

Report to Audit and Governance Committee



Date of Meeting	23 rd June 2020
Portfolio	Cabinet Member for Resources
Report Author	Ian Corbridge
Public/Private Document	Public

Internal Audit Quarter 4 Report 2019/20

Executive Summary

- 1.1 This report summarises the work of the Internal Audit team during the fourth quarter of 2019/20. Internal Audit was able to provide either substantial or adequate assurance over the effectiveness of risk management in all the audits completed during the period with exception of an audit of the Key Decision process within Adult Care and the audit of a primary school, both of which resulted in limited assurance audit opinions due to the weaknesses in various internal controls identified. Action plans have been agreed with management to address all the issues identified in a timely manner. Furthermore, Internal Audit has completed 96% of the agreed Audit Plan which achieves the agreed target for the year.
- 1.2 The Counter Fraud Team achieved £47,709 in identifying savings and overpayments during the period (£220,467 for the year ended 31 March 2020) together with 2 sanctions comprising of 2 fines for fraud.

Recommendation

2. This report is for the information of the Members to confirm the level of assurance provided through Internal Audit work of the management of risk.

Reason for Recommendation

3. This report is to enable the Audit and Governance Committee, in accordance with their work programme and overall responsibility for governance, to scrutinise Internal Audit coverage during the fourth quarter of 2019/20 on all Services within the Council. The work of RBC Internal Audit is governed by the UK Public Sector Internal Audit Standards.

Key Points for Consideration

4. Risk Based Audit Approach

- 4.1 Internal Audit is responsible for providing an annual opinion on the internal control environment, risk management and governance processes for the Council as a whole, as set out within the Internal Audit Charter. A risk based approach is taken within individual audit reviews, embracing operational and management controls and the wider business risks. This allows an opinion to be expressed on risk identification and exposure and the adequacy of systems in place to manage those risks.
- 4.2 In each Internal Audit report Internal Audit provides a clear audit assurance opinion on how effectively risks are being managed in the area under review. These opinions are as follows:

Assurance Opinion	Explanation
Limited	A number of key risks are not managed effectively. The control systems in operation are in need of significant improvement.
Adequate	The control systems in operation are generally sound. However, opportunities exist to improve the management of some risks.
Substantial	There is a sound system of control in operation to manage risks effectively.

- 4.3 In terms of the Internal Audit follow up process to provide Members with the assurance that agreed recommendations have been implemented on a timely basis, any 'red' reports on which we can provide only limited assurance will be highlighted within section 6 of this report. These will be subject to specific discussion and challenge by Members with senior officers from the relevant Service. Thereafter, Internal Audit will perform a formal follow up audit within a six month period or sooner if the due date for completing the agreed actions is earlier and report back to the Audit and Governance Committee with our findings.
- 4.4 In terms of any 'adequate' or 'substantial' assurance opinions, all high and medium priority actions will be followed up by Internal Audit to confirm completion once the due dates have passed. Any delays in implementation will be reported to the Committee for further consideration. If some of the recommendations have not yet been actioned, Internal Audit will request reasons for the delay and confirmation of a revised date by which the action should be completed.
- 4.5 The current status of the implementation of audit recommendations as confirmed by formal follow up audits is highlighted within Appendix B and any key issues will be highlighted to the Members. Whilst in some cases implementation has not been achieved by the originally agreed dates, Internal Audit has received reasonable explanations to support the delays

incurred and will continue to monitor progress through to the revised dates proposed by management.

- 4.6 Draft reports are issued to management with the requirement that formal responses to recommendations raised are received within one month of the issue date. Internal Audit actively follows up with management via an escalation process to ensure that the reports and actions are agreed in a timely manner. At present, there are no draft reports where responses are still outstanding beyond the agreed period.

5 Planned Work Completed During Quarter Four

- 5.1 Appendix A contains the details of planned audit reviews completed during quarter four which had an 'adequate' or 'substantial' assurance opinion. Key areas for improvement are summarised for each audit with a specific focus on any agreed actions designated as high priority.

