

Audit and Pensions Committee

Supporting Documentation

Thursday 22 September 2011

7.00 pm

COMMITTEE ROOM 1 - HAMMERSMITH TOWN HALL

At its meeting on 9 December 2010, the Committee agreed that limited and nil assurance audit reports, and the appendices for the items on risk management and internal audit, be circulated to members separately to the main agenda. The relevant papers are attached, and are also available with the main agenda online.

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Reports on the open agenda are available on the [Council's website](http://www.lbhf.gov.uk/Directory/Council_and_Democracy):
[http://www.lbhf.gov.uk/Directory/Council and Democracy](http://www.lbhf.gov.uk/Directory/Council_and_Democracy)

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Date Issued: 14 September 2011


Audit and Pensions Committee Agenda

22 September 2011


<u>Item</u>	<u>Pages</u>
8. COMBINED RISK MANAGEMENT HIGHLIGHT REPORT Appendices 1,2 and 3 are attached.	1 - 42
10. INTERNAL AUDIT QUARTERLY REPORT FOR THE PERIOD 1 APRIL TO 30 JUNE 2011 The summary of outstanding recommendations, and limited assurance reports (Single Equality Scheme and Spydus) issued during the period are attached	43 - 87

CORPORATE RISK REGISTER APPENDIX 1


Key Risks (refer to note 1)

No.	Corporate Priorities	Risk	Consequence	Identified Control	Assurance	Likelihood (L)	Impact (I)	Exposure = L x I	Risk Rating	Responsible Officer – Group	Review
1.	Delivering high quality, value for money public services	<p>Business Resilience – Sub-risk</p> <p>IT resilience</p> <ul style="list-style-type: none"> • Systems not joined up and connected • Strategic Information technology framework not implemented effectively • Electronic information storage capacity • Lack of top tier response plans • ISP version update to the infrastructure of the internet will have to move over to a new system, IPv6 previous versions not being compatible <p>• 2012 Olympics delivery risks to H & F</p>	<p>If an event occurs</p> <ul style="list-style-type: none"> • Customers face delays in service provision • Time to recover power and IT Services could be between 6 & 8 weeks • Loss of information • Service interruption • Loss of productivity • Non compliance with statutory duties - indirectly • Increased cost of resurrecting services (only partially insurable) • Threat to life - indirectly • Wasted resources & staff duplication in recovery phase • Cost of additional data storage capacity • Impact on service delivery due to potential of a local outbreak affecting staff and the public • Delays/ interruption to public transport system due to investment programmes in infrastructure • Skills and resource shortage leading to commencement of the games • Potential threat of a terrorist attack 	<ul style="list-style-type: none"> • Corporate Incident Management Procedures incorporate Business Continuity • Training has been delivered to local service plan leaders • A corporate service resilience group has been formed and meet periodically • Assistant Directors of Resources have been appointed as Departmental contact leads • Local Service Plans have been compiled, reviewed and refreshed and quality checked by Emergency Services • H & F Bridge Partnership have submitted a Local Service Recovery Plan and has worked with the council to undertake a formal risk assessment, a major incident process has been established by HFBP as part of the Service Desk Manual • Data recovery is insured under the councils corporate insurance package (but limited) • Terrorism insurance cover • A threat assessment has been compiled • Some ITC service has been moved to East London 	<p>Business Continuity Audit report 2008/09 (Limited Assurance) in, ICT Disaster recovery provisions Audit report 2009/10 (Nil Assurance)</p> <p>Data storage & back up audit Audit report 2009/10 (Substantial assurance)</p> <p>EMT, Audit and Pension Committee</p>	3	4	12	Medium 	Jane West (Insurance & H F Bridge Partnership contract monitoring) Lyn Carpenter (Corporate Business Continuity)	Review July 2011


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No.	Corporate Priorities	Risk	Consequence	Identified Control	Assurance	Likelihood (L)	Impact (I)	Exposure = L x I	Risk Rating	Responsible Officer – Group	Review
Page 2		Terrorist attack	<ul style="list-style-type: none"> Service interruption Property loss or damage Injury or harm 	<ul style="list-style-type: none"> The Business Continuity (BC) project now involves provision of IT BC for approximately 30 First Order applications as identified by H&F. The data is replicated from the primary data centre at East London to the secondary site at HTH. Additionally, there is local network switch resilience within HTH; resilience for the infrastructure elements such as profiles, home folders and printing; plus annual tests of parts of the BC solution. User acceptance testing of the business continuity has established a small number of applications require further work but the project is effectively complete <p>NOTE Please refer to BCP Risk Assessment for highlighted risks and controls</p>							
	2.	Delivering high quality, value for money public services	<p>Managing projects</p> <p>Sub-risks</p> <ul style="list-style-type: none"> Projects do not consider enough time to mobilise in the event services are awarded to the private sector Project implementation is delayed due to protracted discussions regarding pensions transfer The risk of challenge to contract awards may increase during the harsher economic climate Large scale high risk high return projects are not led by a qualified or experienced project manager. 	<ul style="list-style-type: none"> Customers needs and expectations are not fully met when projects are delivered Benefits of investment in creating toolkit not realised Threat of overspend on projects Benefits are not fully realised Delays in mobilisation of services through revised contracts 	<ul style="list-style-type: none"> Project Management toolkit Training of Officers has being delivered and is ongoing Transformation Office in Finance & Corporate Services Department acts as a repository for project information and reports to EMT but does not ensure compliance with any toolkit Senior Managers have all been briefed about the Project Toolkit Toolkit is available on desktop PC's Monthly transformation reporting to EMT (dashboard) Competition Board monitor 	<p>Corporate Programme & project management audited in 2009 draft report issued (Limited Assurance)</p> <p>Competition Board</p> <p>Transformation Board</p> <p>Audit Commission review of</p>	3	3	9	Low 	Jane West lead – All Directors

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		<ul style="list-style-type: none"> Too many projects are undertaken with unrealistic or unachievable targets Successful delivery of the World Class Financial Management Programme 		<ul style="list-style-type: none"> aspects of project management compliance Procedures for TUPE transfer have been included in project management instructions Programme and Portfolio governance arrangements are being formalised Lessons learned report 	<p>selected contract management scheduled 2010</p> <p>Internal Audit review of specific contracts under 2009/10 Audit Plan and of Use of Consultants (Nil Assurance) EMT, Pension and Audit Committee</p>						
3.	<p>Delivering high quality, value for money public services, Providing a top quality education for all, Tackling crime & anti-social behaviour, A cleaner greener borough, Promoting home ownership.</p>	<p>Managing statutory duty</p> <p>Sub-risks Non-compliance with laws and regulations</p> <p>Breach of duty of care</p> <p>Departmental assurances</p>	<ul style="list-style-type: none"> Non compliance may result in prosecution or a Corporate Manslaughter charge Financial compensation may be claimed Injury or death to a member of the public or employee A breach of information security protocols may result in fines, harm to reputation and personal liability of Directors Inadequate level of service Poor satisfaction with statutory services Potential claims involving failures in Social Care (Stamford House) 	<ul style="list-style-type: none"> Nigel Pallace appointed lead Sponsor on EMT for Health & Safety Pro-active Health, Safety and Welfare culture across the council Contractors are managed within CHAS regime Insurance cover is in place in the event of a claim for breach of duty of care and in respect of financial claims Legislative changes are adopted and reflected in amendment to the council's constitution, budget allocation through MTFS (Now unified business & financial planning process) Training and guidance packages and newly agreed performance management indicators 	<p>Internal Audit undertook an Audit of this in 2008/09 and a follow up is planned</p> <p>Health & Safety Internal Audit undertaken 2009/10 demonstrated improvements and substantial assurance</p> <p>Annual Assurance process</p> <p>Assurance required that actions are</p>	3	4	12	<p>Medium</p> 	Geoff Alltimes	<p>Review</p> <p>July 2011</p>

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Page 4		Corporate Parenting		<ul style="list-style-type: none"> • Periodic reporting to EMT • Corporate Safety Committee • Briefings for Senior Managers on Corporate Manslaughter have been undertaken • Health & Safety week promoted the theme of risk assessment • Health & Safety guidelines have been reviewed, refreshed and communicated • Promotion of the Occupational Health Service and Workplace Options Employee Assistance Scheme • Housing and Regeneration have rolled out personal safety training to over 130 staff through the Suzy Lamplugh Trust Training • Local Safeguarding Childrens Board, Unannounced Safeguarding Inspection, Ofsted , Local and London Child Protection Procedures 	being taken to ensure compliance with the law and regulations EMT, Audit and Pension Committee Education Committee, Safety Committee						
5.	Delivering value for money	Managing budgets Sub-risks <ul style="list-style-type: none"> • Austere financial settlement from government is not favourable. The council is seen as a floor authority. • Impact of a double dip recession and cascade effect on social budgets * link to revenue forecast • Demand led services may occur mid year resulting in 	<ul style="list-style-type: none"> • Pressure on the authority to manage overspends • Departments have to manage cost pressures • Pressure to meet target savings and Administrations commitment to cut Council Tax • HMRC recover VAT from the council affecting cash flow 	<ul style="list-style-type: none"> • July 2011 Corporate Revenue and Capital Monitoring report to Overview & Scrutiny Board notes a favorable revenue outturn. • E-Learning package for Finance Managers now live • Collaborative Planning system now being introduced with supported training for budget holders 	Annual Audit Letter Select Committees are given the opportunity to fully scrutinise budgets during January.	2	4	8	Low 	Jane West lead – All Directors	Review July 2011



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Page 5		<ul style="list-style-type: none"> unanticipated additional costs • HMRC VAT claims regarding partnering activities • Grant application is incorrectly calculated • Unplanned growth • Failure to achieve VFM • Accruals & reconciliations • Planned savings not implemented • Creditworthiness of some contractors may be downgraded as a result of the economic downturn • Increase in social welfare services as a result of the economic downturn may impact on projected spend. • Insufficient budgetary provision and/or budgetary under/overspend * • Incomplete/inaccurate accounting records linked to the World Class Financial Management Programme • Upgrade of CEDAR Financial System to Version 5.3 from 5.1 	<ul style="list-style-type: none"> • Repayment of Grants • CEDAR 5.1 will no longer be supported by the product supplier 	<ul style="list-style-type: none"> • Medium Term Financial Strategy and Business Planning Processes have been combined and is re-modelled • MTFS Officer & Member Challenge • Efficiency programme management in place identifying statutory v discretionary services • Leader's monthly monitoring reports • Financial Strategy Board (FSB) periodically evaluates the effectiveness of the financial management arrangements • Partnership activity now includes a VAT trace and has been raised at FSB • Grant Claims & returns record is tracked at FSB • Monthly corporate revenue & capital monitoring to cabinet • Reports to the Leader identify where spend levels exceed a tolerable level during the year • Credit check of contractors is being undertaken through the Competition Board • Disposal of Assets • CEDAR Planning and preparation work will begin 7 months before the start of the actual implementation, so as to ensure that there is sufficient time to carry out work thoroughly. This timescale also includes slippage time of two months, in case of unforeseen complications. 	<p>Assurance required that complete and accurate accounting records are being maintained *</p> <p>EMT, Audit and Pension Committee, External Audit</p> <p>Cabinet Members Decision report on CEDAR upgrade</p>						


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6.	Putting residents first, Setting the framework for a healthy borough	Successful partnerships & Major Contracts Sub-risks <ul style="list-style-type: none"> Partnering activity with other boroughs and the NHS may blur the lines of responsibility, accountability or liability in the event of service failure Plans to remodel the PCT's and delivery of health services through GP's as per the White Paper – Liberating the NHS 	<ul style="list-style-type: none"> Joint objectives are not met Community expectations are not met Relationship deteriorates Threat of overspends and underspend 	<ul style="list-style-type: none"> Governance arrangements are in place Performance monitoring reports reported to Select Cttee's H & F Bridge Performance Monitoring Financial creditworthiness checks at Competition Board 	H & F Bridge Partnership Assurance process PCT are Audited by the Audit Commission Competition Board EMT, Audit and Pension Committee	4	3	12	Medium 	Geoff Alltimes	Review July 2011
7.	Delivering value for money	Maintaining reputation and service standards Sub-risks <ul style="list-style-type: none"> Multiplicity of external forces and initiatives Breach of Officer or Member code of conduct Inappropriate Data released Poor data quality 	<ul style="list-style-type: none"> Threat to the status of the council Failure to deliver plans & savings. Ability to effectively lead and resource the transformation agenda is diminished Service delivery deteriorates Potential adverse media reporting Potential adverse media reporting Quality and integrity of data 	<ul style="list-style-type: none"> A review of the corporate governance arrangements has conducted by Internal Audit and a revised Local Code of Corporate Governance has been produced Annual Complaints review report April 2010 to March 2011 produced to Committee New Information Management Security Protocols published on the Intranet Regular reporting on Security Incidents by the Information Management Team Combined Business Planning & MTFS processes Business Planning is part of the performance management competencies Risk & assurance registers 	Cabinet Ofsted, Care Quality Commission, Annual Audit letter EMT, Audit and Pension Committee, Overview and Scrutiny Board ITSOG Data quality	3	3	9	Low 	All Directors	Review July 2011



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		internally or from third parties, breaches of information protocols, information erroneously sent to third parties. • Auto forwarding of information (Information control and threat of leakage)	held in support of Performance Management & Financial systems leads to under or over estimation	have been developed for all departments and divisions • Performance statistics are scrutinised by Select Committee's, EMT & DMT's • Corvu Performance Management System is able to pick up anomalies • Data Quality Training	review conducted by Internal Audit and a Management Letter has been issued with low level recommendations						
8.	Delivering value for money	Managing fraud (Internal & External) Sub-risks Misappropriation of assets *	<ul style="list-style-type: none"> • Loss of reputation • Financial loss • Adverse regulatory /audit report • Inadequately resourced fraud unit 	<ul style="list-style-type: none"> • Revised risk & assurance register produced May 2011 • New model being piloted to collate information from fraud cases and disseminate the recommendations through risk & assurance registers • Literature and training has been delivered to all levels of the authority • Information and guidance has been published on the corporate intranet • Awareness survey has been undertaken • A Corporate Fraud Service has been established • Level of fraud is being tracked through FSB • Close working relationship is established with the Police • Fraud risks being integrated into risk registers • CAFS team now use a risk assessment to assist in targeting and workload prioritisation 	Audit Committee receive quarterly reports on Fraud Deloitte Fraud Survey 2008 Assurance required that assets are safeguarded EMT, Audit and Pension Committee	2	3	6	Low 	Jane West lead – All Directors	Review July 2011
9.	Delivering value for	Successful cultural change	<ul style="list-style-type: none"> • Potential internal uncertainty re: staff morale 	<ul style="list-style-type: none"> • Transforming the way we do business, Market 	Staff survey, Corporate	3	3	9	Low 	Jane West	Review

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	money	<ul style="list-style-type: none"> Right staff not available for this work due to increasing workloads while also downsizing and restructuring. 	<ul style="list-style-type: none"> Change consumes more resource than VFM/efficiency gains realise Uncertainty leads to low staff morale and lower productivity. 	<p>Management and other Portfolio Transformation Programmes</p> <ul style="list-style-type: none"> Effective communications programme Staff Survey undertaken in 2009 and follow up actions are being delivered Career development discussions Revised sections in Business Planning document inc. Equalities & Diversity and Smartworking 	<p>Workforce Group</p> <p>EMT, Audit and Pension Committee</p> <p>Transformation Board</p>						July 2011
10.	Putting residents first	<p>Managing the Business Objectives (publics needs and expectations)</p> <p>Sub-risks</p> <ul style="list-style-type: none"> A successor integrated financial and business planning process is not delivered 	<ul style="list-style-type: none"> The Public or section of the public may not receive the service that they need or to the quality they expect Reputation of the service may be affected Regeneration of Shepherds Bush Market and Former Library and wider Regeneration Services are delivered in an unplanned way Services start to do their own thing Maverick decisions Inconsistencies in service delivery start to emerge Lack of transparency Duplication of effort Communication of objectives and values is lost Target and Objective setting is diminished reducing the effectiveness of the performance management regime for officers 	<ul style="list-style-type: none"> Robust Business Planning regime revised for 10-12 incorporating fully the Medium Term Financial Strategy Performance monitoring and feedback through local media Organisational Development in conjunction with Deloitte's have undertaken a review of the Business Planning process Customer experience and satisfaction surveys 	<p>Cabinet Members and Scrutiny Cttee review performance Ofsted, Care Quality Commission</p>	3	3	9	Low 	All Directors	Review July 2011

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11.	Delivering value for money	Market Testing of Services (refer to Competition Board Roadmap)	<ul style="list-style-type: none"> • Increase in threat of legal challenge on contract awards • Officers time away from other projects • Timescale of project is tight • Insufficient numbers of Officers designated to the project • Benefits are not realised • Data Quality (Accuracy, timeliness of information) results in variation to original contract spec 	<ul style="list-style-type: none"> • Lean thinking exercise of procurement processes to make them slicker and more efficient • Consultation with other boroughs • Project managing the process • Separation or joining of projects to maximise benefit potential • Realistic timetables agreed and reviewed at Competition Board • Market Testing progress report to EMT • Programme & Project Management – Risk Logs being maintained, periodic risk reviews 	Competition Board, Transformation Board, EMT, Audit review conducted for Use of Contractors	3	3	9	Low 	All Directors	Review July 2011
12.	Page 9	Scrutiny of Public Health Service	<ul style="list-style-type: none"> • Department of Health is creating a governing body (Public Health England) where a joint appointment of a Director with the Council – would be necessary. Currently the appointment is jointly with the NHS trust • Maintaining an audit trail of financial expenditure • Monitoring of financial spend against performance targets to achieve financial credit or top ups • Mayor of London seeks increased responsibility for some Public Health work areas in competition to Local Authorities that could reduce the amount allocated to the Council • Setting up a Health and Wellbeing Board attendees would need to include Councillors and managing their time demands • Three Boroughs merged 	<ul style="list-style-type: none"> • Director of Public Health attends Housing, Health and Adult Social Care Select Committee • Dedicated officers implementing the setting up of a Health & Well Being Board • Pilot council before full delivery which is due (start April 1st 2013) • HM Government Healthy Lives Healthy People Nov 2010 • Joint meetings with K & C & Westminster • Officer meetings with Department of Health 	EMT	3	3	9	Low 	Geoff Alltimes	Review July 2011

