

Appendix 1 – Implemented Recommendations

Audit Title	Due Date	Recommendation	Management Response	Update/Opinion	Ownership and Actions
<p>SAP Expenditure Approval</p> <p>27 February 2018</p>	<p>30 May 2018</p>	<p>We recommend that, once relevant training and guidance has been produced, the Organisational Development Manager should ensure that there is a programme for cost centre managers to undertake refresher training (we would suggest that initially this is offered to cost centre managers to allow those with a self-identified need to obtain the training first).</p>	<p>A range of development modules are to be introduced by 30 May 2018 to support managers and leaders in managing the finances of the Council. This will include the training for cost centre managers as recommended.</p>	<p>Training material has been developed and is being delivered to managers as part of the corporate management and leadership training programmes.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required</p>
<p>Data Analysis: Mobile Devices Billing and Usage</p> <p>31 October 2017</p>	<p>31 March 2018</p>	<p>ICT should ensure that online billing management data accurately reflects the ownership of mobile device connections (as notified to them).</p> <p>ICT should agree a process to terminate unused connections.</p> <p>The findings for this report required a coordinated approach from various elements of the Council to address them. Internal Audit facilitated a workshop for relevant officers (including those from ICT, HROD, and Finance) to produce and agree the management response to address the issue. As such this recommendation was not explicitly stated but was discussed in the workshop where the response was agreed.</p>	<p>To obtain SMT support to undertake the necessary activity to address existing data issues. ICT plan to take a risk based approach, ensuring data is correctly recorded for new connections and that changes in ownership can be accurately captured. Focus will then be maintained on the connections using highest data, and those which appear unused. Following this, the impact of changes made will be assessed and further action proposed to ICT Board based on the level of improvement achieved.</p>	<p>Our dedicated follow up audit confirmed that ICT had carried out their own analysis of remaining potential data quality improvements in this area. The scale of these was residual as most of the work was now complete.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required</p>

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Expenses: Compliance Audit 22 August 2017	30 April 2018	The Head of Organisation Development should ensure that there are training opportunities in place to make managers aware of key aspects of expenses policy and procedure. This should consider any required amendments following the implementation of MiPeople, including claimant retention of supporting evidence. All employees and managers should be made aware of any changes to the arrangements for dealing with expenses, and updated policies and procedures should be documented.	Financial training for managers is currently being developed, which will include some content on the roles and responsibilities of managers around the approval of expenses. The Management Induction programme will also include this area. In addition, HR Business Partners will cascade this recommendation through Directorate Management Teams. This will be set in the context of broader corporate work to emphasise the roles and accountabilities of managers.	Training material has been developed and is being delivered to managers as part of the corporate management and leadership training programmes. Internal Audit Opinion: Implemented	No further action required
IR35 Compliance Review 26 June 2018	30 September 2018	Once a corporate process owner has been designated they should determine how and where evidence should be retained to document compliance with the legislation. They should also be clear over who has responsibility for ensuring that this evidence is obtained and stored in the appropriate location. Consideration will also need to be given to the types of evidence that are required and whether any central monitoring or access to the evidence will be required.	Available guidance will be reviewed and updated to include the retention of evidence to support the IR35 decisions.	The Director of HROD has supplied a copy of the draft updated guidance for IR35. This substantially addresses the recommendation we have made. We were informed that the guidance has been presented to and approved by SMT and as such the recommendation is now implemented. Internal Audit Opinion: Implemented	No further action required
IR35	30	Guidance on IR35 should be	Available guidance will be reviewed	The Director of HROD has supplied a	No further

