

# South Somerset District Council

Report of Internal Audit Activity

Plan Progress 2020/21 October 2020

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## The contacts at SWAP in connection with this report are:

### David Hill

Chief Executive

Tel: 01935 848540

[david.hill@swapaudit.co.uk](mailto:david.hill@swapaudit.co.uk)

### Alastair Woodland

Assistant Director

Tel: 07720312467

[alastair.woodland@swapaudit.co.uk](mailto:alastair.woodland@swapaudit.co.uk)

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# Internal Audit Plan Progress 2020-21

## Our audit activity is split between:

- **Operational Audit**
- **Governance Audit**
- **Key Control Audit**
- **IT Audit**
- **Grants**
- **Other Reviews**



## Role of Internal Audit

The Internal Audit service for the South Somerset District Council is provided by South West Audit Partnership Limited (SWAP). SWAP is a Local Authority controlled Company. SWAP has adopted and works to the Standards of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS), and also follows the CIPFA Code of Practice for Internal Audit. The Partnership is also guided by the Internal Audit Charter approved by the Audit and Governance Committee at its meeting in May 2020.

Internal Audit provides an independent and objective opinion on the Authority's control environment by evaluating its effectiveness. Primarily the work includes:

- Operational Audit Reviews
- Cross Cutting Governance Audits
- Annual Review of Key Financial System Controls
- IT Audits
- Grants
- Other Special or Unplanned Review

Internal Audit work is largely driven by an Annual Audit Plan. This is approved by the Section 151 Officer, following consultation with the Senior Management Team. This year's Audit Plan was reported to and approved by this Committee at its meeting in May 2020. Audit assignments are undertaken in accordance with this Plan to assess current levels of governance, control and risk.

# Internal Audit Plan Progress 2020-21

## Outturn to Date:

We rank our recommendations on a scale of 1 to 3, with 3 being minor or administrative concerns to 1 being areas of major concern requiring immediate corrective action.



## Internal Audit Work programme

The schedule provided at **Appendix B** contains a list of all audits as agreed in the Annual Audit Plan 2020/21. It is important that Members are aware of the status of all audits and that this information helps them place reliance on the work of Internal Audit and its ability to complete the plan as agreed.

Each completed assignment includes its respective “assurance opinion” rating together with the number and relative ranking of recommendations that have been raised with management. In such cases, the Committee can take assurance that improvement actions have been agreed with management to address these. The assurance opinion ratings have been determined in accordance with the Internal Audit “Audit Framework Definitions” as detailed on **Appendix A** of this document.

The following table summarised Audits finalised during quarter 2 2020/21:

Audit Area	Quarter	Status	Opinion
<b>2020/21</b>			
<b>NEW:</b> Health & Wellbeing	2	Final	Reasonable
<b>NEW:</b> Grant Funding Schemes Assurance for Local Authorities (Risk Assessment)	2	Final	Advisory
Combined Follow Up	2	Final	Follow Up
Project Governance – Regeneration	2	Final	Limited

# Internal Audit Plan Progress 2020-21

## Significant Corporate Risks

Identified Significant Corporate Risks should be brought to the attention of the Audit Committee.

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- Limited or No Assurance Opinions
- Follow-ups



## Significant Corporate Risks

We provide a definition of the 3 Risk Levels applied within audit reports and these are detailed in **Appendix A**. For those audits which have reached report stage through the year, I will report risks we have assessed as 'High'.

In this update there are no final reports included with significant corporate risks.



## Summary of Work Completed – Limited or No Assurance Opinions

### Project Governance – Regeneration – Limited Assurance.

The objective of this review was to assess the effectiveness of the Project Governance arrangements in place to manage the Regeneration Projects. We reviewed the project management arrangements for a selection of projects under the following three regeneration programmes:

- Yeovil Refresh
  - Public Realm
  - Transport Access Strategy
  - Car Park Review
- Chard Town Centre Regeneration
  - Leisure centre
- Wincanton Town Centre
  - Property Initiative
  - Events Programme

We also looked at the overall governance arrangements for monitoring and reporting of the whole programmes.

