

Meeting of:	Governance and Audit Committee
Date of Meeting:	Thursday, 18 July 2024
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Update On the Progress of Limited Assurance Opinions Issued By Internal Audit
Purpose of Report:	To present members of the Governance and Audit Committee with a progress report on action taken to address issues identified in Limited Assurance reports issued by Internal Audit.
Report Owner:	Head of Regional Internal Audit Service
Responsible Officer:	Head of Regional Internal Audit Service
Elected Member and Officer Consultation:	No Elected Members have been consulted. Legal Services and Head of Finance
Policy Framework:	The proposals in this report are in accordance with the policy framework and budget
<p>Executive Summary:</p> <ul style="list-style-type: none"> • Members of Governance and Audit Committee asked for a written response on the progress of the implementation of recommendations made in Limited Assurance Internal Audit reports issued during 2023/24. • Relevant Directors were asked to provide the response. • A balanced report was produced at the conclusion of each audit which identified strengths and weakness. • 10 audits were deemed to have Limited Assurance. 	

Recommendation

1. That the Committee note the progress report on action taken to address issues identified in Limited Assurance reports issued by Internal Audit.

Reason for Recommendation

1. To keep Governance and Audit Committee informed.

1. Background

- 1.1 At a previous Governance and Audit Committee meeting (April 2024) Members asked for a written response to be fed back to Committee on the progress of the implementation of recommendations made in Limited Assurance Internal Audit reports issued during 2023/24. Respective Directors were asked to provide updates for their service areas which were to be collated and reported back to Committee.
- 1.2 In accordance with the agreed Internal Audit Plan for 2023/24, Internal Audit, provided by the Regional Internal Audit Service, undertook a variety of audits across all service areas. The objective of each audit was to provide assurance or otherwise, on the adequacy of the internal control environment, governance arrangements and risk management processes in place within the area being audited and to minimize fraud or error. The auditors would identify what key controls should be in place and then test the systems for compliance based on the evidence identified.
- 1.3 A balanced report was produced at the conclusion of each audit which identified strengths and weakness against each of the key controls which should be in place. Where weaknesses were identified an action plan was agreed with the relevant manager to implement any audit recommendations made to minimise the risk of a control not being in place. This was included within the audit report. Depending on the number of weaknesses identified and whether the risk was deemed to be high, medium or low, a corresponding audit opinion on the level of assurance would have also been included within the report.
- 1.4 Audit opinions issued during 2023/24 were Substantial, Reasonable and Limited; there were no “No Assurance” opinions issued.

Table 1 - Audit Assurance Category Code	
Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable	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.
Limited	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.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

TABLE 2: Range of IA Opinions issued		
	2023/24	
Opinion	Total	%
Substantial	11	19.5%
Reasonable	35	62.5%
Limited	10	18.0%
No Assurance	0	0
Total	56	100%

A summary of why the 10 audits were deemed to have Limited Assurance was reported into Governance and Audit Committee previously. These audits related to:

- Payment Card Industries – Data Security Standards (PCI-DSS)
- Appointee & Deputy Services
- Libraries & Digital Equipment
- Officers Code of Conduct
- Adult Placements (Shared Lives)
- Leisure Centres - Contract & Performance Monitoring
- Debtors

- Residential Homes – Food Costs & Stock Control
- Corporate Safeguarding - Governance, Training and DBS Awareness
- Car Park Income (summary not yet reported to G&AC)

1.5 Progress to date, received from the relevant Head of Service and Director, for each of these audits is shown at **Appendix A**.

2. Key Issues for Consideration

2.1 Directors have provided an update on the progress being made of the implementation of the agreed Internal Audit recommendations within each of the report's Management Action Plan. This has been collated and is attached at **Appendix A**.

3. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

3.1 The well-being goals identified in the Wellbeing and Future Generations Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

4. Climate Change and Nature Implications

4.1 None as a consequence of this report.

5. Resources and Legal Considerations

Financial

5.1 There are no direct financial implications arising from this report however the Council needs to ensure it has appropriate and adequate controls in place to ensure sound financial management, compliance with legislation, its policies and procedures, and fraud and error are minimised.

Employment

5.2 None as a direct consequence of this report.

Legal (Including Equalities)

5.3 The provision of an adequate and effective Internal Audit function is a legal requirement under the Accounts and Audit (Wales) Regulations 2014 as amended from time to time. There are no equalities implications as a direct consequence of this report.

