

Agreed action and risk	Original implementation target and position at November 2021	Latest progress update	Internal Audit follow-up
<b>Pre-2020/21 audit reports</b>			
<b>Pensions Administration (Chief Executive's Dept) – July 2018</b>			
<b>Reconciliation of payroll records with pension records</b> Reconciliation to confirm pensions being paid are those that should be paid.  <i>Risk: Unauthorised payments could go undetected.</i>	October 2018 for initial payroll reconciliation stage, which was for 2018.  November 2021: Matching work was progressing. Discrepancies in the number and value of records between the two systems have been identified and were being investigated. This work was progressing alongside the complementary Guaranteed Minimum Payment (GMP) reconciliation project. Regular updates on progress with the GMP project had been taken to the Nottinghamshire Pension Fund Committee.	Progress with the reconciliation work has been assessed as part of the current audit of Pensions Administration.  The Pension fund have reconciled the majority of the pension records with the pensioners on the pension payroll. The pension payroll data has also been loaded onto the Pension Administration system and records matched. Mismatches of payroll payments are being investigated, allowing the fund to identify any discrepancies.	Testing will be finalised when the current review of Pensions Administration is complete.
<b>Ethical Framework (cross-cutting) – October 2018</b>			
<b>Register of Staff Gifts and Hospitality</b> A consistent form of register for gifts and hospitality to be devised for use by all departments.  <i>Risk: Staff may be unclear of rules and accept inappropriate gifts and hospitality without the knowledge or authority of management.</i>	March 2019  November 2021: Whilst there had been some work started on this matter, due to Covid-19, it had not been possible to progress things as intended.	May 2022 - Progress was hampered by staff changes, the Covid-19 pandemic and then the change in governance arrangements, where officers were focussed on other time critical work. However gradual work has been ongoing throughout and a revised electronic form has been developed for use by staff to record gifts and hospitality. Subject to changes in the Officer Code of Conduct, this will be ready for roll-out by Autumn 2022.	To be followed up in next 6 months.
<b>Staff Declaration of Interest</b> A standard template to record notifications of interests to appropriate managers. Staff to be reminded annually of the requirements regarding notifying interests and declaring interests in meetings.  <i>Risk: There may be inadequate safeguards to prevent inappropriate</i>	As above  November 2021: This was to be undertaken when the guidance had been implemented.	May 2022 - A revised electronic form has been developed for use by staff to notify any relevant interests to managers. Subject to changes in the Officer Code of Conduct, this will be ready for roll-out by Autumn 2022.	As above

## Overdue Priority 1 Actions

## Appendix 1

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<i>involvement by staff in decision making or access to documentation.</i>			
<b>Information Governance Improvement Programme (cross-cutting) – December 2018</b>			
<b>Information Asset Register (IAR)</b> Complete the IAR, and address the actions' log of issues identified by the register.  <i>Risk: Sensitive personal information might be insecure or processed unlawfully.</i>	March 2020  September 2021  May 2022	Validation exercise undertaken under existing Data Protection regime with limited returns. Government launched consultation on new legislation to reform Data Protection legislation in UK post-Brexit. This would remove the obligation to undertake IAR and replace with more flexible risk based record keeping and personal data inventory. Queen's Speech signaled intent to reform UK Data Protection Legislation. Response to consultation by government and details of draft Bill awaited. The validation exercise on Information Asset Registers is on hold pending anticipated changes to data protection legislation. Meanwhile, the existing IAR continues to be updated as part of ongoing Data Protection Impact Assessment Process.	To be followed up in next 6 months.
<b>Retention of records</b> Facilitate and monitor compliance with rules for the retention of records. This is expected to be included in the next phase two of the programme.  <i>Risk: as above</i>	As above  November 2021: A report on the Information Governance risk register sent to the Information Governance Board in August 2021 described the risk of retaining data longer than necessary as probably the most intractable risk. It mentioned the need to develop a high-level business case for a corporate approach.	Retention continues to be the most intractable information governance risk. Electronic Document and Records Management Systems (EDRMS) are operational in two areas and planned in others, including a repeatable EDRMS process that can be applied across other business areas. Lessons are still to be learned from these. A new Retention & Disposal Standard has made destruction the default position when the retention period ends.	As above
<b>Personal computer drives of leavers</b> Review and remove personal drives for employees who have left.  <i>Risk: as above</i>	As above  November 2021: Removal of leavers' personal drives awaited the lifting of the Independent Inquiry into Child Sexual Abuse (IICSA) non-destruction order.	Removal of leavers' personal drives awaits the lifting of the IICSA non-destruction order, expected around October 2022. When it is lifted, they can be deleted 90 days after the employee has left.	As above