6 Audit Reviews with 'Limited' assurance opinions and Follow Up Audits

Key Decisions and Exemptions from Contract Procedure Rules

(Director – Adult Social Care)

- 6.1 Officers undertaking commissioning must have regard to the Council's Constitution, including Contract Procedure Rules, which provide the governance structure for the Council to procure goods, works and services. With reference to the overarching statutory regulations which dictate the process for any expenditure designated as a Key Decision, Rochdale's Constitution defines a Key Decision as expenditure which is in excess of £500k or is not provided for within the budget, together with various other criteria.
- 6.2 A Key Decision may not be taken unless 28 clear days' Notice has been given of the intention to take a Key Decision, and this Notice should be available for inspection at the Council's offices and on the website. This ensures that the public and those Members of the Council not on the Cabinet are aware of Key Decisions, and allows Members of the Overview and Scrutiny Committee to determine items for consideration. In other words it forms a key part of stakeholder engagement within the decision making process for significant contracts and this is underpinned by statutory regulations.
- 6.3 A request was made by Adult Care management to provide assurance that Council policies and procedures are being complied with in respect of contract exemptions and that the Key Decision Framework is being adhered to. The audit focused on a sample of exemptions, modifications and Project Initiation Documents within Adult Care.
- 6.4 The results of the audit concluded that the Adult Care service did not comply with statutory regulations and Council Constitution on taking Key Decisions due to a significant value of expenditure within Adult Care not

being designated as a Key Decision. This area of non-compliance is focused on access to information for Councillors and members of the public in relation to such Key Decisions. This therefore leads to an impairment of overall transparency of the proposed procurement process to Councillors and inhibits the potential for challenge or call in through the scrutiny process.

- 6.5 Additional audit work was then undertaken to review all contracts over the past 3 years which may have fallen within the definition of a Key Decision. This confirmed that non-compliance with the Key Decision process was not confined to Adult and Public Health Services but did extend to other Directorates. However the audit did confirm that no significant issues were identified in relation to other elements of key governance processes within the procurement processes reviewed by Internal Audit.
- 6.6 In order to address the issues identified, management developed an action plan containing measures which will not only resolve the issues within Adult Care but will also have a wider corporate impact to ensure governance processes are further supported and enhanced in all Directorates going forward. The actions agreed included:
- The development of annual procurement plans, to be reported as Key Decisions, within each Directorate;
 - All procurement documentation produced by STAR to be reviewed to ensure that governance arrangements are properly considered and supported by relevant documentation;
 - Reviewing and refreshing Key Decision guidance and training currently available to officers;
 - Ensuring all documents submitted in support of procurements comply with all policies, guidance and statute and are supported with appropriate documentation which confirms authority to procure;
 - Ensuring appropriate challenge is made to all submissions by officers within Finance, Legal and STAR; and
 - Reviewing the definition of what constitutes a Key Decision as set out within the Constitution to ensure the criteria aligns with the current requirements of Members and senior management.
- 6.7 Management agreed that all actions will be complete by 31 July 2020, with a number of the actions already now in place, and Internal Audit will continue to monitor progress to ensure timely completion, providing updates to Members as considered appropriate.

Primary School

(Director – Children's Services)

- 6.8 In March 2020 an audit was undertaken on a primary school which highlighted weaknesses in fundamental internal controls and a limited assurance opinion was given. A substantial number of recommendations were made, including 9 of high priority and 8 of medium priority, to address improvements that needed to be made to the system of internal control to ensure it aligns with best practice.

