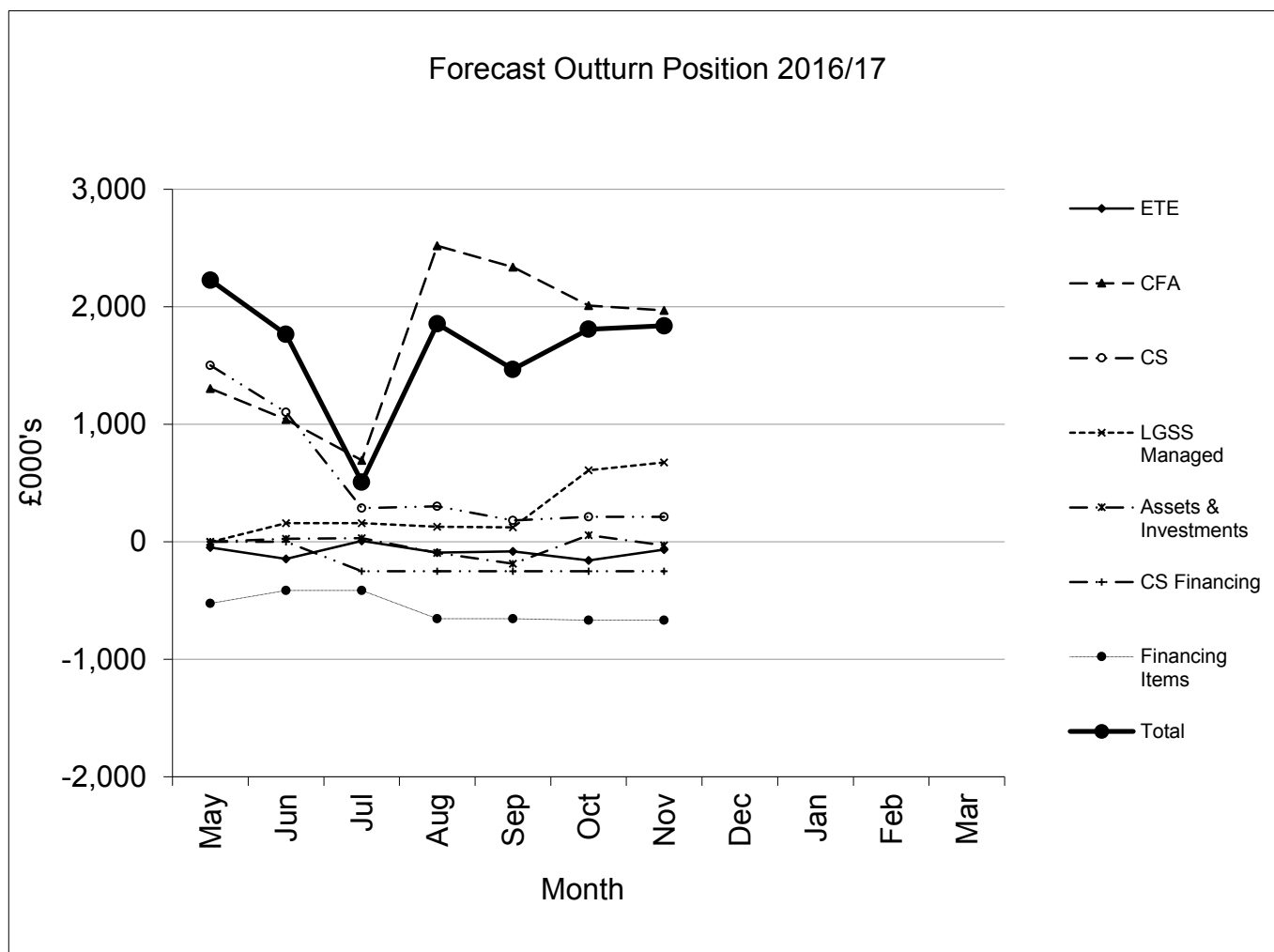
ETE – Economy, Transport and Environment
 CFA – Children, Families and Adults
 CS Financing – Corporate Services Financing
 DoT – Direction of Travel (up arrow means the position has improved since last month)

Original Budget as per Business Plan £000	Service	Current Budget for 2016/17 £000	Forecast Variance - Outturn (Oct) £000	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %	Overall Status	DoT
59,952	ETE	61,902	-160	-68	-0.1%	Green	↓
242,563	CFA	242,361	2,011	1,970	0.8%	Red	↑
182	Public Health	182	0	0	0.0%	Green	↔
4,674	Corporate Services	4,864	212	211	4.3%	Amber	↑
6,010	LGSS Managed	6,004	608	675	11.2%	Amber	↓
4,104	Assets & Investments	4,221	56	-32	-0.8%	Green	↑
34,206	CS Financing	34,206	-250	-250	-0.7%	Green	↔
351,691	Service Net Spending	353,740	2,477	2,506	0.7%	Amber	↓
4,677	Financing Items	1,965	-668	-668	-34.0%	Green	↔
356,368	Total Net Spending	355,705	1,809	1,838	0.5%	Amber	↓
	Memorandum items:						
8,195	LGSS Operational	8,151	246	-101	-1.2%	Green	↑
222,808	Schools	222,808					
587,371	Total Spending 2016/17	586,665					

¹ The budget figures in this table are net, with the 'Original Budget as per BP' representing the Net Budget column in Table 1 of the Business Plan for each respective Service.

² The forecast variance outturn does not include the £9.3m budget saving in 2016/17 following the change in Minimum Revenue Provision (MRP) policy, which was approved by Council on 16 February 2016.

³ For budget virements between Services throughout the year, please see [Appendix 1](#).



3.2 Key exceptions this month are identified below.

3.2.1 **Economy, Transport and Environment:** -£0.068m (-0.1%) underspend is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [ETE Finance & Performance Report](#).

3.2.2 **Children, Families and Adults:** +£1.970m (+0.8%) overspend is forecast at year-end.

£m %

- **Learning Disabilities Services** – an overspend of £1.4m is forecast for year-end, which is an improvement of £357k on the position reported last month. This is due to:

- A £171k decrease in forecast overspend in the in-house Provider Units – the result of further financial review and cost control in anticipation of a pending restructure;
- A £100k improvement on the expected level of direct payment amounts recalled as unused in the South of the County;
- A reduced cost estimate for administrative staffing, due to vacancies;

+1.419 (+2%)

- Cost reductions from reviewed and ended packages exceeded the level of extra cost for increased need in November.