6. Background Papers

None

Management Action Plan (MAP) – Master

Limited Assurance opinions issued by Internal Audit during 2023/24:

Progress on the implementation of the Internal Audit recommendations and the actions taken by management to date provided by relevant Heads of Service and Directors.

For Governance and Audit Committee 18th July 2024.

Management Action Plan – Payment Card Industry Data Security Standard (PCI-DSS)

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18th July 24
5.1.1 Medium	Identify and review all non-compliant roles that are outside of PCI-DSS compliance and take relevant action to ensure it meets the PCI-DSS compliance requirements.	Work will be undertaken to identify these roles additional resources will be required to undertake this role due to links to the telephony projects.	Operational Manager Accountancy	January 2024 Revised 31/10/24	Work has been undertaken to identify non-compliant roles and meta compliance issues although this is now due for update. The areas of non compliances have been confirmed and work is ongoing
5.1.2 Medium	Complete the review by Qualified Security Assessor to obtain assurance on the Council's PCI-DSS position. Complete and return the Self-Assessment Questionnaire and the Attestation of Compliance to Worldpay.	Initial conversations have been undertaken to scope these works	Operational Manager Accountancy	January 2024 Revised 31/10/24	PCI Assessment undertaken in January identified the weaknesses. A working group will be established to draw in resource from across the Council including C1V and ICT to resolve these outstanding risk areas. Additional Chip and Pin machines have been rolled out in December 2023.
5.1.3 Medium	The Council is to request quarterly vulnerability scans from Capita Pay360.	These will be requested from Pay 360 which is now managed by the Access Group	Operational Manager Accountancy	30/09/23	Complete - Pay 360 have confirmed that they scan their infrastructure regularly, as is demonstrated by the PCI AOC they hold.

Management Action Plan - Appointeeships & Deputyships

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
1.1 High	Policies and procedures for Appointeeships & Deputyships are put in place clearly documenting all aspects of the service including criteria for accepting new cases, how and when a case is closed, how deputy referrals are made and identifying which Officer has the delegated authority to make all the necessary decisions	Work will commence on writing policies and procedures for the Corporate Appointee Team and for cases referred to deputyship services. Draft versions to be completed by end of July 2023.	Naomi Meredith/Lisa Bowen	30 th September 2023	Implemented. Policy and procedures written during Summer 2023, work completed with Quality and Assurance team regarding formatting. Policy ratified by SSMT on 23/11/23.
2.1 Low	A record of authorisation by the appropriate officer is retained for all new Appointeeship accounts.	Service requests to be authorised by Operational Manager for Commissioning and Finance or Head of Service going forwards. Outcome is saved on Content Manager prior to completion of BF56.	Naomi Meredith/Lisa Bowen	1 st July 2023	Authorisation of service requests retained on Content Manager. Implemented 01/07/23.
3.1 High	The bank accounts of Appointee clients who have passed away are closed and the remaining balances returned to the legal owners. All documentation must be retained on Content Manager.	Legal advice to be sought on whether we can directly contact Estate Finders or whether we have to make referrals to Bona Vacantia. A referral process to be established and followed to clear all outstanding monies in deceased accounts.	Naomi Meredith/Lisa Bowen	31 st December 2023 Revised 30/06/2024	Legal advice received and a company who can assist with tracing NOK identified and consulted with. A process has been written including tracker and checklist. All information is being saved to Content Manager. DPIA completed on 09/01/24. Confirmation from Data Protection Officer received on 04/04/24 that Data Protection Act does not apply, however we are not to share information with the external company until the Data Sharing Agreement is in place. Agreement sent to DPO on 12/04/24. Awaiting feedback regarding the agreement from DPO.

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<p>3.2</p> <p>Medium</p>	<p>The monthly checklist is updated to reflect the values of each transaction due on each Appointee account to ensure a thorough monthly check is made against bank statements.</p>	<p>The checklist will be updated to include the values to facilitate cross-referencing. This will be built into the Social Care Finance Co-ordinator's regular audit checks.</p>	<p>Naomi Meredith/Lisa Bowen</p>	<p>31st July 2023</p>	<p>Implemented 31/07/23. The benefit income has been added to the on-going monthly checklist for each service user. There is also a tickbox added for use when the monthly check has taken place.</p> <p>The Social Care Finance Co-ordinator has a set monthly task of checking cases to ensure the monthly check has taken place, and this includes cross-referencing the benefit amounts to the bank statements and FN11s. This verifies that the monthly audit has taken place.</p>