## Overdue Priority 1 Actions

## Appendix 1

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<b>External Day Care Providers (ASCPH Dept) – December 2019</b>			
<b>Service provider tendering and contracting</b> A competitive process to select new external day care providers to be undertaken (instead of ASCH Commissioning annually extending contracts beyond the duration of the framework agreement that expired March 2016).  <i>Risk: Non-accredited providers may offer poor value for money and there may be breaches of procurement regulations.</i>	June 2020  November 2021: Covid-19 continued to impact this area. New contracts were issued to providers in April 2021 for one year under the same specifications as before, but were to be updated following the strategy feedback. The Commissioning Board agreed to extend these until March 2023 to allow for the strategy to be consulted on.	Further update received to confirm these intentions.	To be followed up in next 6 months.
<b>Contract compliance – performance</b> The relevant key performance indicators (KPIs) and quality standards to be a contractual requirement.  <i>Risk: Providers may not fulfil their contractual obligations or be in breach of their contracts.</i>	As above  November 2021: KPIs were to be in the new contract – see above regarding the timeline issue. (Audits of compliance with existing contract conditions had started again.)	As above	As above
<b>Continuing Healthcare and Joint Funding (ASCPH Dept) – March 2020</b>			
<b>Formal approval by health partners</b> ASCPH Commissioning and ASCPH Finance to continue to engage with health partners to reduce the backlog of Continuing Healthcare (CHC) Care Package Review forms (ACM33s), with the expectation they will start using Council's SharePoint system.  <i>Risk: Inefficient working. Health partners may dispute or not pay their share of funding.</i>	April 2020  November 2021: A meeting was to take place within the next month to discuss the integration of the ACM33 form into Mosaic rather than having it in SharePoint. The ACM33 integration into Mosaic was seen as the first stage. It was hoped that our system and health partners would be able to swap information, as happens with some other systems, so transfer and approval could be made more efficient.	In terms of ACM33s awaiting Clinical Commissioning Group (CCG) sign off, the Senior Commissioning Officer (CHC) is advised this is around 1,300, with some dating back to 8/4/2019. These are chased by Business Support, and are considered to be low risk, as the schedule is agreed quarterly by Finance and the CCG.	Late response - To be assessed and followed up in next 6 months.

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<b>Budget Forecasting (cross-cutting) – March 2020</b>			
<b>Training</b> A training package is being developed. This will be available as on-line training and will include updated guidance on the expectations of budget holders and approvers.  <i>Risk: Where staff are not fully aware of their roles and responsibilities or properly trained, inaccurate forecasts may be produced.</i>	September 2020  November 2021: Additional Covid 19 work had meant insufficient resources to progress this. Specific guidance was being offered as required.	The proposed change in Governance arrangements has meant that Finance have been reviewing and updating Financial Regulations which has taken priority. The intention is to include updated Financial Regulations in the training and expect to undertake this after year-end activities have been concluded.	To be followed up in next 6 months.
<b>2020/21 audit reports</b>			
<b>Commissioning (cross-cutting) – June 2020</b>			
<b>Alignment with corporate and strategies and objectives</b> A schedule of commissioning activity to be aligned with strategies and objectives, and progress to be periodically reported. Consideration for developing market position statements.  <i>Risk: Slippage in commissioning undermines the achievement of service and corporate objectives.</i>	October 2020  November 2021: The establishment of the ASCPH Commissioning Board ensured that there would be good oversight of its forward commissioning and procurement plan. Moving forwards, the Strategic Commissioning Underpinning Cross-Council Programme would act as an enabler to joining up commissioning activity across the Council. The first phase was expected to be completed by the end September 2022.	This was expected to be completed by end September 2022, but the programme was paused because of demand pressures caused by the Omicron variant and pressures on the home care market.	To be followed up in next 6 months.
<b>Commissioning Project Management</b> Draft commissioning plans to be circulated between departmental commissioning boards, panels and teams and also a cross-departmental Expert Commissioner group.  <i>Risk: Opportunities for joint working and commissioning are missed at the operational level.</i>	As above  November 2021: An output of the first phase of the Strategic Commissioning Underpinning Cross-Council Programme would be the publishing of the Council's commissioning intentions. Departmental and Public Health representatives had been put forward to be part of a group that would be undertaking a series of workshops to challenge and improve the	This work was paused in early December 2021 due to demand pressures caused by the Omicron variant and pressures on the home care market. This work recommenced in April 2022.	As above