Whilst a Terms of Reference (TOR) have been drawn up for the Strategic Development and three Regenerations Programme Boards, they do not state which reports should be presented e.g. financial budget reports, risk registers and project progress. Our testing also identified inconsistencies with the provision of these key reports, creating a risk that the Boards are not be provided with sufficient information to evaluate that the projects are

### Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- Limited or No Assurance Opinions
- Follow-ups

### Summary of Work Completed – Limited or No Assurance Opinions

progressing as intended (both financially and in terms of delivering outcomes) and take action where required. It was also noted that the Terms of Reference do not stipulate what quorate is required which could have an impact on decision making effectiveness.

Further clarification is also required to what decisions are made regarding the Regeneration Programmes at the Strategic Development Board.

Our review also highlighted that there is no Programme Management Framework in place at the Council which has resulted in inconsistent practices in place. The lack of a Project Management Office has resulted in officers not having any guidance from SSDC on how to run and manage projects.

It is noted that the experience and knowledge of the current Regeneration Project Management teams has reduced the risk of outcomes not being achieved due to poorly managed projects. In addition, the Interim Regeneration Programme Manager has started to introduce some templates and documents including standard reporting and formal risk registers which were discussed at the Strategic Development Board in June 2020 which will provide the boards with greater oversight going forwards. The permanent Regeneration Programme Manager is keen to continue this standardisation and contribute to the production of a Programme Management Framework and it is anticipated that these developments will ensure greater governance going forwards.

The Priority 1 & 2 recommendations can from this review can be view from [Appendix C](#) at the end of this report.

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- Limited or No Assurance Opinions
- Follow-ups



## Summary of Work Completed

### Health & Wellbeing – Reasonable Assurance

I have provided some information on this review as members specifically requested assurance in this area. The objective of this audit was to ensure staff have suitable access to health and wellbeing support and are signposted to the relevant support should a need be identified by themselves or others. Specific areas we looked at and tested for effectiveness included:

- 1-2-1s are taking place on a monthly basis and cover the employee's health and wellbeing along with performance monitoring.
- Absence levels and leave requests are monitored to ensure staff are taking the time they need to process their own mental health but are also not meeting defined absence trigger levels.
- Support services (internal and external) are in place and staff are made aware of the provision of these services and how to access them.
- Monitoring dashboard is in place to compare data on staff health and wellbeing
- 'Pulse surveys' are undertaken to assess 'health and wellbeing' across the organisation. Survey results are reviewed, and results analysed to identify areas where improvements can be made.
- Risk assessments have been carried out for home working and for those who are still working in the community, these risk assessments include covid-19 risk of transmission as well as the standard H&S concerns. (Limited assurance as home assessments only just issued and only Covid-19 risk assessments received)
- The Council's initiatives on Health and Wellbeing are being effectively communicated across all staff.

We found the Council have put a suite of support options in place to help all members of staff manage their health and wellbeing. The external support in place is confidential and available 24 hours a day, 7 days a week. The Council only receives reports on the number of staff making use of the services, not the names or reason for the support. Work has been done to inform all staff of the services on offer and this has been clearly communicated via emails, the staff portal and staff briefings. While it has all been clearly communicated, the uptake on support has been lower as the new services embed. However, the uptake of webinar sessions was higher compared to larger local County Councils. There has been an increase in the amount of absences due to mental health reasons for the beginning of the current financial year and this shows that there is a need for support across the Council for those

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- **Limited or No Assurance Opinions**
- **Follow-ups**



## Summary of Work Completed

who require it. However, this can be seen positively that people feel able to report the actual, rather than a false reason for their absence and could demonstrate a shift in the stigma and changing culture.

Risk assessments have been completed for staff out in the community and for those who may need to work from the offices, with suitable mitigation put in place to reduce the risk of staff catching Covid-19. Working from home risk assessments have recently been sent out to all staff working from home. These should identify if staff need any equipment to help them when working from home. Since these are still being completed, no analysis of the results or the implementation of required changes could be completed.