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services may result in functions being delivered to support the new responsibilities jointly

- LBHF currently jointly fund the Director of Public Health post, RBKC don't fund Westminster to jointly fund
- Deprivation statistics could affect the distribution of financial settlement unevenly
- Public Health budgets will be ring fenced however local authorities seek unringfencing of the monies
- Commissioning of services responsibilities for some health inequalities (healthy eating, smoking cessation, immunisation, screening, air pollution, drugs and alcohol, teenage pregnancy)
- Provision of audit and resilience services i.e. managing environmental hazards and emergency planning


OPPORTUNITY RISKS

2.	Delivering high quality, value for money public services	Merging of education services with Westminster Council	Savings due to removal of duplication across the councils	<ul style="list-style-type: none"> • Appointment of a single Director of Childrens Services for the Three Boroughs • Report to Cabinet 10-01-2011 updated members on progress including the establishment of 1.A joint commissioning unit and the establishment of an arm's length delivery unit for education services across the three LAs by September 2012, with an interim merged service in place for the new academic year in September 2011. 2. For the exploration, in the 	Cabinet	2	4	8	Low 	Andrew Christie	Review July 2011
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				<p>second phase, of possible different models for the delivery of services - options may include market testing or a social enterprise.</p> <p>3. That agreement be given for the development of shared provision for the Local Children's Safeguarding Board, Fostering and Adoption services and Youth Offending services by September 2011, subject to agreement by WCC and RBKC Councils.</p> <p>4. With a view to the implementation in line with these timescales, that the Director of Children's Services be authorised to :</p> <p>i) reach agreement with fellow Directors of Children's Services on reorganisation proposals on a service by service or part service basis, with a view to agreeing the future scope of such services; management arrangements; the staffing structures for such services; the advisability of harmonising terms and conditions across boroughs; and the implementation of a joint commissioning strategy;</p> <p>ii) consult with affected staff and unions on the basis that any sharing of services will initially take place by affected staff either being seconded to work with staff at other boroughs or will be transferred to the employment of a host borough depending on the detail of the agreement to be reached with other boroughs on a service by service or part service basis;</p> <p>iii) implement the sharing of the services</p> <p>to agree the terms of any secondment either to or from the</p>							
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				<p>Council; to agree any necessary changes to staffing structures; and to authorise any resulting redundancies in accordance with the Council's usual procedures and to do everything necessary to give effect to the above.</p> <p>5. That it is agreed that the implementation of these proposals and any future proposals in relation to Children's Services be aligned with the requirements and timescales for the wider development of shared services across the three LAs.</p> <ul style="list-style-type: none"> Report to Cabinet 20th June 2011 updated Members on the business case as a basis for moving forward. 							
3. Page 12	Delivering high quality, value for money public services	Merging of services with Westminster & RB Kensington and Chelsea	Savings due to removal of duplication across the council	<ul style="list-style-type: none"> Review of corporate and back office functions Review of opportunities with contracts Risk Register compiled and is being presented to the Programme Board <p>Report to Cabinet 20th June 2011 updated Members on</p> <ol style="list-style-type: none"> The business case as a basis for moving forward. Adult Social Care Libraries Service Environment Services Appointment of Joint Chief Executive and Head of Paid Service Athena (Corporate Services) 	Cabinet	2	4	8	Low 	All Directors	July 2011

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				<ul style="list-style-type: none"> • TriBorough Portfolio Management Office responsibilities established including the lead programme contacts. • Terms of reference produced for the Members Steering Group 							
4.	Delivering high quality, value for money public services	Regeneration of Shepherds Bush Market and former Shepherds Bush Library	Community benefits through improved market area, social housing and use of buildings	Section 106 possible funding and partnering with developer over scheme	Cabinet	2	4	8	Low 	Mel Barrett	July 2011
5.	Delivering high quality, value for money public services	<p>Re-integration of H & F Homes</p> <p>Sub-risks</p> <p>There is an increased risk that staff will continue to apply procedures from the ALMO.</p> <p>Where the HF Homes risk management framework is not effectively integrated into the Council's framework, this may lead to key risks being lost in the integration or duplication of effort where the same risk appears on multiple registers or against multiple risk owners.</p>	<p>Savings due to the removal of duplication in back office functions</p> <p>There will be some immediate savings of circa £700k that flow from the integration of the ALMO as a result of the deletion of vacant posts, which would otherwise be duplicated in the new structure, and the elimination of agency workers and contractors to whom TUPE does not apply.</p> <p>This may lead to key management tasks not being undertaken due to confusion over responsibilities</p> <p>A formal action plan for integrating the HF Homes risk management framework within the Council's framework should be established.</p> <p>The plan should include but not be limited to:</p> <ul style="list-style-type: none"> • Adapting risk register templates; 	<p>Consultation exercise has demonstrated public opinion to re-integrate and a report recommending re-integration presented to Cabinet 10-01-2011</p> <p>Briefings or training sessions are provided to line managers</p> <p>An individual has been identified to lead and respond on the risk management process. As such it has been agreed that a risk and assurance register shall be developed in August that will be</p>	<p>Cabinet</p> <p>Internal Audit review of Integration April 2011 Draft Substantial Assurance</p> <p>Corporate Safety Committee</p> <p>Housing and Regeneration DMT</p> <p>FSB, EMT</p>	2	4	8	Low 	Mel Barrett	July 2011

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			<ul style="list-style-type: none"> • Identification of risk owners within the Housing and Regeneration Department ; • Reporting procedure for risks and their mitigation; • Ensuring that risks are not lost or duplicated; and • Appointing a Risk Management representative for the department. <p>The Housing and Regeneration Department should also appoint a representative to the Corporate Performance Group.</p> <p>Where a post integration communication strategy and channels of communication are not established, there is an increased risk that staff will not fully engage in the integration process. This may impact on the morale of staff from both HF Homes and the Council.</p>	<p>ready for inspection at the next Audit & Scrutiny Committee.</p> <p>Representative of the department has been invited to attend future Corporate Performance Group Meetings</p> <p>Post-integration communication channels have been established to secure staff buy-in into the integration.</p> <p>The communication channels enable staff to express concerns and seek advice on any issues in respect of them adapting the Council's working practices and culture.</p>							
6.	Delivering high quality, value for money public services	Regeneration of King Street and Civic Offices	<p>The Town Hall extension has come to the end of its life and needs to either be demolished or refurbished. An estimated cost of around £18m in temporarily accommodating staff through a relocation to facilitate repairs</p> <p>New office accommodation at no cost is being provided in exchange for land</p> <p>A new modern building is also</p>	<p>Planning Committee and team independence</p> <p>Public consultation</p> <p>The council's advisers, Cushman & Wakefield, ran a competition for development of the existing site – which also includes the council car park on Nigel Playfair Avenue. The competition was based on which scheme delivers the best value for money to the borough's taxpayers, the best opportunity to regenerate this run-down part</p>	Cabinet	3	5	15	Medium		April 2011

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			<p>expected to save around £150,000 in energy costs</p> <p>Jobs will be created in King Street</p> <p>A new community-sized supermarket and a range of new restaurants and other retailers, alongside a council 'One Stop Shop', will draw more people down King Street and encourage more investment in the area</p> <p>Successful redevelopment would enable the council to terminate contracts for various costly leased buildings around the borough savings around £2 million a year.</p>	<p>of King Street and the least disruption to local residents.</p> <p>Public exhibition</p> <p>Planning documents are available to view on the council's website</p> <p>A planning application to redevelop the area around Hammersmith Town Hall was submitted to Hammersmith & Fulham (H&F) Council on Friday (29 October). The application from King Street Developments Ltd (KSD) will trigger a new round of consultation as the council, now acting as local planning authority, consults extensively with residents, amenity groups and other interested parties.</p> <p>Information from local amenity groups has been passed to planning officers. The Leader of the Council has attended a Save or Skyline meeting</p> <p>The Leader of the Council wrote to prominent amenity societies to make the case for regeneration following concerns from some groups</p> <p>An independent financial assessment from PricewaterhouseCoopers (PwC) on the viability of the proposals</p>							
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Note 1. All key risks have been extracted from(but not limited to) a number of sources for analysis by the Corporate Management Team. The sources include;

- i. Previous Corporate Risk Register
- ii. Benchmarking with other Local Authorities on Identified Risks
- iii. Information identified from Departmental Risk Registers
- iv. Officers Knowledge and experience
- v. The Office of Government Commerce Project Risk Management Handbook

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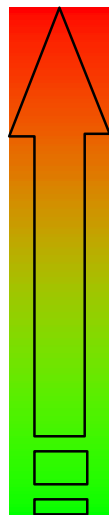
- vi. Procurement exercises
- vii. Significant Weaknesses established from the Annual Assurance process
- viii. Audit Reports
- ix. Knowledge and experience of public sector risks from the Principal Risk Consultant
- x. Data Quality and Integrity
- xi. Programme Management Office monthly report

Note 2. Categorised under the PESTLE methodology as published in the Hammersmith & Fulham Risk Standard. Compliant with Audit Commission/ ALARM/IRM/CIPFA best practice.

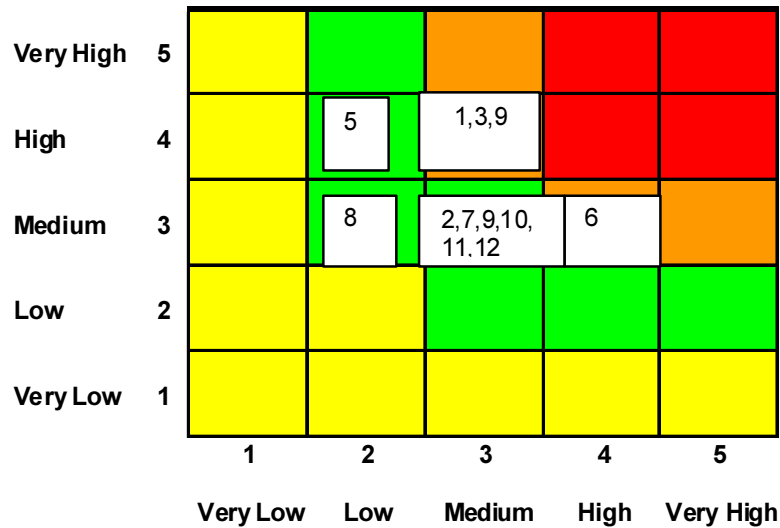
* Derived from Deloitte's Assurance Framework 2007/2008

Residual

CORPORATE RISK REGISTER



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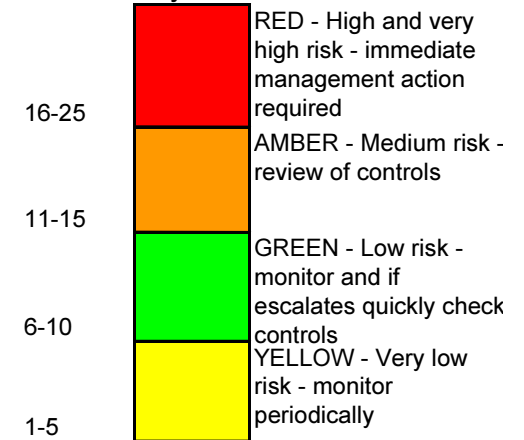


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HAMMERSMITH & FULHAM COUNCIL

Annual Complaints Review

1 April 2010 to 31 March 2011

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1. BACKGROUND

The h&f InTouch team has been in operation since 1 April 2010. The team, managed by the Council's Corporate Complaints Manager, is currently staffed by three officers, who provide a frontline service to residents and other customers. h&f InTouch are responsible for the following:

- Management and oversight of the Council's complaints procedure and the policy governing this procedure;
- Responding to enquiries made of the Council by the Local Government Ombudsman;
- Providing advice and guidance about the complaints procedure to residents and customers;
- Training officers on the complaints procedure and the system used to manage complaints – iCasework;
- Recording requests for information made under the Freedom of Information Act 2000; and
- Governance of the Council's Potentially Violent Service Users records.

This report will cover both the performance of the h&f InTouch team and Council in respect of complaints received between 1 April 2010 and 31 March 2011, and also enquiries received from the Local Government Ombudsman during this same period.

This report does not include 'statutory complaints' – i.e. complaints about the provision of adult or children's social care – as these are outside of the h&f InTouch team's remit. A separate report on these services will be produced by the Customer Care and Complaints Manager responsible for these complaints.

2. H&F INTOUCH PERFORMANCE

The overall aim of the h&f InTouch team is to make the Council's complaints procedure more efficient, and therefore better experience, for our residents and customers. The team focuses on the quality of responses to complaints, intervening where possible to prevent complaints from escalating.

iCasework was implemented across the Council, alongside the h&f InTouch team, on 1 April 2010. iCasework allows feedback to be recorded and monitored, from receipt to resolution, using a unique reference number. There are over 900 front and back office staff registered and trained to use iCasework.

The Council has a three Stage complaints procedure, as set out in the Corporate Complaints Policy. h&f InTouch record all complaints and take a greater level of involvement in a complaint, should it progress through the Stages. This can be illustrated as follows:

Stage 1: Advice, guidance and intervention; recording complaints and referral to service concerned for investigation.

Stage 2: Advice, guidance and intervention; determining review requests; referral to service concerned for further directed investigation, or notifying customer that the complaint has been adequately responded to.

Stage 3: Advice, guidance and intervention; determining review requests; notifying customer that the complaint has been adequately responded to, or an independent investigation by the h&f InTouch team.

The h&f InTouch team aims to record all work within a maximum of 2 working days, from the time of receipt. During the reporting period the h&f InTouch team received over 6100 emails – email being the majority means of contact (see Appendix 1) – and a random sample of 10% of the emails undertaken during the reporting period confirmed that, on average, all matters were being recorded within 1 working day of receipt.

The h&f InTouch team also assists the Information Management Team, by recording all new Requests for Information made to the Council on iCasework; a total of 1045 new Requests were recorded during the reporting period, again, this was within 1 working days of receipt in most cases.

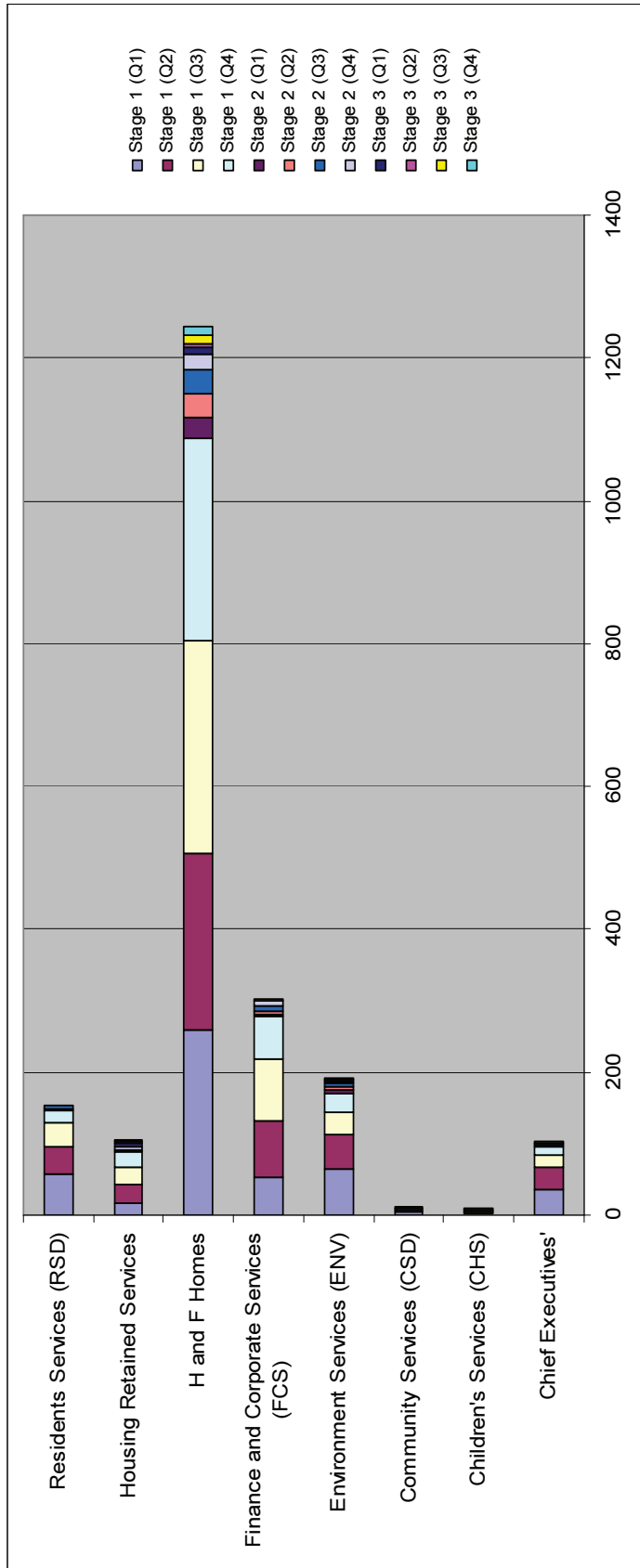
3. COUNCIL'S PERFORMANCE

For the reporting period, a total of 2121 complaints have been recorded by the h&f InTouch team across the three Stages of the Council's complaints procedure. The complaints can be broken down, across the Stages, as follows:

Period	Stage 1	Stage 2	Stage 3	Total
1 Apr – 30 Jun (Q1)	496	41	17	554
1 Jul – 31 Aug (Q2)	468	52	8	528
1 Sept – 31 Dec (Q3)	496	52	14	562
1 Jan – 31 Mar (Q4)	424	35	18	477
Total	1884	180	57	2121

The recording of complaints against each of the Council's service areas can be shown as follows. Please note that complaints recorded against 'Chief Executives' are those that were considered to have insufficient information, or should be dealt with outside of the complaints procedure (e.g. a Housing Benefit appeal) and were registered against the h&f InTouch team for record keeping purposes.