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<p>Compliance Review</p> <p>26 June 2018</p>	<p>September 2018</p>	<p>expanded to ensure that all hiring managers are clear that they should retain evidence to support their decisions and how this should be stored to ensure that compliance can be confirmed should the decision be queried at any point in the future. Care should be taken to outline the types of evidence that should be retained (e.g. a copy of the contract terms or declaration from the umbrella company, or copies of the HMRC determinations) while making clear that each case must be treated on its own merits and as such evidence requirements may differ for different situations. Guidance should also reflect known common situations and how these should be treated, e.g. consultants hired through umbrella companies and the requisite confirmations required to show that our duties towards the consultant with regard to IR35 have been discharged. The guidance should also state that where there is a change to the terms of the agreement a new decision will be required. It is also recommended that the guidance when expanded is made available through the HR, Procurement and Shared Services intranet pages regardless of which department takes central responsibility for the process.</p>	<p>and updated to include the retention of evidence to support the IR35 decisions.</p>	<p>copy of the draft updated guidance for IR35. This substantially addresses the recommendation we have made. We were informed that the guidance was being presented to and approved by SMT and as such the recommendation is now implemented.</p> <p>Internal Audit Opinion: Implemented</p>	<p>action required</p>
<p>North West Foster Care Framework –</p>	<p>30 June 2017</p>	<p>Management should review the current risk evaluation process which is used to drive provider monitoring visits. In</p>	<p>To hold a risk workshop with support from Internal Risk.</p>	<p>Since our last update report to Audit Committee the service has provided a tracker showing responses to the self-</p>	<p>No further action required</p>

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Contract Monitoring Review 25 January 2017		<p>reviewing the current approach this should seek to ensure the following is taken into account:</p> <ul style="list-style-type: none"> • Number of placements and value of spend; • Criteria, including related assurance activity, including sources of intelligence and information received through care workers, other Contracted Local Authorities (CLA) or Placements North West; • 'Joined up' assurance - Clarifying the role of Placements North West / other CLAs to determine their approach to monitoring. • Management quality assurance reviews of ratings assigned to Providers to ensure consistency across the team; • Maintaining of evidence to support the basis for risk ratings; • Expectations over the type and frequency of contact with a Provider." 	<p>To develop assessment of risk based on agreed criteria taking into account audit recommendations.</p> <p>Agree standard expectations for provider visits.</p> <p>To ensure that the process is joined up with Looked After Children (LAC) reviews.</p> <p>To collaborate with other Local Authorities and Placements North West.</p>	<p>assessment, criticality ratings and visits that have occurred. We were also informed that the google forms for completion by the IRO has been finalised and distributed for completion. This has provided assurance that the risk evaluation process is now running as planned and as such we have implemented the recommendation.</p> <p>Internal Audit Opinion: Implemented</p>	
Contract Creation and Formalisation 12 January 2018	1 June 2018	<p>The Head of Legal Services and the Head of Corporate Procurement should put together an improvement action plan for approval by the City Solicitor and City Treasurer to address areas of non-compliance in relation to the Council's financial regulations and procurement rules and associated risks. This should include consideration of the proposals set out</p>	<p>A shared improvement action plan will be put in place to set out the required actions, key deliverables and associated business owners and timelines for implementation. This will include the key actions listed below;</p> <ul style="list-style-type: none"> • Consideration will be given to 	<p>Since our last update Integrated Commissioning have confirmed that commissioning pipelines are now in place and are being shared through the Commercial Board. The Commercial Board secretariat has undertaken work to collate delegated authority letters which has clarified authorisation over contracts for all directorates. The Constitution has also been amended to</p>	No further action required

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		<p>below which were identified during the risk workshop as potential mitigating actions and changes to process and practice.</p> <p>Re-examine the Council's existing Contract Procurement Rules to ensure they remain appropriate and fit for purpose. In particular;</p> <ul style="list-style-type: none"> • Any necessity to adjust financial limits at which contracts require written 'sign off' or sealing by Legal Services. • Consider delegations for Officers with authority to sign contracts on behalf of the Council. • Decide whether a more risk based approach should be adopted. • Review the existing requirement that 'All contracts must be concluded formally in writing before the supply, service or construction work begins, except in exceptional circumstances and then only with the written consent of the City Solicitor' <p>A forward plan of procurement activity should be developed and shared to support Legal Services in the planning and resourcing of caseload. This could be linked to the current Key Decision and Forward Planning processes. This could be used to support</p> <ul style="list-style-type: none"> • Earlier engagement and involvement with Legal 	<p>assessing the current levels and criteria as set out in the Constitution, and whether any revisions or supplementary guidance will be necessary to assist with the process.</p> <ul style="list-style-type: none"> • Protocol to be agreed and developed between Legal and Procurement to set out expectations around timescales, documents required, completion arrangements and communication between legal services and the client. • A request for Legal services to execute a contract requiring sealing can be made using a "standardised request form" which will be drafted and agreed between Legal and Procurement. This form should be forwarded to Legal prior to approval being given for the contract to be entered into, which will allow sufficient time for Legal to process the contract ready for issuing at the end of the call in period. Procurement should also advise Legal of the full details of the successful tenderer as soon as possible. • Integrated commissioning to include reference to the contract 	<p>make the requirements of commissioners and contract managers clearer. A contract criticality tool has been introduced which could be used to help assess which contracts were higher risk to help ensure these were prioritised for sign off. Officers from Legal Services and Corporate Procurement have agreed a procedure for finalising/sealing MCC contracts and framework agreements. Both parties agreed the protocol should help to smooth out the process.</p> <p>Internal Audit Opinion: Implemented</p>	