Management Action Plan – Libraries & Digital Equipment

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
1.1 Medium	The Council is to complete risk assessments across all library sites in order that suitable security measures be considered where required.	Library managers and Makerspace Development Officer to complete risk assessments and recommend action appropriate for their libraries based on the identified level(s) of risk. VOG IT to be asked advice on suitable security system options, e.g cable locks, where appropriate.	Senior Librarians (library managers) in conjunction with the Library Resources and Systems Librarian.	By end of January 2024.	Implemented
1.2 Medium	In relation to the additional opening hours library self-service, the Council takes suitable steps so that payments are not made without benefit to the Council and its service users	Discussions are ongoing to identify a keyholder to secure a number of Council sites in the Penarth area, after normal opening hours, including the library. Issues around access to the admin interface to review camera footage are ongoing. The Senior Librarian, Penarth is working with VOG IT to resolve these. Options re. purchasing Open+ V2 for Barry library. Including identification of funding, will be picked up following	Head of Strategy, Community Learning and Resources and Senior Librarian, Penarth. Head of Strategy, Community Learning and	31/01/24 Revised 31/07/24	Quote from security team received for key holder functions however cost is prohibitive. Seeking to include this duty as part of a cross-site caretaker role between 3 sites in Penarth which is more cost effective. JD completed and evaluated however challenges persist due to insufficient funding and ongoing efficiency targets. Appointment of Learning & Cultural Services Manager forthcoming in June 2024 to support service transformation

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		retirement of the Library Service manager earlier in 2023. Annual maintenance payments for Open+ in Barry library whilst the service remains unavailable to be reviewed with the supplier, including clarification of contractual obligations. VOG Procurement and Legal Services to be involved as appropriate.	Resources and the Library Resources and Systems Librarian.		following a restructure of the service in 2023/24. CCTV access issue resolved Discussions ongoing with most recent held in April 2024 with Bibliotheca re Open+ V2 and service costs. Awaiting site survey report and quotation from Bibliotheca, to inform discussions regarding recouping costs.
2.1 Medium	The Council is to maintain an up-to-date inventory of library equipment with an annual physical check on items listed.	Inventory spreadsheets were produced for the purpose of this audit, covering public, front desk and back office IT equipment and also Makerspace IT equipment in Barry and Penarth. This information will now be added to the inventory spreadsheet document for each library, alongside the annual equipment and furniture inventories. Annual inventories now to be carried out in accordance with corporate requirements.	Senior Librarians (library managers) in conjunction with the Library Resources and Systems Librarian.	By end of December 2023 after which time inventories will be carried out in line with the annual equipment and furniture inventories schedule.	Implemented
3.1	Any password that has been visible to the public should be changed and no passwords are to be printed or written	The specific incident noted above has now been addressed. Library managers have been made aware that	Senior Librarians	By end of November 2023.	Implemented

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Medium	down, password managers are a more secure alternative if required and can be sourced from ICT.	account credentials should be managed in accordance with the recommendations in this report and will share this information with their staff.	(library managers)		
3.2 High	No devices open to the public should be able to reach sensitive material and a solution is required with escalation if necessary to correct this.	Reported to ICT Service Desk (ticket IN-0018687) in July 2023 by Melanie Weeks. Ticket was closed by IT in October 2023: Melanie has requested that the ticket be reopened as changes to Info Point PCs across the estate have not yet been implemented. Trevor Baker to escalate.	Head of Strategy, Community Learning and Resources and Operational Manager ICT.	By end of November 2023.	Implemented – the web filter has been applied. The Library Management System (LMS) for Wales Project Manager based in Barry Library has confirmed that the InfoPoint PC's in all libraries can now only access the websites they are designed to access. This confirmation was received in December 2023. Escalation of any issues would be via the ICT Service Desk.

