


<p>London Borough of Hammersmith & Fulham</p> <p>AUDIT, PENSIONS AND STANDARDS COMMITTEE</p> <p>14 December 2015</p>	
<p>INTERNAL AUDIT QUARTERLY REPORT FOR THE PERIOD 1 JULY TO 30 SEPTEMBER 2015</p>	
<p>Report of the Director for Audit, Fraud, Risk and Insurance</p>	
<p>Open Report</p>	
<p>Classification: For review and comment</p>	
<p>Key Decision: No</p>	
<p>Wards Affected: None</p>	
<p>Accountable Director: Moyra McGarvey, Director for Audit, Fraud, Risk and Insurance</p>	
<p>Report Author: Geoff Drake, Senior Audit Manager</p>	<p>Contact Details: Tel: 0208 753 2529 E-mail: geoff.drake@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report summarises internal audit activity in respect of audit reports issued during the period 1 July to 30 September 2015 as well as reporting on the performance of the Internal Audit service.

2. RECOMMENDATIONS

- 2.1. To note the contents of this report

3. REASONS FOR DECISION

- 3.1. Not applicable. No decision required.

4. INTRODUCTION AND BACKGROUND

- 4.1. This report summarises internal audit activity in respect of audit reports issued during the period 1 July to 30 September 2015.

5. PROPOSAL AND ISSUES

5.1. Internal Audit Coverage

- 5.1.1. The primary objective of each audit is to arrive at an assurance opinion regarding the robustness of the internal controls within the financial or operational system under review. Where weaknesses are found internal audit will propose solutions to management to improve controls, thus reducing opportunities for error or fraud. In this respect, an audit is only effective if management agree audit recommendations and implement changes in a timely manner
- 5.1.2. A total of 11 audit reports were finalised in the second quarter of 2015/2016 from 1 July 2015 to 30 September 2015 (this excludes the DBS report which was issued in this period but was presented early to the last Committee meeting). This includes 6 shared services audits. In addition, 1 follow up report was issued. There were no management letters issued
- 5.1.3. A summary of each of the limited and nil assurance reports is provided at Appendix D. Three limited or Nil assurance reports were issued in this period:
- 5.1.3.1. The review of Adoption and Fostering identified 2 high, 5 medium and no low priority recommendations. None of these were yet due for implementation at the time of writing.
 - 5.1.3.2. The review of Commercial Waste was given a split assurance opinion of Satisfactory for operations and Limited for income management. The review identified 3 high, 3 medium and 4 low priority recommendations,. None of these were due for implementation at the time of writing.
 - 5.1.3.3. The review of Multi user Logins identified 5 high and 1 medium priority recommendation. None of the recommendations have yet been reported as implemented.
- 5.1.4. One follow-up was undertaken in the period on Supply Chain Resilience. 1 of the 7 recommendations raised was found to be not implemented and 2 partly implemented. The results of our follow up can be found in Appendix A.
- 5.1.5. The Internal Audit department works with key departmental contacts to monitor the number of outstanding draft reports and the implementation of agreed recommendations.
- 5.1.6. Departments are given 10 working days for management agreement to be given to each report and for the responsible Director to sign it off so that it can then be finalised. There are no outstanding draft reports for the current period.
- 5.1.7. There are now 17 audit recommendations where the target date for the implementation of the recommendation has passed and they have either not been fully implemented or the auditee has not provided any information on their progress in implementing the recommendation. This compares to 39 outstanding

as reported at the end of the previous quarter and represents an improvement in position. We continue to work with departments and HFBP to reduce the number of outstanding issues.

5.1.8. The breakdown of the 15 outstanding recommendations between departments are as follows:

- Adult Social Care - 1
- Children’s Services (Non Schools) - 3
- Corporate Services – 8
- Environment Leisure and Residents Services – 1
- Transport and Technical Services - 2

5.1.9. 8 of the recommendations listed are over 6 months past the target date for implementation as at the date of the Committee meeting. Internal Audit are continuing to focus on clearing the longest outstanding recommendations and to that end will be arranging meetings with the relevant departmental managers responsible for all recommendations overdue by more than 3 months as and when this occurs.

5.1.10. The table below shows the number of audit recommendations raised each year that have been reported as implemented. This helps to demonstrate the role of Internal Audit as an agent of change for the council.