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		<ul style="list-style-type: none"> • Better timetabling and more effective work planning • Reduced timescales for producing formalised agreements • Risk profiling of upcoming contracting and procurement activity. <p>Consider whether the introduction of a standard form of contract for more straightforward low risk/value contracts would be beneficial to avoid 'overworking' of contracts and allow these to be completed without the necessity for Legal involvement.</p> <p>The outcomes of the risk workshop cited several process, procedure and general administration issues which impacted on the time taken to complete the formalisation stage. We recommend that these areas are explored further to develop expectations during the process and implement revised ways of working.</p> <ul style="list-style-type: none"> • Improved communication between Legal, Corporate Procurement and client departments to ensure all parties are kept informed of progress and issues to be resolved. • Understanding reasons where significant delays exist. • Formal notification to the client department that the contract sign off stage has been completed. 	<p>creation and formalisation process in the contract specification document and guidance. This should clearly set out the importance of early engagement and collaboration between legal, procurement and the contract owner.</p> <ul style="list-style-type: none"> • Integrated Commissioning will include the requirement to seek approval for work to begin as a requirement in guidance to contract managers. • Once the protocol and guidance are agreed and implemented officers must be aware of their requirements and expectations to reduce risk to MCC. • Consideration should be given to setting up and maintaining a corporate contracts register. Legal Services are looking to develop a system to run alongside that process for additional resilience. 		

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		<ul style="list-style-type: none"> • Ensuring the latest version of the contract is shared with the client department to ensure they are monitoring against the correct terms and conditions. • Retaining an electronic copy of the signed contract to ensure that there is appropriate back up should the team be unable to access the hard copy documents for any reason. • Development of guidance to explain the contract formalisation stage and outline some of the common issues involved in the process and how they could be avoided. • Legal administration of caseload including, caseload allocation, prioritisation, recording and progress monitoring. 			
Liquidlogic Data Migration – Phase 1 10 May 2018	31 May 2018	The Programme Manager should secure agreement from the Project Steering Group on a single officer to act as the project SRO.	A meeting has been held with Head of ICT Delivery and ICT Chief Information Officer (CIO) to discuss. The CIO will write to Strategic Director of Children’s Services and Director for Strategic Commissioning and Director of Adult Social Care to agree who should be the single SRO for this project. Steering Group to be re-convened and chaired by Tyrone Griffiths (ICT Head of Delivery).	Director of Children’s Services has been appointed as the single SRO for the project. Internal Audit Opinion: Implemented	No further action required
Liquidlogic Data Migration –	31 May 2018	As a matter of priority the Programme Manager, in conjunction with the SRO, should ensure that the scope of the	The ICT Programme Manager Children’s and Families, to pursue	The functionality of the four areas had been agreed by phase 4 of data migration and agreed by the key	No further action required