Management Action Plan – Officer Code of Conduct

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
1.1, 1.4 & 2.5 Medium	The Code of Conduct Protocol document and forms are reviewed and, where applicable, updated.	Code of Conduct Protocol Document to be reviewed and updated	Head of HR and OD	Policy review by end of November 2023. SLT & Cabinet by end of the calendar year	Implemented
1.2 Medium	As recommended in the previous audit, consideration should be given to including the COCP document and declaration forms within Staffnet+ to allow frontline employees access.	Consideration to be given as to the best approach with this. Front line staff do not have ready access or indeed use StaffNet, Staffnet is becoming outdated and clunky and engagement with it is decreasing as per recent communication updates. Links are being removed and lost as other policies are being developed/renewed. Proposed Actions; - Discussion with Monitoring Offer and Head of HR around what we would be seeking to achieve with this approach and whether it could be best served via an alternative method (for example payslips)	Head of HR and OD within wider involvement from Communications Team in terms of best methodology for communication/Engagement.	end of October with and agreed approach to be implemented from December 2023 onwards Initial Communication to be sent with personal Detail Updates in	Implemented

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		Liaise with Communications to OD to discuss best method of engagement with our front-line teams.		November 2023 Policy Review taken to cabinet December 2023 Wider engagement and cascade to staff including front line staff Spring 2024. Report to be brought back in April 2024	
1.3 Medium	As recommended in the previous audit, the Code of Conduct Protocol document should be included within the new starters' information, induction and/or probation period reviews and records are maintained to demonstrate this.	Consider best approach to maintain records and whether this could be implemented via the Oracle process	Operational Manager - Lifecycle	30/11/23 Revised 30/08/23	

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<p>1.5, 2.1 & 2.3</p> <p>Medium</p>	<p>Reminders should be sent to all employees on a regular basis to increase awareness of the Code of Conduct Protocol. Additionally, managers are encouraged to remind employees, where necessary, of the key requirements outlined in the policy.</p>	<p>Agree a framework of reminders and how this is linked and considered inline with wider reminders for example data Protection/Whistleblowing. Its important to consider the impact of continual reminders and how we actually ensure these reminders are being noted and acted upon</p>	<p>Operational Manager Lifecycle with wider involvement from Communications Team,</p>	<p>Review of requirements of the Council to send wider reminders and consideration as to the best approach to manage all these requirements. Possibility to put a framework/schedule in place to measure effectiveness.</p> <p>31st March 2024</p>	<p>Implemented</p>
<p>1.6</p> <p>Medium</p>	<p>As recommended in the previous audit, a Fundraising Policy should be implemented to offer clear guidance to all employees and minimise risk implications of undertaking fundraising initiatives on Council premises, during Council time.</p>	<p>Agree with Monitoring Officer and Director of Corporate Resources who is best placed to implement this and how it will be communicated to staff effectively</p>	<p>Director of Corporate Resources</p>	<p>31/03/24</p>	<p>We are looking into obtaining a best practice Fundraising Policy from another Local Authority, which we will review shortly and adapt for us.</p>

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1.7 Low	Guidance should be put in place to ensure that Volunteers are formally made away of the COCP when commencing work with the Council.	This will be undertaken as part of the wider cascade of the revised policy	Head of HR and OD	As per 1.5, 2.1 and 2.3 with a report returning in April 2024	
2.2 Medium	All Managers should be reminded of the importance of recording, retaining and submitting Declarations of Interests (including NIL returns) in accordance with the procedures outlined in the COCP.	E-mail to be sent to all Directors, Heads of Service and Operational Managers	Head of HR and OD	Initial e-mail to be sent by end of November 2023. Further e-mails sent following above reviews in April 2024	Implemented
2.4 Medium	Clearer guidelines on gifts and hospitality should be included within the COCP. Additionally, Consideration should be given to implementing a threshold for the value of gifts & hospitality offered to employees.	Consideration should be given to this as part of the policy review, seeking market comparatives where possible and the view of the Head of Finance, section 151 Officer and Director of Corporate Resources	Head of HR and OD	Aligned to 1.1 – end of December 2023	Implemented

Management Action Plan – Adult Placement (Shared Lives)

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
1.1 Low	AP(SL)S Board meetings continue to be held on at least a quarterly basis in line with the Statement of Purpose and joint agreement	Identify timetable of meetings for 23/24 Meetings to have a formal agenda, be formally minuted, with actions and agreements to be logged.	Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	30/11/2023	
1.2 Medium	In line with the joint agreement, the annual service development plan should be formally approved by the board at the start of each financial year and documented	Jan/Mar Development plan to be updated and reviewed. Annual Service Development Plan Meeting to be arranged and development plan signed off by the board in January 2024 meeting	Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	31/01/2024	Implemented
2.1 High	Formal procedures in relation to the areas documented within the CIW report and all other areas, including payments to hosts and the Project Worker administrative process, should be documented and made available to relevant staff	Review current processes Draft new processes in collaboration with the team our WCCIS colleagues Train staff on new processes Implement new processes by 1 st April 2024	Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	07/11/2023 22/01/2024 25/03/2024 01/04/2024	Implemented