Year	Number of recommendations due	Number of recommendations implemented
2012/13	271	268
2013/14	293	291
2014/15	246	235
2015/16	22	21

5.2. Internal Audit Service

5.2.1. Part of the CIA’s function is to monitor the quality of Mazars’ work. Formal monthly meetings are held with the Mazars Contract Manager and one of the agenda items is an update on progress and a review of performance against key performance indicators. The performance figures are provided for quarter 2 of the 2015/16 financial year.

Performance Indicators 2015/16

Ref	Performance Indicator	Target	Pro rata target	At 30 September 2015	Variance	Comments
1	% of deliverables completed	95%	47.5%	40%	-7.5%	35 deliverables issued out of a total plan of 88
2	% of planned audit days delivered	95%	47.5%	47%	-0.5%	491 days delivered out of a total plan of 1052 days
3	% of audit briefs issued no less than 10 working days before the start of the audit	95%	95%	94%	-1%	16 out of 17 briefs issued more than ten working days before the start of the audit.
4	% of Draft reports issued within 10 working days of exit meeting	95%	95%	100%	+5%	14 out of 14 draft reports issued within 10 working days of exit meeting.
5	% of Final reports issued within 5 working days of the management responses	95%	95%	100%	+5%	7 out of 7 final reports issued within 5 working days.

5.3. Audit Planning

- 5.4. Amendments to the 2015/16 year Internal Audit plan agreed by the Committee are shown at Appendix C.

LOCAL GOVERNMENT ACT 2000- LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

Appendix A	Audit reports issued 1 July to 30 September 2015
Appendix B	Summary of Outstanding Audit Reports
Appendix C	Amendments to 2015/15 audit plan
Appendix D	Summary of Limited Assurance Reports
Appendix E	Outstanding Recommendations

APPENDIX A

Audit reports Issued 1 July to 30 September 2015

We have finalised a total of 11 audit reports for the period of 1 July to 30 September 2015. This includes 6 Shared Services audits. In addition, 1 follow up was completed in the period and no management letters were issued.

Audit Reports

We categorise our opinions according to our assessment of the controls in place and the level of compliance with these controls.

Audit Reports finalised in the period:

No.	Audit Plan	Audit Title	Executive Director	Audit Assurance
1	2015/16	Call centre administration	Nigel Pallace	Substantial
2	2015/16	St Mary's RC Primary School	Andrew Christie	Satisfactory
3	2015/16	Wood Lane High School	Andrew Christie	Satisfactory
4	2015/16	Temporary Accommodation Procurement	Nigel Pallace	Satisfactory
5	2015/16	Tenancy Management	Nigel Pallace	Satisfactory
6	2015/16	Adoption and Fostering *	Andrew Christie	Limited
7	2015/16	Voice and Data Networks Procurement *	Nigel Pallace	Substantial
8	2015/16	Commercial Waste *	Nigel Pallace	Satisfactory / Limited
9	2015/16	Multi User Logins *	Nigel Pallace	Nil
10	2015/16	Early Help *	Andrew Christie	Satisfactory
11	2015/16	Mental Health Care Management *	Liz Bruce	Satisfactory

* Undertaken by the in house internal audit team at RBKC/WCC

Substantial Assurance

There is a sound system of control designed to achieve the objectives. Compliance with the control process is considered to be substantial and few material errors or weaknesses were found.

Satisfactory Assurance

While there is a basically sound system, there are weaknesses and/or omissions which put some of the system objectives at risk, and/or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.

Limited Assurance

Weaknesses and / or omissions in the system of controls are such as to put the system objectives at risk, and/or the level of non-compliance puts the system objectives at risk.

No Assurance

Control is generally weak, leaving the system open to significant error or abuse, and/or significant non-compliance with basic controls leaves the system open to error or abuse.

Other Reports

Follow ups

No.	Audit Plan	Audit Title	Total	Implemented	Partly Implemented	Not Implemented
12	2015/15	Supply Chain: Resilience	7	4	2	1

Internal Audit reports in issue more than two weeks as at 30 September 2015

There are no Outstanding reports for this period.

