
NORTH AYRSHIRE COUNCIL

1 June 2021

Audit and Scrutiny Committee

Title: Internal Audit and Corporate Fraud Action Plans:
Quarter 4 update

Purpose: To advise the Audit and Scrutiny Committee on the progress made by Council Services in implementing the agreed actions from Internal Audit and Corporate Fraud reports as at 31 March 2021.

Recommendation: That the Committee (a) notes the current position with the implementation of Internal Audit and Corporate Fraud actions; and (b) challenges those Services that have not implemented actions within the previously agreed timescales.

1. Executive Summary

- 1.1 The CIPFA document 'Audit Committee Principles in Local Authorities in Scotland' highlights that Audit Committees should monitor and review the progress made in implementing audit recommendations.
- 1.2 Service managers are responsible for ensuring that agreed actions arising from Internal Audit and Corporate Fraud reviews are implemented. This provides assurance that identified control weaknesses have been addressed and are being managed effectively.
- 1.3 All actions are monitored on the Pentana system and service managers are responsible for updating Pentana as they progress each action. This enables Internal Audit to monitor progress on a 'real-time' basis and address any delays in implementation.
- 1.4 This report details the position at 31 March 2021.

2. Background

- 2.1 The last report to the Audit and Scrutiny Committee on 9 March 2021 highlighted that there were 38 actions outstanding at the end of December 2020: 5 that had not been started or were only partially implemented and 33 where the due date had not yet passed.
- 2.2 In addition to these 38 'carried forward' actions, there have been 16 new actions agreed, giving a total of 54 action points for review.

- 2.3 Services have completed 27 actions since the last report. All Council Services are required to retain evidence of work carried out in completing their actions and Internal Audit carries out 'spot-checks' on a sample of completed actions on an ongoing basis.
- 2.4 Of the remaining 27 actions, 11 were either not started or only partially complete at 31 March and the remaining 16 were not due for completion until after that date.
- 2.5 Appendix 1 to this report provides the Committee with full details of the 11 actions that were not complete within the agreed timescales.

3. Proposals

- 3.1 It is proposed that the Committee (a) notes the current position with the implementation of Internal Audit and Corporate Fraud actions; and (b) challenges those Services that have not implemented actions within the previously agreed timescales.

4. Implications/Socio-economic Duty

Financial

- 4.1 None.

Human Resources

- 4.2 None.

Legal

- 4.3 None.

Equality/Socio-economic

- 4.4 None.

Environmental and Sustainability

- 4.5 None.

Key Priorities

- 4.6 The effective implementation of agreed Internal Audit and Corporate Fraud actions helps to support the efficient delivery of the strategic priorities within the Council Plan 2019-2024.

Community Wealth Building

- 4.7 None.

5. Consultation

- 5.1 Council Services are consulted during the completion of each Internal Audit and Corporate Fraud review and have also provided updates on progress made in implementing action points.

Mark Boyd
Head of Service (Finance)

For further information please contact **Paul Doak, Senior Manager (Audit, Fraud, Safety and Insurance)**, on **01294-324561**.

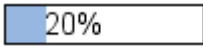
Background Papers

None.

Actions due by 31st March 2021 but not started or partially complete

Code	IA2019IJB001b	Description	HSCP Management should develop regular performance reports for lead partnership responsibilities to be reported to the Performance and Audit Committee and shared across the 3 Ayrshire partnerships		
Priority	1	Latest Note	The IJB PAC currently receive quarterly performance information relating to the Partnership's strategic plan. By the end of Q1 2021-22 a lead partnership report will be drafted and provided to the 3 HSCPs on lead partnership function and service. For North Ayrshire this will be relating to Mental Health services.		
Progress Bar	<input type="text" value="50%"/>	Original Due Date	31-Dec-2019	Due Date	31-Mar-2021
Parent Code & Title	IA2019IJB001 IJB Lead Partnership Arrangements			Managed By	Caroline Cameron
				Assigned To	Neil McLaughlin

Code	IA2019IJB001c	Description	HSCP Management should work with officers from East and South Ayrshire HSCPs to progress the risk sharing arrangements at the earliest opportunity		
Priority	1	Latest Note	The Pan Ayrshire work on Directions, including lead partnership arrangements, was paused during the pandemic. This work has re-started and is being led by the North Ayrshire partnership. The plans span 2021-22 with the lead partnership arrangements planned to be bedded in by September 2021.		
Progress Bar	<input type="text" value="20%"/>	Original Due Date	30-Sep-2019	Due Date	31-Jan-2021
Parent Code & Title	IA2019IJB001 IJB Lead Partnership Arrangements			Managed By	Caroline Cameron
				Assigned To	Caroline Cameron