The area that does require the most work is the consistency of 1-2-1s for all staff. A sample of officers were spoken to and the majority reported that they were missing 1-2-1s or they had stopped. This is an important control for checking-in with staff to discuss their work, their health and wellbeing and if there is any support required. While a new template for this has been created and ensures discussions of health and wellbeing is put at the centre of the meeting, this only works when the meetings are held on a regular basis and Team Leaders and People Manager fulfil their responsibilities from a performance, health and safety perspective.



# Internal Audit Plan Progress 2020-21

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- Limited or No Assurance Opinions
- Follow-ups



## Summary of Work Completed – Follow-ups

Follow up reviews are undertaken where a previous audit has returned a ‘limited Assurance’ or ‘No Assurance’. This is to provide assurance to the Audit and Governance Committee that areas of weakness have been addressed. Follow up reviews will only focus on the areas of weakness identified in the original review and are usually undertaken 6 months after the original review to allow time for recommendations to be implemented.

### Combined Follow Up

This audit follows up on recommendations made in the below four audits:

- Lone Working
- Supplier Financial Resilience
- Information Governance GDPR
- Performance Management

Thirteen recommendations were made in the original four audits. The table below highlights progress made against each of the recommendations.

	Complete	In Progress	Not Started	Total
Priority 1	-	-	1	<b>1</b>
Priority 2	-	7	4	<b>11</b>
Priority 3	-	1	-	<b>1</b>
<b>Total</b>	-	<b>8</b>	<b>5</b>	<b>13</b>

## Internal Audit Plan Progress 2020-21

### Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- Limited or No Assurance Opinions
- Follow-ups



### Summary of Work Completed – Follow-ups

#### **Lone Working (Reported to Audit Committee June 2019 & October 2019)**

The law requires employers to carefully consider and address health and safety risks for employees working alone. Limited assurance was awarded due to weaknesses identified in lone working practices at South Somerset District Council. These included risk assessments being overdue for review, an outdated Lone Working Policy and a lack of lone work training provision for officers.

None of the five recommendations have yet been fully implemented although action has been taken to move them along. Revised dates for completion are end of March 2021.

Detailed explanation against the recommendations can be viewed below in **Appendix C**.

#### **Supplier Financial Resilience (Reported to Audit Committee January 2019 & January 2020)**

Monitoring and managing the suppliers used by the Council is important to ensure that there is cover or options available to manage any supplier resilience issues. As part of these the Councils Business Continuity Plans need to include managing supplier failures. This Audit was followed up in 2019-20 where 1 recommendation remained outstanding from the original audit. This outstanding recommendation is still in progress and is being actioned a part of a bigger piece of work on business recovery and business continuity plans.

Details on the recommendation can be found in **Appendix C** below.

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee

- **Limited or No Assurance Opinions**
- **Follow-ups**



## Summary of Work Completed – Follow-ups

### **Information Governance GDPR (Reported to Audit Committee June 2020)**

Data Protection Act 2018 incorporating GDPR came into effect on 25th May 2018 replacing the Data Protection Act 1998 and represents the latest generation of legislation covering both enhanced rights for individuals and the extended compliance requirements of organisations who handle, store and process data. The Information Governance review was finalised shortly before Covid-19 and as a result the lead officer responsible for undertaking the recommendations was redeployed which has delayed their implementation.

Details on the recommendation can be found in **Appendix C** below

### **Performance Management (Reported to Audit Committee June 2020)**

Performance Management is an important tool for monitoring the overall performance of the Council and the various services provided. It provides Managers and Members with an overview of performance and helps to identify areas of concern. While monitoring is being undertaken it was identified that these targets were not focused on service improvements and that specific service targets were not being monitored within the Corporate performance monitoring framework. There was also no quality control process to ensure the data being provided was an accurate reflection of the Councils performance. The Information Governance review was finalised shortly before Covid-19 and as a result the lead officer responsible for undertaking the recommendations was redeployed which has delayed their implementation.