Amendments to 2015/16 Audit Plan

	Department	Audit Name	Nature of Amendment	Reason for amendment
1	Corporate Services	Corporate Services Shared Services Governance and Decision Making	Removed	Moved to Contingency
2	Environment, Leisure and Resident Services	Janet Adegoke and Phoenix Pool Lessons Learned	Added	Requested as addition to plan

Summary of Limited Assurance Reports

Ref	Audit and Scope	Details	Assurance Risk /
1	<p>Adoption and Fostering</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Service Structure; • Governance Arrangements; • Case Management Processes; • Payments to Carers; • Budgetary Control; • Management Information; and • Case Management Systems. <p>The audit also examined progress made in aligning system processes since delivery of the service on a shared basis commenced in 2012.</p>	<p>The shared services Fostering and Adoption Service was formed in 2012 with the aim of delivering a fully integrated and co-located service that provides a range of temporary and permanent placements with carers and adoptive families for children under the care of the local authority. The service is organised as three combined teams under the management of a single Head of Service with approximately seventy staff who report to the Director of Family Services. The Director of Children's Service has overall responsibility for the service.</p> <p>A number of areas were noted where key controls were inappropriate or lacking and could be improved. Two high priority and four medium priority recommendations were made to address the weaknesses identified as follows:</p> <ul style="list-style-type: none"> • Consideration should be given to identifying a fully integrated case management system to replace the current arrangement where multiple systems and applications are used by the service; • All social workers within the service and carers registered with the service should have up to date Disclosure and Barring Service clearances in place; • Case management records and documents should be held in a logical and orderly manner with the corresponding case reference number; • Carer payments should be subject to regular review to ensure they are eligible for the fee and allowance paid; • Budget reports should be sent to all budget holders on a regular basis to enable them to monitor and manage their allocated budgets. <p>The recommendations have been accepted and actions identified to address the weaknesses and these will be followed up later in the year.</p>	Limited

Ref	Audit and Scope	Details	Assurance / Risk
2	<p>Commercial Waste</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Service Objectives; • Client Sales and Management; • Income Collection; • Debt Management; • Contract Management; • Enforcement and • Financial Management; and • Management Information 	<p>This audit was undertaken as part of the 2015/16 Audi Plan agreed by the Audit Committee in March 2015. Section 34 of the Environment Protection [Duty of Care Regulations] 1991 places responsibility on businesses to ensure all waste material is packaged and stored securely preventing escape of Dangerous materials. The Regulations also requires that any commercial waste is transferred and disposed of using organisations such as the local authorities sanctioned to undertake this role.</p> <p>Hammersmith and Fulham have approximately 2,100 commercial waste customers generating £2.81m of income during 2014/15. Included within the income figure is waste bins hired by managing agents for the communal collection of domestic waste. Commercial Waste is disposed of at the West Riverside Waste Authority. SERCO undertakes all commercial waste collection for H&F customers. The firm has a 13 year contract with the Council which commenced on 16 June 2006 and will end in June 2021.</p> <p>The introduction of Agresso from the 1st April 2015 has negatively impacted on the service's ability to monitor income and manage its debts. Although 2015/16 invoices were initially raised on the old OLAS system, the unreliability and lack of timely financial information relating to income received into the Agresso system for invoices issued by the service meant that the normal debt management process was suspended from April 2015. At the time of the review, there has been no debt management activity relating to the 2015/16 invoices. The section currently concentrates its efforts on recovering debts generated during 2014/15 where reliable figures which were generated from the Council's OLAS system.</p> <p>Three High priority (Two related to Agresso) and three Medium priority recommendations have been made as follows:</p> <ul style="list-style-type: none"> • The introduction of a fully operational and compliant Agresso Income Management system is urgently required as a priority for this front line outward facing service (Agresso related); • Once a fully operational and compliant Income Management system is in place with all income being accurately allocated, a full reconciliation between Powersuite and Agresso should be undertaken for income and debtor balances (Agresso Related); • The Commercial Waste and Markets Manager should in conjunction with H&F Enforcement team and SERCO draw up a strategy supported by a plan of action to improve the level of pro-active night time commercial waste enforcement activities; • The Commercial Waste and Markets Manager should amend the 2015/16 BSP to include a section detailing how the H&F Commercial Waste team will interact with the council's enforcement section and SERCO to improve overall enforcement activities; 	<p>Operations –Satisfactory / Agresso related activity - Limited</p>

		<ul style="list-style-type: none">• The Commercial Waste and Markets Manager should enhance the level of interaction between the team and the Enforcement team and review and improve the current information and alert sharing so as to enhance the enforcement operation;• Consideration should be given to enhancing the enforcement arrangements around proactive and regular premises inspections to ensure compliance with Duty Of Care legislation.	
All recommendations were accepted by management for implementation by September 2015			