Code	IA2019IJB001d	Description	HSCP Management should work with officers from East and South Ayrshire HSCPs to progress the fair share methodology at the earliest opportunity, including developing detailed Directions with commissioning plans		
Priority	1	Latest Note	The Pan Ayrshire work on Directions, including fair shares and set aside, was paused during the pandemic. This work has re-started, the plans span 2021-22 with that year being used as a shadow period for fair share and set aside. It is anticipated this will allow an agreed approach to fair shares being in place from April 2022. The other elements of the Directions work include lead partnerships, budget/resource allocations and governance arrangements, all to be completed during 2021-22.		
Progress Bar		Original Due Date	31-Mar-2019	Due Date	31-Jan-2021
Parent Code & Title	IA2019IJB001 IJB Lead Partnership Arrangements			Managed By	Caroline Cameron
				Assigned To	Caroline Cameron

Code	IA2020PA014b	Description	<p>Audit Action: A training gap analysis in relation to self-directed support (SDS) should be undertaken, where staff assessed as requiring training are identified and an information programme put in place.</p> <p>Audit Finding: Limited training in relation to self-directed support has been completed since 2013.</p> <p>Risk: This will ensure that a consistent approach is taken to the roll-out of self-directed support and allay the Audit Scotland identified risk that social workers were not confident to assist service users to make a fully informed choice.</p>		
Priority	1	Latest Note	<p>A recent staff survey was carried out. Work has commenced to include low level awareness SDS information in staff and Care at Home inductions. Further SDS awareness information and resource for development has been shared with teams from the Care Inspectorate iHUB. Ayrshire Independent Living Network and one of our staff members (Independent Living Advisor) provides team or one-one support for all SDS enquiries.</p> <p>More in depth practice training will be developed/offered/implemented when the new HSCP structure and in particular Chief Social Work Officer role is recruited and direction on the whole review of SDS implementation can be progressed. Expected completion date 31/10/21.</p>		
Progress Bar	<input type="text" value="20%"/>	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021
Parent Code & Title	IA2020PA014 Self-Directed Support			Managed By	Isabel Marr
				Assigned To	Kimberley Mroz

Code	IA2020PA023b	Description	<p>Audit Action: IT Services and Education should produce a documented formal Service Level Agreement to ensure clear roles and responsibilities are defined, agreed and allocated for the provision of IT in the schools.</p> <p>Audit Finding: There is no documented formal Service Level Agreement between IT Services and Education to ensure clear roles and responsibilities are defined, agreed and allocated.</p> <p>Risk: The roles and responsibilities of both parties have not been defined and agreed.</p>		
Priority	2	Latest Note	At a working group meeting on 29/04 it was agreed that IT would have a final review of the Working Together Agreement document during the week commencing 03/05/21 prior to being returned to Heads of Service for final approval. Revised closure date is 07/05/21.		
Progress Bar	<div style="border: 1px solid black; width: 20px; height: 15px; background-color: #4F81BD; display: inline-block;"></div> 80%	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021
Parent Code & Title	IA2020PA023 Remote Access Controls around the Education Network			Managed By	Andrew McClelland; Brendan Quigley; Fiona Walker
				Assigned To	Rosslyn Lee; Andrew McClelland; Carolann McGill; Brendan Quigley

Code	IA2020PA023d	Description	<p>Audit Action: The ICT Technicians should reconcile their inventory records with the Airwatch report and identify any NAC purchased iPads not on Airwatch and pass to IT to ensure they are added to this console, to allow them to be properly managed.</p> <p>Audit Finding: There are 481 iPads on the schools' inventory records that are not on the Airwatch report.</p> <p>Risk: iPads have not been set up on Airwatch and are therefore not being properly managed in line with Council policy.</p>		
Priority	1	Latest Note	<p>A discussion has taken place at the April working group meeting and due to the current circumstances with the return of schools, there is a high volume of work currently being experienced by ICT Technicians to ensure staff and young people have access to IT, this has delayed the completion of the action. It has been agreed that a communication is sent to Headteachers advising staff to return ALL iPads to the ICT Technicians by 14/05 and to ensure that iPads are added to Airwatch and inventory by <u>31 May 2021</u>.</p>		
Progress Bar	<input type="text" value="70%"/>	Original Due Date	31-Jan-2021	Due Date	31-Jan-2021
Parent Code & Title	IA2020PA023 Remote Access Controls around the Education Network			Managed By	Andrew McClelland
				Assigned To	Lynn Taylor

