

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Adult Social Care and Health					
Procurement of homecare services					
Competitive tendering - Only providers that have been awarded a competitively tendered contract to be used. No other providers should be used without a discussion with both the Market Management team and Corporate Procurement to find a solution. A waiver from tendering to only be applied for in accordance with financial regulations 9.5.2 to 9.5.5.	21/11/2016 (Home care contracts commenced 1/7/2018)	The 'interim homecare service' and 'home based care and support services' are now properly procured. However about 4.3% of the value of work is being awarded to another contractor where these suppliers cannot provide the full service	Testing performed; further management update and testing to be scheduled	Information provided in the management update has been evidenced.	Cleared by Internal Audit (GREEN)
Direct Payments					
Nominated or authorised account holders - Guidance provided to service users to clearly explain the roles of nominated and authorised persons in the context of receiving a direct payment and the Direct Payments Policy to accord with the Care Act 2014 in this regard.	31/03/2018, revised to 31/12/2018	Guidance updated to clearly explain the roles of nominated and authorised persons in the context of receiving a direct payment	Testing performed. Actions confirmed.	Confirmed that DP Agreement has been updated to more clearly address roles of nominated and authorised person. Staff guidance around employing a relative or close friend is detailed in the policy sections 6.3 – 6.4 and staff guidance, both approved in Feb 2019. DP agreement (Apr 19) was also amended for DPSS indemnity.	Cleared by Internal Audit (GREEN)
Adequacy of financial monitoring procedures - The processes for escalation, times scales for dealing with alerts, reporting back and consequence for non-return of bank statements to be clearly defined in the financial auditing/monitoring process and the Assessment and Care	31/03/2018, revised to 30/06/2019	A process flow chart has been agreed for this task which includes escalation and flow and timescales. Strategic Commissioning are also working on detailed interactive decision trees to help guide staff through the process and actions required. Pending approval by SLT.	Testing of compliance with new processes to be scheduled.	Pending finalisation and approval of decision trees.	Implementation remains in progress (RED)
Misuse identification - The procedures regarding the examination of bank statements and identification of misuse to be routinely followed by ACMT.	31/03/2018, revised to 30/06/2019	A process flow chart has been agreed for this task which includes escalation and flow and timescales. Once agreed, this will be included in staff guidance.	Testing of compliance with new processes to be scheduled.	As above.	Implementation remains in progress (RED)
Access to bank statements - To have an effective way of obtaining bank statements where service users repeatedly fail to return them.	31/03/2018, revised to 30/04/2019	DP guidance and agreement form now modified to include DP being stopped for failing to provide info requested or misuse. But not possible to have remote access to bank accounts, only to prepaid cards, whose use is encouraged. DPSS providers have been asked to provide real time date from SU accounts for audit purposes.	Testing of compliance with new processes to be scheduled.	DP guidance (S8.1) was amended in February 2019 to include action to be taken for non-return of bank statements. DP Agreement forms were modified in March 2019 and now include the Council's right to transfer the DP payment to a pre-paid card or stop the DP where bank statements are not provided.	Confirmed by management (AMBER)
Alerts for non-return of bank statements - Where alerts remain unresolved after referral to workers, to have agreed procedure of what should happen following this.	31/03/2018, revised to 30/04/2019	Waiting for approval by HR to recruit additional BSO to follow up on alerts. SLT already approved. More robust controls (utilising flow charts) is helping to address non-compliance much earlier in process.	Testing of compliance with new processes to be scheduled.	Testing confirms standard procedures have been established (as set out in Flow Charts C & D) and introduced (May 2019).	Confirmed by management (AMBER)
Potential Fraud Investigations - To have adequate procedures and capacity to follow-through where there is suspected fraud. Further action to prevent repeated misuse to be taken.	31/03/2018, revised to 30/06/2019	When bank statements are not returned, an update alert is being sent to the operational workers. When potential or actual misuse is detected, this is to be dealt with in accordance with the new flowchart mentioned above which is pending approval by SLT.	Testing of compliance with new processes to be scheduled.		Implementation remains in progress (RED)