- 6.9 The high priority actions agreed were associated with the need to significantly improve governance processes relating to the procurement of services provided to the school, the selection of suppliers, the approval of payments and certain safeguarding measures associated with contracted workers attending the school.
- 6.10 Further issues were identified which contributed to our opinion and from which an action plan was derived, including the following:
- Ensuring the approval of key decisions, policies and other relevant documents are appropriately documented within the Governing Body minutes;
 - All key financial policies are subject to ongoing review and approval by the Governing Body;
 - More detailed budget monitoring reports should be made available to ensure Governors fulfil their financial management responsibilities more effectively;
 - A formal Development Plan should be developed and approved; and
 - A written policy should be developed to provide more effective governance over the use of the school credit card.
- 6.11 Internal Audit will continue to monitor the progress made in relation to the agreed actions and perform a follow up audit in 2020 and confirm the status to Members.
- 6.12 The current status of all follow up audits is summarised in Appendix B.

7 Unplanned work

- 7.1 A number of unplanned audits were in progress in quarter four but have not yet been completed. The outcomes of these audits will be reported to Members once the work has been concluded.

8 Counter Fraud Team

- 8.1 A summary of the work completed by the Counter Fraud Team from January to March 2020 is set out below, as well as the Counter Fraud Team quarter 4 results and end of year results for 2019/20.

Performance

- 8.2 A total of 147 fraud referrals were received in the fourth quarter of this financial year, bringing the total to 671 for 2019/20. The main sources of these referrals came from the National Fraud Initiative (NFI), the Partnership Enforcement Team, anonymous information and RBC employees. A significant number of these do not progress to formal investigation by the team as they are either passed to the DWP or closed due to apparent malicious intent or the fact that there is not enough information to progress the matter.

- 8.3 From January to March 2020 the team achieved £47,709 in additional savings and overpayments. This figure derives from successful investigations into transactions associated with a number of Service areas including Benefits, Council Tax, Business Rates, Blue Badge and Adult Care, as well as additional income from fraud financial penalties and administrative penalties.
- 8.4 96% of referrals have resulted in positive outcomes in the fourth quarter, with the overall average for the year being 82%.
- 8.5 Two sanctions were achieved in quarter four, comprising of two fines totalling £1411. This brings the sanction total to 11 for 2019/20, comprising one prosecution, two formal cautions and eight fines for fraud.

National Fraud Initiative (NFI)

- 8.6 The Counter Fraud Team is one of several sections within the Council that have an important role to play in checking data matches that are received from the NFI.
- 8.7 The Team have been checking the data received in the 2018/19 NFI Single Person Discount, Council Tax matches. To date over 500 matches have been checked and over £28,000 has been generated from cancelled single person discounts. Checks are now being completed from the 2019/20 NFI Single Person Discount.
- 8.8 The NFI Housing Benefit and Council Tax Support work from 2018/2019 is ongoing. We have checked and closed 37 reports to date. We currently have 19 open investigations. To date, the Counter Fraud Team have found over £20,000 in overpayments from these NFI matches and these are being recovered. Ten of the live cases are from data matched against HMRC records.

Partnership Enforcement Team (PET)

- 8.9 The Counter Fraud Team not only investigates cases of fraud, but also provides a wealth of advice across the Council to services and to external bodies including immigration and the police. Replies have been made to over 140 Data Protection Requests from January to March 2020, not including the work that is completed in the PET.
- 8.10 Referrals from different teams are brought to the PET weekly meeting each Monday to discuss and work on together. A combination of intelligence, skills and powers from the different enforcement agencies are used to prevent and detect fraud within the Borough. Currently the following cross-agency teams attend the weekly meeting: GMP – Organised Crime Team; Divisional Tasking Team, Rochdale BC – Children’s Services; Community Cohesion & Equality; Community Safety; Fraud; Public Protection; Strategic Housing, DWP – Fraud, RBH – Enforcement, Fire Service officials.

8.11 The Counter Fraud Team also dealt with over 115 'police checks' on Rochdale BC systems, to help the police trace alleged offenders and absconders. This brings the total to 376 for 2019/20. 8 cases are currently under investigation including tenancy fraud cases under the Controlling Migration Funding.

8.12 The Counter Fraud Team continues to participate in days of action and proactive visits resulting in savings being generated in respect of Council Tax, Business Rates, Housing Benefit and Council Tax Support.