- **Adult Social Care (ASC) Practice & Safeguarding** – an underspend of -£250k is forecast for year-end, which is an improvement of £15k on the position reported last month and causes this area to meet the reporting threshold. The underspend is principally due to the shortage of available Best Interest Assessors (BIAs), and the resulting lower level of activity to date. A number of additional BIAs have been recruited recently, thus it is expected that the underspend will be lower than in 2015/16. However, recruitment continues to be a challenge due to the high demand for BIAs from all Local Authorities as they seek to respond to changes in case law, and the limited pool of qualified practitioners from which to recruit. -0.250 (-14%)

- **Older People and Mental Health – Shorter Term Support & Maximising Independence** – an underspend of £250k is forecast for year-end, which is an improvement of £10k on the position reported last month and causes this area to meet the reporting threshold. This is partially due to staff vacancies within the Reablement Service. However, staffing levels will increase in the latter part of the year due to successful recruitment drives. The majority of vacancy savings have been taken towards the directorate target, but £100k has been retained by the service to offset the pressure in discharge planning. -0.250 (-3%)

The remaining £150k of underspend is due to efficiencies establishing the Early Help Team; reduced support costs for the Reablement Service; and additional income in Assistive Technology due to a one-off sale of stock.

- **Looked After Children (LAC) Placements** – an overspend of +£3.5m is forecast for year-end, which is an increase of +£0.5m on the position reported last month. This is due to increased numbers over the available budget of LAC with complex needs who require purchased placements until the end of the year. LAC numbers have increased by 20 since October and now stand at 645. +3.500 (+28%)

Delivery of in-year savings targets within the remaining 4 months of the year has been compromised by increased in-house fostering capacity being needed for new admissions to care, rather than to enable a move away from purchased provision. The impact to future year savings is being dealt with as part of the Children's Change Programme and feeds into the current Business Planning process.

- **Central Financing** – Following approval at July GPC, an amount of SEND Reform Grant to be received during the 2016/17 financial year will be applied to support additional associated costs within CFA.

As of November 2016, there is a pressure from a delay in the planned senior management restructure, which is addressed through Business Planning for 2017/18. However, we expect to improve the funding contributing to the County Council through underspends within the Better Care Fund.

-0.299 (-9%)

- For full and previously reported details see the [CFA Finance & Performance Report](#).

- 3.2.3 **Public Health:** a balanced budget is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [PH Finance & Performance Report](#).
- 3.2.4 **Corporate Services:** +£0.211m (+4.3%) overspend is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 3.2.5 **LGSS Managed:** +£0.675m (+11.2%) overspend is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 3.2.6 **CS Financing:** -£0.250m (-0.7%) underspend is currently forecast for Debt Charges. This reflects the fall in the forecast for net interest payable following falls in interest rates across all parts of the yield curve. For full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 3.2.7 **LGSS Operational:** -£0.101m (-1.2%) underspend is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 3.2.8 **Assets & Investments:** -£0.032m (-0.8%) underspend is forecast at year-end. There are no new exceptions to report this month; for full and previously reported details see the [A&I Finance & Performance Report](#).

Note: exceptions relate to Forecast Outturns that are considered to be in excess of +/- £250k.

4. KEY ACTIVITY DATA

- 4.1 The latest key activity data for: Looked After Children (LAC); Special Educational Needs (SEN) Placements; Adult Social Care (ASC); Adult Mental Health; Older People (OP); and Older People Mental Health (OPMH) can be found in the latest [CFA Finance & Performance Report](#) (section 2.5).

5. PERFORMANCE TARGETS

5.1 As previously reported to GPC the key performance indicators are currently under review and a new set of indicators will be considered as part of the Business Plan.

Corporate priority	Indicator	Service	What is good? High (good) or low	Date	Unit	Actual	Target	Status (Green, Amber or Red)	Direction of travel (up is good, down is bad)
Developing our economy	Percentage of Cambridgeshire residents aged 16 - 64 in employment: 12-month rolling average	ETE	High	At-30-June-2016	%	78.7%	80.9% to 81.5%	Amber	↔
	Additional jobs created*	ETE	High	To 30-Sep-2015	Number	+6,300 (provisional)	+ 3,500 (2015/16 target)	Green	↓
	'Out of work' benefits claimants – narrowing the gap between the most deprived areas (top 10%) and others*	ETE	Low	At-31-May-2016	%	Gap of 6.4 percentage points Most deprived areas (Top 10%) = 11.3% Others = 4.9%	Most deprived areas (Top 10%) <=12% Gap of <7.2 percentage points (2015/16 target)	Green	↔
	The proportion of children in year 12 taking up a place in learning	CFA (Enhanced & Preventative – E&P)	High	October 2016	%	93.6%	96.5%	Amber	↑
	Percentage of 16-19 year olds not in education, employment or training (NEET)	CFA	Low	October 2016	%	2.5%	3.3%	Green	↓

Corporate priority	Indicator	Service	What is good? High (good) or low	Date	Unit	Actual	Target	Status (Green, Amber or Red)	Direction of travel (up is good, down is bad)
	The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	CFA (Learning)	High	October 2016	%	82.5%	82.0%	Green	↔
	The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	CFA (Learning)	High	October 2016	%	66.3%	75.0%	Red	↑
	The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	CFA (Learning)	High	October 2016	%	94.8%	100%	Amber	↔
	The proportion of Adult Social Care and Older People's Service users requiring no further service at end of re-ablement phase	CFA	High	October 2016	%	55.1%	57%	Amber	↑
	Reduced proportion of Delayed Transfers of care from hospital, per 100,000 of population (aged 18+)	CFA	Low	September 16	Number	577	429 per month (4874.5 per year)	Red	↓
	Number of ASC attributable bed-day delays per 100,000 population (aged 18+)	CFA	Low	September 16	Number	133	114	Red	↓
	Healthy life expectancy at birth (males)	Public Health	High	2012 – 2014	Years	66.1	N/A – contextual indicator	Green (compared with England)	↓ (compared with previous year)