Repeat Recoups - Action to prevent repeated excess balances and recoups to be more effective.	31/03/2018, revised to 30/04/2019	New processes for assessment workers to check audit history before reviews. ACFS currently only sending out alerts for large amounts. ACFS have also introduced the payment calculator which helps to more accurately calculate the cost of care, therefore reducing the risk of over-payment.	Testing of compliance with new processes to be scheduled.		Confirmed by management (AMBER)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Recoupment of Funds - Formal debt to be established through the BMS system for monies to be recouped. All previous recoupment to be matched with service users.	31/03/2018, revised to 30/06/2019	Invoices are not being generated to establish formal debt. Procedures have been enhanced through the introduction of an online payments form (achieve form). Cheques are easily matched. However, not all previous recoupment can be matched with service users easily and ACFS Audit resource capacity has reduced due to vacancies making this process more difficult. Additional resources are being sourced.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Ceased Payments - Final bank statements to always be obtained when a payment ceases. In cases where there has been prior misuse or fraud and where bank statements have been actively pursued but have still not been obtained, standard procedures to be agreed, which may include referral to Nottinghamshire Police or Action Fraud.	31/03/2018, revised to 14/05/2019	ACFS have drafted a stronger letter to say if bank statements are not received, payment will be due back from the date of last audit or start of service if no audit has taken place. Unless service users can provide bank statements it will be treated as misuse. This letter has been approved. In addition to the new letters a newly devised flow-chart addresses the non-return of bank statements and action to be taken.	Testing of compliance with new processes to be scheduled.	We confirmed the letters and flow charts designed satisfactorily address the issues raised and agreed actions have recently been implemented.	Confirmed by management (AMBER)
Non-payment of Service-user Contributions - To have a robust method of ensuring that service user contributions are made in full into their direct payment account.	31/03/2018, revised to 30/06/2019	A process flow chart has been produced which maps the escalation process for non-payment of contributions. ACFS are designing an alert workflow in Mosaic which will make it mandatory for the worker receiving the alert to respond with actions taken to resolve the issue.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Procurement of adult social care suppliers and providers					
Out of county care support and enablement - A Care, Support and Enablement Framework Agreement to be tendered to capture out of County Services	01/07/2017	Four of the five providers in our report are still being used. A properly procured provider agreement has been established. Two of the providers are to join this. The other two have not joined it and spot contracts will be considered	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Day services transport - To be under review with the Category Manager – Place who is looking at procurement approaches	30/04/2018	Partly actioned. The two providers mentioned in our original report are still being used but one did not compete for the work because it intended to leave the market in the near future. A competitive procurement exercise is now planned for this	Further management update to be obtained; testing to be scheduled	We have confirmed that one of the two providers has been competitively procured.	Confirmed by Internal Audit as Partly Implemented (AMBER)
County Enterprise Foods: specialist food products - To be under review with the Category Manager – Place who is looking at procurement approaches	30/04/2018	Delays in progress were down to specific requirements that the supplier provides that are unique to them. All catering services will be going out to tender and this will be included in that exercise.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
County Enterprise Foods: packaging for meals - To be under review with the Category Manager – Place who is looking at procurement approaches	31/03/2018	A meeting in May 2019 confirmed that the packaging line used at County Enterprise Foods uses a specific style and size of food container. It is not possible to use an alternative food container as these would not fit in the packaging line. The average spend per year of £74,000 will continue and consideration of using a negotiated procedure without prior publication or the issuing of a Voluntary Transparency Notice is to be determined in order to issue a formal contract.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Stop Smoking (S4H) contract - lessons to apply to other Payment by Results (PbR) contracts					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Clarification of eligibility criteria - To be included in the mobilisation plan during the mobilisation period prior to the start of all new contracts, or where eligibility has changed by contract variation with an existing contract. These criteria must be in written form, and discussed face to face for clarity. It must be clear whether one, several or all criteria must be met, including residency, NHS registration and/or any other criteria such as membership of priority population groups.	