Ref	Audit and Scope	Details	Assurance / Risk
3	<p style="text-align: center;">Multi User Logins (Shared Service)</p> <p>The objectives of this review were to assess and evaluate the controls in the following areas:</p> <ul style="list-style-type: none"> • Access Controls; • Management Reviews; and • Shared Applications. 	<p>The Tri-borough Chief Information Officer had registered a corporate risk in relation to the management of application and network access by users across LBHF, RBKC and WCC services. Further to this, a related wider concern had been raised with regard to building access and issue of procurement cards resulting from duplicate employee records being created. When the Tri-borough infrastructure was introduced in 2012, a number of dual logins were created to enable users to work across two or more boroughs until a permanent solution was in place. This work is now complete and most users are expected to work using the login and equipment provided by their employing borough. A small number of exceptions to this currently remain where a technical solution is not available at the present time. There is a risk that some of these accounts are not being managed appropriately and severe control weaknesses persist as a result. Furthermore accounts may not be terminated appropriately following the officer leaving or their position changing; this creates orphan accounts on the system and makes identification of the route employee difficult as well as compounding issues of ongoing multiple account monitoring.</p> <p>Five high priority and one medium priority recommendations have been made as follows:</p> <ul style="list-style-type: none"> • A Responsible Party (ideally ICT and Human Resources) needs to be established to engage with the major stakeholders in ICT, Human Resources and Facilities Management to examine the risk to the three authorities in more detail and agree on appropriate action moving forward (High Priority); • The Responsible Party should ensure Directors, Senior Management and Management are made aware of the impacts of Starter; Movers and Leavers (SML) process misuse. It is not acceptable for the SML process to be used to create new ICT accounts at other boroughs where an acknowledged shared application alternative is in place (High Priority); • Where it can be demonstrated the SML process has been misused historically appropriate corrective action should be taken. Senior Management should ensure operational management understand the risks and impacts of such actions (High Priority); • The Responsible Party should ensure all relevant stakeholders are raising awareness of the impacts and consequences at all levels. Action should be taken to ensure comprehension of the correct process and business solutions are firmly embedded across the three boroughs (High Priority); • All network accounts that have not been actively used after three months should be subject 	Nil

		<p>to compulsory termination across all three boroughs (High Priority); and</p> <ul style="list-style-type: none">• The 'Responsible Party' should drive the engagement with the Shared Application Programme and its benefits and necessity as the approved business process for shared service ICT working is embedded across all three organisations. <p>All recommendations were accepted by management for implementation by November 2015.</p> <p>(RBKC – In-House)</p>	
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APPENDIX E

Summary of Outstanding Recommendations

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
1	2013/14	Adult Social Care	Home Care	Satisfactory	<p>Initial reviews should take place within six weeks of the care first being provided and annual reviews should be undertaken thereafter.</p> <p>Management should identify the reasons for not undertaking the initial reviews promptly and take corrective action where necessary. Where reviews cannot be undertaken at the required time as this is not convenient for the service user, this should be documented.</p>	1	01/07/2015	Head of Assessment and Care Management	<p>Implementation in Progress. The majority of cases in the Community and Hospital Assessment Service are getting 6 week reviews. The Long Term Team mainly had annual reviews to do. These have been on hold pending the home care transfer - which has just begun implementation. However people will be reassessed against Care Act Criteria as the reviews now need to be Care Act compliant. So, we are looking to solve 2 issues at once.</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
2	2012/13	Children's Services	Thematic Report - Leasing in Schools	N/A	All schools should be reminded of the requirement to seek approval from the Governing Body and the Council prior to entering into or renewing leasing agreements. As a result of this approval process, a record should be maintained of any providers that do not appear to provide value for money. Where practical, schools expenditure records should be examined to identify if these providers are being used.	1	30/10/2013	Tri Borough Director of Finance and Resources (Children's Services)	Implementation date revised to October 2013 as Scheme for Financing Schools is in the process of being reviewed and will incorporate new guidance on leasing. Updates 5/12/2013 - They're all tied up into the review of the scheme, which has not been completed and won't go to forum until March 2014 Advised on 2/6/2014 that completions of update to Scheme for Financing Schools has slipped and will be completed by September 2014. No further update received