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	Council's strategic commissioning processes. Work was to commence in November 2021.		
<b>Training and quality control</b> A framework of commissioning courses ranging from basic to advanced, sourced either internally or externally, to be established and rolled out.  <i>Risk: The quality of commissioning activity varies across the organisation.</i>	As above  November 2021: A cross-departmental task and finish group of commissioners would be carrying out a skills audit and develop a training plan to deliver the organisational development and cultural change as part of the adoption of the Strategic Commissioning Framework and Toolkit. Launch of framework, toolkit and training plan – April 2022.	This action is now expected to be complete in October 2022.	As above
<b>Databases and data analysis</b> Commissioning groups and teams to review the data analytical skills required of staff and consider options for addressing skills gaps.  <i>Risk: Best practice is not promoted, resulting in sub-optimal outcomes.</i>	As above  November 2021: The current Strategic Commissioning Programme would be supported by a Business Analyst from the Strategic Insight Unit. As the Programme progressed, there would be learning and recommendations made on how Strategic Commissioning could best be supported going forwards.	Learning and recommendations will be identified as part of the first phase of the programme that is now expected to be completed by end December 2022.	As above
<b>Governance arrangements</b> An Expert Commissioning Group to be formed and hosted by Corporate Procurement to promote best practice, provide peer review, and develop a commissioning training structure for the organisation.  <i>Risk: As above</i>	As above  November 2021: The Strategic Commissioning toolkit would be launched to set out best practice to help officers lead or support a commissioning cycle, offer tools and techniques for effective strategic commissioning and advance a culture of continual improvement. Launch of framework, toolkit and training plan – April 2022.	Launch of framework, toolkit and training plan is expected in October 2022.	As above
<b>Business Continuity Planning (BCP) (cross-cutting) – August 2020</b>			
<b>Training</b>	March 2021	May 2022	Testing to be commence within next 6 months.

## Overdue Priority 1 Actions

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<p>The Emergency Planning Team to submit a report to the Risk, Safety and Emergency Management Board (RSEMB) on training options and other matters arising from the returned questionnaires.</p> <p><i>Risk: Lack of engagement from BCP managers and ineffective actions taken in the event of an emergency.</i></p>	<p>November 2021: Covid-19 response and recovery activities continued to dominate the priorities of the Emergency Planning Team, alongside statutory imperatives such as our Safety of Sports Grounds work. As a consequence the position remained pending until Covid-19 response and recovery work permits.</p>	<p>Covid-19 response work has now receded. (debriefing work to follow). Other priority emergency planning work will further delay completion of this specific action, however:</p> <ul style="list-style-type: none"> <li>The RSEMB discussed NCC Critical Service list in March 2022, and agreed this will be updated through departments.</li> </ul> <p>An ICT Business Continuity exercise is scheduled with RSEMB on 9<sup>th</sup> June.</p>	
<p><b>BCPs on SharePoint</b></p> <p>Managers of critical services in the ASCPH and C&amp;F Departments need to produce BCPs for the 10 critical services currently without one. Once completed they need to be uploaded onto SharePoint.</p> <p><i>Risk: Services deemed as critical do not have an action plan in the event of an emergency.</i></p>	As above	As above	As above
<p><b>Annual Reviews of BCPs</b></p> <p>Managers of critical services to ensure that BCPs to be reviewed, updated, and made subject to training exercises.</p> <p><i>Risk: Actions taken in response to an emergency situation are not effective, exposing the Council and its service users to prolonged disruption.</i></p>	As above	As above	As above
<b>Active Directory (AD) (Chief Executive's Dept) – March 2021</b>			
<p><b>AD Administrative Accounts</b></p> <p>An AD audit tool to be brought in and reports from this to inform the decision to revoke any unnecessary access.</p> <p><i>Risk: A compromised privileged AD administrator could control over wide</i></p>	<p>August 2021</p> <p>November 2021: We made some inroads but the lead engineer tasked with implementation was re-directed onto a project/program called Investing In Notts which involves setting up technology to</p>	<p>Still in progress due to competing priorities and resulting resource limitations. However, a new tool called AD Audit and a subsequent tool called AD Manager were purchased and have been in place for around 12 months. This tool allows a deep dive into group memberships to review changes and accesses, and is currently</p>	<p>To be followed up in next 6 months.</p>

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areas of the IT infrastructure, systems, resources and data.	accommodate hybrid meeting rooms, seen as an organisational priority. The recommendations would become a priority for the lead engineer when the work for Investing in Notts had been completed.	being used by our security architect to overhaul high level administrator access to AD, subsequent data and access to systems. User activity logs are now retained for longer than identified in the audit and can be used for investigations or troubleshooting.	
<b>AD Periodic Maintenance</b> A new process to be developed to use the AD auditing tool to identify stale accounts, organisational units and security groups.  <i>Risk: Poor management and clean up procedures can leave organisations exposed to cyber attacks and result of costly data breaches.</i>	As above	As above	As above
<b>2021/22 audit reports</b>			
<b>Adoption and permanence (C&amp;F Dept) – May 2021</b>			
<b>Line management of activities</b> To address responsibilities through a departmental review of permanence and kinship arrangements.  <i>Risk: Financial support is determined by staff in different teams, some of whose role is not designed to carry out this work, causing a potential lack of control over the process.</i>	March 2022	A Kinship Support service was approved in March 2022 and will bring together the staff who determine financial support payments. The Payments Team Leader post and grade have been re-evaluated.	To be followed up in 6 months to confirm implementation.
<b>Sale of land and building properties (Place Dept) – November 2021</b>			
<b>Asset Management Plans</b> To develop the Service Asset Management Plans.  <i>Risk: The property requirements of the Council may be unclear.</i>	March 2022	Some progress was made on Service Asset Management Plans before Covid-19 but these were not completed as services concentrated elsewhere. A restart is planned in part of the Children's department - children's homes and disability homes.	To be followed up in next 6 months.