20/12/2017, revised to 31/03/2019, and provisionally to 31/03/2020	Actions applied to S4H. Actions would also apply to PbR element of Obesity Prevention & Weight Management (OPWM) contract, which expires 31/3/20. Currently £311K (21%) is for PbR and c.£1M (79%) is block payment. 84% of PbR element is for service activity and 16% for behaviour change outcomes. <i>However, focus thus far has been in turning around service performance, rather than PbR eligibility criteria and data assurance and validation.</i>	To schedule further management update and testing for later in year, after full service evaluation		Implementation remains in progress (RED)
Confirmation of provider plans and procedures for assuring accuracy of Payment by Results (PbR) claims - To be included in the mobilisation plan during the mobilisation period prior to the start of all new PbR contracts, and will be confirmed within existing PbR contracts as they	31/03/2019, revised provisionally to 31/03/2020	See above	Management update and testing to be scheduled for later in year		Implementation remains in progress (RED)
Agreement of the format and level of detail required of supporting data that allows for validation of claims - To be included in the mobilisation plan during the mobilisation period prior to the start of all new PbR contracts, and will be confirmed within existing PbR contracts as they come up for	31/03/2019, revised provisionally to 31/03/2020	See above	Management update and testing to be scheduled for later in year		Implementation remains in progress (RED)
Validation of detailed claims data from the provider before payment - To be implemented and reviewed regularly within the Public Health Contracting team, balancing internal capacity with level of risk.	01/04/2017 for S4H; revised to 31/03/2019 for other PbR contract, and provisionally to 31/03/2020	See above	Management update and testing to be scheduled for later in year		Implementation remains in progress (RED)
County Enterprise Foods					
Production targets - Targets set within the service plan to be reflected within the budget. Discussions to be undertaken between the finance department, service director and production unit to determine achievable targets to be reflected in the budget figures.	01/04/2018, later revised to 01/04/2019	CEF continues to work with finance business partner and service director : targets set within the service plan to be reflected within the budget.	Testing performed	External sales are no longer significantly lower than budget. There are ongoing financial issues with CEF, it has also had to incur significant capital costs, however has been subject to CDU and Challenge Panel Scrutiny, and has a savings plan.	Cleared by Internal Audit (GREEN)
Safeguarding adults - governance, monitoring & reporting					
Progress on workstream action plans - The workstream action plans that are reported to the Governance Group are to be complete with respect to targets and progress made.	12/07/2018	This was confirmed as having been actioned in November 2018.	Testing performed	Satisfactory. All 3 workstream plans and the Quality Assurance Framework action plan have target dates, responsible officers, have been updated recently for progress, and each action is RAG rated to denote progress.	Cleared by Internal Audit (GREEN)
Response rates for internal quality assurance audits - Internal quality assurance audits need to be completed.	30/09/2018	The response rate has improved from the 64% at the time of our audit and is now 85%. This is still below the target of 95%.	Further management update to be obtained; testing to be scheduled		Confirmed by management as partly implemented (AMBER)
Action plan from the internal quality assurance audits - An action plan still needed to be developed to address the findings of the January 2018 internal quality assurance audits.	21/05/2018	This was confirmed as having been actioned in November 2018.	Testing performed	Satisfactory. There is an action plan based on the internal quality assurance audits. All actions have target dates. It has been updated recently for progress, and each action is RAG rated to denote progress.	Cleared by Internal Audit (GREEN)
Services to self-funders					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Data collection and reporting of self-funder numbers - A task and finish group to be established to review current information captured and make recommendations.	31/05/2019	A task and finish group was set up. An extensive online survey was carried out in Notts care homes, and information captured and analysed, including the financial risks to the Council. Biannual surveys will occur in future, to be written into contracts.	Testing performed	Testing confirmed that soundly-based self-funder data has been captured for presentation to SLT, including estimates of self-funders who may have to fall back on council funding, unless those risks can be mitigated.	Cleared by Internal Audit (GREEN)