Corporate priority	Indicator	Service	What is good? High (good) or low	Date	Unit	Actual	Target	Status (Green, Amber or Red)	Direction of travel (up is good, down is bad)
	Healthy life expectancy at birth (females)	Public Health	High	2012 – 2014	Years	67.6	N/A – contextual indicator	Green (compared with England)	↑ (compared with previous year)
	Absolute gap in life expectancy between the most deprived 20% of Cambridgeshire's population and the least deprived 80% (all persons)	Public Health	Low	2013-2015 (Q4 2015)	Years	2.6	N/A – contextual indicator	N/A – contextual indicator	↔
Supporting and protecting vulnerable people	The number of looked after children per 10,000 children	CFA (Children's Social Care)	Low	October 2016	Rate per 10,000	47.0	40	Red	↑
	No/ % of families who have not required statutory services within six months of have a Think Family involvement.	CFA (E&P)	TBC	Following the recommendations from the Think Family evaluation report and the implementation of the Children's Change Programme, the Family CAF is being replaced with a new Early Help Assessment from December 2016. In addition, the Corporate Capacity Review has led to the development of the Business Intelligence and Transformation Teams, both of which are supporting the Council in reviewing how performance is monitored / measured. Considering these changes it is not currently possible or helpful to report on the current CAF / Think Family measure as this will be redefined.					
An efficient and effective organisation	The percentage of all transformed transaction types to be completed online	Customer Service & Transformation	High	1 July – 30 September 2016	%	55.83%.	75%	Red	↓
	The average number of days lost to sickness per full-time equivalent staff member	LGSS HR	Low	November 2016	Days (12 month rolling average)	7.06	7.8	Green	↓

* 'Out of work' benefits claimants - narrowing the gap between the most deprived areas (top 10%) and others – the target of ≤12% is for the most deprived areas (top 10%). At 6.7 percentage points the gap is the same as last quarter, but is narrower than the baseline (in May 2014) of 7.2 percentage points.

5.2 Key exceptions: there are no exceptions to report this month; for full and previously reported details go to the respective Service Finance & Performance Report:

- [ETE Finance & Performance Report](#)
- [CFA Finance & Performance Report](#)
- [PH Finance & Performance Report](#)
- [CS & LGSS Finance & Performance Report](#)
- [A&I Finance & Performance Report](#)

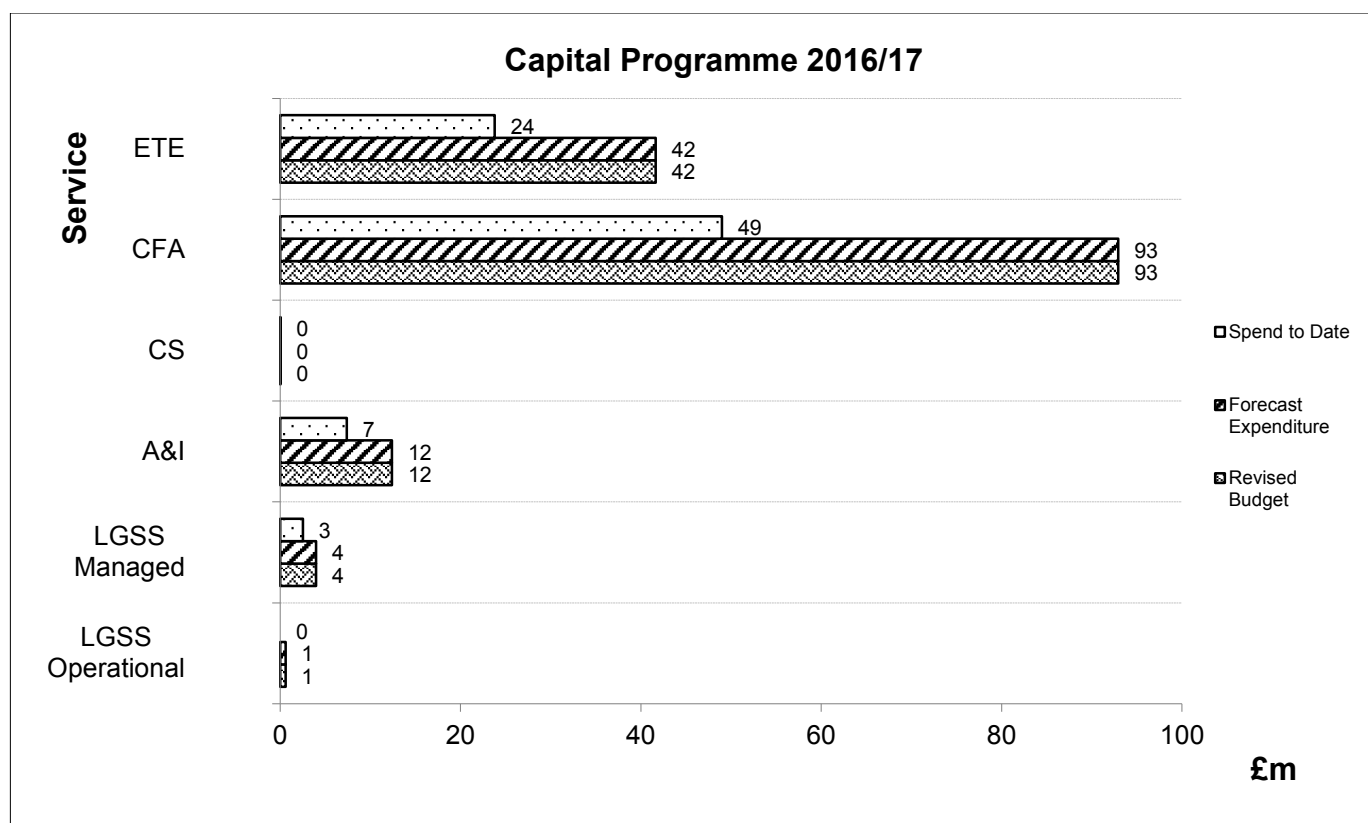
6. CAPITAL PROGRAMME

6.1 A summary of capital financial performance by service is shown below:

2016/17						TOTAL SCHEME	
Original 2016/17 Budget as per Business Plan £000	Service	Revised Budget for 2016/17 £000	Forecast Variance - Outturn (Oct) £000	Forecast Variance - Outturn (Nov) £000	Forecast Variance - Outturn (Nov) %	Total Scheme Revised Budget (Nov) £000	Total Scheme Forecast Variance (Nov) £000
71,699	ETE	41,639	-	-	0.0%	415,691	-
97,156	CFA	92,921	0	0	0.0%	543,222	31,825
33	Corporate Services	48	-	-	0.0%	300	-
4,405	LGSS Managed	3,996	-	-	0.0%	15,140	-0
11,397	A&I	12,398	227	0	0.0%	240,310	-3,248
1,104	LGSS Operational	618	-	-	0.0%	1,704	-
185,794	Total Spending	151,620	227	1	0.0%	1,216,367	28,576

Notes:

1. The 'Revised Budget' incorporates any changes in the funding available to what was originally budgeted, including the capital programme variations budget allocated to each service. A breakdown of the use of the capital programme variations budget by service is shown in section 6.2.
2. The reported ETE capital figures do not include City Deal, which has a budget for 2016/17 of £7.4m and is currently forecasting an in-year underspend of £0.15m.