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
2.2 High	As per Regulations, signed agreements should be put into place for all hosts and long-term individual placements currently engaged with the service	Host agreements signed and on file Long term placement agreements to be signed and placed on file for all individuals	Shared Lives and Supported Accommodation Manager / Project Workers) (Vale of Glamorgan)	30/11/2023 30/12/2023	Implemented
2.3 Medium	In order for there to be effective and comprehensive monitoring arrangements in place for both hosts and long-term individual placements, tracking spreadsheets should be standardised used by all Project Workers. These should include all the relevant elements and also the correct frequency of review for each element	Review of all tracking forms every two weeks to ensure standardisation of recording and usage. Move to WCCIS for all filing and case recording. Individual project worker and management dashboards to be set up to allow for real time monitoring and reviewing. Completed in collaboration with WCCIS colleagues.	Assistant Manager (Vale of Glamorgan) Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	07/11/2023 01/04/2024	Implemented
2.4 Medium	Project Workers are reminded to continuously monitor and update tracker spreadsheets with complete and accurate information. Supporting documentation should be uploaded to	Review of all tracking forms every two weeks to ensure standardisation of recording and usage. Move to WCCIS for all filing and case recording. Individual project worker	Shared Lives and Supported Accommodation Manager / Assistant	07/11/2023 01/04/2024	Implemented

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	Content Manager in a timely manner to evidence the work carried out	and management dashboards to be set up to allow for real time monitoring and reviewing. Completed in collaboration with WCCIS colleagues.	Manager (Vale of Glamorgan)		
2.5 Medium	Outstanding reviews highlighted within tracker spreadsheets are prioritised and carried out as soon as possible	Assistant Manager to monitor in the fortnightly tracker reviews All outstanding reviews to be completed	Assistant Manager (Vale of Glamorgan)	07/11/2023 30/01/2024	Implemented
2.6 Low	DBS monitoring spreadsheets should be continuously updated and all actions taken recorded with supporting evidence retained on file	Admin to put a regular slot in diary to ensure records are kept up to date Review DBS process to include a format to record DBS checks and all risk assessment reviews to document the outcome of positive returns	Shared Lives and Supported Accommodation Manager / Higher Clerical Officer (Vale of Glamorgan)	01/11/2023 07/11/2023	
2.7 Medium	In line with the Regulations, actions are taken by Bridgend County Borough Council to ensure that individuals are supported to safely manage their finances	Organisation for Financial Appointeeship to be commissioned	Group Manager - Learning Disability, Mental Health and Substance	31/12/2023	Implemented An additional post has been funded by BCBC in the finance safeguarding team to enable BCBC to undertake the role of

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			Abuse (Bridgend)		appointee. The new post holder commenced June 24.
2.8 Medium	All hosts are provided with the appropriate training and adequate records are maintained to ensure to enable continuous monitoring	IDEV Phase 1 has been rolled out to all hosts. Weekly monitoring of progress	Shared Lives and Supported Accommodation Manager / Assistant Manager (Vale of Glamorgan)	20/10/2023	Implemented
3.1 Low	Invoices are raised by the host Authority at the end of each of quarter in line with the signed agreement	Accountancy Department Vale of Glamorgan	Accountant (Vale of Glamorgan)	31/12/2023	
3.2 Low	Promotion of the service is carried out by both Councils via their respective websites, with the information made available public continuously monitored to ensure it is up to date	A link to the Shared Lives website will be present on the local authorities' websites once launched. Launch new site / Work with VOG/BCBC colleagues to have a page on their sites that redirects enquirers to our new site	Shared Lives and Supported Accommodation Manager / Project Worker (Vale of Glamorgan)	31/12/2023	