Data collection and reporting of self-funder numbers - To better use information in our current systems to capture self-funders via Mosaic and ACFS.	31/03/2020	There is an option in Mosaic to note down that a service user is 'a previous self-funder' however this is not currently mandatory. Part of the wider mapping work of changes required to Mosaic includes consideration of steps required to improve data collection.	Testing to be scheduled once changes to Mosaic complete to confirm this action will address the issue raised		Implementation remains in progress (RED)
Financial advice signposting (brought in-house in July 2018) - Performance measure to apply to be the number of people signposted to independent financial advice from the CSC. A follow up survey to be offered to users to find out whether their outcomes were met.	31/05/2019	The service has fixed the reporting mechanism and collects performance data. Whilst the service does have a process to collect additional information and people are signposted to the online survey nobody has chosen to complete this as of yet. Pending approval from ASCH chairs we will be carrying out a marketing campaign around the service area and targets will be attached to judge the impact of this.	Testing performed	Since the Council took over, 215 people have been identified as self funders and provided with information. Of these 82 people were provided with more specific information regarding contacting financial advisors. This is comparable to the service previously offered by Age UK, which provided 156 people with factsheets and referred 113 people to financial advice during 2016-17.	Cleared by Internal Audit (GREEN)
Benefits signposting - Changes to be made to the system to enable referrals to the Benefits Team	31/05/2019	Systems and processes continue to be set up to allow the benefits signposting to be provided to all, both self-funders and non-self-funders. Finances are always considered in every conversation the CSC have. The CSC does not gather data relating to the benefits advice or guidance or signposting provided specifically to self-funders.	Testing performed	When the new model was brought in, £130k additional benefits were acquired in 5 months.	Cleared by Internal Audit (GREEN)
Homecare commissioning and contract management					
Contract governance and management: Contract management arrangements, based around the key deliverables in the new contract, to be implemented in consultation with ASCH to ensure a smooth transition of the arrangements over to the department in 2020.	24/07/2018	Homecare implementation Manager appointed to bed in new contract management arrangements. Contract management role of CPOs defined and responsibilities assigned.	Testing of Implementation Manager role and progress to be scheduled.	Mechanism for payment of performance element of contract yet to be finalised. CPO contract management role tested and confirmed.	Confirmed by management (AMBER)
Outstanding risks: Contingency plans to be kept under review and tested as necessary.	31/03/2019	Development of IT solution passed by the Gateway process. Oversight will be via the Systems Review Board. The necessity for a contingency plan will be kept under review.	Continue to monitor.	Discussion with Reablement Performance Manager ASCH and also Implementation Manager Homebase care confirm slippage of IT programme and retention of brokers and contingency brokerage system in interim period.	Confirmed by management (AMBER)
Outstanding risks: Processes to be established to monitor the progress of existing core providers in transferring cases to the lead providers within the three month period scheduled	31/08/2018	Implementation Manager confirms that providers exchanged information directly and with no reported breaches of data security.	Complete	Comparison of old and new lead and additional providers indicates risk has not materialised. Discussion with Implementation Manager Homebased Care and Support confirms that careplan transfer between providers was by hard copy and careplans subsequently returned to originating providers within 3 week deadline. TUPE'd staff files hard -copied across to new providers by sole providers. NCC not involved in information transfer process.	Cleared by Internal Audit (GREEN)

IMPLEMENTATION STATUS OF HIGH PRIORITY RECOMMENDATIONS**APPENDIX 1**

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Outstanding risks: Direct payment activity to be monitored and intervention resources deployed accordingly.	31/08/2018	Direct payment activity is closely performance monitored and reported to SLT so any differing patterns would be picked up.	Direct Payment Statistics to be reviewed	New DP case per month over the relevant period evidence that there was no increase in DP applications.	Cleared by Internal Audit (GREEN)
Spot provider contracts - That a contract is issued to Spot Providers at the earliest opportunity.	01/08/2018	Spot provider contracts issued 7/8/18	Complete	Evidence confirmed	Cleared by Internal Audit (GREEN)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Children and Families					
School expansion & pupil place planning					