Note: The 'Revised Budget' incorporates any changes in the funding available to what was originally budgeted.

6.2 A summary of the use of capital programme variations budgets by services is shown below. As forecast underspends start to be reported, these are offset with a forecast outturn for the variation budget, leading to a balanced outturn overall up to the point when slippage exceeds this budget.

2016/17					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Nov) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Nov) £000
ETE	-10,500	-5,946	5,946	56.63%	0
CFA	-10,282	-5,834	5,834	56.74%	0
Corporate Services	-12	0	0	0.00%	0
LGSS Managed	-1,029	-1,857	1,857	180.47%	0
A&I	-2,850	-18	18	0.63%	0
LGSS Operational	-155	-100	100	64.52%	0
Total Spending	-24,828	-13,754	13,755	55.40%	1

- 6.3 Slippage in the capital programme for LGSS Managed is forecast to exceed its capital programme variations budget allocation of £1m. However, at this stage it is not anticipated that the capital programme as a whole will slip beyond the overall variations budget, but it is not clear where any offsetting under-utilisation of the variations budget will be realised. Thus the outturn on LGSS Managed does not currently lead to an overall forecast underspend on the capital programme, but this will be closely monitored with any changes to the position reflected in future reports.
- 6.4 A more detailed analysis of current year key exceptions this month by programme for individual schemes of £0.5m or greater are identified below.

6.4.1 **Economy, Transport and Environment:** a balanced budget is forecast at year-end.

	£m	%
<ul style="list-style-type: none"> Operating the Network – a -£1.2m in-year underspend is forecast, which is a movement of -£0.7m on the position reported last month. This is due to slippage on a traffic signal replacement scheme on Cherry Hinton Road. Issues with land purchase have resulted in the start date being delayed, so £0.7m of S106-funded expenditure planned for 2016/17 will now occur in 2017/18. 	-1.2	(-8%)
<ul style="list-style-type: none"> £90m Highways Maintenance Schemes – a +£1.0m in-year overspend is forecast. £6m was initially allocated to this area in 2016-17 and spare funding from the previous year was rolled forward into future years. Historically although more work has been programmed than budgeted for the year, through slippage on schemes expenditure has always been within the agreed budget. However, this year more schemes are being completed by the Contractor and total expenditure is likely to be nearer £7m. These schemes will therefore be funded by reducing the amount of budget available in future years. 	+1.0	(+17%)
<ul style="list-style-type: none"> Cycling Schemes – a -£0.4m in-year underspend is forecast, which is a movement of -£0.6m on the position reported last month. This is due to delays in the following schemes: <ul style="list-style-type: none"> Yaxley to Farcet: delays in the completion of land deals have led to the start date for work being moved to March 2017. Lode to Quy: unanticipated planning objections have delayed the start date and the majority of spend will now occur in 2017/18. A10 Harston: a start date of January 2017 was planned. However, issues raised at the initial consultation led to the scheme undergoing a second round of consultation. The majority of spend will now occur in 2017/18. Bar Hill to Longstanton: work to develop a solution for this scheme has taken longer than anticipated, so less expenditure will occur in 2016/17 than planned. 	-0.4	(-11%)

- **Ely Crossing** – a +£1.4m in-year overspend is forecast. The Second Stage Target Cost for this contract is nearing conclusion. Based upon the outline works delivery programme, the completed design costs and early site mobilisation, the forecast spend within this financial year has been increased to £6.9m. The total Target Cost Value for the scheme has not been concluded and will therefore be reported in December 2016 update. +1.4 (+26%)
- For full and previously reported details see the [ETE Finance & Performance Report](#).

6.4.2 **Children, Families and Adults:** a balanced budget is forecast at year end.

- | | £m | % |
|---|------|--------|
| <ul style="list-style-type: none"> • Basic Need – Primary – a -£5.6m in-year underspend is forecast, which is a movement of -£1.4m on the position reported last month. This is largely due to movement on the following schemes: <ul style="list-style-type: none"> ○ Wisbech Primary: -£2.1m (-66%), movement of -£0.9m since last month due to the tender being submitted late, causing a further three week delay to the start on site date. ○ Fulbourn Primary: -£0.2m (-57%) slippage due to additional complex design work being required, causing the progress of the project to slow. ○ Histon Primary: +£0.2m, movement of -£0.2m since last month. Works are still progressing ahead of schedule, but not as rapidly as originally forecast. | -5.6 | (-13%) |
| <ul style="list-style-type: none"> • Basic Need – Secondary – a +£0.3m in-year overspend is forecast, which is a movement of -£0.6m on the position reported last month. This is due to slippage on the Cambourne Secondary School scheme; it has been identified that the original forecast programme of works from the contractor for 2016/17 is overly optimistic and £600k of these works will now be completed in 2017/18. | +0.3 | (-1%) |
| <ul style="list-style-type: none"> • CFA Capital Variation – as agreed by the Capital Programme Board, any forecast underspend in the capital programme is offset against the capital programme variations budget, leading to a balanced outturn overall. There has been a movement of +£2.0m in the outturn for CFA capital variation since last month. | +5.8 | (+57%) |
- For full and previously reported details see the [CFA Finance & Performance Report](#).

6.4.3 **Corporate Services:** a balanced budget is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).