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3.3 Low	Continued efforts are made to align the payment rates and arrangements offered to hosts from all areas within the service	Banding exercise has been completed in draft Consult with managers on criteria and costings Costing exercise with project workers on outcome of exercise	Shared Lives and Supported Accommodation Manager / Business Improvement Project Manager (Vale of Glamorgan)	30/10/2023 30/11/2023 31/12/2023	
3.4 Medium	Budgetary approval should be built into the process of paying hosts by Bridgend County Borough Council. This will ensure spending is within approved delegated limits and provide officers within the process a level of protection through an adequate segregation of duties	Group Manager to authorise host payments in accordance with delegated approval limits. Bridgend County Borough Council to ensure processes are transparent and understood by all officers.	Group Manager - Learning Disability, Mental Health and Substance Abuse (Bridgend)	30/11/2023	Implemented A further review of the relevant business processes in BCBC has demonstrated that an appropriate approval process is in place.
3.5 Low	Consideration is given to standardising the host timesheet process in a fully electronic format	Identify one process to cover all host payments, possibly electronically	Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	30/11/2023	

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3.6 Low	To evidence that the host has signed an agreement, and to provide a clear audit trail of the formal agreement made, all signed agreements should be retained on file	Host agreements signed and on file All agreements to be retained on file	Shared Lives and Supported Accommodation Manager (Vale of Glamorgan)	30/11/2023	

Management Action Plan - Corporate Safeguarding, Governance, Training And DBS Awareness

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1.1 Medium	Update the Corporate Safeguarding Policy as a matter of priority; incorporate version control within the policy with a review schedule and communicate the updated policy to all staff and contractors.	Revised CSG policy has been reviewed scheduled to be implemented July 2024	Operational Manager Safeguarding & Service Outcomes	July 2024	Policy has been updated and comms/dissemination planned for w/c 15 July
1.2 Medium	To review how actions are captured, monitored, and reported in CSG potentially using a rolling action plan to ensure no actions are missed and actions can be tracked when not meeting targets dates. In addition, review how the work plan is being monitored, reported, and maintained to ensure adequate updates are captured and justifications for not meeting targets and rolling over into the next year are documented and agreed by CSG members.	Development of rolling action plan that captures all actions that have follow up discussion and/or ended, carried forward with descriptive narrative	Chair & Deputy Chair of Corporate Safeguarding Group (Director of Social Services & Head of Resource Management & Safeguarding)	July 2024	Review of action log format has been undertaken and new format in place for future CSG meetings. Work plan and associated actions will be standing agenda items with work plan updates being requested 10 working days prior to CSG meetings.
1.3 Low	To ensure that all items, actions and work plan delays receive the appropriate level of challenge and scrutiny during CSG meetings.	All actions & work plan items to be updated each quarter in line with CSG meetings. Work plan to contain standing agenda items with updates provided prior to CSG meetings to enable consideration and necessary scrutiny.	Chair & Deputy Chair of Corporate Safeguarding Group	September 2024	Work plan and associated actions will be standing agenda items with work plan updates being requested 10 working days prior to CSG meetings.

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			(Director of Social Services & Head of Resource Management & Safeguarding)		
2.1 High	<p>To carry out a full review of the DBS records, including renewals, to ensure they are relevant, complete, accurate, and up to date. In addition, explore whether the Lifecycle team can be included on the basic DBS notification emails to remove the need for managers to notify them of results.</p>	<p>The team are undertaking a full scale review of all of the 9,000 records and 900 of them are SS. All the information from the old system is being migrated on to the new system it's a manual task but it should be completed by the end of June. So after this we will be confident that our data is correct. The monitoring processes have also been made more robust, in addition the HR systems and data manager will monitor the monthly report for DBS renewals. The escalation process to senior managers when officers are not responding to renewal requests has also been strengthened.</p> <p>For information – a full review of the DBSs on Fusion is almost complete and all information will be migrated to the new system by July 2024</p>	<p>HR systems and Data Manager</p>	<p>July 2024</p>	<p>For information – a full review of the DBSs on Fusion is almost complete and all information will be migrated to the new system by July 2024.</p> <p>Full Scale review has been completed and revisions to process made.</p>
2.2	<p>To ensure that Managers have oversight of their employees safeguarding training status to ensure compliance and those managers are held accountable for non-compliance.</p>	<p><i>IA comment – as above in body of report, the dashboards show less than 100% compliance of safeguarding training in some directorates; the Corporate</i></p>	<p>Identified Safeguarding leads for each Directorate</p>	<p>July 2024</p>	<p>CSG Data Dashboard will highlight areas of non-compliance and this will be shared with CSG</p>