Use of forecasting model to prioritise pupil place demand pressures between planning areas - A standardised scoring methodology/model evaluation template for planning areas to be developed to ensure that all relevant factors are evaluated, subject to challenge and outcomes ranked in order of priority.	31/12/2018	May 2019: Work in progress. Programmes and Projects team engaged and process maps developed. Further work required.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Expansion business case accuracy and completeness - Business cases to explicitly address standardised set of criteria so all relevant factors can be identified and evaluated. Impacts on planning areas (including school estate) to be evaluated as standard element of business cases. Full audit trail of decisions to be maintained. Ofsted reports to be	31/12/2018	May 2019: Work in progress. Basic need report in development	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Specialist Education Provision					
Audit Trail - Mosaic - Complete records to be recorded electronically in Mosaic for all INM and AP education placements.	31/12/2018	The process for all education referrals and requests is now managed within Mosaic. The initial part went live in December 2018 with the final step going live April 2019. Children's Commissioning no longer accept referrals not made through Mosaic.	To be scheduled for next update in January 2020.		Confirmed by management (AMBER)
Issuing of Contracts and IPAs - Contracts should be drawn up for all specialist education placements.	31/03/2019	The process of issuing providers with appropriate copies of Schedule 2 and/or IPAs been progressed and the previous backlog is being alleviated.	To be scheduled for next update in January 2020.		Confirmed by management (AMBER)
Quality Assurance - Provider Visits - Visits to all INM and AP providers should be carried out in accordance with the provision set out in the contract with schools.	01/04/2019	The quality assurance and monitoring process set out in the management response, has been established as planned. A Provider Event was held in February 2019 to share the new process with them, including the remote self-assessment process. A timetable for provider visits has also been established and the first QAF visit is taking place on week commencing 13 May 2019.	To be scheduled for next update in January 2020.		Confirmed by management (AMBER)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Place					
Catering (County Hall & Trent Bridge House)					
Confirmation of goods received prior to paying invoices to suppliers: Re-introduce checks of consolidated invoices on the basis of a 10% ratio	1/4/2016 (revised to start from April 2019 invoices)	The checks cover 100% of each invoice, rather than the original target of 10%, and have already been carried out on one supplier's invoices. 100% checks on all other suppliers' invoices (except one, which still has to move to consolidated invoicing) are to start imminently from the April 2019 invoices onwards. A verbal update was given to the committee in Jan 2019 with an undertaking to return in 6 months' time.	Testing to be scheduled		Confirmed by management (AMBER)
Innovation Centres					
Risk Assessment of Fraud - ensure that adequate fraud checks are undertaken on future letting and contracts for those managed through OI Ltd and NCC contracts.	01/10/2018	The OI Ltd contract fraud checks have been brought in-house and now reviewed by NCC. A new process for ensuring and obtaining fraud checks is being developed and will include a risk assessment.	Site visit to Worktop Turbine completed.	Innovation Centre now managed in-house. Fraud risk mitigation checks undertaken re Centre tenants.	Cleared by Internal Audit (GREEN)
KPI Validation - ensure adequate resources are devoted to periodically obtaining independent assurance as to the accuracy of information reported by the contractor in any future management contracts	01/10/2018	The independent assurance has been obtained through the review undertaken by the Team Surveyor and Team Leader. The KPI report is generated and now excludes the OI Ltd contracts.	Awaiting development of strategy and business plan from which KPIs will be derived..	Innovation Centre now managed in-house. Performance reporting framework in development.	Cleared by Internal Audit (GREEN)
Vacant property management					
Reliable documentation of handover checks / Extent of handover checks / Documented vacant property and site security strategy / Decommissioning / Exit fire risk assessment - Existing handover documentation to be revised and improved to incorporate a check list to ensure consistency of application. A new procedure for managing and monitoring vacant properties, complete with responsibilities of service departments and stakeholders will be produced and shared with affected parties. This will include an assessment of risk (trespass, vandalism, fire, etc.) and detail utility provision and management (including ensuring disconnections and certification where appropriate). Documents to be available on clearly identified shared drive.	28/02/2018	Internal Audit received an update report on progress with implementation of all recommendations contained in the Vacant Management Report which was reported to the Governance and Ethics Committee on 25 July 2018. The progress report identified that action had commenced on each of the recommendations but the implementation of several recommendations would need to be considered alongside the Turner & Townsend review of Property Services.	Further management updates to be obtained and testing scheduled as implementation becomes confirmed	The development of recommendations remains the same as reported to the Governance and Ethics Committee and subsequently due for follow up July 2019	Implementation remains in progress (RED)