Service area	Stage 1				Stage 2				Stage 3				Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Chief Executives'	36	31	17	12	1	2	1	2	0	0	0	2	104
Children's Services (CHS)	1	1	2	4	0	0	0	0	0	2	0	0	10
Community Services (CSD)	4	2	2	1	2	0	1	0	0	0	0	0	12
Environment Services (ENV)	66	46	31	27	5	6	5	0	2	0	1	2	191
Finance and Corporate Services (FCS)	54	78	87	60	2	5	8	5	1	0	2	0	302
H and F Homes	260	246	299	282	30	34	33	22	10	4	11	12	1243
Housing Retained Services	18	25	24	21	0	3	1	5	4	2	0	2	105
Residents Services (RSD)	57	39	34	17	1	2	3	1	0	0	0	0	154
Total	496	468	496	424	41	52	52	35	17	8	14	18	2121



The Council has not completed an annual report on complaints since the reporting year 2006-07, due to differing recording practices in each of the Council's services. The report completed that year stated that a total of 834 complaints were received, which was a significant decrease on the 1380 complaints reported in the previous year (i.e. 2005-06). Taking these figures at face value, the total of 2121 complaints represents a significant increase, which can most likely be attributed to having a single, consistent, corporate approach to recording and managing complaints and also the introduction of iCasework.

Although there has not been an annual report, the number of Stage 3 complaints has been monitored each year. During the year 2009-10, a total of 91 Stage 3 complaints were investigated by the Corporate Complaints Manager. The total for the reporting year of 57 represents a significant reduction (37.36%) and demonstrates a positive impact of the intervention role of the h&f InTouch team.

4. TIMELINESS

The timeliness of the responses to complaints responded to within the reporting period, by service, can be shown as follows:

Service area	Stage 1	Stage 2
Children's Services (CHS)	63%	n/a
Community Services (CSD)	67%	100%
Environment Services (ENV)	78%	50%
Finance and Corporate Services (FCS)	74%	77%
H and F Homes	70%	37%
Housing Retained Services	68%	43%
Residents Services (RSD)	88%	57%

Across all services, 67.6% of Stage 1 complaints were responded to within deadline; however, only 38.2% of Stage 2 complaints were within deadline. Where complaints were independently investigated at Stage 3 of the complaints procedure, by the h&f InTouch team, 73% of complaints were responded to within deadline.

The Corporate Complaints Policy has a target timeliness of 80% for all complaints, so improvements are required at Stages 1 and 3, but significant improvements are necessary at Stage 2 (see Recommendations).

5. OUTCOMES

The outcomes, or decisions, of those complaints made during the reporting period can be shown as follows:

Outcome	Stage 1	Stage 2	Stage 3	Total	%
Not Upheld	732	61	27	820	45
Partially upheld	475	62	12	549	30
Resolved immediately	6	0	0	6	0
Upheld	408	39	10	457	25
Total	1621	162	49	1832	
%	89	9	2		

*Please note that the number of decisions will not match the number of complaints received, some of these complaints are currently ongoing and therefore an outcome has not been determined.

6. ESCALATION

When a customer is not satisfied with the outcome to their complaint, they can appeal to the h&f InTouch team for further investigation at either Stage 2 or Stage 3 of the complaints procedure.

The table below shows the percentage of complaints that were escalated during the reporting period. A complaint that has a Stage 1 decision in April 2010, but is recorded at Stage 2 in May would show as escalating in April – as this is when the decision that is being challenged was first made.

Period	Stage 1	Stage 2	Stage 3
Apr-10	28%	0%	50%
May-10	14%	50%	25%
Jun-10	11%	27%	57%
Jul-10	12%	0%	50%
Aug-10	13%	54%	50%
Sep-10	14%	19%	50%
Oct-10	12%	47%	57%
Nov-10	13%	22%	43%
Dec-10	8%	25%	0%
Jan-11	8%	22%	0%
Feb-11	5%	29%	0%
Mar-11	3%	11%	0%

It is logical that the rate of escalation reduces over time, as the decisions that are being challenged are more recent and there is still an opportunity to escalate the complaint. If the same information is compiled in six months time, the percentage rates will likely increase the values shown in previous months.

Nevertheless, the escalation rates, on average, are consistent with the volumes of the complaints made at each Stage, as a percentage of the total – i.e. approximately 10% of all complaints received escalate to Stage 2, 30% of these escalate to Stage 3 and 30% of Stage 3 complaints escalate to the Local Government Ombudsman.

The following table shows the percentage of customer complaints escalating, by service:

Service area	Stage 1	Stage 2	Stage 3
Children's Services (CHS)	0%	0%	50%*
Community Services (CSD)	33%	0%	n/a
Environment Services (ENV)	11%	29%	20%
Finance and Corporate Services (FCS)	9%	15%	66%
H and F Homes	12%	25%	35%
Housing Retained Services	12%	57%	28%
Residents Services (RSD)	5%	0%	n/a

*The complaints considered at Stage 3 for Children's Services were considered at Stages 1 and 2 prior to the reporting year commencing. It is for this reason that two Stage 3 complaints are recorded without showing at Stages 1 or 2.

7. CATEGORIES

iCasework allows the Council to 'categorise' a customer complaint, meaning that we can record what particular service/team was the subject of the complaint and what 'problem' led to the complaint being made. The table below shows the top 10 categories of customer complaints for the reporting period:

Category	Typical category usage	Total	%
Programme of maintenance	Decent Homes - H&F Homes	226	14
Repairs - general	Day-to-day repairs - H&F Homes	185	12
Gas servicing	Boiler breakdowns - H&F Homes	102	6
Repairs - leaks and floods	Repairs following leaks - H&F Homes	97	6
Car parking	Removal of vehicles from estates - H&F Homes	94	6
Individual account enquiries	Council Tax - Finance & Corporate Services	76	5
Repairs - damp proofing	Repairs following damp - H&F Homes	44	3
Housing benefit current claim	Housing Benefit - Finance & Corporate Services	39	2
Repairs - roof	Repairs following leaks - H&F Homes	38	2
Caretaking	Estates caretaking – H&F Homes	35	2

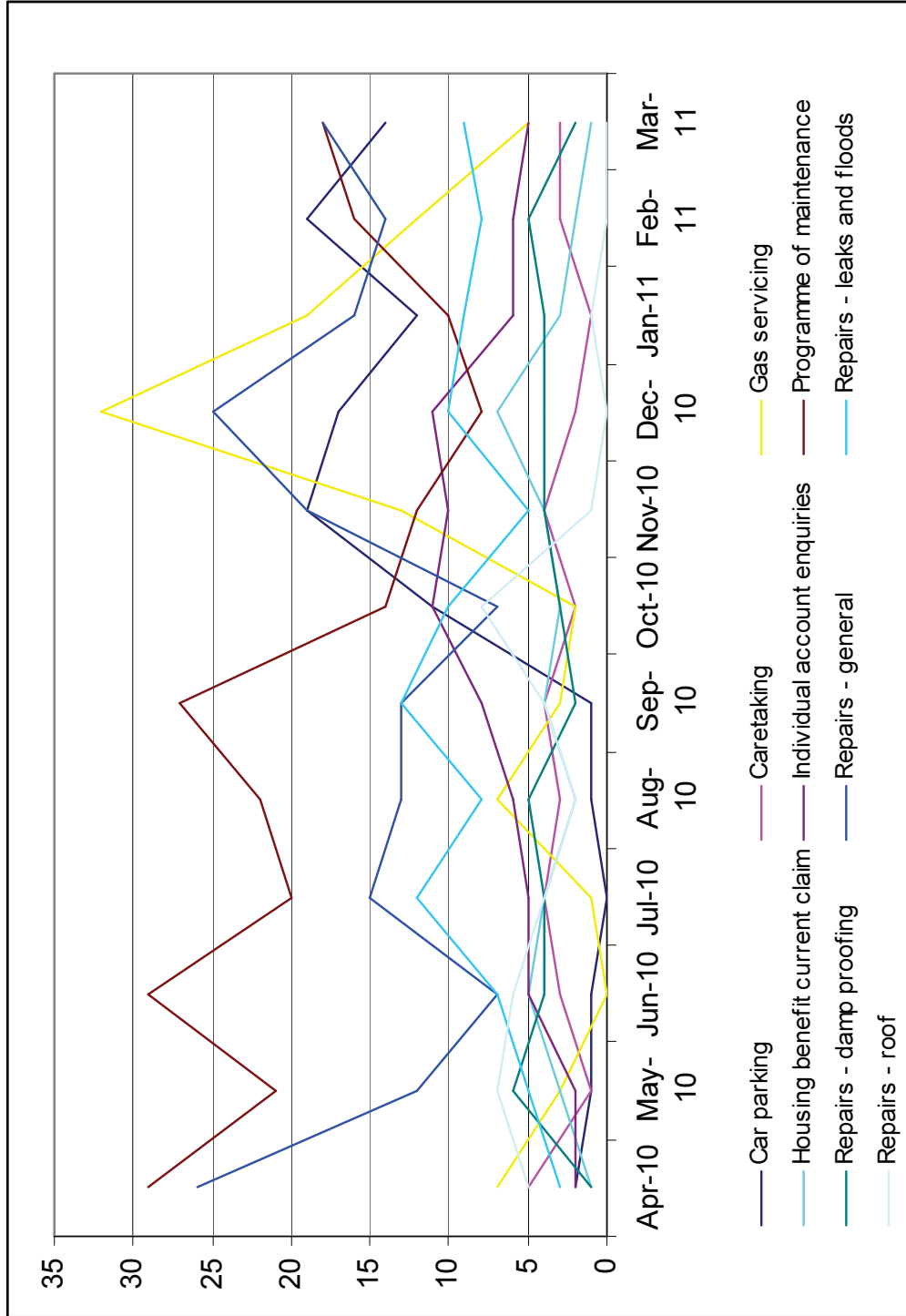
The table below shows the top ten 'problems' that residents and customers informed the h&f InTouch team that they had experienced:

Problem	Total	%
Delay in delivering a service	369	39
Failure or refusal to deliver a service	91	10
Delay in taking action	57	6
Failure or refusal to take action	43	5
Inadequate or incorrect advice given	43	5
Other quality issue	41	4
Loss or damage to property	30	3
Unreasonable decision	30	3
Other delay problem	24	3
Inappropriate action taken	21	2

The problem type 'Delay in delivering a service' is dominant. Shown across the categories of complaints, it has been mostly been used in complaints concerning Repairs and Gas servicing.

Problem	Delay in delivering a service
Repairs – general	117
Gas servicing	71
Repairs – leaks and floods	71
Programme of maintenance	37
Repairs – damp proofing	27
Repairs – roof	19
Individual account enquiries	12
Caretaking	7
Housing benefit current claim	7
Car parking	1
Total	369

The following graph shows the top ten categories of complaint, by month, over the reporting period:



8. OMBUDSMAN COMPLAINTS

In addition to recording all corporate customer complaints, the h&f InTouch team also manage the Council's responses to the Local Government Ombudsman. During the reporting period, a total of 103 complaints were referred from the Ombudsman for investigation. This is an increase on the previous year's total of 75.

Period	Enquiries made
Q1	19
Q2	27
Q3	23
Q4	34
Total	103

During the reporting period, the Ombudsman determined 98 complaints against the Council, which is an increase on the 62 decisions made in the previous year. The decisions can be shown, as follows:

Outcome	2010-11	%	2009-10	%
Local settlement	31	32	14	23
No evidence of maladministration	31	32	25	40
Ombudsman's discretion	21	21	13	21
Outside jurisdiction	15	15	9	15
Maladministration	0	0	1	2
Total decisions*	98	100	62	100

*The number of decisions does not necessarily match the number of enquiries, as some investigations are still ongoing.

Although it should not be seen as negative to settle a complaint, it can be costly to do this at the point the Ombudsman is involved. Nationally, the average percentage of Local settlement decisions, against the total number of decisions, is around 27%; the Council is broadly consistent with this average, but the proportion of Local settlements has increased on the previous year.

Information on the amount of compensation paid following complaints to the Ombudsman can be found at later in this report (Appendix 2).

The Council is provided with 28 days to respond to each enquiry. A total of 1814 days were taken to respond to the 61 enquiries that the Council was asked to comment on; therefore, an average of 29.8 days was taken for each enquiry. This is an improvement on the average of 30.3 days in the previous year, but is not within the Ombudsman's target.

The above information is consistent with the Ombudsman's records, as stated in the Ombudsman's annual review for the same reporting period.

9. COMPENSATION

iCasework enables the Council to record and report on the volume of compensation being paid at each Stage of the complaints procedure and those complaints made to the Ombudsman. For the reporting period, a total of £12,062.88 compensation is recorded as being paid. The following table shows the amounts paid across each of the Council's services for the reporting period:

Service	Amount
Community Services	£175.00
Environment Services	£30.00
Finance & Corporate Services	£75.00
H&F Homes	£7,898.39
Housing Retained Services	£2,360.00
Residents Services	£1,524.49
Total	£12,062.88

A table showing each of the payments made, and the noted reason for the payment, is available at Appendix 2. A summary of these reasons can be seen below:

Reason	Amount
Delay	£5834.39
Distress and inconvenience	£3388.99
Goodwill	£655
Other	£1400.5
Right to Repair	£124
Time and Trouble	£660
Total	£12062.88

10. CASE DIGEST

Each quarter, the top three customer complaints which have either resulted in significant settlements, or can be used for corporate learning, are summarised in the quarterly complaints report. The same model is being followed in this annual report. Further information regarding these cases can be provided on request by the Corporate Complaints Manager.

Direct payments of Housing Benefit

Having pursued his complaint through each Stage of the Council's complaints procedure, a landlord complained to the Local Government Ombudsman that the Council had failed to deal with his request for direct payment – under the eight week rule; following the landlord's request, a payment of £1,260 in Housing Benefit was paid to his tenant. It was the landlord's view that this particular payment should have been paid to him.

Although the Council had offered £630 compensation at Stage 2 of the complaints procedure, and issued a cheque for this amount, the landlord remained of the view that he should be compensated for the full amount – i.e. £1,260 – and returned the cheque.

Following an investigation by the Ombudsman, which included interviews with Council officers, the Council later settled this complaint by paying the complainant £1,260 compensation and by agreeing to improve the processes for dealing with such requests from a landlord.

Delay in completing repairs and installing a wash-hand basin

Having complained at Stage 1 of the complaints procedure, a tenant complained to the Local Government Ombudsman that the Council had failed to complete repairs to address problems with mould and tiling at the property.

The tenant also complained that the Council had unreasonably refused to install a wash-hand basin into the downstairs toilet, which was considered necessary by the tenant, due to a health problem.

Previously, the tenant had been informed that it was not possible to install the wash-hand basin, due to size restrictions in the downstairs toilet. However, an inspection from an Occupational Therapist confirmed that the installation was possible and this subsequently went ahead.

The Ombudsman found that the Council had delayed unreasonably and recommended that the Council pay the tenant £1250 in compensation and completes the outstanding repairs. The Council agreed to settle the complaint on this basis.

Engagement party at Fulham Town Hall

A customer complained that his engagement party at the Concert Hall, Fulham Town Hall, was ruined due to the heating failing and he sought compensation for this.

The complaint was considered at Stage 1 of the complaints procedure and was partially upheld. The customer was offered a goodwill gesture of 20% of the booking fee. However, this was not considered adequate by the customer, who requested further consideration of the complaint at Stage 2.

Following further investigation of the complaint, the decision was reached to offer 100% of the booking fee – equal to £1,054 – to the customer; this was subsequently accepted and the customer was satisfied..

11. OVERALL PERFORMANCE

The Corporate Complaints Policy sets out four corporate targets for measuring of performance of how complaints are managed. These are as follows:

1. Complaints acknowledged within timescale – 80%
2. Complaints fully responded to within timescale – 80%
3. Complainant's satisfaction with the complaints process – 30%
4. Number of Ombudsman maladministration decisions – 0%

So how did we do against these measures?

Complaints acknowledged within timescale – 80%

iCasework shows that only 519 acknowledgements were sent, across all services, in response to the 1884 complaints received; this means that only 27.5% of complaints received are being acknowledged. Although the acknowledgement emails and letters that were timely, it is not good enough that almost three-quarters of complaints went unacknowledged – especially when iCasework produces an automatic acknowledgement template in both email and letter format. A recommendation has been made later in this report to address this failing.