Details on the recommendation can be found in **Appendix C** below

# Internal Audit Plan Progress 2020-21

The Assistant Director for SWAP reports performance on a regular basis to the SWAP Management and Partnership Boards.



## SWAP Performance

SWAP now provides the Internal Audit service for 24 public sector bodies. SWAP performance is subject to regular monitoring review by both the Board and the Member Meetings. The respective outturn performance results for South Somerset District Council for the 2020/21 (as of 6 October 2020) were as follows:

Performance Target	Target Year End	Average Performance
<p><b><u>Audit Plan – Percentage Progress</u></b>                      Final, Draft and Discussion                      In progress                      Yet to complete</p>	>90%	30% 11% 59%*
<p><b><u>Quality of Audit Work</u></b>                      Customer Satisfaction Questionnaire</p>	>95%	100%
<p><b><u>Outcomes from Audit Work</u></b>                      Value to the Organisation  <i>(client view of whether our audit work met or exceeded expectations, in terms of value to their area)</i></p>	>95%	100%

\*Additional work/reviews have been picked up in quarter 1 & 2 and therefore some reviews will need to be deferred

## Internal Audit Plan Progress 2020-21

We keep our audit plans under regular review so as to ensure that we are auditing the right things at the right time. Due to Covid-19 the plan priority areas will be agreed on a quarter by quarter basis.



### Approved Changes to the Plan

The audit plan for 2020/21 is detailed in **Appendix B**. Despite the impact of Covid-19 and some additional work being added to the plan, we have not yet removed any items from 2020-21 plan. For this reason, the plan will remain flexible targeting short term priorities as agreed with SLT on a quarter by quarter basis. This is to ensure the plan reflects the changing risks and service pressures and remains relevant to South Somerset District Council. The following changes have been made to the 2020/21 Audit Plan since the last report:

#### Amendments to the plan:

- Civica Digital Systems Review has been combined with the Transformation Close down audit. This review is looking at the Civica systems as well as other elements of transformation as part of the lessons learned piece of work as the programme starts to come to a close. This work is currently in progress.

To manage continuity of work we have adapted the quarters when audits are undertaken which has resulted in some audits being brought forward and others being pushed back.

#### Deferred work pushed back to later in 2020-21:

- Procurement was pushed back to quarter 4. This was due to the change of roles for the Procurement specialist to become the new Lead Specialist People and change. This has meant that he does not have the capacity to support this review and it has been delayed until quarter 4 to allow his replacement to be appointed and in post.
- Income Generation Service Improvements has been pushed back to quarter 3. This is due to the lead officer having to focus on Covid-19 recovery and therefore was unavailable to support this work until quarter 3.
- S106 & CIL has been pushed back to quarter 4 as the lead specialist for planning had left and time was needed to recruit his replacement.

## Assurance Definitions

<b>No</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control are inadequate to effectively manage risks to the achievement of objectives in the area audited.
<b>Limited</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
<b>Reasonable</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Substantial</b>	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Non-Opinion/Advisory</b>	In addition to our opinion-based work we will provide consultancy services. The “advice” offered by Internal Audit in its consultancy role may include risk analysis and evaluation, developing potential solutions to problems and providing controls assurance.

## Definition of Corporate Risks

<b>Risk</b>	<b>Reporting Implications</b>
<b>High</b>	Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.
<b>Medium</b>	Issues which should be addressed by management in their areas of responsibility.
<b>Low</b>	Issues of a minor nature or best practice where some improvement can be made.

## Categorisation of Recommendations

In addition to the corporate risk assessment it is important that management know how important the recommendation is to their service. Each recommendation has been given a priority rating at service level with the following definitions:

<b>Priority 1</b>	Findings that are fundamental to the integrity of the service’s business processes and require the immediate attention of management.
<b>Priority 2</b>	Important findings that need to be resolved by management.
<b>Priority 3</b>	Finding that requires attention.