Review and reporting of vacant properties / Insurance and Health & Safety advice - Corporate Property Management Group, comprising senior operational managers from service departments, Health and Safety and Risk and Insurance to be established and meet on a quarterly basis to share information, issues, and best practice.	28/02/2018			The development of recommendations remains the same as reported to the Governance and Ethics Committee and subsequently due for follow up July 2019	Implementation remains in progress (RED)
Chief Executive's					
Pensions administration					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Reconciliation of pension payments to pension system - A feedback and monitoring mechanism should be established by the Pensions Administration Team to provide assurance that only authorised transactions have been paid through the Pensions Payroll and Business Support Payments System.	31/03/2019	As at May 2019 : Reconciliation of UPM to Payroll pensioner numbers is complete. Reconciliation of UPM to payroll values is in progress with support from Civica. Once reconciliation is complete UPM will directly post payments to pensions payroll without manual intervention. Pensions non-recurring payments : for example refunds, lump sum payments. These types of payments are currently made through the pensions payments access database. Pensions are working with their systems supplier Civica and the BSC Competency Centre to deliver system improvements and efficiencies by moving these types of payments into the Civica UPM system which will create the BACS file and post payments directly into BMS.	Testing to be carried out in time for the next update in six months' time		Confirmed by management (AMBER)
Periodic reconciliation of Pension UPM and Pensions Payroll data sets - That following the completion of the Guaranteed Minimum Pension (GMP) reconciliation exercise a periodic reconciliation of the UPM and Pension Payroll datasets is undertaken to enable the prompt investigation of any significant variances identified.	31/10/2018	May 2019: UPM reconciliation to payroll exercise being led by Civica UPM.-issue in trying to extract and compare UPM and Payroll formats.Latest iteration has matched a 'high percentage' of the data. Variances are due to UPM legacy data introducing discrepancies together with gratuity and compensation payments present on the payroll system but not logged in UPM as these are not part of NLGPS. Guaranteed Minimum Pension (GMP) reconciliation project is a national project initiated by HMRC and applies to all private and public sector Pension Funds. Nottinghamshire Pension Fund submitted its data file to HMRC by the October 2018 deadline date. The results file was due to be returned by HMRC in January 2019. HMRC have delayed their response back to the Fund twice, initially from January 2019 to May 2019 and recently moving the date back to November 2019. Once returned GMP will need payroll data to be successfully uploaded into UPM to enable completion of GMP reconciliation and calculation of potential over and underpayments due to/from HMRC. The pension Regulator now requires that Pension Payroll is reconciled to Pension Administration system as part of data quality assurance process.	Further management updates to be obtained and testing scheduled as implementation becomes confirmed		Implementation remains in progress (RED)
Treasury management					
Business continuity arrangements - A layered approach to establishing a sustainable continuity plan is in process. In the event of a failure of Barclays systems we would be reliant upon its continuity plans. An emergency payment backstop		Emergency payment made using protocol, although Barclays only required one signature . Senior Accountant ensured that other authorised signatories were informed and approval obtained internally.	Implementation and testing to be scheduled Term 1 2019/20	Barclays.Net failure on 7th December 2018 resulted in emergency payment process being successfully implemented. Supporting authorisation process confirmed.	Cleared by Internal Audit (GREEN)