9 Internal Audit Performance Measures

9.1 The table below shows actual performance as at 31 March 2020 against Internal Audit targets for the fourth quarter, including the actuals for 2018/19.

Performance Indicator	Actual Year 2018/19	Target Q4 2019/20	Actual Q4 2019/20
Economy			
1. Cost per Audit Day – excluding overheads	£229	£260	£237
Efficiency			
2. Chargeable days per auditor (days)	208	190	203
3. Percentage of audit plan completed (96% for full year)	96%	96%	96%
4. Percentage of draft audit reports issued within 14 days of completion of the audit	100%	98%	100%
Effectiveness			
5. Percentage of recommendations accepted	100%	98%	100%
6. Results of client surveys - % of marks in the top two categories (i.e. very good & good)	100%	98%	99%

9.2 All performance indicators were either achieved or were ahead of target for the period.

10 Traded Services Provided by Internal Audit

- 10.1 Internal Audit continues to undertake audit work for a number of organisations in accordance with Traded Services agreements, thereby generating external income for the Authority. In 2019/20 to 31 March 2020 this has generated income of £6,690 and has included:
- Audit of School Fund Accounts for 15 schools under Local Authority control;
 - Financial health check for one school under Local Authority control; and
 - Two grant certifications for an Academy.
- 10.2 Within the limitations of existing resources, Internal Audit continues to pursue opportunities to generate external income.

11 Internal Audit Response to challenges arising from COVID-19

- 11.1 The Head of Internal Audit fully recognises the challenges faced by the organisation in response to the current pandemic in terms of new financial initiatives, changes in operational priorities, redeployment of staff across all services and a shift in the risk profiles associated with all services provided. All the services provided by Internal Audit (audit, risk, insurance and counter fraud) have moved to working from home without any significant impairment of the levels of service previously provided. We have understood the new challenges faced by operational management and staff but in spite of this the level of liaison has remained strong.
- 11.2 In response to the new challenges being faced, Internal Audit has responded in a number of ways going into the first quarter of 2020/21 through the provision of staff resources to support new initiatives or provide real-time assurance on new processes being implemented. Specific examples include the following:
- Provision of support for the organisation and delivery of Aldi supermarket vouchers for the most financially challenged families in the Borough to absorb the balance remaining on the hardship fund provided by the government. This also involved dealing with numerous queries arising from the process from the public;
 - Supporting efforts to contact businesses who had not applied for the small business and retail grants made available by the government;
 - Provision of real-time assurance over the integrity of payments to adult social care providers who have incurred additional costs as a result of the Covid-19 situation;
 - The Counter Fraud Team have been developing pro-active measures to evaluate the risk of fraud arising from the payment of small business and retail grants and the discretionary top-up grants to ensure protection of the public purse; and
 - The Risk Manager has been providing risk management support for the weekly Gold management meetings.
- 11.3 Where the above has utilised Internal Audit staff, the time has so far been drawn from the pool of unplanned time included within the agreed Audit Plan for 2020/21 such that this should not impinge upon our ability to complete the

Audit Plan by the end of the 2020/21 year. Should this situation continue for an extended period which may change this view then the Head of Internal Audit will raise and discuss this with the Audit and Governance Committee and the Chief Finance Officer to agree on an appropriate way forward. This is a matter which will be kept under constant review with updates to Members provided as considered appropriate.

- 11.4 In addition, the Head of Internal Audit will continue to ensure that where staff may be directly engaged in operational procedures for a period, there will be no impairment to professional independence in relation to any subsequent audit work focused on those processes or related controls to ensure ongoing compliance with audit standards.

Costs and Budget Summary

12. Not applicable.

Risk and Policy Implications

13. If Internal Audit recommendations are not implemented, the Council will be exposed to the risks set out in the relevant detailed Internal Audit reports. These risks will be mitigated by completion of the actions agreed with management and summarised within this report. Internal Audit recommendations are raised as a result of weaknesses identified during reviews and therefore such identified issues impact upon compliance and governance.

Consultation

14. The recommendations and actions arising from audit reviews are agreed in consultation with relevant senior management and officers within each Service area.