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Medium		<p><i>Safeguarding Group or SLT should be encouraging 100% compliance.</i></p> <p>As a Corporate Safeguarding Group we do not have the authority to make staff accountable. However we can continue to monitor compliance as a CSG and continue to ask individual safeguarding leads to take responsibility for their directorates</p>			leads to take back into their directorates for action
2.3 Medium	To determine and implement an ongoing means of identifying staff without online access and to maintain a record of those who have attended the Level 1 safeguarding training in person going forward.	<p>There is already an established process in place to monitor compliance for staff who do have access to idev As discussed at SLT 28th May 2024 and follow up discussions between directorates on 13th June 2024:</p> <p>To put in place a means of ensuring staff without access to idev are able to access level 1 safeguarding training, and maintain a record of those who undertake the training, to be held digitally.</p> <p>Current determination for Corporate Staff includes, for example, volunteer workers, agency workers and front line staff including waste crew, parks and cleaners. Approach to be taken as follows;</p> <p>1. Frameworks to be put in place to allow all managers to access Level 1</p>	Head of HR – to implement		<ul style="list-style-type: none"> - Framework for the delivery of Group 1 training in situ. Operational Manager OD and Learning will ensure, when needed, it is discuss at the next Welcome to the Vale programme, scheduled for July 2024. This will only be for staff who do not have access to iDEV and who haven't already undertaken the Group A training - The Group A presentation slides have been shared on the Corporate Safeguarding page and will be updated by the LADO when required

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		<p>safeguarding training for staff not on iDev. Specifically this is; - include a section at the end of the Welcome to the Vale Induction programme</p> <p>- in addition to a Powerpoint for managers to access if attendance at Welcome to the Vale is not possible/efficient or the time frame until the next session involves undue delay.</p> <p>2. Discuss with Matrix Agency provider to ensure that all agency staff engaged via Matrix have completed level 1 training priority being placed with the organisation.</p> <p>For all Managers who engage Agency staff outside of the Matrix Framework the</p>	<p>frameworks for access</p> <p>Operational Manager Safeguarding & Service Outcomes– To ensure all training materials, presentation, video etc are reviewed and up to date in a timely manner.</p> <p>Discussion with Matrix - Operational Manager – Employee Services</p> <p>All Heads of Service – note</p>	<p>Framework in place end of July 2024</p> <p>Ongoing</p> <p>Discussion to take place with Matrix by the end of June. Agreement sought from Matrix by end of July 2024</p> <p>Note to be sent by end</p>	<ul style="list-style-type: none"> - An e-mail has been sent to all Chief Officers and Directors to inform them of the requirements to complete the Group A training and the frameworks in situ. Reminders have been set in my calendar for third week of July (15th) and 21st August to drop same e-mail group a polite reminder of the frameworks and their responsibilities. - Discussions have taken place with the OM Employee Services and Matrix (June 2024) and we are awaiting the feedback from Matrix. This is just another level of mitigation should we be able to achieve it. If not the framework stated above is sufficient.

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		<p>responsibility is on the line manager to ensure they have completed the Level 1 Powerpoint Access will be provided via training video (as above).</p> <p>Managers will retain responsibility for ensuring compliance for their staff, whether they complete the online iDev module or the presentation and will be held accountable for non-compliance.</p> <p>3. Ensure that the Council's Induction programme includes level 1 safeguarding training to all new starters (as above), capturing staff who do not have access to iDev. This will be in the form of the level 1 PowerPoint that will be played at the end of the welcome to the Vale induction programme.</p> <p>4. For all Heads of Service to ensure Level 1 safeguarding training is completed, using frameworks above for all staff who are not on iDev and a digital record kept and submitted to the OD and Learning Team</p>	<p>to inform of this to be sent by Head of HR and OD</p> <p>Operational Manager OD and Learning</p> <p>All Heads of Service</p>	<p>of July 2024 – outlining access</p> <p>To commence from the next available Welcome to the Vale Induction after July 2024</p> <p>To be rolled out immediately via already available Level 1 safeguarding presentation and fully</p>	

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		<p>5. Ensure the Council's Establishment list is up to date and maintained as such. This will be to ensure best practice, however it will not identify those workers engaged via agency contracts or volunteers.</p>	<p>Head of HR & OD & Head of Finance</p>	<p>established by 1st August 2024 when all above completed. September 2024</p>	
<p>3.1 Low</p>	<p>To communicate the retention requirements for referral forms and any other relating information to all service areas. In addition, as part of the Policy update (Ref 1.2), update the policy with the retention requirements.</p>	<p>Retention of records relating to safeguarding referrals being made to be communicated across the council via CSG leads,</p>	<p>Operational Manager Safeguarding & Service Outcomes</p>	<p>September 2024</p>	<p>Recording infographic has been developed and will be shared across CSG leads for dissemination</p>