Complaints fully responded to within timescale – 80%

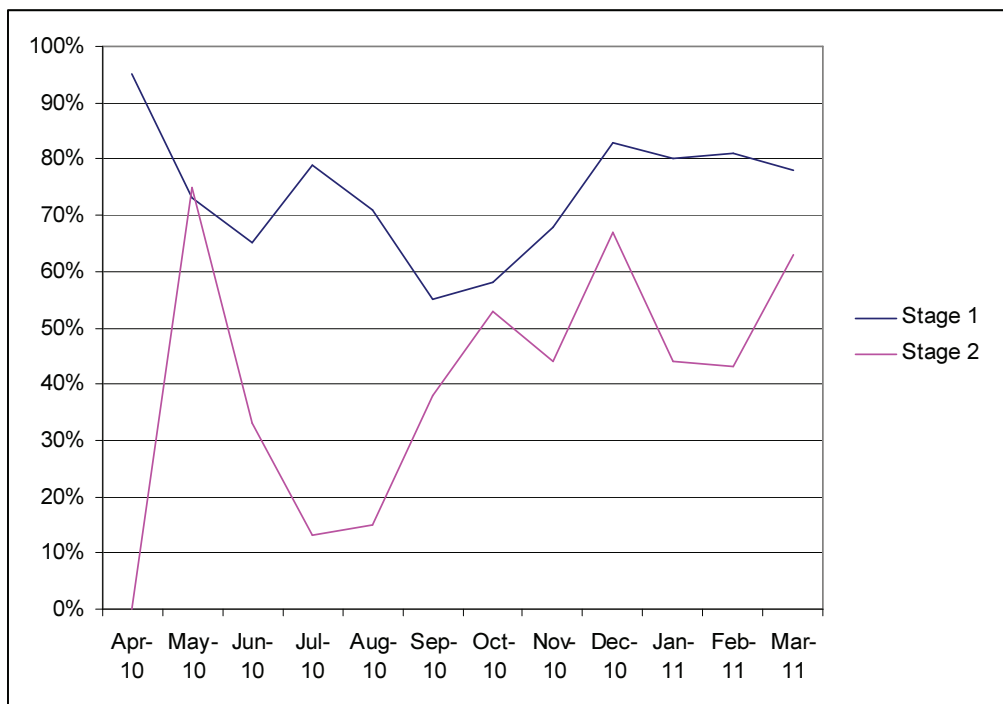
The overall timeliness of responses is as follows:

Stage 1: 67.6%

Stage 2: 38.2%

Stage 3: 73%

The introduction of iCasework in April 2010 placed greater emphasis on officers to manage their own complaints, via the system. It can be seen in the below chart (on the following page) that the initial trend was for performance to slip, with gradual improvement thereafter:



Although the Council has not met its target of 80% of complaints being responded to within deadline, with iCasework becoming a more commonly used application and through increased monitoring (see recommendations, page 16), this figure will be achieved in the next reporting year.

Complainant's satisfaction with the complaints process – 30%

The overall satisfaction with the complaints process is currently measured by using the feedback from the Annual Residents' Survey (ARS).

The most recent survey, completed within the reporting year, stated that of those who have made a complaint in the last 12 months, nearly two in five residents (37%) are satisfied with the way in which their complaint was handled, compared with 37% in ARS 2009, 31% in ARS 2007 and 27% in 2006.

In addition, the ARS stated that those most likely to make a complaint are:

- Aged 19-34 (45% of the total number who made a complaint);
- Males (26% compared to 23% of females);
- BME (28% compared to 24% from a White British/Irish/Other White ethnic background).
- Residents living in the South of the Borough.

However, caution was given to both the percentage of satisfaction and the type of resident most likely to make a complaint, due to the relatively small number of respondents to this aspect of the survey.

iCasework allows for monitoring information, such as age, gender, ethnicity and disability to be capture, but in practice this information is rarely volunteered by residents and customers making complaints.

Taken by their title or name, 44% of complaints were made by females and 33% by males (the remaining 23% cannot be inferred, due to titles such as Dr or unisex names). With regard to age, disability, ethnicity, this information was provided in less than 5% of the total new – i.e. Stage 1 – complaints (1884), making the results statistically insignificant.

A map detailing all of the complaints made, and a map showing the two main categories of complaints – Decent Homes and Repairs, is available in the appendix 4.

Number of Ombudsman maladministration decisions – 0%

The Ombudsman did not issue a decision of maladministration against the Council during the reporting period, and therefore this target has been met.

12. RECOMMENDATIONS

It is recommended that the contents of this report are considered by the senior management team, EMT and Scrutiny.

The information in this report should be used as a basis for service improvement and the h&f InTouch team welcomes opportunities to discuss the findings and, where possible, help learn lessons from the customer complaints made over the reporting period.

As a result of this report, the h&f InTouch team will be concentrating on the following:

Acknowledgements

Acknowledging a complaint is a key step to managing the expectations of our residents and customers. The acknowledgement confirms that the complaint has been received, confirms which officer is responsible for the investigation and when a decision will be reached. Failure to send an acknowledgement results in additional, unnecessary, enquiries to the h&f InTouch team, which increases the volume of interactions from our residents and customers.

Given this, that only 27.5% of complaints are being acknowledged is not acceptable; especially considering that the Council uses the timeliness of acknowledgements as a performance measure.

iCasework generates an automated acknowledgement email or letter, once a complaint has been assigned to an officer and an initial assessment of the complaint has been completed. This functionality should be used.

It is **recommended** that the low proportion of complaints being acknowledged is addressed by services and efforts are made to improve on this. A monthly report on the number of complaints being acknowledged against the total received, by service, will now be produced and circulated by the h&f InTouch team until such time that performance increases and remains or exceeds consistently within the required 80%.

In addition, the h&f InTouch team will be exploring the possibility of opening iCasework via the Customer Portal, which will allow residents and customers to track the progress of their complaints, providing they are registered to do so via the Council's website.

Stage 2 complaints

Although the chart on page 12 shows that the timeliness of Stage 2 complaints is improving, it is overall the area of most concern.

It is **recommended** that the low proportion of Stage 2 complaints being responded to on time is addressed by services and efforts are made to improve on this.

In addition, h&f InTouch will provide a named team member to provide guidance, at an early stage, for each Stage 2 complaint to ensure that responses are more timely and to further reduce the number of complaints escalating to Stage 3.

Promised actions

A number of complaints have recently been brought to the Corporate Complaints Manager's attention where a response has been issued to the complaint, but the matter that led to the complaint – e.g. a repair or failed service – is yet to have been carried out. Understandably, the complainant has then requested further consideration of their complaint, which causes needless and costly escalation through the complaints procedure.

As such, it is **recommended** that wherever a complaint is made regarding the delay in delivering a service, the service that led to the complaint must be completed before the complaint is responded to. That is not to say the response can be delayed; the Council's policy is clear that the response must be sent within 15 working days of the complaint.

As such, the service should be completed and the response sent within this timescale – where this is not practicable, a clear schedule for the service should be sent out to the complainant, alongside confirmation of the name of the officer responsible for monitoring this schedule. This will assist in managing the complainant's expectations and ensure accountability.

Compensation

A number of complaints have recently been brought to Corporate Complaints Manager's attention where compensation has been offered to the complainant, but this has not matched the complainant's expectations and has been poorly justified within the response to the complaint. This, again, causes needless and costly escalation through the complaints procedure. This is particularly relevant for compensation in housing repair complaints.

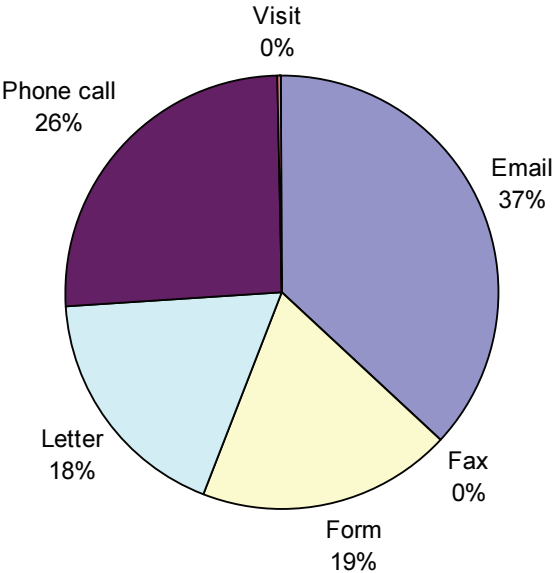
As such, it is **recommended** that where compensation is to be offered, the guidance from the Local Government Ombudsman is consulted and any offer is made in light of, and with specific reference within the response to the complainant, this guidance. If any officer is uncertain on how to interpret this guidance, assistance can be sought from the h&f InTouch team. A full version of the Ombudsman's guidance on remedies can be viewed here:

www.lgo.org.uk/GetAsset.aspx?id=fAAxADIANGB8AHwAVABYAHUAZQB8AHwAMAB8AA2

Appendix 1

1. Method of complaint

The majority were received by email, but a significant proportion were also received by telephone. In certain circumstances, officers from the h&f InTouch team will meet with customers to help them make a complaint; this occurred 7 times in the reporting year.



* Please note that 'form' refers to both online forms and the paper-based complaints leaflets produced by the h&f InTouch team.

2. Compensation paid

The following table shows all of the compensation payments made, across all Stages of the complaints procedure and following enquiries from the Local Government Ombudsman. The service responsible for the complaint and the noted reason(s) for the payment is also provided:

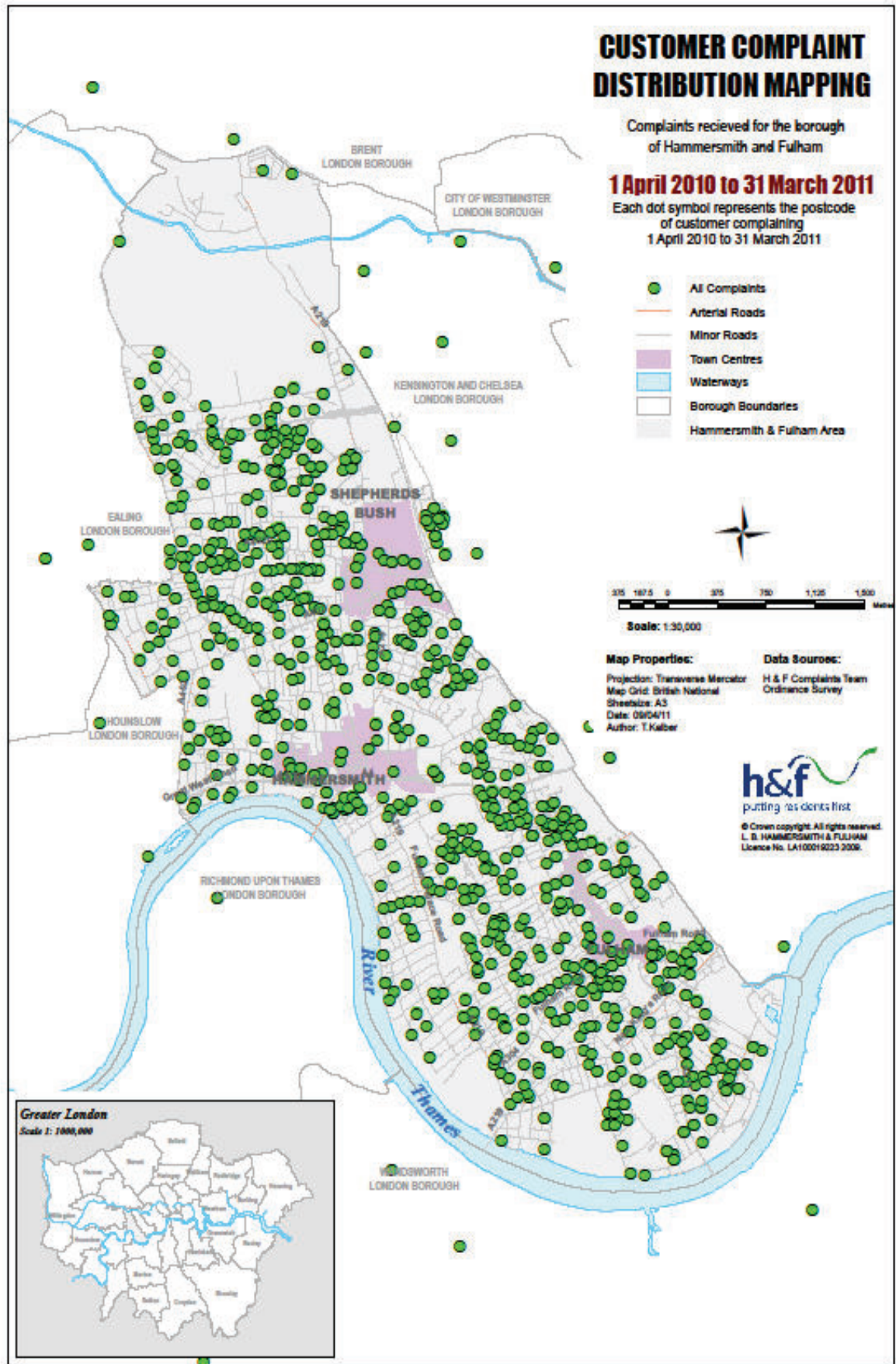
Service	Case number	Stage	Reason	Amount
Community Services (CSD)	N/a	LGO	Delay	100.00
	N/a	LGO	Time and trouble	75.00
Community Services total				175.00
Environment Services (ENV)	N/a	Stage 1	Goodwill	30.00
Environment Services total				30.00
Finance and Corporate Services (FCS)	N/a	LGO	Time and trouble	75.00
Finance and Corporate Services total				75.00
H & F Homes	N/a	Stage 1	Delay	100.00
	N/a	Stage 1	Delay	1098.63
	N/a	Stage 1	Delay	34.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	50.00
	N/a	Stage 1	Delay	90.51
	N/a	Stage 1	Distress and inconvenience	100.00
	N/a	Stage 1	Distress and inconvenience	150.00
	N/a	Stage 1	Distress and inconvenience	200.00
	N/a	Stage 1	Distress and inconvenience	25.00
	N/a	Stage 1	Distress and inconvenience	50.00
	N/a	Stage 1	Distress and inconvenience	80.00
	N/a	Stage 1	Goodwill	25.00
	N/a	Stage 1	Goodwill	50.00
	N/a	Stage 1	Right to Repair	124.00
	N/a	Stage 1	Time and trouble	150.00
	N/a	Stage 2	Delay	50.00
	N/a	Stage 2	Delay	50.00
	N/a	Stage 2	Distress and inconvenience	100.00
	N/a	Stage 2	Distress and inconvenience	50.00
	N/a	Stage 2	Goodwill	150.00
	N/a	LGO	Delay	250.00
	N/a	LGO	Delay	600.00
	N/a	LGO	Delay	1250.00
	N/a	LGO	Delay	200.00
	N/a	LGO	Delay	350.00
	N/a	LGO	Delay	50.00
	N/a	LGO	Delay	536.25

	N/a	LGO	Delay	600.00
	N/a	LGO	Delay	75.00
	N/a	LGO	Other	900.00
	N/a	LGO	Time and trouble	260.00
H and F Homes total				7898.39
Housing Retained Services	N/a	Stage 1	Distress and inconvenience	200.00
	N/a	Stage 2	Distress and inconvenience	50.00
	N/a	Stage 2	Time and trouble	100.00
	N/a	LGO	Delay	250.00
	N/a	LGO	Distress and inconvenience	1260.00
	N/a	LGO	Other	500.00
Housing Retained Services total				2360.00
Residents Services (RSD)	N/a	Stage 1	Distress and inconvenience	29.99
	N/a	Stage 1	Goodwill	100.00
	N/a	Stage 1	Goodwill	300.00
	N/a	Stage 1	Other	0.50
	N/a	Stage 2	Distress and inconvenience	1054.00
	N/a	Stage 2	Distress and inconvenience	40.00
Residents Services total				1524.49
All services total				12062.88

4. Mapping complaints

Appendix 3

The following maps shows the location of all complaints made within the Borough; those complaints concerning Decent Homes works; and, those complaints concerning the Repairs services – these being the main category of complaints:










CUSTOMER COMPLAINT "Programme of maintenance" DISTRIBUTION MAPPING

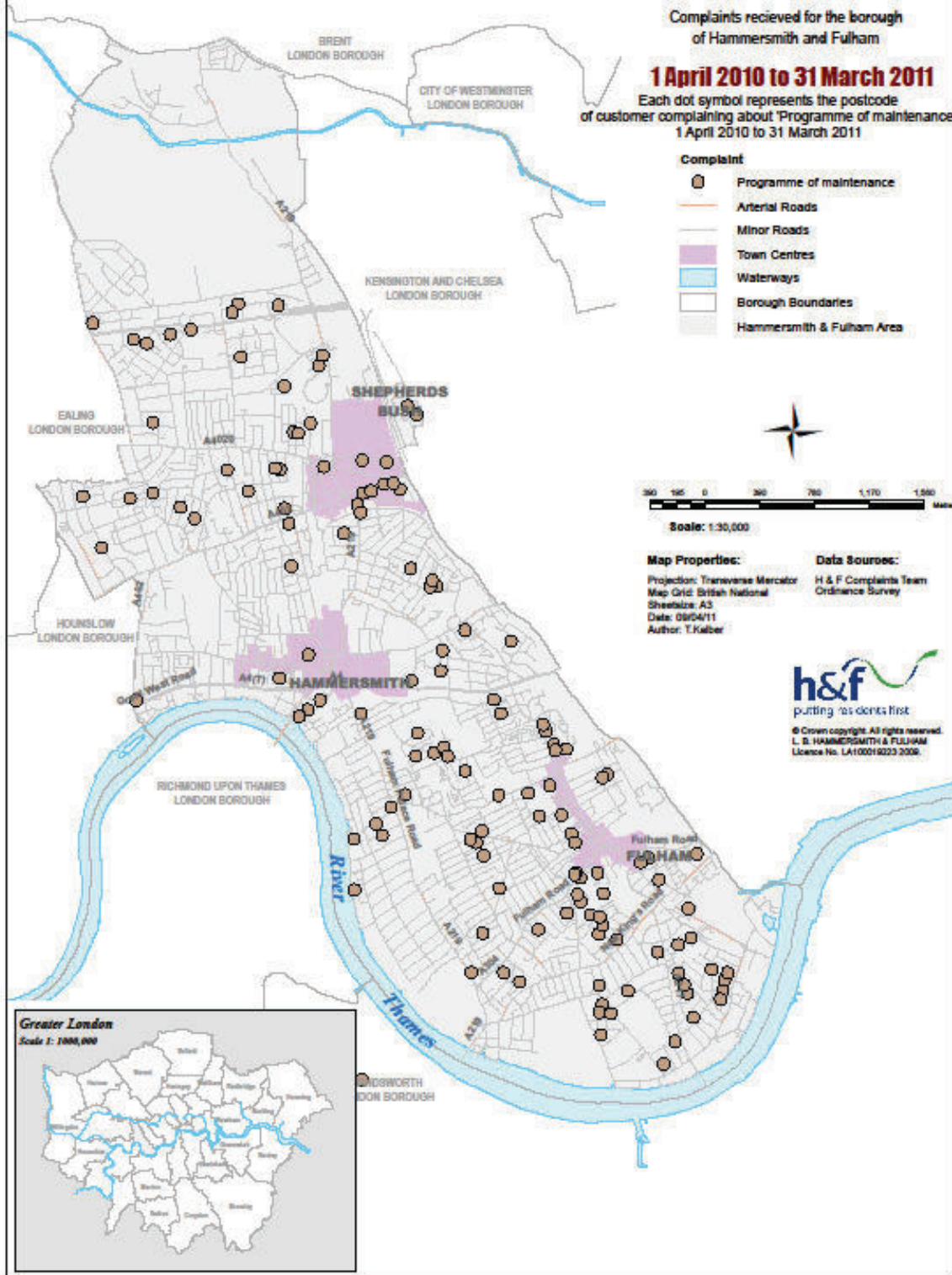
Complaints received for the borough of Hammersmith and Fulham