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
<b>FINAL</b>									
Fraud, Corruption and Governance	Boden Mill & Chard Regeneration Scheme Accounts Review	Q1	Final	Advisory	0	0	0	0	
Fraud, Corruption and Governance	<b>New:</b> Growth Deal Capital Expenditure Certification	Q1	Final	Advisory	0	0	0	0	
Fraud, Corruption and Governance	Yeovil Cemetery & Crematorium Annual Accounts Controls Assurance	Q1	Final	Advisory	0	0	0	0	
Covid-19 Support	<b>New:</b> Covid-19 Support/Advice	Q1	Final	Advisory	0	0	0	0	Help with performance monitoring dashboard and remote decision-making advice.
Governance Fraud & Corruption	Project Governance - Regeneration Projects	Q1	Final	Limited	5	0	3	2	
Follow Up	Combined Follow up	Q1	Final	Advisory	0	0	0	0	
Covid-19 Support	<b>NEW:</b> Grant Funding Schemes Assurance for Local Authorities (Risk Assessment)	Q1	Final	Advisory	0	0	0	0	
Governance Fraud & Corruption	<b>NEW:</b> Health & Wellbeing	Q2	Final	Reasonable	2	0	0	2	

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
<b>IN PROGRESS</b>									
Operational	Homelessness	Q2	Review						
Transformation	Transformation close down	Q2	In Progress						
ICT	Cyber Security Framework Review	Q3	In Progress						
<b>NOT STARTED</b>									
Governance Fraud & Corruption	Income Generation Service Improvements	Q3	Not Started						Deferred from quarter 2
ICT	Digital Strategy & Transformation	Q3	Not Started						Deferred from quarter 2
ICT	ICT Governance and Risk Scope Review	Q3	Not Started						
Key Control	Council Tax & NNDR	Q3	Not Started						
Key Control	Creditors	Q3	Not Started						
Key Control	Housing Benefits	Q3	Not Started						
Key Control	Budget Planning and Monitoring	Q3	Not Started						



## Summary of Work Plan

## Appendix B

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
Governance Fraud & Corruption	Commercial Investments	Q3	Not Started						
Governance Fraud & Corruption	Procurement – Leisure Contract	Q4	Not Started						Deferred from quarter 2
Operational	S106 & CIL	Q4	Not Started						Deferred from quarter 1
Governance Fraud & Corruption	Yeovil Innovation Centre (YIC) Phase 2	Q4	Not Started						
Governance Fraud & Corruption	Risk Management	Q4	Not Started						
Governance Fraud & Corruption	Ethical Governance	Q4	Not Started						
Governance Fraud & Corruption	Somerset Districts Cooperation/collaboration FOLGIS	Q4	Not Started						
Governance Fraud & Corruption	Climate Change	Q4	Not Started						
Follow Up	Information Governance GDPR Follow Up	Q4	Not Started						
<b>Deferred or Removed</b>									
Transformation	Civica Digital Systems Review	Q2	Not Started						Combined with Transformation Close down

The following recommendations and agreed action are from the Project Governance Regeneration review undertaken in June/July 2020.

P1 or P2	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
<b>Project Governance Regeneration</b>					
P2	Inconsistent practices are in place to manage and control the regeneration programmes.	Inconsistent practices resulting in potential overspend, risks not being mitigated and not meeting the required timescales.	We recommend that the People, Performance and Change Lead draws up a Corporate Project Management Framework. This should be then be used for all projects going forward. Where projects are already in progress, it is not expected that all the documentation should be redone but that any documentation used for monitoring should be produced such as issue logs and change management.	Agreed. This is will be undertaken by the People, Performance and Change Lead who is currently being recruited.	30 July 2021
P2	The roles and responsibilities of the Strategic Development Board are unclear in relation to the regeneration programme.	Lack of clarity could cause confusion resulting in ineffective decision making and project objectives not being met.	We recommend that the Regeneration Programme Manager reviews the Terms of Reference and ensures that the roles, responsibilities, and decisions made on the regeneration programmes are clarified. It also should be made clear which reports should be presented to the Board.	Agreed. The revised Terms of Reference will go to the next meeting of each Board.	31 October 2020