- 6.4.4 **LGSS Managed:** a balanced budget is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 6.4.5 **LGSS Operational:** a balanced budget is forecast at year-end. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 6.4.6 **Assets & Investments:** a balanced budget is forecast at year-end.
- | | £m | % |
|---|------|---------|
| <ul style="list-style-type: none"> Making Assets Count – Market Towns Project (March) – an in-year underspend of £0.5m. This project is no longer required as it has been superseded by the new Housing schemes, with redevelopment projects transferred to the Housing programme. This change has also had an impact on generation of associated ring-fenced capital receipts, resulting in reduced funding of £0.4m in 2016/17. | -0.5 | (-100%) |
| <ul style="list-style-type: none"> For full and previously reported details see the A&I Finance & Performance Report. | | |
- 6.5 A more detailed analysis of total scheme key exceptions this month by programme for individual schemes of £0.5m or greater are identified below:
- 6.5.1 **Economy, Transport and Environment:** a total scheme balanced budget is forecast. There are no exceptions to report this month; for full and previously reported details see the [ETE Finance & Performance Report](#).
- 6.5.2 **Children, Families and Adults:** a +£31.8m (+6%) total scheme overspend is forecast. There are no exceptions to report this month; for full and previously reported details see the [CFA Finance & Performance Report](#).
- 6.5.3 **Corporate Services:** a total scheme balanced budget is forecast. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 6.5.4 **LGSS Managed:** a total scheme balanced budget is forecast. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 6.5.5 **LGSS Operational:** a total scheme balanced budget is forecast. There are no exceptions to report this month; for full and previously reported details see the [CS & LGSS Finance & Performance Report](#).
- 6.5.6 **Assets & Investments:** -£3.2m (-1%) total scheme underspend is forecast.
- | | £m | % |
|--|------|---------|
| <ul style="list-style-type: none"> Making Assets Count – Market Towns Project (March) – a total scheme underspend of £1.5m is forecast. As explained in section 6.4, this project is no longer required as it has been | -1.5 | (-100%) |

superseded by the new Housing schemes that have been submitted via the 2017/18 Business Planning process, with redevelopment projects transferred to the Housing programme. Potential projects not covered by the Housing programme will be taken forward as new Business Plan applications in the future.

- For full and previously reported details see the [A&I Finance & Performance Report](#).

6.6 A breakdown of the changes to funding has been identified in the table below.

Funding Source	B'ness Plan Budget £m	Rolled Forward Funding ¹ £m	Revised Phasing £m	Additional/Reduction in Funding £m	Revised Budget £m	Outturn Funding £m	Funding Variance £m
Department for Transport (DfT) Grant	20.5	0.2	-1.7	1.0	20.0	19.9	-0.1
Basic Need Grant	3.8	-	-	-	3.8	3.8	-0.0
Capital Maintenance Grant	4.6	-	-	0.1	4.7	4.7	-
Devolved Formula Capital	1.1	0.9	-	-0.0	1.9	1.9	-0.0
Specific Grants	21.1	3.6	-12.7	1.7	13.8	11.7	-2.0
S106 Contributions & Community Infrastructure Levy	30.3	1.1	-3.7	0.2	27.9	25.8	-2.1
Capital Receipts	10.3	-	-	-6.4	3.9	3.9	0.0
Other Contributions	10.7	0.2	-8.8	1.1	3.2	3.9	0.7
Revenue Contributions	-	-	-	-	-	-	-
Prudential Borrowing	83.4	10.2	-29.3	8.1	72.4	75.9	3.5
TOTAL	185.8	16.3	-56.1	5.7	151.6	151.6	-0.0

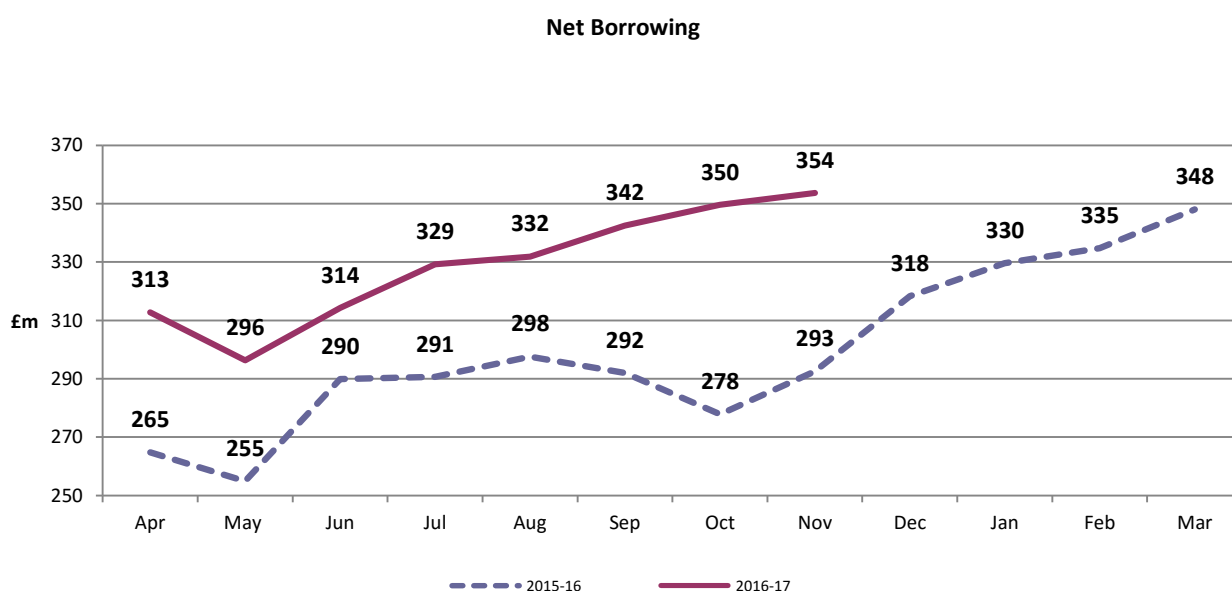
¹ Reflects the difference between the anticipated 2015/16 year end position, as incorporated within the 2016/17 Business Plan, and the actual 2015/16 year end position.

7. BALANCE SHEET

7.1 A more detailed analysis of balance sheet health issues is included below:

Measure	Year End Target	Actual as at the end of November
Level of debt outstanding (owed to the council) – 4-6 months, £m	£0.4m	£0.7m
Level of debt outstanding (owed to the council) – >6 months, £m	£1.0m	£2.0m
Invoices paid by due date (or sooner)	97.6%	99.7%

7.2 The graph below shows net borrowing (investments less borrowings) on a month by month basis and compares the position with the previous financial year. The levels of investments at the end of November were £20.4m (excluding 3rd party loans) and gross borrowing was £374.1m.



7.3 Key exceptions are identified below:

Key exceptions	Impacts and actions
Less borrowing activity than planned – original net borrowing forecast was £479m. Actual net borrowing at 30th November was £354m.	<p>A £250k underspend is currently forecast for Debt Charges. This reflects the fall in the forecast for net interest payable following falls in interest rates across all parts of the yield curve.</p> <p>The impact of lower borrowing on the Debt Charges budget would normally result in a favourable forecast variance (due to lower interest payments). However the Debt Charges budget was reduced in anticipation of capital expenditure slippage during the budget setting process, so the magnitude of the variance reported is muted.</p> <p>The Council is continually reviewing options as to the timing of any potential borrowing and also the alternative approaches around further utilising cash balances (where possible) and undertaking shorter term borrowing which could potentially generate savings next year, subject to an assessment of the interest rate risks involved.</p>

7.4 Further detail around the Treasury Management activities can be found in the latest [Treasury Management Report](#).

7.5 A schedule of the Council's reserves and provisions can be found in [appendix 2](#).

8. ALIGNMENT WITH CORPORATE PRIORITIES

8.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

8.2 Helping people live healthy and independent lives

There are no significant implications for this priority.