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
3	2012/13	Children's Services	Thematic Report - Leasing in Schools	N/A	Schools should be reminded to retain copies of lease agreements in a readily accessible location.	2	30/10/2013	Tri Borough Director of Finance and Resources (Children's Services)	<p>Implementation date revised to October 2013 as Scheme for Financing Schools is in the process of being reviewed and will incorporate new guidance on leasing.</p> <p>Updates 5/12/2013 - They're all tied up into the review of the scheme, which has not been completed and won't go to forum until March 2014</p> <p>Advised on 2/6/2014 that completions of update to Scheme for Financing Schools has slipped and will be completed by September 2014.</p> <p>No further update received</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
4	2012/13	Children's Services	Thematic Report - Leasing in Schools	N/A	Consideration should be given to updating the School Finance Procedures Manual to require that an options appraisal is undertaken prior to entering into leasing arrangements to demonstrate that leasing offers better value for money when compared to outright purchase of goods and services.	2	30/10/2013	Tri Borough Director of Finance and Resources (Children's Services)	<p>Implementation date revised to October 2013 as Scheme for Financing Schools is in the process of being reviewed and will incorporate new guidance on leasing.</p> <p>Updates 5/12/2013 - They're all tied up into the review of the scheme, which has not been completed and won't go to forum until March 2014</p> <p>Advised on 2/6/2014 that completions of update to Scheme for Financing Schools has slipped and will be completed by September 2014.</p> <p>No further update received</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
5	2014/15	Corporate Services	Managed Services - Change Configuration and Release Management	Limited	Management should establish and distribute appropriate weekly and monthly client change activity reports, quantified by priority and risk, to assist the rolling review of the standing CAB agenda items.	2	30/04/2015	Programme Manager	CAB does not have standing agenda items. The CAB agenda changes every day so it is not clear how change activity reports would assist in the rolling review of agenda items.
6	2014/15	Corporate Services	Managed Services - Change Configuration and Release Management	Limited	<p>Management should agree:-</p> <p>a) A specific MSP configuration item (CI) definition policy. (Hardware/software/ version / patch hotfix/ Interface code/ MSP training material versions/ system configuration opting settings etc.)</p> <p>b) An appropriate shared services change management process compliance monitoring report to assist the rolling review of the standing CAB agenda items release and configuration management. E.g. By identifying when MSP RFC records result in (CMDB) updates or not.</p>	2	28/02/2015	Programme Manager	<p>We are exploring the option of a specific MSP configuration item definition policy and will resolve this by the end of November 2015.</p> <p>We have added an additional box to the CAB form to identify when MSP RFC records result in Configuration Management Database updates.</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
7	2014/15	Corporate Services	Managed Services - System Testing	Limited	<p>It is recommended that timescales to address IST, Service Now and any future issues are appropriately assessed ensuring that they are realistic and achievable.</p> <p>Consideration should also be given to producing a Critical Path Analysis where some critical activities are not delivered and the subsequent impact on Go-Live.</p>	1	30/09/2014	Angela Martin (Tri B UAT TM) & Edward Olugbile (BT IST TM)	<p>This recommendation was originally directed at UAT due to commence June 2014. The risk identified was that unrealistic timescales for true resolution of issues experienced with IST would result in further targets being missed. The response provided at the time was that as part of planning for the revised go-live date of April 2015 the timings and duration of IST had been revised. IST has been completed and a critical path analysis was produced.</p> <p>We are now beyond this period of intensive testing. However, there will be a continuing requirement to make changes to Agresso to deliver fixes and system enhancements. We are confirming a shared and agreed framework of end to end testing covering unit testing, integrated system testing (IST), operational acceptance testing (OAT), user acceptance testing (UAT) and regression testing. This is being developed as part of a comprehensive and structured approach to testing and programme assurance.</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
8	2015/16	Corporate Services	Managed Services Data Migration	Limited	Appropriate data integrity monitoring reports should be established and effectively applied to migrated and transactional data.	1	31/07/2015	Programme Manager	No update received.
9	2014/15	Corporate Services	Mobile Device Security	Satisfactory	Management should draft, agree and communicate a specific IT security policy that covers mobile device usage for Tri-Borough work. All users using mobile devices, whether issued by the Tri-Borough or not, should be required to formally sign off their acceptance of relevant policies before being issued with a Tri-Borough issued mobile device or before having their own device configured for Tri-Borough use. The development of relevant policies should also be supported by appropriate user training.	2	30/04/2015	Information and Systems Strategist	Update Sep 2015: This is currently being finalised as part of the Mobile Working project prior to deployment of the shared ICT service mobility platform
10	2014/15	Corporate Services	Tri borough Cloud Computing	Satisfactory	A central Tri-Borough inventory of all services and solutions provided through the cloud should be created and maintained, regardless of which borough is responsible for managing the service contract. The Tri-Borough Information Security Assurance Authority Group should be responsible for the inventory.	2	30/06/2015	Tri-Borough CIO will have oversight of this task but Tri-Borough Contract management will manage this service catalogue.	No update received