Business continuity arrangements - A remote solution is in development to enable partial continuity of operations in the event of a failure of NCC IT systems. Approval has been sought to add Barclays.Net to the IT 'Safelist' which will enable the use of Barclays.Net from remote locations without having to pass through the NCC firewall.	31/11/2018	May 2019: Number of meetings held with IT. In December 2018 there was a failed payment due to system downtime which resulted in an overdrawn balance over the weekend. This resulted in IT escalating the priority re continuity and they have provided an IPAD which is configured to enable working if the network goes down. The safelist option is still being considered . No further progress to report.	To be scheduled following management update		Implementation remains in progress (RED)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Business continuity arrangements - A remote home-working process is under development to enable the Treasury Management process to be completed by staff working remotely	31/12/2018	May 2019: IT are not comfortable with individuals using their own home PCs in the event of a system failure as reliance cannot be placed on the integrity of personal security software. Decision currently taken to ensure that 2 members of the Pensions and Investment Team are in the office at any one time. Potential Sharepoint solution to provide an authorisation trail that will enable home working using NCC laptops is yet to be trialled.	To be scheduled following development of tangible solution.		Implementation remains in progress (RED)
Payroll (data analytics review)					
Overtime and other timesheet payments entered by, approved by and paid to the same person - review reports generated that identify the transactions that are not subject to approval controls.	09/10/2018	The BSC has implemented a specialised software solution, called Profile Tailor Dynamics from Grey Monarch. This enables the BMS Authorisation and Security Team to monitor all transactions used by BMS users. The BMS Authorisation and Security Team receive an alert which highlights where employees are updating their own data. The output of the Grey Monarch reporting is reviewed to identify employees who are using Business Administrator roles to input data rather than ESS. There may be some circumstances where employees have to enter their own data where the risks have to be managed but ESS is encouraged. Users with the Business Administrator role are subject to monitoring through Profile Tailor Dynamics with an alert issued to named individuals within the BSC. Each alert is investigated and appropriate action taken where required	Testing to be carried out in time for the next update in six months' time		Confirmed by management (AMBER)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Cross-Cutting					
Agency Staff & Consultants					
Automation of management information: Build into future tendering exercises for this service the requirement to differentiate between the nature of agency placements	Originally the end of the contract in November 2017, extended to November 2018 - after option to extend was taken up. Extended to September 2019	The contract with Reed expired in 2018 and a direct award was made again with Reed until September 2019. Corporate Procurement have confirmed they are currently going out to tender and will incorporate Internal Audit's suggestions into the process. In addition, amendments to the VCDR process below will provide additional control around the engagement process and will address this issue prior to the contract re-tender.	Testing of compliance with new processes to be scheduled.		Confirmed by management (AMBER)
Strategic Risk Management					
Updated information on risk registers - Review risk registers to ensure information is up to date	31/12/2017	Has given rise to introduction of ongoing rolling review process by RSEMB. Each future meeting will examine one register in close detail and all will be reviewed at the annual Away Day. A column has been added to indicate the potential risk once outstanding actions have been completed.	Further testing to be scheduled for after Away Day in Nov-19	Although testing confirmed that RSEMB reviewed C&F risk register in Sep-18, the Away Day due Nov-18 was cancelled, and other risk registers remain in need of review (or of re-compilation).	Internal Audit testing confirms partial implementation (AMBER)
Procurement compliance					
Fuel for fleet vehicles: There are 2 contracts for fuel, 1 for bulk fuel (called off from an ESPO), and Via also use fuel cards. To undertake a desktop exercise and understand who is the lead (NCC or Via). To liaise with Via regarding this to establish who is responsible for fuel cards.	31/03/2018	This was delayed whilst the status of Via in relation to this has been uncertain. In May 2019 we have been informed that this is on the immediate workplan and will be out to tender shortly.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Water: to continue to competitively procure water supplies, although this will not start until the end of 2018	31/12/2018 (revised to 31/7/2019)	In April 2019 we were informed that a procurement exercise with the Crown Commercial Services framework was planned for April or May 2019. If successful, a properly procured contract could begin in July 2019.	Further management update to be obtained; testing to be scheduled		Implementation remains in progress (RED)
Employee recruitment					