1 April 2010 to 31 March 2011

Each dot symbol represents the postcode of customer complaining about 'Programme of maintenance' 1 April 2010 to 31 March 2011

Complaint

-  Programme of maintenance
-  Arterial Roads
-  Minor Roads
-  Town Centres
-  Waterways
-  Borough Boundaries
-  Hammersmith & Fulham Area



Map Properties:

Projection: Transverse Mercator
 Map Grid: British National
 Sheet Size: A3
 Date: 09/04/11
 Author: T.Kelber

Data Sources:

H & F Complaints Team
 Ordnance Survey

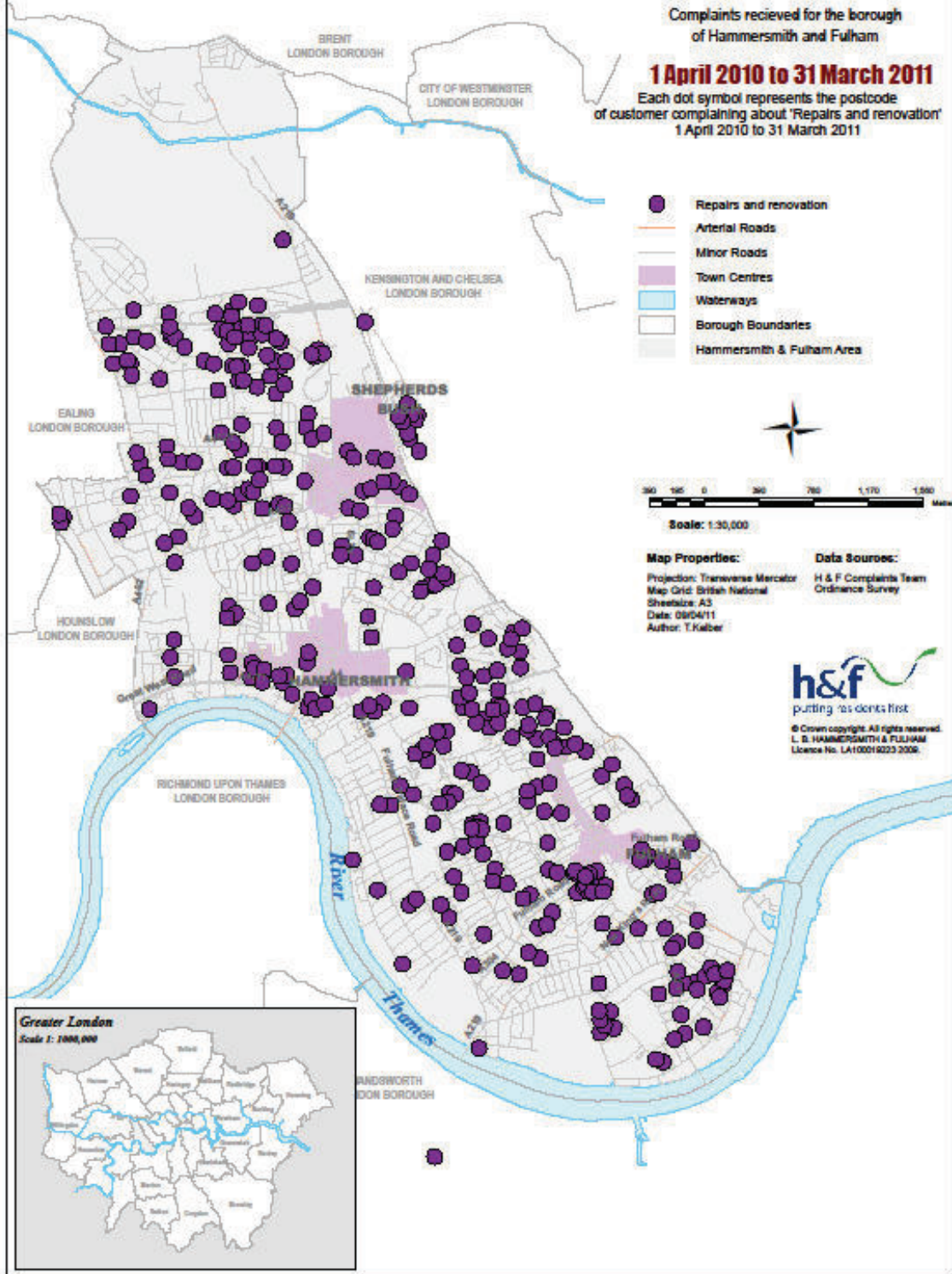


CUSTOMER COMPLAINT "Repairs and renovation" DISTRIBUTION MAPPING

Complaints received for the borough
of Hammersmith and Fulham

1 April 2010 to 31 March 2011

Each dot symbol represents the postcode
of customer complaining about 'Repairs and renovation'
1 April 2010 to 31 March 2011



APPENDIX 3

ITSOG highlight report: Information security management July 2011

1 Information security incidents

A security incident is an event that has actual or potential adverse effect(s) on computer, network or user resources or is a compromise, damage or loss of such equipment or data. Each incident is allocated a sequential number, summary description and current status.

The new Information Security Incident procedure and toolkit is finished and is now available on the intranet:

http://theintranet.lbhf.gov.uk/Council_Business/Business_Technology/Information_security/.

1.1 Statistical summary of incidents

	2009			2010			2011		
	L	I	Sub-Total	L	I**	Sub-Total	L	I	Sub-Total
CHS	9	1	10	12	7	19	0	1	1
CSD	4	4	8	1	4	4	1	0	1
Env	0	1	1	2	2	4	1	0	1
FCS	5	6	11	1	9	10	0	3	2
HFH/HRD	0	1	1	0	1	1	1	4	5
RSD	1	1	2	0	0	0	0	0	0
HFBP	1	0	1	0	0	0	0	0	0
Unknown	2	0	2	0	0	0	0	0	0
Totals:	23	13	36	16	21	33	3	6	9

Please note that from the incidents recorded above the following number of cases are still open for each department:

- CHS = 4
- CSD = 1
- ENV = 1
- FCS = 1
- HRD = 5

Key:

- L = Loss/theft
- I = all other incidents, including DP and GC breaches
- **Where incidents involve more than one department this has been counted individually against each department involved, but as a single incident in the overall total.

1.2 Top 5 risks

1. Potential for data to be sent via webmail with no method of monitoring
2. Confidential waste service is not currently fit for purpose due to a lack of internal governance and contract with companies used –

MITIGATION: new framework agreement is about to be signed up to by H&F which provides lockable containers..

3. 3rd party and internal Individuals inappropriately copied into emails containing personal data.
4. Forwarding of potentially sensitive information via Councillors auto-forwarding emails sent to their council accounts over the internet to their webmail accounts.
5. Paper records and documents containing sensitive information stored insecurely for considerable periods of time whilst being prepared for transit.

2 Government Connect Project

2.1 Accreditation

LPSN (London Public Secure Network) - Full connection to the LPSN is awaiting an LPSN policy decision regarding remote working. HFBP investigating a workaround proposed by LPSN that would avoid H&F having to issue all mobile/remote/Smart workers with Council owned equipment.

2.2 GCSx mandatory information security awareness training

The Information Manager will be reporting back to the each DMT with a final chasing list so that each DMT can chase those officers who have yet to complete the training.

Percentage completion per department is as follows:

Department	% completion to date
Children's Services	86%
Community Services	86%
Residents Services	100%
Finance and Corporate Services	98%
Environment	94%

The e-learning training for information security was rolled out to H&F Homes in September of last year to very limited take-up. It was hoped that all officers who had not signed the PCS or completed the training would do so as part of their induction when they join H&F in June 2011. However, we are now informed that no such inductions took place, so a full roll-out to staff in the Housing & Regeneration Department is being prioritised with a final deadline for completion of December 2011. IMT have a preliminary meeting with HR to discuss the roll-out on Wednesday 20 July.

All other non-signees will be shortlisted by IMT and sent up to EMT to escalate action.

2.3 Personal commitment statement (PCS)

2.3.1 Existing staff

To date, 89% of h&f staff has signed up to the PCS including agency staff (includes the 395 dead accounts now deleted from Outlook). Targeted

chasing of non-responders has been carried out through the roll-out of the information security management training (see 2.2).

2.3.2 Business partners (including the voluntary sector)

- Some HFBP staff and other third party individuals with council logins have also signed up to the PCS but these will now instead be captured at organisational level through Business Partner sign ups. HFBP are writing to their subcontractors and LBHF departments should similarly write to a senior contact at each external organisation with whom they exchange restricted information whether electronically or as paper.
- The Information Management Team is in the process of chasing HFBP subcontractors and LBHF departments with external business partners and will prioritise those teams that are sharing personal client data.

3 Information security policy

The reviewed and updated Information Security Policy has now been published on the Intranet:

http://theintranet.lbhf.gov.uk/Council_Business/Business_Technology/Information_Security/159654_Information_Security_Policy_May_2011.asp

Going forward we will be rolling out a communications plan to ensure that all officers are regularly advised of its importance and applicability, including a regular message of the day and email updates.

This is a schedule of all recommendations where the target date for implementation has passed and either the recommendation has not been fully implemented, or the auditee has failed to provide information on whether it has been implemented.

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
1	2011/12	School	Queens Manor Primary School	Substantial	All members of the Governing Body and officers with financial decision making responsibilities should be reminded of the requirement to complete a declaration of interests. The outstanding declarations identified should be sought and the Register of Pecuniary Interests updated accordingly.	2	30/06/2011	Chair of Governing Body and Clerk	
Page 2 43	2011/12	School	Queens Manor Primary School	Substantial	The virement sheet maintained should be signed by the Headteacher to evidence the approval of transfers of funds to various cost centres.	2	30/06/2011	Headteacher and School Administration Officer	
3	2011/12	School	Queens Manor Primary School	Substantial	A formal reminder should be sent to all members of staff who undertake financial administration duties to comply with the following requirements of the School Financial Procedures Manual: <ul style="list-style-type: none"> • Official purchase orders should be raised on SIMS where possible prior to any order being placed; • The required number of quotations should be sought for goods/services in excess of £1,500. 	2	30/06/2011	Headteacher and School Administration Officer	

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
4	2010/11	School	Sir John Lillie Primary School	N/A	Official orders should be raised for both goods and services in line with Section D8 of Keeping Your Balance - Standards for Financial Management in Schools	2	30/06/2011	School Business Manager	
5	2010/11	School	Phoenix High School	Substantial	Formal appraisals should be introduced for all staff with financial management responsibilities.	2	31/03/2011	Headteacher	
6	2010/11	School	Larmenier and Sacred Heart	Substantial	Where goods, works or services are estimated to cost in excess of £10,000, three independent quotations should be obtained. The quotations should be retained for future reference in order to demonstrate that the School has sought value for money.	2	31/01/2011	Headteacher	
7	2010/11	School	Larmenier and Sacred Heart	Substantial	Staff should be reminded that VAT should only be reclaimed on invoices that state the supplier's VAT registration number.	2	31/01/2011	Headteacher	
8	2010/11	School	Queensmill School	Substantial	Declarations of pecuniary interests should be obtained for all Governors and staff with financial management responsibilities on an annual basis. The opportunity to declare interests should be provided at each Governing Body and Finance, Personnel and Premises Committee meeting. This may be added as a standing item to the agenda.	2	31/05/2011	Head teacher	

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
9	2009/10	School	Cambridge School	Substantial	<p>Inventory records should be promptly updated to record all acquisitions and disposals of valuable and portable assets prior to the inventory being circulated for use.</p> <p>All assets should be indelibly and visibly security marked with the name of the school.</p> <p>Further, an annual inventory check should be undertaken, recorded, certified as correct and its results reported to the Governing Body.</p>	2	17/05/2011	Business Manager	<p>Following delays in Asset Management System, Governor approval has been sought to delay until July, in order to coincide with School move. Next Governor's meeting to be held 17th May</p>
Page 45 10	2009/10	School	Cambridge School	Substantial	<p>The School should register the computer data with the Data Protection Registrar. Once registration is complete, the School should retain a copy of the certificate on site so as to demonstrate compliance with the Data Protection Act 1998</p> <p>Further, the Governing Body should formally approve the Confidentiality Policy. Evidence of the approval should be documented in the minutes of the relevant meeting to which the policy was approved.</p>	1	17/05/2011	Headteacher	<p>The School registered with the Data Protection in November 2009 and has a copy of the certificate on file. The Confidentiality policy is currently under review and will be submitted to the full governing body at the next meeting - 17/5/11</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
11	2009/10	School	Brackenbury School	Limited	<p>Inventory records should be promptly updated to record all acquisitions and disposals of valuable and portable assets prior to the inventory being circulated for use.</p> <p>All assets should be indelibly and visibly security marked with the name of the school.</p> <p>Further, an annual inventory check should be undertaken and recorded, certified as correct and its results reported to the Governing Body.</p>	2	31/05/2011	School Administration Officer	<p>22/09/10 - Head teacher and the SAO at Brackenbury and we can confirm that all the 21 recommendations for Brackenbury school have been implemented.</p> <p>Implementation status updated as a result of follow up conducted in December 2010</p>
Page 46 12	2010/11	Community Services	Personal Budgets	Substantial	<p>The Support Planning service specification detailing the expectations of the service and how the performance of the service will be measured should be finalised.</p>	2	30/06/2011	Assistant Director – Adult Social Care	
13	2010/11	Community Services	Personal Budgets	Substantial	<p>Full financial assessments should be subject to management review. Where it is considered that there are insufficient resources to undertake management reviews for all assessments, regular sample checks should be undertaken to gain assurance that assessment are being completed correctly. Evidence of these checks should be retained</p>	1	30/04/2011	Finance Manager	

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
14	2009/10	Community Services (HFBP)	Abacus IT Audit	Substantial	The Council should ensure that a formal reconciliation of data transferred to and from Abacus is carried out for each interface.	2	17/06/2011	Head Of Performance And Information Team, CSD & Finance Manager, CSD	<p>Extension of 3 months agreed by IAM (20/5/10) due to recent change to Abacus SLA that meant HFBP is now responsible for implementation of this recommendation.</p> <p>11/08/10 - KN - The Council have been given the tools to reconcile the data between Frameworki-Abacus-Cedar - they are now responsible for doing the reconciliation. No further action required from HFBP.</p> <p>Progress has been made, but further work is required on interface. LBHF & HFBP submitted development requirements to Corelogic – suppliers of FWI. WPR42346 Implementation date tba. (Report to CSD DMT Dated 20th October 2010)</p> <p>18/03/11 - WPR scheduled implementation date revised by PM, new date 29/04/2011.</p>
15	2010/11	Environment (HFBP)	CAMSYS	Substantial	The Council's ICT partners, HFBP Management should ensure that appropriate Business Continuity Plans and Disaster Recovery arrangements for corporate systems including tf.facility is defined and documented for the timely restoration of the system and service for staff in the event of an incident. Furthermore, the BCP and DR for tf.facility should be reviewed, tested and documented on an annual basis.	2	20/04/2011	Application Services Team Leader and System Administrator, HFBP	26/11/10 - CAMSYS not currently included in DR plans as part of Business Continuity.