P1 or P2	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
P2	There is an inconsistent approach to governance at the Regeneration Programme Boards.	Members of the Boards are not provided with the necessary information to make informed decisions resulting in project objectives not being met.	We recommend that the Regeneration Programme Manager produces a Standing Agenda for the Regeneration Boards and this should include a Declaration of Interests item and the presentation of a progress report, risk register, budget monitoring report and issues log.	Agreed. The revised agenda will go to the next meeting of each Board.	31 October 2020

**Combined Follow Up Review**

The following table provides an update on the Priority 1 (P1) and Priority 2 (P2) recommendations previously raised in ‘Limited Assurance’ audits.

Weaknesses Found	Recommendation	Target Date for Completion	Manager’s Update – October 2019	Manager’s Update – August 2020
<b>LONE WORKING (Reported to Audit Committee June 2019 &amp; October 2019)</b>				
Risk assessments are not reviewed annually. (P2)	We recommend that the Leadership and Management Team ensures risk assessments are updated and reviewed annually. An annual check should be carried out to ensure all have been reviewed and updated to show the date of review.	Original Target Date: 31 March 2019  Revised Implementation Date: 31 March 2021	The creation of the 3 new generic risk assessments to replace / decommissioned the existing risk assessments within the TEN management system has been delayed and did not meet the target date. However, risk assessments have been reviewed by people managers and controls are in place for the higher risk lone working situations. For example, customer focussed officers working alone at satellite offices, locality officers visiting homes etc.	The very long list of H&S risks was reviewed some time ago and strategic risks were pulled out of here and form part of a new approach to risk management. Strategic risks are now reviewed quarterly and reported to SLT. Operational risks remain the responsibility of managers in those specific areas but are co-ordinated by the H&S working group. Unfortunately, the work plan for the H&S group was interrupted by Covid-19 and also by long-term sickness. This has not been fully implemented at an operational level. A new officer has been appointed who will be responsible for picking this action up.

Weaknesses Found	Recommendation	Target Date for Completion	Manager's Update – October 2019	Manager's Update – August 2020
<p>Training is not provided to all Lone workers. (P2)</p>	<p>We recommend that the People Managers Forum ensures that the lone working training programme is reviewed and updated, and that all lone workers are complete this regardless of length of service. Annual refreshers should be carried out to update on any changes in protocols that have occurred and ensure the correct processes are being followed.</p>	<p>Original Target Date: 30 April 2019</p> <p>Revised Implementation Date: 31 March 2021</p>	<p>All identified lone workers, issued with a Skyguard device, have undertaken appropriate training for use of the device and procedures to follow in the event of an incident. The new Learning Management System goes live in October and this will be the main vehicle to deliver rules / information based training for all employees, instructions will be given to complete the 2 lone worker modules together with a refresh of the Skyguard training where appropriate. We will expect all relevant employees to have completed this by the end of November. We will be able to report on that.</p> <p>In addition, employees who meet with and help vulnerable customers have received additional training when working in a potentially riskier situation. The L&amp;D Specialist is also developing more opportunities for training and learning for dealing with abusive or challenging customers.</p>	<p>This is still outstanding. The lead officer who was working on it has been long term sick leave and has now left. A replacement has been appointed who will be responsible for progressing this action.</p>