Background Papers	Place of Inspection
--------------------------	----------------------------

None	
------	--

For Further Information Contact:	
---	--

	Ian Corbridge, Tel: 01706925452, ian.corbridge@rochdale.gov.uk
--	---

Appendix A

Planned audits completed in quarter four

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Integrated Health and Care Commissioning	Local Care Organisation (LCO)	<p><i>Summary of audit performed by Mersey Internal Audit Agency (MIAA)</i></p> <p>The Heywood, Middleton and Rochdale (HMR) Locality Plan was approved in 2017 and implementation of this Plan is anticipated to transform the health and care system for the residents of the Borough. A fundamental enabler of the Plan is the development of an LCO which operates under a partnership agreement, where commissioners and providers work collaboratively to deliver a set of ambitious population outcomes for the Borough. HMR CCG and RBC are key partners within this alliance. The overall objective of the review was to evaluate the governance of partnership arrangements, stakeholder engagement and performance and benefits monitoring.</p> <p>The audit provided substantial assurance that a good system of governance and internal control is in place. There were however some areas highlighted where further improvement can be made including:</p> <ul style="list-style-type: none"> • The amendment of governance structure documentation to formally outline decision making pathways and hierarchies; • The need to develop a clear communications strategy; • The need to ensure LCO risk registers are kept up to date with regular review dates assigned to all risks; and • The need to implement a framework to monitor progress against agreed LCO objectives on a periodic basis. 	Substantial	M – 4, L – 1

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Neighbourhoods	Cyber Security – LGA Stocktake Report	<p>In 2018 the Local Government Association (LGA) collected data as part of co-ordinating a national assessment of the cyber security arrangements in place at all local authorities. The report issued for Rochdale was rated as Amber/Red and indicated that there were opportunities to improve the Council's cyber security arrangements. This review followed up on the actions taken since to address the issues identified and reference should also be made to the Internal Audit report issued on 13 November 2019 re IT Security previously reported to the Audit and Governance Committee.</p> <p>The review indicated that whilst the response to the LGAs issues was initially slow, the various matters are now being addressed and an updated report from the LGA in 2019 indicated an improved Amber rating. Nevertheless, management has agreed to ensure a clear action plan with timelines is now produced to address remaining issues and effective use is made of external funding that has been made available.</p>	Adequate	M – 3
Neighbourhoods	Public Protection - Contaminated Land, Environmental Permits, Private Water Supplies	<p>Public Protection deals with environmental issues such as contaminated land, environmental permits and private water supplies. This audit focused on providing assurance on compliance with regulations/ legislation, monitoring, enforcement and income management associated with all these areas.</p> <p>Whilst the control environment was considered to be generally sound, the key issue identified was to develop a strategy document to identify the current levels of service provision for the range of functions delivered by the service to enhance overall governance. In addition the production of formal written procedure notes to maintain effective service delivery was also agreed together with a review of current policy relating to applying fees for private water supplies.</p>	Adequate	H – 1, M – 4

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Neighbourhoods	Traffic Regulation Orders (TROs)	<p>TROs are legal documents that allow the RBC Highway Authority to enforce various permanent or temporary restrictions designed to manage traffic. Responsibility for enforcing parking restrictions rests with the Highway Authorities under the terms of the Borough wide consultation order, last amended in 2008. The audit focused on the adequacy of controls in place relating to the implementation of TROs and the timeliness of works undertaken in response to TROs.</p> <p>The audit concluded that there was a sound system of control in place. The key recommendation was to consolidate existing TROs into an authority wide or township orders although it was acknowledged that this was a time consuming process and would require dedicated resource to achieve.</p>	Substantial	M – 2