8.3 Supporting and protecting vulnerable people

There are no significant implications for this priority.

9. SIGNIFICANT IMPLICATIONS

9.1 Resource Implications

This report provides the latest resources and performance information for the Council and so has a direct impact.

9.2 **Statutory, Risk and Legal Implications**

There are no significant implications within this category.

9.3 **Equality and Diversity Implications**

There are no significant implications within this category.

9.4 **Engagement and Consultation Implications**

No public engagement or consultation is required for the purpose of this report.

9.5 **Localism and Local Member Involvement**

There are no significant implications within this category.

9.6 **Public Health Implications**

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Chris Malyon
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	No Name of Legal Officer: Not applicable
Are there any Equality and Diversity implications?	No Name of Officer: Not applicable
Have any engagement and communication implications been cleared by Communications?	No Name of Officer: Not applicable
Are there any Localism and Local Member involvement issues?	No Name of Officer: Not applicable
Have any Public Health implications been cleared by Public Health	No Name of Officer: Not applicable

Source Documents	Location
ETE Finance & Performance Report (November 16) CFA Finance & Performance Report (November 16) PH Finance & Performance Report (November 16) CS and LGSS Cambridge Office Finance & Performance Report (November 16) A&I Finance & Performance Report (November 16) Performance Management Report & Corporate Scorecard (November 16) Capital Monitoring Report (November 16) Report on Debt Outstanding (November 16) Payment Performance Report (November 16)	1 st Floor, Octagon, Shire Hall, Cambridge

APPENDIX 1 – transfers between Services throughout the year (only virements of £1k and above (total value) are shown below)

	CFA	Public Health	ETE	CS Financing	Corporate Services	LGSS Managed	Assets & Investments	LGSS Operational	Financing Items
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Cash Limits as per Business Plan	242,563	182	59,952	34,206	4,674	8,720	0	9,589	3,915
Adjustment LGSS Managed and Operational						10		-10	
LGSS property virement					10			-10	
Licenses budget from LGSS Op. to CS					17	-17			
Contact Centre budget from CFA to CS	-77				77				
CPFT NHS accommodation budget from CFA to LGSS Man.	-10					10			
Reablement budget from CFA to LGSS Op.	-113							113	
Pupil forecasting/demography budget to research group	-53				53				
ETE use of service reserves			2,015						-2,015
Disaggregation of Assets and Investments budgets						-2,714	2,714		
Centralised mobile phones budget	6					-6			
Strategic Assets and Property Services budgets returned to CCC following demerger							1,531	-1,531	
Advocacy contract budget from CS to CFA	45				-45				
ETE return of service reserves not needed in 16/17			-65						65
Current budget	242,361	182	61,902	34,206	4,786	6,004	4,245	8,151	1,965
Rounding	0	0	0	0	0	0	0	0	0

APPENDIX 2 – Reserves and Provisions

Fund Description	Balance at 31 March 2016	2016-17		Forecast Balance 31 March 2017	Notes
		Movements in 2016-17	Balance at 30 November 16		
		£000s	£000s		
<u>General Reserves</u>					
- County Fund Balance	18,921	-27	18,894	19,137	
- Services					
1 CFA	1,623	-1,062	561	-1,408	
2 PH	1,138	-155	983	638	
3 ETE	3,386	-1,950	1,436	0	
4 CS	1,218	0	1,218	0	
5 LGSS Operational	1,013	0	1,013	461	
subtotal	27,299	-3,194	24,105	18,828	
<u>Earmarked</u>					
- Specific Reserves					
6 Insurance	2,864	0	2,864	2,864	
subtotal	2,864	0	2,864	2,864	
- Equipment Reserves					
7 CFA	782	-80	702	98	
8 ETE	218	0	218	250	
9 CS	57	0	57	57	
subtotal	1,057	-80	977	405	
<u>Other Earmarked Funds</u>					
10 CFA	4,097	-2,249	1,848	959	Includes liquidated damages in respect of the Guided Busway - current balance £2.4m.
11 PH	2,020	0	2,020	1,445	
12 ETE	6,631	-773	5,858	4,919	
13 CS	1,274	0	1,274	1,196	
14 LGSS Managed	149	43	192	192	
15 Assets & Investments	233	71	304	327	
16 LGSS Operational	130	0	130	130	
17 Transformation Fund	9,891	-235	9,656	18,907	Savings realised through change in MRP policy
subtotal	24,425	-3,143	21,282	28,075	
SUB TOTAL	55,645	-6,417	49,227	50,171	
<u>Capital Reserves</u>					
- Services					
18 CFA	2,428	9,662	12,090	425	Section 106 and Community Infrastructure Levy balances.
19 ETE	11,703	19,254	30,957	10,200	
20 LGSS Managed	422	-350	72	72	
21 Assets & Investments	230	213	443	230	
22 Corporate	39,388	6,492	45,880	28,358	
subtotal	54,171	35,271	89,442	39,285	
GRAND TOTAL	109,815	28,854	138,669	89,456	

Notes:

1. The figures do not include City Deal reserves, which have a current balance of £37.8m and are anticipated to have a year-end balance of £30.4m.