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
11	2014/15	Corporate Services	Tri borough Cloud Computing	Satisfactory	<p>Regular reporting on performance and security incidents (or any agreed schedule) should be requested from the cloud service providers for the Frameworki, Library Management System and Bravo Solutions application.</p> <p>Furthermore, such reporting requirements should be extended to all Tri-Borough based cloud agreements.</p>	2	31/03/2015	Tri-Borough CIO will have oversight of this task but Tri-Borough Contract management will manage this service catalogue.	Response from Tri-borough Director of Libraries and Archives 14/5/2015 - With regard to performance reporting, I can confirm that SirsiDynix is able to supply uptime reports and we will be exploring further what performance information they can supply, such as response times. However this is complicated by the network and other factors bearing on responsiveness so it is not clear how the service would establish whose responsibility any poor responsiveness was.
12	2014/15	Corporate Services	Tri borough Cloud Computing	Satisfactory	The Tri-Borough should ensure continuous compliance of their vendors and Cloud Service Providers with applicable regulations such as: PCI DSS, ISO 27001, EU Data Protection Regulations, Cloud Security Alliance Control Matrix, ISAE 3402, SSAE 16, and SAS 70 Type II.	2	31/03/2015	Tri-Borough CIO	No update received

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
13	2013/14	Environment, Leisure & Residents Services	Waste Disposal	Satisfactory	Management should liaise with the WRWA to develop a formal agreement between the WRWA and the four Councils outlining the roles, responsibilities and expectations of each party.	2	01/07/2015	Director of Cleaner Greener and Cultural Services	IA 3/11/2014 - Deadline extended to February 2015 as WRWA are undertaking a review (due to report back at the end of 2014). This will impact on any agreement that is drafted. IA11-5-2015 - Deadline further extended to 1/7/2015 as advised on 7/5/2015 that WRWA are still to report. No further update received.

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
14	2014/15	Transport & Technical Services	Organisational Health and Safety	Satisfactory	<p>Service lines should be instructed, via the Corporate Health and Safety Committee to provide a copy of their risk assessments to Corporate Health and Safety so they can be uploaded onto Tri-B Net.</p> <p>These risk assessments should be reviewed and updated on an annual basis. Monitoring of activity should be undertaken by the Corporate Safety Team.</p>	2	30/06/2015	Bi Borough Corporate Health and Safety Manager	<p>Work is underway to bring risk assessments in from the teams and held in one area. Data is recorded on to a spreadsheet by each safety advisor responsible for their area, which will be amalgamated into one spreadsheet showing risk assessments in place and date for review. Teams are slow at forwarding these, but as part of the quarterly reports going to SMTs this will identify teams that have not done as requested.</p> <p>Awaiting feedback from system provider on upgrade to system but anticipated to be achieved in trial October, before going fully operational January 2016, though documents will be able to be uploaded prior to this.</p> <p>Update 161115 - The issue was raised through the training with Directors and Heads of department. The risk assessments are being uploaded onto SharePoint. Work to commence to ensure that they are uploaded during 2016 [by April 2016] to the centralised database connected with TRI-B AIRS.</p>

Ref	Audit year	Department	Audit Name	Assurance	Recommendation	Priority (1/2/3)	Agreed Target Date	Responsible Officer	Status
15	2014/15	Transport & Technical Services	Rechargeable Street Works	Satisfactory	<p>Performance indicators for the service should be agreed and monitored against. This could include:</p> <ul style="list-style-type: none"> • % of assessments that have been undertaken, within set timeframe, after an application has been received; • % of estimates provided to customer, within set timeframe, after assessment has been completed; • % of proactive Inspections undertaken within timeframe; • % of additional works required as a result of quality inspections; and • % deviation of estimate to actual invoice amount. <p>Results should be reported to Senior Management on a periodic basis.</p>	2	01/06/2015	Project Engineer/ Finance Officer	We have gathered all the details and will be compiling and format shortly to produce KPI stats.