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Neighbourhoods	Rochdale Town Centre Public Space Protection Orders (PSPO)	<p>RBC operates one PSPO covering the Rochdale town centre. The purpose of a PSPO is to deal with anti-social behaviour in a particular area that is having a detrimental effect on the quality of life of those in the local community. It can prohibit certain things or require specific things to be done. A PSPO can apply to all people or limited to certain people and can be restricted to specific times. A PSPO can last no longer than three years and can be renewed if necessary. Failure to comply with an order can result in a fine or a Fixed Penalty Notice (FPN). The overall aim of the audit was to evaluate the effectiveness of controls over the establishment and operation of the Rochdale town centre PSPO.</p> <p>The audit concluded that RBC can demonstrate that it has successfully introduced and operates the Rochdale town centre PSPO. The actions agreed included:</p> <ul style="list-style-type: none"> • Refunding an FPN which was issued outside of the designated area; • Appointing a “Nominated Officer” to facilitate the recovery of unpaid FPNs; and • Developing a formal enforcement policy which will include the issuing and recovery of PSPO FPNs. 	Adequate	M – 3

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Resources	Visiting Team	<p>The Visiting Team is primarily responsible for identifying new commercial and domestic properties within the Borough which are not being charged business rates or council tax. The details of these properties are then passed to the Valuation Office to enable them to rate them, thereby enabling the Council to raise a bill. The audit focused on the effectiveness of and compliance with visiting procedures.</p> <p>Internal Audit concluded that the procedures in place governing inspection visits are effective and are carried out in a timely manner. As such no recommendations were considered appropriate.</p>	Substantial	None
Resources	New Vendors within STAR Authorities	<p>A new process of setting up vendors and reinstating cancelled/ suspended vendors was established in 2018/19. This audit focused on evaluating compliance with and the effectiveness of the new process across the STAR authorities.</p> <p>In overall terms processes were complied with and STAR communicated back to requesting authorities in a timely manner. In terms of agreed actions to enhance current systems and controls which impacted RBC these included the following:</p> <ul style="list-style-type: none"> • STAR to develop a methodology for monitoring the application of the 2 day target to process new vendors; • Any new vendor forms which do not have expected expenditure levels included will be rejected; and • A monthly spend analysis process will commence to evaluate compliance with processes. 	Adequate	M – 6

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Resources	Creditors	<p>The Purchase to Pay policy governs the approach to creditors and provides information and guidance that staff should follow on the purchase to payment procedure. Key aspects of the policy relate to the requirement for purchase orders to be raised in advance for all goods and services where an invoice is expected, and for invoices to be paid on a timely basis. The objective of the audit was to review compliance with the purchase to pay policy with a view to identifying areas of compliance, establishing areas of non-compliance, and suggesting areas for improvement. The audit was based on a sample of transactions covering a range of service areas.</p> <p>Whilst processes and controls were generally sound, a number of anomalies were identified focused on two main areas of none compliance, namely:</p> <ul style="list-style-type: none"> • Purchase orders being raised retrospectively after the receipt of the invoice; and • Invoices not being addressed to Financial Processing or sent through in a timely manner to facilitate payment within agreed terms. <p>Internal Audit sent memos to each of the services concerned with agreement from management to ensure these issues were resolved with immediate effect.</p>	Adequate	M - 9

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Various	Grant Certifications	<p>Certain grants available to RBC require periodic certification to confirm that the grants have been spent in accordance with grant terms and conditions. These certifications generally require sign off by the Head of Internal Audit together with either the Chief Executive or Chief Finance Officer. During quarter three, the following grant certification was signed off in this way:</p> <ul style="list-style-type: none"> Highways Incentive Funding 2020/21. <p>Internal Audit performed various independent checks to ensure that grant certifications could be signed off and no issues arose from this work.</p>	Substantial	None