In addition to the above reserves, specific provisions have been made that set aside sums to meet both current and long term liabilities that are likely or certain to be incurred, but where the amount or timing of the payments are not known. These are:

Fund Description	Balance at 31 March 2016	2016-17		Forecast Balance 31 March 2017	Notes
		Movements in 2016-17	Balance at 30 November 16		
	£000s	£000s	£000s	£000s	
- Short Term Provisions					
1 ETE	712	-33	679	0	
2 CS	1,312	0	1,312	1,062	
3 LGSS Managed	5,545	0	5,545	5,545	
4 Assets & Investments	50	0	50	50	
subtotal	7,619	-33	7,586	6,657	
- Long Term Provisions					
5 LGSS Managed	3,613	0	3,613	3,613	
subtotal	3,613	0	3,613	3,613	
GRAND TOTAL	11,232	-33	11,199	10,270	

AUDIT AND ACCOUNTS COMMITTEE FORWARD AGENDA PLAN

MEETING DATE REPORT DEADLINES AND REPORT TITLES	Frequency of report	Corporate/Service Director /external officer responsible	Report author
24th JANUARY 2017 Deadline for reports to be with Democratic Services: Mid-day 10th January 2017			
Minute Log	Each meeting	Democratic Services	Rob Sanderson
Highways Assets Issues there will be separate reports on the following: a) Valuation of Highways Assets b) Registration of land purchased for Highways Schemes	One off One off	ETE ETE	Mike Atkins Mike Atkins / Camille Rhodes (Haggett)
Review of Ely Archive	One off	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit / Mairead Kelly
Learning Points Update Report from this Year's Accounts exercise	One off	BDO / Finance	Iain Jenkins, Sarah Heywood. Richard Perry / Lisa Clampin, David Eagles / Barry Pryke

Integrated Resources and Performance Report	Each Cycle - would always be one that had already been through General Purposes Committee	Chief Finance Officer	C Malyon / Rebecca Bartram
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Update and updates in the recommendations reported to the July Committee meeting on Information Security and Social Care IT System and an update on the Domiciliary care audit) <i>Relevant officers to attend the Committee to be invited by Head of Internal Audit where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Risk Updates Report (Including responses to issues raised by Councillor Shellens at the 20 th September Committee)		Director, Customer Services and Transformation	Sue Grace / T Barden / S Norman
CLEC Update Report		Internal Audit	Mairead Kelly
LGSS 2015-16 Final Accounts (for information only) <i>Note this may have to move to the next meeting if it has still not been possible to finalise them. (They have been the subject of a very complex challenge from a member of the public)</i>	Annual	Deputy S151 Officer. LGSS	Iain Jenkins Head of Finance (Deputy S151 Officer) LGSS
21st March 2017 Deadline for reports to be with Democratic Services :			

Mid-day Tuesday 7TH March 2017			
Cambridgeshire County Council External Audit Plan 2016-17 including Pensions Work Plan to include cover sheet with recommendations on what Auditors wish the Audit and Accounts Committee to agree	Annual Report to March meeting	BDO LLP	Lisa Clampin, David Eagles / Barry Pryke
Update Report on progress on proposed changes to the Annual Accounts process for implementation for the 2017-18 Accounts	One-off	BDO / Finance	Sarah Heywood / Iain Jenkins / Lisa Clampin
Internal Audit Plan 2017/18	Annual to the March meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Risk Updates Report		Director, Customer Services and Transformation	Sue Grace / Tom Barden / Sue Norman
Annual Internal Audit Report (to be reported on to the first Full Council meeting on 23 rd May 2017)	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit / Mairead Kelly
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Update) <i>Relevant officers to attend the Committee to be invited by D Wilkinson where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Integrated Resources and Performance Report	Each Cycle would always be one that had already been through General Purposes	Chief Finance Officer	C Malyon / Rebecca Bartram

	Committee		
Update on Unspent Section 106 Monies (this might be via e-mail)	Twice a year	Chief Finance Officer	S Heywood
Committee Date 2.00 P.M. 30th MAY 2017			
Deadline for reports to be with Democratic Services : Mid-day Tuesday 16th May 2017			
Minute Log Update	Each meeting	Democratic Services	Rob Sanderson
Cambridgeshire Council Workforce Strategy – Review of Action Plan – Quarterly Update <i>Note: The Workforce Strategy is scheduled to go to General Purposes Committee on 21st March and Full Council on 28th March.</i>	Quarterly	Head of HR	Martin Cox / Lynsey Fulcher
Draft Annual Governance Statement	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Annual Risk Management Report	Annual	Director, Customer Services and Transformation	Sue Grace / Tom Barden / Sue Norman
Review of Terms of Reference	Once a year	Head of Internal Audit	Duncan Wilkinson

			LGSS Head of Internal Audit
Integrated Resources and Performance Report	Each Cycle (previously except July as when the Committee was in June it was too early)	Chief Finance Officer	C Malyon / Rebecca Bartram S Heywood
COMMITTEE DATE 2.00 P.M. TUESDAY 25th JULY 2017 Deadline for reports to be with Democratic Services : Mid-day Tuesday 11th July 2017			
Minute Log Update	Each meeting	Democratic Services	Rob Sanderson
2017-18 Fee Letter	Annual	External Audit	David Eagles / Barry Pryke
Draft Statement of Accounts: 2016-17 (last year for the draft accounts as the 2017-18 set are required to be agreed by June 2018)	Annual	Chief Finance Officer / Strategic Finance Manager / Group Accountant	Chris Malyon / Iain Jenkins
LGSS Draft Accounts (for information only)	Annual	Deputy S151 Officer. LGSS	Iain Jenkins Head of Finance (Deputy S151 Officer) LGSS

Code of Corporate Governance - updated document	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Transformation Fund Update – Savings Update against projects undertaken	One off request	Strategic Finance Manager / Head of Business Intelligence	Sarah Heywood / Dan Thorp
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Progress) <i>Relevant officers to attend the Committee to be invited by Duncan Wilkinson where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Integrated Resources and Performance Report	Each Cycle (previously except for the July meeting as when the Committee was in June it was too early)	Chief Finance Officer	C Malyon / Rebecca Bartram S Heywood
Audit and Accounts Committee Training Plan. <i>This may have to be rescheduled to an earlier meeting as there will be elections in May 2017 which will inevitably result in changes of membership.</i>	Once a year	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit

COMMITTEE DATE 2.00 P.M. TUESDAY 19th SEPTEMBER 2017			
Deadline for reports to be with Democratic Services: Mid-day Tuesday 6th September			
Minute Log Update	Each meeting	Democratic Services	Rob Sanderson
Annual Report to Council	Once a year presented to the October full council meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Cambridgeshire Council Workforce Strategy – Review of Action Plan – Quarterly Update	Quarterly	Head of HR	Martin Cox / Lynsey Fulcher
Accounts: <ul style="list-style-type: none"> Revised Statement of Accounts ISA 260 Report and Letter of Representation and ISA 260 Report – Pension Fund 	Annual	Chief Finance Officer / Strategic Finance Manager / Group Accountant External Audit BDO LLP	Chris Malyon /Iain Jenkins Lisa Clampin, and Barry Pryke David Eagles
Internal Audit Progress Report	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson / Mairead Kelly
Risk Updates Report	Regular	Director, Customer Services and Transformation	Sue Grace / Sue Norman
Resources and Performance Update Report	Each Cycle	Chief Finance Officer	Chris Malyon / Sarah