Vacancy Control Decision Record for Manager-led recruitment - review of the process to ensure it is robust and fit for purpose and work with targeted teams to develop bespoke recruitment processes	Original due date - ongoing	The revised and updated VCDR process has been reviewed and configured. The revised process is scheduled to go live on the 24th May 2019.	Testing of compliance with new processes to be scheduled.		Confirmed by management (AMBER)
Evidence of recruitment checks - for Business Services Centre (BSC)-led recruitment development of pre-employment checks within the electronic system	30/09/2018	Medical clearance – process is live and embedded. Reference Checking – interim online referencing has been in use for 7 months through XRef. The process recently transferred to Oleo system and is being further enhanced.	Actions evidenced	Testing carried out confirmed actions complete.	Cleared by Internal Audit (GREEN)
Contract of employment - development work to enable the production of contracts of employment at the point of formal offer. Original implementation date was September 2018.	30/09/2018	Contract production has been delayed by the build of the vacancy approval process; though tested, the link between approval and appointment must be rebuilt. Scheduled for completion by the 30th June 2019.	Testing of compliance with new processes to be scheduled.		Confirmed by management (AMBER)
Serious & organised crime					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome	Action Status
Taxi licensing authorities - work is required with taxi companies and licensing authorities to monitor the DBS checks and information received.	01/06/2018	With regards to our partnership with the licensing authorities they hold all relevant driver documentation associated with the issuing or withdrawal of taxi driver licences. As part of their role they now advise all operators and ourselves when a licence has been withdrawn. Specific details are not included in this due to data protection but the driver badge number and name are placed on a list of withdrawn and revoked licences.	Actions evidenced	Actions complete	Cleared by Internal Audit (GREEN)
Awareness material - the awareness material to raise concerns needs to be reviewed, refreshed and re-issued with the engagement of taxi companies and users.	01/09/2018	Letters and information sent to service users request that any issues, concerns or problems with the taxi services provided are reported to Transport and Travel Services. We as part of our procurement and contract management check licence and qualifications of drivers and escorts and maintain a database of this information. Any driver changes must be reported to us and appropriate documentation supplied to ensure we do continue to provide safe and reliable services.	Actions evidenced	Actions Complete	Cleared by Internal Audit (GREEN)
Health & safety					
Mandatory training - The facility and processes to identify and record mandatory training to operate effectively.	28/03/2018	Discussed at Compliance Board on 12th March. Commitment is to ensure all training records are uploaded onto the 'My Learning My Career' platform. Learning portal to be relaunched and publicised to all managers/staff through WP&OD.	Testing to be scheduled following implementation.		Confirmed by management (AMBER)
Emergency Response Team training - Information recorded in the Designated Fire Officer System (DFO) to be up to date.	28/03/2018	Due to be implemented 31/5/19. Corporate NPO to take ownership of this action.	Testing to be scheduled following implementation.		Confirmed by management (AMBER)
Emergency response provision - Staffing levels to be adequate in the event of an emergency.	28/03/2018	Due to be implemented 31/5/19. Corporate NPO to take ownership of this action.	Testing to be scheduled following implementation.		Confirmed by management (AMBER)
Ethical framework					
Register of Members' Gifts and Hospitality - newly created register to be maintained in accordance with the Members' Code of Conduct, and Members to be reminded of the requirements.	31/03/2019	A register of Members' gifts and hospitality is now in place and operating and Members have been notified of the need to declare any gifts offered or accepted. Further reminders will be issued periodically.	Testing to be scheduled once actions confirmed as taken.	Testing confirmed an electronic form listing all Members has been devised and published on the intranet. An email was sent to all Members in October 2018 and some responses have been received and recorded on the register.	Cleared by Internal Audit (GREEN)
Register of Staff' Gifts and Hospitality - A consistent form of register for gifts and hospitality to be devised for use by all departments. Original implementation date 31st March 2019.	31/03/2019, revised to 31/05/2019	On track for implementation at the end of May 2019. Form has been devised and is awaiting approval before roll out to staff.	Testing to be scheduled once actions confirmed as taken.		Confirmed by management (AMBER)
Staff Declaration of Interest - staff declarations should be made annually. Original implementation date 31st March 2019.	31/05/2019	On track for implementation at the end of May 2019. Form has been devised and is awaiting approval before roll out to staff.	Testing to be scheduled once actions confirmed as taken.		Confirmed by management (AMBER)