Management Action Plan – Car Park Income

Report Ref & Priority	Recommendation	Management Comments	Officer Responsible	Agreed Date	Update for GAC Meeting 18 th July 24
1.1 Low	The Council should maintain traceability of income generated by car parking charges in order that it can demonstrate that the income generated (and any surplus) is appropriate to the cost of running the scheme (including any modest surplus set aside for prudence).	Separate cost codes have recently been set up for individual car parks to enable clear monitoring and understanding of income.	Operational Manger Engineering/ Gemma Jones	By the end of June, 2024	Need to confirm with finance internal recharge in order that the relevant car park is allocated with the correct income.
2.1 Low	All staff involved should be made aware of the Financial Procedure Note for Cash Handling.	Agreed that a copy of FPN5 'Financial Procedure Note – Cash Handling' will be brought to the attention of all staff involved in cash box collection or cash counting process.	Mel Eady – Winter Maintenance and Asset Coordinator	End of June, 2024	Mike Clogg to recirculate in order that staff are provided with copies and signing of receiving of the relevant documentation. We will use a version control to monitor and record staff declarations.
2.2 Low	The risk assessment for the collection of cash from car parks, last updated in March 2012, is to be reviewed and updated where necessary.	Agreed the risk assessment for cash collection will be reviewed. Since 2012 all P&D machines now take card payments and only 50% of P&D machines in each car park facility take cash payments which limits the amount of cash handling and associated risks. There is a consideration to progress to cashless P&D systems in the future or limit further the number of machines accepting cash.	Mel Eady – Winter Maintenance and Asset Coordinator	30 th May, 2024	Copy to be provided to Audit as attached. To be placed in a NEW Teams group Car Park Collection / Finance - Controlled Files.

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2.3 High	Further enquiry must be undertaken, including with the ticketing system supplier, so that the Council is able to fully account for all gaps in the sequential ticket numbers associated with each cash box collection, and provide assurance that the Council has received all cash box withdrawals.	Gaps in apparent sequential numbering of tickets from P&D machines to be clarified with IPS, council's system supplier and any system amendments made where this is considered necessary for consistency and transparency.	Operational Manger Engineering/ Mel Eady	End July 2024	This has been investigated with IPS and an explanation provided in the email attached. If additional information is required, we can investigate further.
2.4 High	Full reconciliations are to take place in relation to car parking cash collection – incorporating IPS notifications, tickets, cash boxes, cash receipts and general ledger values.	Notification emails recording when the individual vault door to all cash boxes is opened to be maintained and checked that it correlates with time of actual staff access and ticket details issued as receipt. The cash receipt to checked against cash taken and any discrepancies reconciled before income is recorded on ledger.	Operational Manger Engineering / Sarah Baker	End of May Revised 30/06/24	We have put in a number of processes for additional authorisation, i.e. for the boxes sending alerts Mel has created a spreadsheet to record the Vault alert emails. Finance will be recording on a spreadsheet the discrepancies which will be forward to Craig Howells and Mike Clogg for information and authorisation. A list will also be forwarded to Audit on a monthly basis. All to be agreed with audit prior to implementation. Also arranged for the machines to be checked / calibrated.
2.5	Reconciliations for card and phone payments are to be undertaken on a regular basis with a process for dealing	Officers in NS&T have access to card and phone payment records, but the number of transactions make the	Gemma Jones	June 2024	Finance Account – Operational Manager has been provided with

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Medium	with all discrepancies to be devised and acted upon.	manual checking and correlation of individual payments via appointed Merchant impracticable. The process to be discussed with Finance team in order to consider any reasonable and appropriate solutions for reconciliations associated with this system of payment.			access to the systems in order that this can be carried out.
2.6 Medium	Procedure notes are to be produced to cover the whole process of collecting, counting and checking car park income from beginning to end, and suitable oversight is to be put in place for the process as a whole.	Accepted that procedure notes and flow chart will be prepared to cover the whole process and ensure suitable oversight.	Operational Manger Engineering	End August 2024	Version documentation to be put in place in Teams Group Car Park Collection / Finance to be set up with access for relevant officers and procedures to be maintained and updated.