			Heywood / Rebecca Bartram
Update on Unspent Section 106 Monies (this might be via e-mail)	Twice a year	Chief Finance Officer	S Heywood

COMMITTEE DATE 2.00P.M. TUESDAY 21ST NOVEMBER 2017 Deadline for reports to be with Democratic Services: Mid-day Tuesday 8TH NOVEMBER 2017			
Minutes and Minutes Log Update	Each meeting	<i>Democratic Services</i>	Rob Sanderson
Safe Recruitment in Schools Update - to also include assurance on safeguarding DBS checks on drivers employed on Home to School Transport runs and update explanation on Histon Early Years safe recruitment failures identified by Internal Audit safeguarding review	Regular update	<i>Children and Young People with input from Toby Parsons and Internal Audit</i>	Keith Grimwade / Chris Meddle / Sara Rogers / Mairead Kelly
Workforce Strategy and Model - Update Report	Regular update	Human Resources – Head	Martin Cox /Janet

	until final Strategy agreed and implemented	of People	Maulder
Integrated Resources and Performance Report	Each Cycle - would always be one that had already been through General Purposes Committee	Chief Finance Officer	C Malyon / Rebecca Bartram Sarah Heywood
External Audit - Annual Audit Letter 2016/17	Annual	External Audit BDO	BDO Lisa Clampin
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Progress, Galileo and whistleblowing and the outstanding library till issue) <i>Relevant officers to attend the Committee to be invited by Duncan Wilkinson where management actions have gone beyond the next agreed target date</i>	Each meeting except June as this is too close to the July meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit

COMMITTEE DATE: 2.00 p.m. Tuesday 23rd JANUARY 2018

Deadline for reports to be with Democratic Services: Mid-day Tuesday 9th January 2018

Minute Log	Each meeting	Democratic Services	Rob Sanderson

Cambridgeshire Council Workforce Strategy – Review of Action Plan – Quarterly Update	Quarterly	Head of HR	Martin Cox / Lynsey Fulcher
Integrated Resources and Performance Report	Each Cycle - would always be one that had already been through General Purposes Committee	Chief Finance Officer	C Malyon / Rebecca Bartram
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Update and updates in the recommendations reported to the July Committee meeting on Information Security and Social Care IT System and an update on the Domiciliary care audit) <i>Relevant officers to attend the Committee to be invited by Head of Internal Audit where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Risk Updates Report		Director, Customer Services and Transformation	Sue Grace / T Barden / S Norman
COMMITTEE DATE: 2.00P.M. Tuesday 27TH March 2018 Deadline for reports to be with Democratic Services : Mid-day Tuesday 13TH March 2018			
Cambridgeshire County Council External Audit Plan 2017-18 including Pensions Work Plan to include cover sheet with	Annual Report to March meeting	BDO LLP	Lisa Clampin, David Eagles / Barry Pryke

recommendations on what Auditors wish the Audit and Accounts Committee to agree			
Internal Audit Plan 2017/18	Annual to the March meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Risk Updates Report		Director, Customer Services and Transformation	Sue Grace / Tom Barden / Sue Norman
Annual Internal Audit Report (to be reported to the Full Council meeting on 15th May 2018)	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit / Mairead Kelly
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Update) <i>Relevant officers to attend the Committee to be invited by D Wilkinson where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Integrated Resources and Performance Report	Each Cycle would always be one that had already been through General Purposes Committee	Chief Finance Officer	C Malyon / Rebecca Bartram
Update on Unspent Section 106 Monies (this might be via e-mail)	Twice a year	Chief Finance Officer	S Heywood

Committee Date 2.00 P.M. Tuesday 29th MAY 2018			
Deadline for reports to be with Democratic Services : Mid-day Tuesday 15th May 2018			
Minute Log Update	Each meeting	Democratic Services	Rob Sanderson
Cambridgeshire Council Workforce Strategy – Review of Action Plan – Quarterly Update	Quarterly	Head of HR	Martin Cox / Lynsey Fulcher
Draft Annual Governance Statement	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Annual Risk Management Report	Annual	Director, Customer Services and Transformation	Sue Grace / Tom Barden / Sue Norman
Review of Terms of Reference	Once a year	Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Integrated Resources and Performance Report	Each Cycle (Except July)	Chief Finance Officer	C Malyon / Rebecca Bartram S Heywood
COMMITTEE DATE 2.00 P.M. TUESDAY 25th JULY 2017			

Deadline for reports to be with Democratic Services : Mid-day Tuesday 11th July 2017			
Minute Log Update	Each meeting	Democratic Services	Rob Sanderson
2017-18 Fee Letter	Annual	External Audit	David Eagles / Barry Pryke
Draft Statement of Accounts: 2016-17 (last year for the draft accounts as the 2017-18 set are required to be agreed by June 2018)	Annual	Chief Finance Officer / Strategic Finance Manager / Group Accountant	Chris Malyon / Iain Jenkins
LGSS Draft Accounts (for information only)	Annual	Deputy S151 Officer. LGSS	Iain Jenkins Head of Finance (Deputy S151 Officer) LGSS
Code of Corporate Governance - updated document	Annual	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
Transformation Fund Update – Savings Update against projects undertaken	One off request	Strategic Finance Manager / Head of Business Intelligence	Sarah Heywood / Dan Thorp
Internal Audit Progress Report (Including Progress of Implementation of Management Actions and Internal Audit Plan Progress) <i>Relevant officers to attend the Committee to be invited by Duncan Wilkinson where management actions have gone beyond the next agreed target date</i>	Each meeting	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit

Audit and Accounts Committee Training Plan.	Once a year	LGSS Head of Internal Audit	Duncan Wilkinson LGSS Head of Internal Audit
<i>This may have to be rescheduled to an earlier meeting as there will be elections in May 2017 which will inevitably result in changes of membership.</i>			

Notes

Risk Management Update reports normally to March, June (now May), September and January.
The June report will also be the Annual Risk Management Report

2016/17 cycle was as follows:

- Jan, following SMT November review of corp risk
- March, following SMT February
- June following SMT May review
- September, following SMT August review

Integrated Resources and Performance Report every cycle except July as the meeting is too near the June meeting and General Purposes Committee is later in July and would always be one that had already been through General Purposes Committee or was going to General Purposes Committee in advance of this Committee as the appropriate decision making Committee

Update 6th January 2017