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Phase 1 10 May 2018		project in each of the four areas is agreed by the key stakeholders and formally signed off. In line with specified pre-conditions we would not expect the project to proceed to phase 3 of data migration without this sign off.	<p>sign off of the Adults and Children's scope.</p> <p>Data migration in relation to Early Help is currently out of scope. We hope to deliver a solution in this area - the scope of any migration will be governed by what is feasible and will be communicated to the steering group for discussion and approval as required.</p> <p>The migration of finance data will include all Adults finance data and is included in the Adults scope. No Children's financial data is to be migrated and information for active cases will be re-keyed. This has been communicated to the Finance workstream lead who endorses the proposed approach.</p>	<p>stakeholders. This will be actively reviewed throughout the remainder of the project.</p> <p>Internal Audit Opinion: Implemented</p>	
Liquidlogic Data Migration – Phase 1 10 May 2018	31 May 2018	The Programme Manager should ensure that where configuration workshops have not identified an appropriate business solution for system configuration they should be rearranged. To achieve this the Programme Manager should liaise with the Business Leads to ensure that there is a better articulation and collective understanding of the projects' needs and requirements to ensure that the project can secure the necessary commitment from the	Where there have been issues with engagement from the business these have been addressed and workshops to define these areas have been re-run. Problems with engagement in some business areas are being addressed, and meetings are being arranged.	<p>Further Configuration workshops were held where:-</p> <ul style="list-style-type: none"> • None had previously taken place. • A Solution had not been identified • Where the implemented solution did not meet the Council's needs. <p>The impacted areas have now been configured within the system and are undergoing testing.</p> <p>Internal Audit Opinion: Implemented</p>	No further action required

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Liquidlogic Data Migration – Phase 1 10 May 2018	30 June 2018	business. The Programme Manager should ensure that full testing schedules should be produced, agreed and signed off for each module before phase 3 of data migration and user acceptance testing.	Meeting to be held with ICT Test team to ensure a smooth error recording process is in place. Test scenarios to be developed by the Project Business Leads and to be signed off by the Project Manager and the Programme Manager.	By the fourth phase of system testing schedules had been developed for the Children and Adults systems; covered current processes and included each of the forms designed for the new system. For the financial system a testing schedule had been produced and signed off, but our audit into phase four of testing identified some improvement was required. Internal Audit Opinion: Implemented	No further action required
HROD Contract Management 23 July 2018	1 September 2018.	The Head of Organisational Development supported by the Contract Managers should determine the reason for the insufficient insurance cover of the Occupational Health Contract and gain immediate assurance that amendments are made to the cover to ensure this is compliant with the original contract terms. The Contract Managers should also put a process in place to ensure that going forward insurance limits are checked including at renewal times to prevent any reoccurrence of this and confirm that the correct levels are in place for all contracts. Prior to joining a non MCC framework checks should	As provision moves to coordination under the GM DPS the MCC apprenticeship lead will work to ensure effective contract review arrangements are in place and has raised this already with the GM Following publication of the final report all contract managers will be contacted and reminded of the importance of assuring insurance coverage as part of contract letting and monitoring. Corporate Procurement will be asked for advice on the Council's position in relation to insurance levels within collaborative contracts	The insurance for Occupational Health has now been increased to be in line with Council requirements. The Head of Corporate Procurement has confirmed that for GM contracts the insurance limits and other requirements of the procuring Council apply. The importance of checking insurance levels and certificates has been communicated to contract managers. All apprenticeship providers not covered by the insurance requirements of the GM DPS were contacted on 10 July to provide details of coverage. We have confirmed that all providers have sufficient insurance cover.	No further action required

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		also be undertaken to ensure the limits are acceptable to the Council.	where MCC is not the procuring authority.	Internal Audit Opinion: Implemented	
Purchase Cards 19 September 2018	30 November 2018	All purchase cards held by officers and members should be renewed. The Shared Services Operations Manager should introduce a process so that a new business case is obtained before new cards are issued, this would ensure that they are periodically (every 4 years) renewed.	All card holders to be asked to complete new business case template. A new business case will then be required before new cards are issued.	A new business case has been created and rolled out as officers require new purchase cards. Business cases will then have to be renewed every three years (rather than four) The service is currently tendering for a Purchase Card provider, if the contract is not awarded to RBS, then all cards will need to be replaced before April 2019. Internal Audit Opinion: Implemented	No further action required
Purchase Cards 19 September 2018	30 November 2018	The Shared Services Operations Manager should determine a clear structured approach for the submission of reconciliations. This should include a timeline for submission, reminders, and suspension of purchase cards. Where the timeline has been exhausted purchase cards should be suspended. This process needs to be included in the revised guidance in recommendation 2 above.	Once the guidance has been revised, all card holders will be made aware of the protocol for sending in the transaction log on time, and consequences of failure to do so.	The guidance has been revised, although not yet issued. However the service has issued a note to all card holders regarding the requirements for reconciliation and consequences for failure to comply. Internal Audit Opinion: Implemented	No further action required