Weaknesses Found	Recommendation	Target Date for Completion	Manager's Update – October 2019	Manager's Update – August 2020
<p>There is no consistency in lone working systems used across teams. (P2)</p>	<p>We recommend that the Lead Specialist Strategic Planning ensures that:</p> <ul style="list-style-type: none"> <li>the need to use Skyguard is clearly communicated to all lone workers and their Managers;</li> <li>training is provided on its use to all lone workers;</li> <li>the method of raising the alarm is considered and communicated to all lone workers and their Managers.</li> </ul>	<p>Original Target Date: 30 April 2019</p> <p>Revised Implementation Date: 31 March 2021</p>	<p>Verbal update to be provide during Audit Committee.</p>	<p>This was placed on the work plan for H&amp;S in 2019; however, the work plan was not activated fully before being interrupted by long term sick. This will be picked up by the newly appointed officer.</p>
<p>Not all officers have access to a register of dangerous persons or properties list. (P2)</p>	<p>We recommend that the Lead Specialist Environmental Health and the Specialist Service Manager ensures that a register of dangerous persons is produced and made available to all officers who may have to deal with customers on their own.</p>	<p>Original Target Date: 30 April 2019</p> <p>Revised Implementation Date: 31<sup>st</sup> March 2021</p>	<p>The format and principles for operating a register which both supports employees to be safe and protect the privacy of individuals has been produced and held in a shared drive open to all employees. Names will be added following assessment by a small officer group.</p>	<p>The internal 'lists' already in place have been updated. The lead in this area was developing a protocol for a new corporate system, although this has not been completed and delayed due to long term sick leave. This will be picked up through the H&amp;S working group.</p>

Weaknesses Found	Recommendation	Target Date for Completion	Manager’s Update – October 2019	Manager’s Update – August 2020
<b>SUPPLIER FINANCIAL RESILIENCE (Reported to Audit Committee January 2019 &amp; January 2020)</b>				
<p>Business Continuity Plans do not include provisions on dealing with suppliers who have gone into administration and can no longer deliver their contracted goods or services. (P2)</p>	<p>We recommend that the Lead Specialist – Strategic Planning ensures that supplier failure plans are developed for critical suppliers and the Business Continuity Plans are updated to include reference these.</p>	<p>Original Target Date: 31 March 2019  Revised Implementation Date: 31 March 2021</p>	<p>The Commodity and Supplier Risk Model identifies if the council has seen the supplier’s business continuity plans so they know how they will manage to meet the contract should anything occur. It also identified how easy it would be to replace the supplier and the level or reliance the Council have on any one supplier for a certain commodity or service area. They do not yet have sight of all the required BCP’s and these are being requested as part of the retendering process for the key critical suppliers. They will also be working on supplier failure plans alongside this process as the BCP will help identify what the Council may need to do should they fail.</p>	<p>As a response to COVID and its impacts on the community and authority itself, there is an intention to review current service arrangements to ensure they are fit for purpose going forward. This will be aligned to the current SSDC Covid-19 Recovery Planning activity. It is SSDC’s intention when the business service review is completed to update the commodity risk register on the basis of this broader review to ensure alignment. This will (re) confirm the high-risk contracts and suppliers and allow us to target the key external procured relationships and ensure they are embedded in our contract management model. This in turn will then inform where SSDC supplier failure plans need to be developed by the relevant service areas and which SSDC Business Continuity Plans need updating.</p>

Weaknesses Found	Recommendation	Target Date for Completion	Manager's Update – October 2019	Manager's Update – August 2020
<b>INFORMATION GOVERNANCE (Reported to Audit Committee June 2020)</b>				
The Information Asset register has not been fully completed for all service areas. (P1)	We recommend that the DPO ensures the Information Asset Register is fully updated and a review process is introduced to ensure it stays up to date and accurate.	Original Target Date: 31 May 2020  Revised Implementation Date: 30 September 2020	DPO to review (with Case Officer support) the register and put review process in place	This has not been completed. From Monday (13/07/2020) there is a new case officer starting which will be focused on this and getting the register up to date. Management Update October 2020: Management confirmed this was completed by 30.9.20
Privacy notices are not in place for all services including planning and where they are, don't clearly detail the legal basis for processing data or the specified purpose. (P2)	We recommend that the DPO ensures that each service area has a privacy policy introduced and that the privacy notices are updated to clearly state the legal basis for processing data and the specified purpose of processing.	Original Target Date: 30 June 2020  Revised Implementation Date: 31 August 2020	All service areas to have a privacy policy in place.	This has not been completed. Again, they have not been able to go to the services during Covid-19 to get this completed. This is going to be done in conjunction with the recommendation below to save time to the services.
Process for identifying and removing data once the retention period has expired is not in place. (P2)	We recommend that the DPO ensures a retention policy is drafted and processes are put in place for all services and ensures data is only retained during the retention period. Data held outside of the retention period should be identified and appropriate action taken. This data should be recorded within the corporate retention	Original Target Date: 30 September 2020	Retention schedule to be reviewed in conjunction with Legal, communicated to all areas and placed on portal.	This has not been completed. As stated above these two recommendations are going to be completed at the same time to minimise the time for each service. This had a longer timescale to be completed - by the end of September. This is expected to be completed by then.