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Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
16	2010/11	Environment	Asset Management	Substantial	The Asset Management Strategy should be periodically reviewed, updated and approved by Cabinet (where changes are made). The Strategy should make reference to the Smartworking Programme and any other relevant plans and strategies related to asset and accommodation management.	2	31/03/2011	Assistant Director Building & Property	
17	2008/09	Environment	PCN Processing (ISA 315)	Limited	The contractor should be requested to report monthly on the performance indicators that were included in the contract and that cover all services provided.	2	01/04/2011	Parking Control Group Officer	This is now happening Follow-up finding 11/2/11 - Action still required - Management should liaise with the contractor to request that the monthly KPI report is issued separately from the monthly invoices to allow them to be received promptly. The results of these reports should then be discussed at the monthly meetings. {New implementation date of 31/3/11 agreed}
18	2008/09	Environment	PCN Processing (ISA 315)	Limited	The Unallocated Cash Payments report should be produced and cleared on a monthly basis. When amounts can not be allocated to specific cases, a note should be made against each case so that they can be identified in subsequent reports.	2	30/04/2011	Principal Control Officer	Follow-up finding 11/2/11 - Action still required - A report of all payments within the unallocated fund should be run on a periodic basis to identify long-standing unallocated payments. A policy should be developed that if a payment remains unallocated for a significant period of time (for example two years), it is written back to the Council's accounts. {New implementation date of 30/4/11 agreed}
19	2009/10	Finance & Corporate Services (HFBP)	Laptop and Mobile Asset Management and Security Audit	Substantial	A process should be established for periodically reporting and reviewing remote access logs to terminal servers. Items to be reviewed should include but not be limited to: • unsuccessful access attempts; and • access attempts to sensitive menu options.	2	30/04/2011	HFBP Group Security Manager/ H & F Information Manager	

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Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
20	2009/10	Finance & Corporate Services	Corporate Information Management and Security	Substantial	Clear Desk Policy audits should be updated to include a requirement for business unit managers to undertake periodic Clear Desk audits.	2	31/03/2011	Information Manager	Progress has been made on all of these actions but they have encountered a 6 month delay due to extenuating circumstances. They are all key deliverables of the Information Management Strategy (Information Manager - 7 June 2010).
21	2009/10	Finance & Corporate Services (HFBP)	Data Storage and Backup Recovery Audit	Substantial	A process should be established for carrying out periodic test restores for back up data across all Council systems.	2	25/03/2011	Server Infrastructure Manager	16/12/2010 - Work order raised with HFBP Server Team to be scoped. 18/03/2011 - HFBP to discuss with H&F. Will need new infrastructure for these restores and confirm whether H&F would pay. End date to change to 25/03/2011
Page 23 49	2009/10	Finance & Corporate Services (HFBP)	Citrix and VMware	Substantial	Management should assess the virtual computing environment security settings against the best practice security arrangements to formally agree the appropriateness of the settings applied and apply change controls to the agreed documented device build configurations.	2	31/01/2011	Client Server Infrastructure Manager(HFBP)/Senior Finance and Contract Monitoring Officer	21/03/11 - WO created and assigned to HFBP Server Team

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
24	2010/11	Housing & Regeneration	Accessible Housing Register/ Housing Options - Project Management	N/A	<p>A detailed benefits plan should be developed, including but not limited to the following:</p> <ul style="list-style-type: none"> • Clearly documented aims and benefits (tangible and intangible) of the project; • Where appropriate, inclusion of when the benefits will be delivered and quantified volumes and targets to be achieved; • Details regarding the process and frequency of monitoring both during the project and after project completion; and • The process of reporting progress, particularly on dealing with delays to progress and issues arising, to the Project Board (or to senior management where the Board no longer meet). 	1	15/04/2011	Project Manager (Occupational Therapy Team Manager)	Updated following follow up visit on 24/2/2011
25	2008/09	Housing & Regeneration	Capital Budgeting and Accounting	Substantial	Documented procedures should be established for capital accounting and budgeting. Any procedures established should be reviewed on a regular basis.	2	31/05/2011	Housing and Regeneration Finance Manager	<p>Capital accounting procedures completed. CSRM will try to complete budgeting procedures by 31 December 2010. (Andy Lord, 14 May 2010)</p> <p>The capital accounting procedures have been completed but the budgeting procedures remain outstanding. With the pressures of MTFs and World Class Financial Management it is not currently possible to take someone off their regular duties for a week to write up the budget procedures. Implementation date change from 31/10/2009 to 31/12/2010 agreed by IAM 1/6/10)</p> <p>Housing & Regeneration Finance received this request on 7th April 2011. Due to resources within the team being devoted to closing the accounts, it is not anticipated that this task can be completed until the end of May 2011</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
26	2008/09	Housing & Regeneration (H & F Homes)	Housing Rents	Substantial	In addition to monitoring the monthly aged debt analysis report there should be an independent review of a selection of individual debtor accounts to ensure that the action plans are appropriate and in accordance to debt policies.	2	11/04/2011	Head of Neighbourhood Services	<p>This is an income management function which will be taken up with the Housing Services Managers.</p> <p>(Update - January 2010) <i>Partially Implemented</i> - A comprehensive review of the management of individual debtor accounts was carried out in June 2010 by the Audit Commission as part of their Inspection and reviews are carried out each month as part of each Senior Housing Officer's performance management work. The Rent Management Service Improvement Group is also introducing peer audits between offices, with the first audit of cases due to happen in March 2010.</p> <p>Update - July 2010 - Senior Income Officers carry out monthly case monitoring to check the escalation policy has been applied in line with the procedure within their own teams. When the new Income Team structure is put in place in September 2010 random audits will be completed by the Team Manager.</p> <p>{Update - February 2011} - A full audit of the top 300 rent arrears cases was carried out to see what actions were taking place and what actions the system was triggering in response to aged debt/ The results were not to the standard expected. Some systems glitches were identified and moreover the way in which Rents officers were using the system to track cases of aged debt was not correct. A system rebuild is currently underway to introduce new escalation policies that will more adequately prompt actions for aged debt. Key to this is retraining of all rents officers in the use of arrangements - with arrangements automatically prompting the Officers to cases where historic debt has been static or where the case is not reducing in line with agreements made. Training for all officers and managers begins 14th March and new escalation go live is scheduled for 11th April</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
27	2010/11	Residents Services (HFBP)	Spydus Application Audit	Limited	The Council's partners for ICT managed services, Hammersmith & Fulham Bridge Partnership (HFBP) should perform a full evaluation of the systems and services provided to the Libraries, particularly in response to the Library Service having lost the Systems Librarian. Furthermore, to define and formally approve with the Library Service and implement a specific formal Service Level Agreement (SLA) with procedures established to monitor the service of in-house support and maintenance of the Spydus application and library services against the SLA.	2	01/03/2011	Deputy Head of Libraries (LBHF) and Head of Application Services (HFBP)	21/03/11 - Libraries SLA written but not signed off, needs to be update to take into account change in circumstances regarding H&F deciding not to replace Systems Librarian.
28	2009/10	Residents Services	Trade Waste - Financial Management and Debt Recovery	Substantial	Roles and responsibilities for trade waste debt recovery at both a departmental and corporate level should be formally defined, documented and communicated to staff. These should include as a minimum: <ul style="list-style-type: none"> • The role of the corporate debt recovery function; • The role of departmental recovery officers, • The way in which the two should interact, and • The circumstances under which exceptional action (such as legal action and write offs) should be instigated and the processes involved. 	2	31/03/2011	AD for Finance And Resources	Corporate Income & Debt Management policy to be rewritten as part of World Class Financial Management Transformation Programme - this is a specific project stream of the main programme. Corporate Policy will then be translated to service policies as appropriate, one of which will be for Trade Waste. Work cannot commence on this until the WCFM project commences in January 2011, with a completion target of 31st March 2011.

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
29	2009/10	Residents Services	Leisure Centre Contract Management	Limited	Formal agreement should be made between the Council and GLL on the frequency and amount of income to be paid for the Hammersmith Fitness and Squash Centre and Lillie Road Fitness Centre. Where an agreement is currently in place, a copy should be obtained.	1	31/03/2011	Community Sports Manager	There is formal agreement between the Council and GLL on the frequency and amount of income to be paid for the Hammersmith Fitness and Squash Centre and Lillie Road Fitness Centre. Implementation status updated as a result of follow up conducted in December 2010 GLL have not signed agreement letter sent.

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target date	Responsible Officer	Status/ Comments
80	2008/09	Residents Services	CCTV Monitoring Unit	Limited	<p>As part of good password controls, the following logical controls should be implemented in the new Meyertech solution:</p> <ul style="list-style-type: none"> • Passwords are force changed every 30-90 days; • Password combination of alphabetic and numeric characters; • Password history is maintained to ensure that passwords are not recycled; • Default passwords are force changed on first entry; • Log off users if their computer is left unattended for a period of time; and <p>Disabling or deleting accounts where there has been no activity for a period of time.</p>	2	01/04/2011	Head of Emergency Services	<p>New front end software environment will provide for these recommendations and will be implemented when new front end software has been sourced and purchased. 07/01/09</p> <p>10/10/09 see above re recommendation will be completed on installation of front end. Target date end of March 09. PARTLY COMPLETE Update 06/04/09 Meyertech software now purchased Phase 1 of installation is now complete as above. Engineers' operation evaluation & training of operators currently being undertaken.</p> <p>On installation Fusion 2 - recommendation re automated password will be implemented, but this will not be completed until end of second quarter due to proposed expansion.</p> <p>Recommendation will be fully implemented as soon installation of Fusion2. August 09 update – Passwords x 4 – will be implemented on delivery of Fusion 2. Equipment purchased by Council and will be installed by 30/09/09. Slippage due to TVNP3 implementation and delay in TfL delivering BT circuits.</p> <p>Log of users – complete.</p> <p>UPDATE 19/10/09 – TVNP3 now installed and this project is being commissioned on the 21/10/09 by TfL. Meyertech now waiting upon GIS mapping tiles to install Fusion 2. Log of users also now installed in keyboard – if inactive after 15 mins. Recommendations moving in right direction – Meyertech to complete works by 16/11/09. (Adrian Price). (Implementation date changed to 16/11/09 - IAM (20/10/09))</p> <p>Meyertech has been fully installed and the control room experienced glitches with the software. Fusion 2 has not been purchased due to unforeseen end of year budget constraints. Total costs with contingency £34.5k. This recommendation will now be fully achieved through other Sect.106 funding streams this financial year. Logical controls surrounding passwords will then be fully achieved. CCTV report to be submitted to EMT 8/9/10</p>


Final Internal Audit Report 2010/11

London Borough of Hammersmith and Fulham Spydus Library Management System June 2011

This report has been prepared on the basis of the limitations set out on page 17

This report and the work connected therewith are subject to the Terms and Conditions of the Supply Agreement dated 25 April 2008 between London Borough of Hammersmith & Fulham and Deloitte & Touche Public Sector Internal Audit Limited. The report is produced solely for the use of London Borough of Hammersmith & Fulham. Its contents should not be quoted or referred to in whole or in part without our prior written consent except as required by law. Deloitte & Touche Public Sector Internal Audit Limited will accept no responsibility to any third party, as the report has not been prepared, and is not intended for any other purpose.

Introduction	<p>As part of the 2010/11 Internal Audit Plan, agreed by the Audit Committee on 23 March 2010, we have undertaken an internal audit of the Spydus Library Management System. The Spydus Library Management System is a third party hosted application developed by the vendor, Civica, and implemented by the South East Library Management Service (SELMS) Consortium which currently comprises of 9 members of public library authorities within the South-East region of England and includes the London Borough of Hammersmith and Fulham (LBHF).</p> <p>This report sets out our findings from the internal audit and raises recommendations to address areas of control weakness and / or potential areas of improvement.</p> <p>In addition to the application audit, we circulated a questionnaire in order to capture the views of users on a number of areas in an attempt to establish any practical issues relating to the use of the system. A summary of the results of this questionnaire can be found in appendix A.</p> <p>The agreed objective and scope of our work is set out in the Audit Brief issued on 3 June 2010.</p>
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Audit Opinion & Direction of Travel	None	Limited	Substantial	Full
				

Key Findings	Key Statistics & Benchmarking
<ul style="list-style-type: none"> • Spydus Library Management System is a tool used to manage the loan, reservation and return of books and multi-media. Access is restricted to the Enquiry, Circulation and Help Modules in Spydus for the majority of staff, with adequate and effective controls built into the application for data input, processing and reporting output. • User access groups and accounts created in Spydus by the Systems Librarian and the permissions and privileges assigned were commensurate with the role of the staff within Library Services. • The Spydus Library Management System is hosted and fully managed with backup and disaster recovery provisions for all participating local authorities in the SELMS Consortium by the third party, Civica. Furthermore, on a local level, there is additional ICT support provided by the Council's partners, Hammersmith & Fulham Bridge Partnership (HFBP). 	<ul style="list-style-type: none"> • The Public Libraries and Museums Act 1964, requires that local authorities provide a "comprehensive and efficient" public library service. • To assist the Council in complying with this legislative requirement, LBHF became a member of the South East Library Management Service (SELMS) partnership in 2007. • The SELMS Consortium was established in 2005 with the objective of implementing the Spydus Library Management System to enable all libraries to take advantage of interoperability and more effective management of library services within the South East of England. • The new Shepherds Bush Library was recently awarded, as a runner up in the 'Community Benefit' category by the Royal Institute of Chartered Surveyors.

Area of Scope	Adequacy of Controls	Effectiveness of Controls	Recommendations Raised		
			Priority 1	Priority 2	Priority 3
Access Controls			1	0	2
Data Input			0	0	0
Data Processing			0	0	0
Output Controls			0	0	0
Interfaces			0	0	0
Management Trail			0	0	0
Support Arrangements			0	1	0
Back-up and Recovery			0	0	0

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Please refer to the Internal Audit Team for a definition of the audit opinions, direction of travel, adequacy and effectiveness assessments and recommendation priorities.

Summary of Findings**Access Controls**

At the time of the audit, Spydus was supported and maintained on a daily basis for LBHF Library Services by a designated System Administrator (Systems Librarian) for user access and administration, system configuration, testing functionality and development work. However, the Systems Librarian has left the Council at the end of June 2010 and a suitable replacement has not been appointed. One priority one recommendation has been raised to address this issue.

Access to Spydus requires approval from the Deputy Head of Libraries, and user groups and accounts created in Spydus and the privileges assigned were identified to be commensurate with the roles of staff. There are two levels of access controls in place for user access into the Civica Spydus database; a username and password login for authentication with the Council network and then another set of username and password credentials to access Spydus on the desktop PC connected to the Council network, which has an installation of the Spydus client. Currently, generic network logons are used for access into the Customer Service Desks at the library sites, which has been approved by senior management, with password changes performed on a monthly basis. Access into Spydus was identified to require a unique username and four digit PIN; however, there was no system enforcement of password expiry and password history. Furthermore, there is no account lockout facility implemented for the Spydus system. Two priority 3 recommendations have been raised for consideration, review and practical implementation for the Library Service.

Data Input

All users have appropriate roles allocated and permissions assigned to input, amend and action data, such as customer information and library items (books, CDs and DVDs) in the Spydus database. The quality of the data and information managed at the Library Service is the responsibility of the librarian tasked with data input which is facilitated and ensured of its accuracy through the various data input controls in place such as, mandatory fields, table look-ups and data checks built into the Spydus system. Furthermore, the Bibliography Data Service (BDS) is used with the Spydus 'Cataloguing' module to allow dedicated staff through the use of the Z39.50 protocol to create, use and search Machine Readable Cataloguing (MARC) records which ensures records for library items are consistent in the database and compliant with bibliographic standards. No recommendations were raised in this area.

Data Processing

Controls were identified to be adequate in relation to data processing for the Spydus application with the automated, scheduled and timely processing of renewal and fine notices for the public. No recommendations were raised in this area.

Output Controls

Reports of various permutations can be produced using the 'Reports' module within Spydus for the Library services. Furthermore, this information can also be displayed using the 'Enquiry' module which is granted to the majority of users. No recommendations were raised in this area.

Interfaces

Currently, no other systems were identified to interface with the Spydus Library Management System.

Management Trail

The Spydus database maintains an audit trail for activities that are performed on the system and including all cash transactions carried out using the Cash Management function in the Spydus 'Circulation' module. Generally, information on the Spydus database can be viewed through either the Enquiry Module with drill down of borrower, transactions, charges, fee waivers and catalogue items or the 'Reports' Module in Spydus whereby reports can be generated depending on the filtering criteria. No recommendations were raised in this area.

Support Arrangements

The support and maintenance arrangements for the Spydus Library Management System are through a combination of external and in-house arrangements. There is a support agreement in place for the Spydus database with Civica who host the Library Management System for SELMS and includes technical support and maintenance with full DR provisions. The in-house arrangements are provided by the Council's ICT partners, Hammersmith and Fulham Bridge Partnership (HFBP) who were responsible for the project implementation of Spydus and are responsible for the Council's ICT infrastructure, as well as the Systems Librarian who has left the Council. At the time of the audit review, a catalogue of Spydus related technical and operational issues were logged with the HFBP, however, there was no formal handover of roles and responsibilities. One priority 2 recommendation has been raised.

Back-up and Recovery

There is 24x7 support and maintenance contract with the provision of a specialist data centre by Civica who are responsible for the maintenance, patch management, upgrades, change control, back-ups and the disaster recovery and restoration of the Spydus database for the Council. As part of the support service provided by Civica, there is also a Help Desk Service in place, as well as an online help facility and a discussion forum for Spydus users. No recommendations were raised in this area.

Acknowledgement

We would like to thank the management and staff of the Libraries and Archives / Residents' Services of London Borough of Hammersmith & Fulham (LBHF) and the Hammersmith & Fulham Bridge Partnership (HFBP) for their time and co-operation during the course of the internal audit.

1. Systems Administrator for the Spydus system

Priority	Issue	Risk	Recommendation
1	<p>At the time of the audit, it was identified that the Systems Librarian is leaving the Council at the end of June 2010 without a suitable replacement identified and recruited or appointed by senior management to be formally responsible for system administration, system configuration and user access management of the Spydus system.</p> <p>There has been no formal handover arranged for System Administration at the Library, although HFBP can provide a level of support, as defined by the business. The technical expertise and knowledge of system configuration, parameter setting and testing on Spydus requires a combination of skills of that of a qualified Librarian, as well as an in-depth knowledge of Spydus which has been lost.</p>	<p>Where a critical role in a business or service, in this case a Systems Administrator for the Spydus system, is not appointed with formal handover for the library service, there is an increased risk in the loss of key support, technical knowledge and skill, which will have a significant and detrimental impact on the business and the service to the public.</p>	<p>Management should perform an immediate and full review and evaluation of the Systems Librarian role for the Library Service with the objective of identifying and appointing a suitable replacement with a formal handover for uninterrupted continuation of the business and public library service at the Council.</p> <p>Alternatively, a review of the service in conjunction with HFBP to make suitable arrangements for an agreed level of support to be provided by Civica for specific business support for Spydus for example, one day a week.</p>

Management Response	Responsible Officer	Deadline
<p>Systems Librarian: Agreed. The systems librarian who has left Library Services was the first point of call for all library technical and operational issues including Spydus related issues with support from RSD. In his absence, responsibility is to be transferred over to the Deputy Head of Library Services who is to identify the Spydus related calls and discuss issues with HFBP.</p> <p>Head of Application Services and Application Support Analyst, HFBP: Agreed and a responsibility assigned to the Deputy Head of Library Services. HFBP will provide support as defined and agreed by the business owner.</p> <p>Deputy Head of Library Services: Agreed. In the process of a restructure which is anticipated to be completed by the end of the year and the post of Systems Librarian will remain with the intention to have this post filled. The Deputy Head of Library Services is currently covering elements of the Systems Librarian role with support from HFBP. Library Services management will be investigating and negotiating with Civica for technical support which will require director permission.</p>	Deputy Head of Libraries (LBHF)	01/12/2010

2. Enforced password changes and password complexity

Priority	Issue	Risk	Recommendation
3	<p>It was identified that access to the Spydus system requires that the staff user initially log on to the Council network which involves the use of a secure generic logon to the Customer Service Desk that has been formally approved by the business. A further unique user ID and four digit PIN code is required for access into Spydus and to perform activities, such as Cash Management; however, the system does not currently enforce the user to change their PIN on a periodic basis and PIN/password complexity requirements are not currently enforced.</p> <p>It is acknowledged that enforcing PIN rules and security parameters for password complexity, expiry and password history on the current version 8.5.1 of the Spydus system for staff would affect all users including the public customers.</p>	<p>Where the system does not enforce the user to change their PIN on a periodic basis and PIN/password complexity requirements are not enforced, unauthorised users may be able to access the system and compromise the data contained within the system.</p>	<p>The current access controls, in the form of a unique user ID and PIN control access into the Spydus system, should be evaluated, strengthened and enforced by the system. The following password controls should be considered for staff users:</p> <ul style="list-style-type: none"> • Passwords are force changed upon first logon; • Passwords are force changed on a periodic basis; and • A password history is maintained to prevent re-use.