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Purchase Cards 19 September 2018	30 November 2018	The Shared Services Operations Manager should ensure the approver of the business case identifies a named officer to approve the reconciliation for each card and to provide a level of scrutiny of the associated expenditure. This officer should be included on the business case as above in recommendation 1. This named officer should be required to email the monthly reconciliations to FSSC in order to demonstrate that they approve and accept responsibility for the expenditure. If a relevant officer is not able to be identified, the card should be suspended.	A business case template has been created which includes the requirement to provide the approver. The business case will be rolled out in recommendation 1, and reconciliation protocols will be addressed by recommendation 6.	A revised business case has been created which includes a requirement to name the Cost Centre Manager who will be required to approve both the business case and the subsequent reconciliations (as detailed in the guidance and the reminder issued.) Internal Audit Opinion: Implemented	No further action required
Events Management 10 February 2017	30 Sept 2017	The Head of Events should liaise with relevant stakeholders to review and update the current Council strategy for events management. We consider the strategy should: <ul style="list-style-type: none"> • Set out a Council vision for events and key strategic objectives; • Establish how event objectives will be met, including event funding, application, management and performance evaluation, in accordance with best practice; • Set key performance indicators and targets; and Outline relevant monitoring arrangements.	The Head of Events has already commissioned work to inform the development of the Events Strategy. The Head of Events will see this work through to completion and will liaise with relevant stakeholders to review and update the strategy for events management.	The Event Strategy (2019-2029) was presented to the Communities and Equalities Scrutiny Committee in January 2019. Internal Audit Opinion: Implemented	No further action required

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Events Management 10 February 2017	30 Sept 2017	<p>The Head of Events, in conjunction with colleagues from Corporate Procurement should review the existing approach to procuring suppliers and services in relation to events. This should include;</p> <ul style="list-style-type: none"> • Consideration of the most appropriate procurement method to meet service objectives including bringing some areas of expenditure under contract or framework agreement; • Analysis of total value expenditure with existing providers to identify related spend; and <p>Reduced dependency on waiver exemptions (only to be used in exceptional circumstances).</p>	<p>The Head of Events, in conjunction with colleagues from Corporate Procurement will review the existing approach to procuring suppliers and services in relation to events.</p>	<p>The service has now completed the specification, which is in final consultation with Corporate Procurement before it is issued to the market. Tender responses are timetabled to enable evaluation of submissions in December 2018 (and subsequent award thereafter).</p> <p>Internal Audit Opinion: Implemented.</p>	<p>No further action required</p>
Multi Agency Safeguarding Hub – Referrals and Enquiries: Compliance Audit 19 September 2017	30 Sept 2017	<p>The MASH Operations Manager should ensure that criteria are defined for the circumstances under which a longer assessment period may be appropriate, or (if such circumstances are too varied) that there is a request / management approval process. A mechanism should be introduced to identify / flag these referrals as such in order to monitor timeliness of these cases separately.</p> <p>Overall timeliness of the process should continue to be monitored by the MASH Board and MASH Managers, subject to the revisions recommended below in 4.1.</p>	<p>Procedures to be updated to reflect timescales for referrals requiring an immediate, 24-hour, or 72-hour response. Performance will be monitored via monthly Children’s performance clinics, the MASH Operational Group, and the MASH Strategic Partnership Board. Daily tracking is in place via team managers to monitor timeliness.</p>	<p>The MASH now manually record all referrals that progress to a Strategy Discussion and Internal Audit have seen evidence of the MASH Operations Manager carrying out dip testing to assess timeliness which is reported in the Performance Dashboard.</p> <p>Internal Audit Opinion: Implemented</p>	<p>No further action required</p>