Weaknesses Found	Recommendation	Target Date for Completion	Manager's Update – October 2019	Manager's Update – August 2020
	schedule which should be available to staff as required.			
Training Courses are not being completed by all officers and members. (P2)	We recommend that the DPO ensures that following reminders being sent that any outstanding training is reported to SLT if not completed within three months of the initial reminder.	Original Target Date: 30 June 2020  Revised Implementation Date: 30 September 2020	In addition to the existing process of DPO sending reminders, Managers/Team Leaders will be able to see which members of their teams have completed (or not) their training via the Learning Management System. We agree to update SLT where training is not being completed following reminders.	This training has taken place and a report was run at the end of June. The report showed that currently only 63% of staff have completed the training. Some of these are due to staff they know will not have been able to complete it due to being on furlough and staff at Lufton who due to the current situation have not had the time to complete this.  The training is now on the new LMS system which means that all managers are able to see who has completed the training and who hasn't. Therefore, it is now the responsibility of the managers to ensure their team has completed all their training. Report to SLT has not yet been sent and therefore this is still in progress to complete the recommendation.
Data protection policy is not easily available to staff or the public. (P2)	We recommend that the Specialist performance ensures that the Data Protection Policy is published on the website and portal.	Original Target Date: 31 May 2020  Revised Implementation Date: 31 August 2020	Data Protection Policy to be published on portal and SDC website.	The Data Protection Policy has been posted onto the staff portal. It is therefore now available to all staff.  Management Update October 2020: Management have confirmed it has been published on the website and portal.

Weaknesses Found	Recommendation	Target Date for Completion	Manager's Update – October 2019	Manager's Update – August 2020
<b>PERFORMANCE MANGEMENT (Reported to Audit Committee June 2020)</b>				
<p>Three performance indicators out of ten could not be verified to source data. There is no quality assurance process in place to mitigate against in accurate KPIs being submitted. (P2)</p>	<p>We recommend that the Specialist Performance introduces a quality control process into the quarterly reporting process. This should include:</p> <ul style="list-style-type: none"> <li>• Requesting that Officers submitting figures supply the reports to enable the performance team to confirm they match the email</li> <li>• Periodic reviews of the run process for producing the measures to confirm appropriate</li> </ul>	<p>Original Target Date: 31 July 2020</p> <p>Revised Implementation Date: 31 August 2020</p>	<p>Quality control process to be put in place for each reporting area and spot checks to be made during the quarterly report collation.</p>	<p>The quarterly quality control process has not been put in to place yet. The Performance Officers is involved with both the DOP and performance. In the current situation there has been no time to work on the performance as her DOP responsibilities have taken priority. Along with this there is no case officer to work on this as well. This does mean that the deadline will be missed.</p> <p>Management Update October 2020: Work has been undertaken on where data sources come from and are putting in data quality assurance for Q3.</p>
<p>No targets are being set or actions agreed to address underperforming measures. (P2)</p>	<p>We recommend that the Specialist-Performance ensures that there are targets set for underperforming measures in the report and that actions are agreed on how performance will be improved.</p>	<p>Original Target Date: 31 July 2020</p> <p>Revised Implementation Date: 31 August 2020</p>	<p>Targets and actions to be put in place from Q1 2020/21 for all areas.</p>	<p>This is the same as 1.1 - it has slipped down the priority as other issues have come up with Covid-19 and other council responsibilities. So, the deadline will be missed.</p> <p>Management Update October 2020: Areas to focus on for improvement have been identified and are awaiting approval before being move forward.</p>