Management Response	Responsible Officer	Deadline
<p>Systems Librarian: Agreed. The next release and upgrade of Spydus system will enable staff users to change their passwords.</p> <p>Deputy Head of Libraries: For the front line library staff, this will prove to be practically difficult to implement. Currently, access is to borrower information and not sensitive data, however, an assessment will be made if it is beneficial for the service.</p>	Deputy Head of Libraries (LBHF)	01/10/2010

3. Lockout after unsuccessful login attempts

Priority	Issue	Risk	Recommendation	
3	The current version 8.5.1 of the Spydus Library Management System does not lock staff users out after unsuccessful login attempts.	Unauthorised users may gain access to the system through password guessing. If accounts automatically unlock after a pre-defined time period, then these unauthorised attempts may not be identified.	Consideration should be given to the Spydus Library Management System locking staff users out after a pre-defined number of unsuccessful logon attempts. In this event, only the System Administrator should be able to unlock the user's account after verifying the identity of the user. Furthermore, periodic monitoring and reporting of failed logins should be performed.	
Management Response			Responsible Officer	Deadline
Systems Librarian: Agreed. This would be a request to Civica and responsibility for the Deputy Head of Libraries.			Deputy Head of Libraries (LBHF)	01/10/2010
Deputy Head of Libraries: Agreed. An assessment will be made if it is beneficial for the service.				

4. SLA for the Library service and Spydus system

Priority	Issue	Risk	Recommendation
2	<p>At the time of the audit review, a formal SLA between HFBP and the Library Services for the in-house support and maintenance of the services and systems including Spydus was in the process of being drafted for the business owner. Currently, support arrangement with its terms and conditions falls under the remit of the overarching SLA for systems and services across the Council and not a specific SLA for Library systems and services.</p> <p>Audit review identified that there were 37 issues outstanding for action, update and resolution for the Library Service with 17 incidents which were in relation to Spydus. With the Systems Librarian acting as the only designated Systems Administrator for Spydus and having left at the end of June 2010; it is essential that HFBP perform an assessment of System Administration support in this key absence and to help ensure continuous service and monitoring of incidents without exposure to significant disruption to the library service.</p>	<p>Without a specific SLA defined and documented for the Library Service and the Spydus system, with procedures established to monitor the IT services rendered by HFBP, there is an increased risk that the Spydus system may not be adequately supported which could result in the poor delivery of a library service by staff to the public.</p>	<p>The Council's partners for ICT managed services, Hammersmith & Fulham Bridge Partnership (HFBP) should perform a full evaluation of the systems and services provided to the Libraries, particularly in response to the Library Service having lost the Systems Librarian. Furthermore, to define and formally approve with the Library Service and implement a specific formal Service Level Agreement (SLA) with procedures established to monitor the service of in-house support and maintenance of the Spydus application and library services against the SLA.</p>

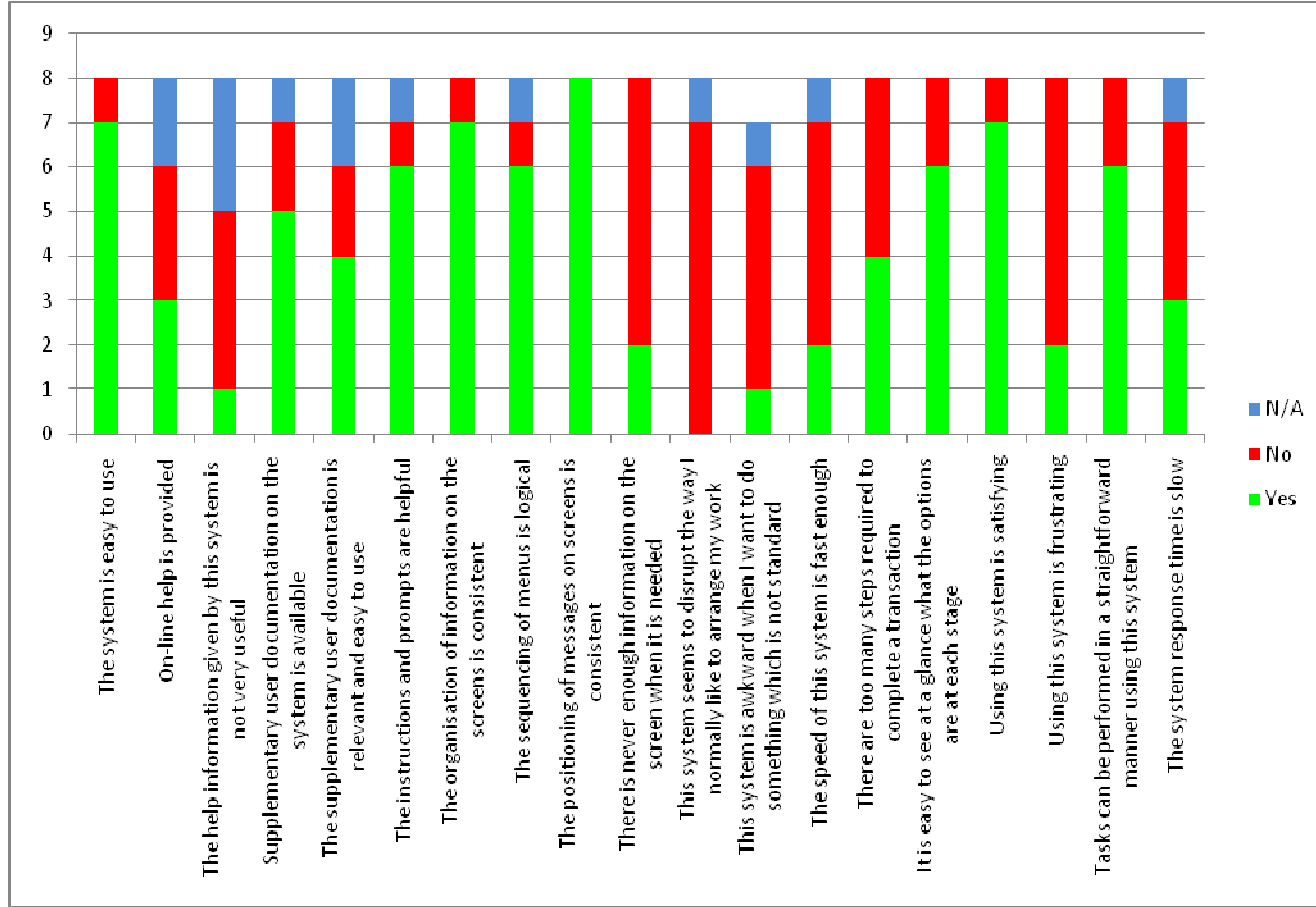
Management Response	Responsible Officer	Deadline
<p>Systems Librarian: Agreed. This would be directed for comment and action by the Deputy Head of Library Services.</p> <p>Head of Application Services and Application Support Analyst, HFBP: Agreed and a specific SLA for Library Services is in the process of development which requires review and approval by the business owner.</p> <p>Deputy Head of Libraries: Regular meetings are taking place with the Business Support Lead from HFBP for Spydus and resolving issues, discussing and submitting Work Package Requests (WPR).</p>	Deputy Head of Libraries (LBHF) and Head of Application Services (HFBP)	01/03/2011

Appendix A – Results of Spydus Application Assessment Questionnaire

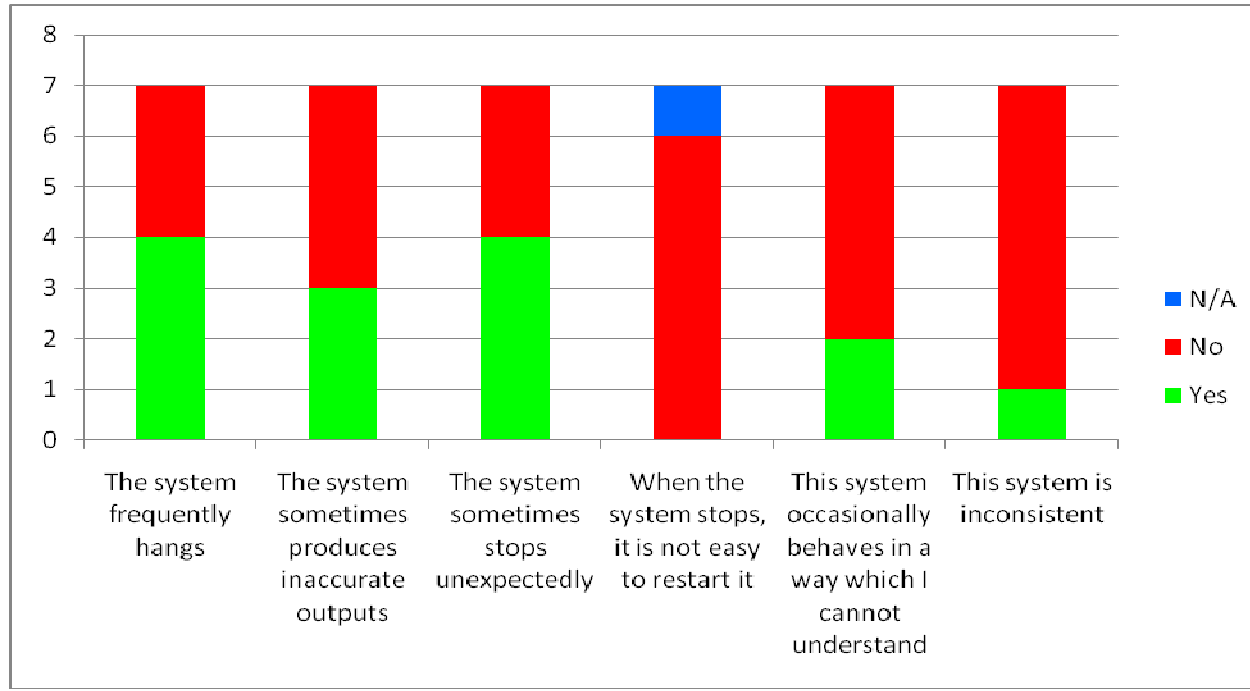
In addition to the application audit, we circulated a Spydus Application Assessment Questionnaire in order to capture the views of users on a number of areas in an attempt to establish any practical issues relating to the use of the system. The areas identified covered in the questionnaire were Usability; System Reliability; System Delivery of Required Outcomes, and System Failure.

A summary of the responses to the questionnaire have been illustrated in the tables below:

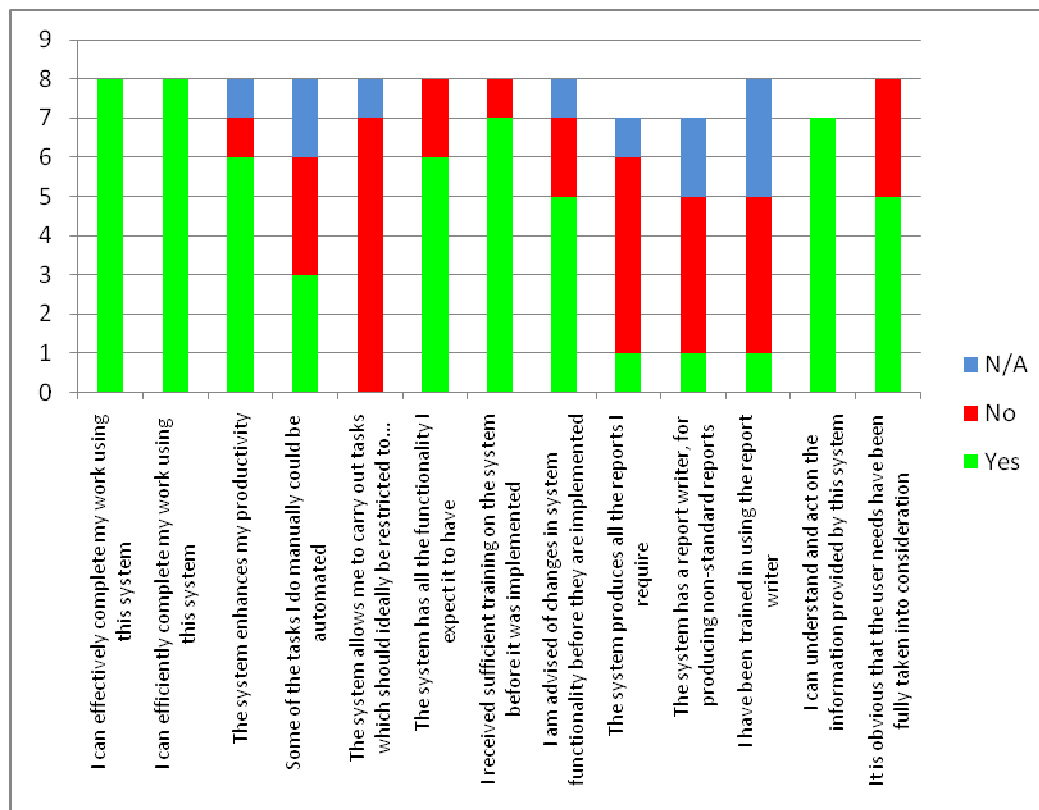
Usability



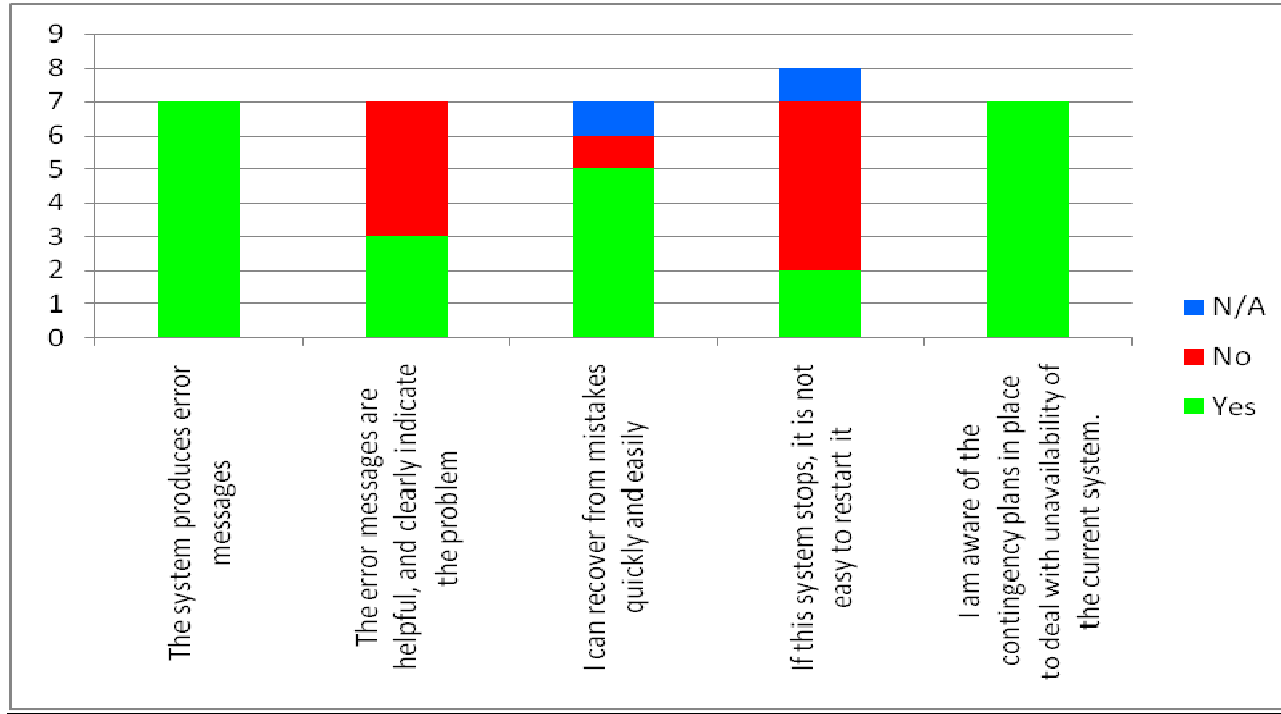
System Reliability



System Delivery of Required Outcomes



System Failure



Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below.

The matters raised in this report are only those which came to our attention during the course of our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system. The assurance level awarded in our internal audit report is not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board.