Service	Audit Area	Scope of Audit and Key Areas for Improvement	Assurance Opinion	Recommendation priorities (H, M, L)
Children's Services - Schools	4 Primary Schools	<p>This comprised a review of the schools' exposure to risk using the Ofsted document "Keeping your balance", also taking account of other service areas and the extent of schools' implementation of previous recommendations.</p> <p>Moorhouse Primary Shawclough Primary Stansfield Hall CE/ Free School Primary St. John Fisher Primary</p> <p>The two high priority recommendations required improvements to the following areas:</p> <ul style="list-style-type: none"> • The ongoing monitoring of cash flow and balances should be enhanced to ensure adequate financial resources are maintained at all times; and • The procurement and authorisation of expenditure must comply with the School Finance Policy at all times. <p>A number of other actions were agreed to improve processes and controls including ensuring that:</p> <ul style="list-style-type: none"> • VAT invoices must be obtained to support relevant expenditure; • Income must always be recorded promptly; • The asset inventory should be kept up to date with any additions or disposals; • The Register of Interests must be complete, kept up to date and published at all times; and • The school finance policy and finance procedure manuals are continually reviewed and updated to ensure they remain relevant. <p>A further primary school was audited during the period and received a limited assurance opinion. This is summarised in Section 6.</p>	Substantial – 1 Adequate – 3	H – 2, M – 16, L – 21

Appendix B

FOLLOW UP OF OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – STATUS AS AT 12 JUNE 2020

Report	Assurance	Service	High and Medium priority actions	Final Date for Completion	Follow up date	Actions Complete	Actions Still in Progress	Notes on Follow Up Audit
Highways Winter Service	S	Neighbourhoods	11	31/08/2019	13/02/2020	9	2	The update of the Winter Service Policy and Plans will be aligned with the outcomes of an AGMA wide policy review with completion now expected by September 2020.
Commercial Investment Fund	A	Economy	7	31/10/2019	29/04/2019	5	2	The development of a Portfolio Management Strategy is currently subject to ongoing management consideration in conjunction with RDA prior to going to Cabinet for approval.
Music Service	A	Children's	7	31/12/2019		4	3	To be followed up in 2020/21
External Placements	A	Children's	7	31/01/2020				To be followed up in 2020/21
Collaborative Schools	A	Children's	2	28/02/2020				To be followed up in 2020/21
Town Centre Programme Management	A	Economy	8	31/03/2020				To be followed up in 2020/21
Corporate GDPR/ Data Protection Arrangements	A	Neighbourhoods	7	31/03/2020				To be followed up in 2020/21
Honorarium And Substitution Payments	A	Resources	7	31/03/2020				To be followed up in 2020/21
Pooled Budgets	A	Integrated Health	4	31/03/2020				To be followed up in 2020/21 by the MIAA
Exemptions	N/A	Resources	5	31/03/2020				To be followed up in 2020/21
New Vendor Additions/ Reinstatements within STAR Authorities	A	Resources	6	31/03/2020				To be followed up in 2020/21

Report	Assurance	Service	High and Medium priority actions	Final Date for Completion	Follow up date	Actions Complete	Actions Still in Progress	Notes on Follow Up Audit
Youth Offending Team	S	Children's	1	30/04/2020				To be followed up in 2020/21
Pen Pictures	A	Adult Care	6	30/04/2020	13/11/2019	3	3	3 remaining recommendations will be completed once a full review of the Commissioning Pen Picture process has been completed.
ContrOCC	A	Adult	2	30/06/2020	11/12/2019	1	1	Full resolution of data cleansing will only be achieved through a system upgrade which the supplier is working on for early in 2020.
I.T. Security	A	Neighbourhoods	6	30/06/2020				To be followed up in 2020/21
Local Care Organisation	S	Integrated Health	4	30/06/2020				To be followed up in 2020/21 by the MIAA
Key Decisions and Exemptions from Contract Procedure Rules	L	Adult Care	3	31/07/2020				To be followed up in 2020/21
Rochdale Town Centre Public Space Protection Order	A	Neighbourhoods	3	31/07/2020				To be followed up in 2020/21
Public Protection: Contaminated Land; Environmental Permits; Private Water Supplies	A	Neighbourhoods	4	31/12/2020				To be followed up in 2020/21
Traffic Regulation Orders (TROs)	S	Neighbourhoods	2	31/03/2021				A longer timescale is required in view of the challenge posed by consolidating all existing TROs