Code	IA2020PA023k	Description	<p>Audit Action: School ICT technicians should undertake a review of the laptops on their inventory in comparison to the records held on System Centre and ensure that the inventories are up-to-date.</p> <p>Audit Finding: The auditor compared each school's list of laptops to the System Centre report provided by IT Services using the serial number to match the 2 sets of data. This comparison showed major discrepancies between the laptops as per the schools' inventory and the laptops as per the System Centre report. Some of the ICT Technicians advised that their inventory records are not up-to-date and this is supported by these results as not all laptops on the schools' inventory are still being used.</p> <p>Risk: Lost or stolen laptops are not identified.</p>		
Priority	1	Latest Note	<p>Although inventories have been submitted, some are not up-to-date. The Working Group have discussed and agreed to delay this work until a more appropriate time due to the high level of workload for ICT Technicians at this time. It is proposed for a System Centre Report to be provided to each secondary school in the week commencing 07 June. ICT Technicians will update their inventory over the school holiday period and a comparison made with System Centre information and any anomalies addressed. The revised completion date has been amended to 31 July 2021.</p>		
Progress Bar	<input type="text" value="50%"/>	Original Due Date	28-Feb-2021	Due Date	28-Feb-2021
Parent Code & Title	IA2020PA023 Remote Access Controls around the Education Network			Managed By	Andrew McClelland
				Assigned To	Lynn Taylor

Code	IA2020PA031b	Description	<p>Audit Action: If it is not possible to link the profiles between the two Services, regular contact should be made with Education to enquire if any profile updates have been made, so that any changes can be reflected in ICAM profiles.</p> <p>Audit Finding: Online access profiles for school aged individuals are not being regularly reviewed to ensure they stay in line with those used with Education.</p> <p>Risk: School aged individuals may be able to access content deemed inappropriate by Education from a Library PC.</p>			
Priority	2	Latest Note	As libraries have been closed since March 2020 and therefore, no PC access is available, this has not been completed. However, contact has been made with IT to update as soon as possible in time for reopening of libraries in the coming months and certainly by September 30th 2021, with quarterly reviews in place.			
Progress Bar	<input type="text" value="0%"/>	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021	
Parent Code & Title	IA2020PA031 Library and Information Service				Managed By	Rhona Arthur
					Assigned To	Alison McAllister

Code	IA2020PA031c	Description	<p>Audit Action: A risk analysis to identify all the potential issues with moving from PCs to tablets and other portable devices should be undertaken. Options to mitigate these risks should be investigated before going ahead with the rollout.</p> <p>Audit Finding: There are new risks to the Service which need to be considered when planning a move from PC suites to tablets.</p> <p>Risk: Theft of tablets; loss of corporate browser filtering allows inappropriate or illegal activities to be undertaken using Council IT facilities</p>			
Priority	2	Latest Note	As libraries have been closed since March 2020 and therefore, no PC access available, this has not been completed. However, a risk analysis will now be undertaken as libraries start to reopen and will be completed by the 30th June 2021.			
Progress Bar	<input type="text" value="0%"/>	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021	
Parent Code & Title	IA2020PA031 Library and Information Service				Managed By	Rhona Arthur
					Assigned To	Heather Benson; Alison McAllister

Code	IA2020PA032a	Description	<p>Audit Action: Arran should be aligned with the mainland's processes and procedures.</p> <p>Audit Finding: Staff on the mainland and Cumbrae are managing the interment process electronically, whilst staff on Arran continue to use manual records.</p> <p>Risk: Business continuity issues due to operating a completely separate system on Arran; manual records are not backed-up in the same way that electronic records are.</p>		
Priority	2	Latest Note	IT and the software provider are looking at alternative access methods to the software system, but due to COVID restrictions the software provider is unable to visit to implement any changes. Expected completion date for this action is 31/3/22.		
Progress Bar	<input type="text" value="50%"/>	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021
Parent Code & Title	IA2020PA032 Bereavement and Burial Services			Managed By	David Hammond
				Assigned To	Mark McNeil

Code	IA2020PA032b	Description	<p>Audit Action: A review of the Charter set up should be undertaken. Consideration should be given to formalising the Charter by having admission criteria or checks undertaken on local businesses before they are listed as members. A relaunch of the Charter to raise its profile while encouraging more local businesses to sign up should be considered.</p> <p>Audit Finding: The North Ayrshire Bereavement Charter is not as formal an arrangement as is implied on the Council website.</p> <p>Risk: Implied relationship with local businesses creates a reputational risk to the Council if a party currently listed as part of the Charter fails to provide an adequate service.</p>		
Priority	2	Latest Note	There has not been any charter working group meetings held due to the Pandemic, and both the Council and the funeral directors have been under pressure at this time. Hopefully we will be able to arrange a meeting in a few months or so when we can review how this has been working and discuss any possible changes. Expected completion date for this action is 31/3/22.		
Progress Bar	<input type="text" value="50%"/>	Original Due Date	31-Mar-2021	Due Date	31-Mar-2021
Parent Code & Title	IA2020PA032 Bereavement and Burial Services			Managed By	David Hammond
				Assigned To	Mark McNeil