Deloitte & Touche Public Sector Internal Audit Limited

London

June 2011

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Final Internal Audit Report 2010/11

London Borough of Hammersmith and Fulham Single Equality Scheme May 2011

This report has been prepared on the basis of the limitations set out on page 14

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Introduction	<p>As part of the 2010/11 Internal Audit Plan, agreed by the Audit Committee on 23 March 2010, we have undertaken an internal audit of the Council’s Single Equality Scheme.</p> <p>This report sets out our findings from the internal audit and raises recommendations to address areas of control weakness and / or potential areas of improvement.</p> <p>The agreed objective and scope of our work is set out in the Audit Brief issued on 22 November 2010.</p>
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Audit Opinion & Direction of Travel	None	Limited	Substantial	Full
				

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Key Findings	Key Statistics & Benchmarking
<ul style="list-style-type: none"> • The Single Equality Scheme was approved by Councillors in June 2010; • A formal framework for monitoring the receipt, review and approval of EIAs does not appear to be in place; • From a sample of 18 EIAs past their scheduled completion date, only four completed assessments were provided; • From a sample of 17 actions selected from the SES, six were assessed as being implemented, seven as partly implemented and four as not implemented; and • A number of actions on the SES were not SMART (Specific, Measureable, Achievable, Relevant and Time bound) and therefore it was not always possible to confirm implementation. 	<ul style="list-style-type: none"> • LBHF has the third highest population density in England and Wales; • LBHF is the third smallest borough in London by area at 6.3 square miles; • Almost 25% of residents are of Black or Asian ethnic origin, and 5% are of Irish origin; • The Borough’s school children speak approximately 98 languages; and • Almost 15% of residents are disabled people.

Area of Scope	Adequacy of Controls	Effectiveness of Controls	Recommendations Raised		
			Priority 1	Priority 2	Priority 3
Monitoring and Reporting Implementation			1	0	0
Content of Single Equality Scheme			*	0	0
Completion of Equality Impact Assessments (EIAs)			*	0	0
Implementation of Single Equality Scheme Actions			*	0	0
* The recommendation raised in Area 1 relates to weaknesses identified in this area.					

Please refer to the attached documents for a definition of the audit opinions, direction of travel, adequacy and effectiveness assessments and recommendation priorities.

Summary of Findings

Monitoring and Reporting Implementation

The Opportunities Manager is the central officer responsible for monitoring the implementation of the Single Equality Scheme (SES) across the Council. At present, monitoring is undertaken in an informal manner using emails and telephone calls to contact relevant officers responsible for both the completion of Equality Impact Assessments (EIAs) and SES actions. Progress is not centrally documented. There is no record of progress or evidential checks being undertaken to confirm the completion of EIAs and implementation of actions.

Bi-monthly meetings are held by the Opportunities Working Group (OWG), which consist of a cross section of staff from across the Council (nominated by Directors). The OWG is responsible for monitoring the implementation and progress of the SES as well as promoting equality and diversity across the Council.

The roles, reporting lines and division of responsibility between the Opportunities Manager and the OWG for monitoring the implementation of SES actions and completion of EIAs do not appear to be clear.

Reports are made to Council Members on an annual basis, with the last report being made in June 2010.

Content of Single Equality Scheme

The main requirements of the Equality Act are referred to in Appendix Two of the Council's Single Equality Scheme. We were informed that these had been reviewed by the Legal department at the Council. As part of our walkthrough, we identified that the legal content and updates relating to the SES are discussed by the officers at the OWG meetings.

The aims and target of the Scheme are linked to the proposed actions in the descriptive body of the SES using the action numbers as references. Although the actions have been defined and linked to the aims of the SES, these are not formally reviewed at OWG level on an ongoing basis and reported accordingly. As a result, changes to aims or implementation status are not recorded centrally.

Completion of Equality Impact Assessment

Links to online learning/training for the completion of EIAs have been emailed to relevant officers across the Council. Although the Service Area Leads have been informed of the expectations regarding their completion of EIAs, there appears to be a lack of understanding on what is required to be completed and the deadlines for completion. Where decisions have been made by service areas to alter deadlines for the completion of EIAs, these have not been communicated to either the OWG or the Opportunities Manager for approval.

A sample of 18 EIAs which were due to have been completed was selected from Appendix 3 of the SES and lead officers were contacted to provide evidence of their completed up to date EIAs. From the sample of 18 EIAs selected:

- Four completed EIAs were provided. Of these four cases, two were completed using the new EIA pro-forma, two were submitted in the PEIA format and one was in draft form. Only one had been signed and dated by the Opportunities Manager;
- In seven cases officers stated that the deadline had been extended but there was no evidence of approval of this extension;

- Two had not been completed; and
- No response was received for the remaining five cases.

Implementation of Single Equality Scheme (SES) Actions

A sample of 17 service area actions was selected from the 116 listed actions across the Council. The sample was selected from each of the main departments across the Council in order to check the implementation status of their actions. It was identified that a number of the actions included in the SES did not appear to be realistic or implementation was not clearly measurable. For example, Action 64 states that the Council should 'Provide extra orange recycling bags to elderly and disabled people'. Discussion with the Recycling Manager identified that the elderly do not use greater amounts of waste and would therefore not require additional bags. Very few occasions arose where additional bags had been given.

Of the 17 SES action points selected:

- Four were assessed as being implemented;
- Nine were assessed as partly implemented; and
- Four were assessed as not implemented. Of these four not implemented, one action point has been cancelled due to the removal of funding, another was delayed and there were no responses from the remaining two.

We also observed that there is a tendency for the implementation status to be noted as 'ongoing'. In order for action to be measured, a timeframe should be set and objectives should be SMART (Specific, Measureable, Achievable, Relevant and Time bound).

Following our audit fieldwork, it was identified by the Head of Councillor's Services that a number of EIAs in support of Cabinet reports had not been produced despite the report indicating that an EIA had been produced. This issue was rectified before the meeting. Although this area was not covered by the scope of this audit, we would recommend that the system associated with producing EIAs in support of Cabinet reports is also reviewed to gain assurance that it is operating effectively.

Acknowledgement

We would like to thank the management and staff from the service areas contacted for their time and co-operation during the course of the internal audit.

1. Formal Framework for SES Management and Implementation

Priority	Issue	Risk	Recommendation
1	<p>A formal framework for monitoring the completion of EIAs and implementation of SES actions was not in place and roles and responsibilities were not clearly defined.</p> <p>From a sample of 18 EIAs past their scheduled completion date only four completed EIAs were provided.</p> <p>From a sample of 17 actions selected from the SES, four were assessed as being implemented, nine as partly implemented and four as not implemented. In addition, a number of actions examined were not SMART (Specific, Measureable, Achievable, Relevant and Time bound).</p> <p>Details of our testing can be found in Appendix B and C.</p>	<p>Where a formal framework for the monitoring and review of EIAs and SES actions is not in place, there is a risk that:</p> <ul style="list-style-type: none"> • Staff will not be aware of their responsibilities and key tasks may not be completed to a satisfactory standard by the required deadline; and • Information reported to senior management and Council members may be incomplete or inaccurate leading to incorrect decisions being made. <p>This may lead to the Council failing to comply, or being unable to demonstrate compliance with, the Equality Act 2010.</p>	<p>A framework by which the Council's Single Equality Scheme will be managed should be formally agreed and documented.</p> <p>Recommended key features of such a framework are defined in Appendix A.</p>
Management Response			<p>Responsible Officer</p>
			<p>Deadline</p>

Agreed. We propose the following:

1. Opportunities Manager sets up formal framework for monitoring the receipt, review and advice given on EIAs conducted as part of business as usual in decision making
2. Opportunities Manager works with OWG to conduct one more full audit of SES actions, DES actions, and SES EIA Schedule, in order to capture a picture of progress six months ahead of ahead of all information being required for CMB GOV 2012, when these will be the subject of a final report on the SES and DES

We would welcome a follow up in six months time to review the adequacy and effectiveness of the new framework. This follow up audit will also help to inform preparations for CMB GOV in 2012 and inform our requirement to set Equality Objective(s) as per the public sector equality duty.

Opportunities Manager

30/09/2011

Opportunities Manager

30/09/2012

Appendix A: Desired features of a SES Management Framework

Desired features that could facilitate the management and implementation of the SES are shown in the table below.

Reference	Desired Features
1	<p>Formal Agreement on the Importance of completing EIAs</p> <ul style="list-style-type: none"> • A statement of importance should be produced defining the importance given to the Single Equality Scheme by the Council. The system implemented should then reflect the importance placed on the completion of EIAs and actions included in the SES.
2	<p>Definition of Roles and Responsibilities</p> <ul style="list-style-type: none"> • Responsibility for completing, monitoring and collating EIAs and SES action points should be formally defined, documented and communicated to all relevant officers. Responsibilities defined should include but not be limited to: <ul style="list-style-type: none"> ○ Members of the Council; ○ Directors and their departments; ○ The Equalities Manager; ○ The Opportunities Working Group; ○ Committee Services; and ○ Heads of Service. • One officer should be allocated responsibility for collating information and reporting to Council Members. • Where tasks are delegated to individuals or groups, this should be clearly defined and communicated.

Reference	Desired Features
4	<p data-bbox="293 260 658 300">Monitoring and Reporting</p> <ul data-bbox="293 323 2101 675" style="list-style-type: none"> <li data-bbox="293 323 1794 355">• A record of all EIAs, SES actions and their respective deadlines and responsible officers should be maintained; <li data-bbox="293 371 2101 443">• Progress in the achievement of each department's SES action points and completion of EIAs should be centrally monitored against agreed deadlines and the central record updated. Where practical, progress checks should be supported by evidence; <li data-bbox="293 459 2101 531">• Progress updates should then be reported to senior management periodically based around key reporting deadlines. These reporting dates should be built into a monitoring timetable; <li data-bbox="293 547 2101 619">• A defined route of escalation, including timescales, should be established to deal with failure to submit EIAs or implement actions by the required deadline; <li data-bbox="293 635 1957 667">• Any changes to actions, implementation dates or submission deadlines should be formally approved by a nominated officer.
5	<p data-bbox="293 691 580 730">Review and Sign off</p> <ul data-bbox="293 754 2101 879" style="list-style-type: none"> <li data-bbox="293 754 2101 818">• SES action points should be reviewed to help ensure that they are SMART (Specific, Measureable, Achievable, Relevant and Time bound). <li data-bbox="293 818 2101 879">• EIAs should be signed and dated as evidence of review and approval by the responsible officer and the officer responsible for central review and approval. These approved assessments should be retained.

Appendix B – Summary of test findings – Completion of EIAs

A sample of 18 EIAs was selected from Appendix 3 of the SES that were past their completion deadline. The responsible officer was contacted to provide a copy of the EIA. The results of our testing are detailed in the table below:

EIA Area	EIA Completed	Comments
Community Safety	No	No response
Family ASSIST	No	We were informed that deadline has been extended
Commissioning - Mental Health	No	No response
Asylum Unaccompanied Minors	No	Unable to contact responsible officer
Planning – Policy	Yes	EIA complete but still in draft form
HR Policies and Procedures	Yes	EIA complete
Extended Services	Yes	PEIA complete
Integrated Youth Services	No	We were informed that deadline has been extended
Safeguarding and quality assurance unit	No	Not completed - 'work in progress'
Commissioning - Learning Disabilities Services	No	We were informed that deadline has been extended
Commissioning - Carers Services	Yes	PEIA completed but not reviewed by Opportunities Manager
Procurement	No	No response
Housing Allocation Scheme	No	We were informed that deadline has been extended
Housing Advice, Information & Assessment	No	We were informed that deadline has been extended
Enhanced Housing Options	No	We were informed that deadline has been extended
Area Regeneration	No	No response
Social Work Including Assessment and AMHPs	No	We were informed that deadline has been extended
Contact and Assessment	No	Not completed - 'work in progress'

Appendix C – Summary of Findings – SES Action Implementation

A sample of 17 actions was selected from Appendix 1 of the SES that were past their implementation deadline. The responsible officer was contacted to obtain evidence of implementation. The results of our testing are detailed in the table below:

Action Number	Aim	Target	Timescale	Lead Officer	Reported Progress in SES June 2010	Implementation Status
1	Delivery of a Local Information System (LIS) to create a single portal for sharing information containing contextual, strategic and statistical information on the borough, its public services and their users. The LIS will be based within the LBHF website and fully publicly accessible. The project will migrate and consolidate a large amount of existing information, much of which is already in the public realm and held in lbhf.gov.uk pages. Data providers will be assigned the task of managing and updating certain links and pages.	Complete mapping of strategies, data sets and existing performance information. Agree additional content from consultation with CRAIG members. Approve new structure for Tridion content. Agree content ownership and updating process. Migrate content to new pages. Complete list and metadata for new content. Manage and update content.	October 09 November 09 November 09 December 09 January 10 February 10	FCS Communications	Project is underway and is currently mapping strategies, datasets and existing information.	PARTLY IMPLEMENTED
6	The council can demonstrate equalities improvements and outcomes as a result of the SES and enhanced PEIA process	Progress against the SES is monitored and resources are allocated to deliver them	Ongoing	Relevant Lead for the SES	Regular reports to Better Government Panel; annual report produced	PARTLY IMPLEMENTED

Action Number	Aim	Target	Timescale	Lead Officer	Reported Progress in SES June 2010	Implementation Status
10	Review of prayer rooms at council premises	Review the policy / practice around prayer rooms at council premises including the internal guidance and communications to support staff and managers leading into religious festivals and events.	Oct-10	Opportunities Manager (Agreed to delegate to HR equality officer at Opportunities Working Group on 4 October 2010 due to being a workforce issue.)		NOT IMPLEMENTED - (Delayed)
18	To encourage participation from DV Support Services in the borough	Attendance/representation at Domestic Violence Specialist Services Group (DVSSG) meetings. Minimum 4 themed meetings per year and disseminate best practice briefings.	Ongoing	Principal Community Safety Officer	Meetings are underway	IMPLEMENTED
31	Provide a framework for a safe, efficient, integrated and environmentally sustainable transport system for people and goods giving high priority to the needs and safety of "vulnerable" travellers	Consult on and produce an updated Local Implementation Plan for transport	Commence March 2010	AD Highways and Engineering	Awaiting publication of updated Strategy Mayors	PARTLY IMPLEMENTED
40	Continue to improve accessibility to the borough's Choice-Based Lettings Scheme (Source: Housing Options Division Performance Business Plan 2009-2012)	Focus on access for those with learning difficulties, mental health problems, older people and various BME communities by organising 10 demonstration sessions for members of these client groups and advocates and support professionals working with them.	2010/2011	CSD Housing and Community		PARTLY IMPLEMENTED
49	Public consultation on regeneration schemes	Obtain regular and ongoing feedback that consultation is effective.	Ongoing	HO Strategic Regen / AD Regeneration & Housing Strategy		PARTLY IMPLEMENTED

Action Number	Aim	Target	Timescale	Lead Officer	Reported Progress in SES June 2010	Implementation Status
54	Ensure females of different faith groups are actively engaging in physical recreation at the borough's leisure facilities	Introduce female only sessions within the centres and consult on varying the programme on a regular basis.	Ongoing up to March 2011	Senior Sports Development Manager	Female only sessions introduced at Phoenix Fitness Centre	IMPLEMENTED
64	Provide extra orange recycling bags to elderly and disabled people	Extra orange recycling bags given to disabled and elderly residents on a more regular basis.	Ongoing	Recycling Manager	Already in place	PARTLY IMPLEMENTED
71	To increase access to services for vulnerable children and young people	Reduction of unknown ethnicity of patients to 10%	2008-11	Commissioning Manager, NHSF. / AD Commissioning, Performance & Partnership		NOT IMPLEMENTED (No Response)
76	Empower young people to have a greater voice	95% of looked after young people participate in their reviews	2009	Dep Head of Review, Quality and Assurance / AD Children, Youth & Community	94.9% of looked after young people participated in their own reviews in 2007-08	PARTLY IMPLEMENTED
79	Improve business satisfaction with regulatory services	Monitor service satisfaction by the use of surveys	Ongoing	AD Public Protection and Safety	Survey for designed, initial surveys undertaken	NOT IMPLEMENTED (No Response)
84	Establish service directory for Supporting Your Choice (SYC)	Identify local providers of support services, develop web based directory for brokers and purchasers.	First draft by December 2009	AD QCP	In progress - all providers offered opportunity to be included in service directory. Forms being collated and uploaded	PARTLY IMPLEMENTED
91	Understand and respond to inter-generational homelessness (Source: Housing Options Division Performance Business Plan 2009-2012)	Commission research on the causes of inter-generational homelessness and devise prevention strategies	2010/2011	Head Of Housing Advice & Assessment Unit		NOT IMPLEMENTED (Cancelled)

Action Number	Aim	Target	Timescale	Lead Officer	Reported Progress in SES June 2010	Implementation Status
95	Secure Future Jobs Fund (FJF) and establish trainee jobs for residents (aged 16-25 and claiming job seekers allowance for 9 months plus)	West London scheme funding secured Job roles developed and locations agreed Support mechanisms established including job search help as FJF post is for 6 months only H&F scheme funding secured	March 2010 - 2011	Head of Economic Development	Funding secured	IMPLEMENTED
98	Establish LBHF work placement scheme to increase unpaid work experience, wellbeing and life chances for residents	100 residents undertaking unpaid work across the council by March 2011; 25 by March 2010 Support mechanisms in place for every volunteer including induction; time off to attend job interviews, coaching and job search help	Ongoing	Head of Economic Regeneration/ AD Housing Strategy and Regeneration	Recruitment for 35 volunteers now underway to work across 6 work settings. Handbook and policy documents in place	PARTLY IMPLEMENTED
103	Harassment procedure reviewed and updated	Harassment procedure updated to reflect new legislation, case law and best practice. Equality impact assessment to be completed.	Dec-10	FCS Human Resources	Procedure drafted, consultation with stakeholders about to commence	IMPLEMENTED

Statement of Responsibility

We take responsibility for this report which is prepared on the basis of the limitations set out below.

The matters raised in this report are only those which came to our attention during the course of our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of internal audit work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Auditors, in conducting their work, are required to have regards to the possibility of fraud or irregularities. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Internal audit procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our audit work and to ensure the authenticity of these documents. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system. The assurance level awarded in our internal audit report is not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board.

Deloitte & Touche Public Sector Internal Audit Limited

London

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