

REPORT TO: SCRUTINY COMMITTEE - 9 DECEMBER 2020

REPORT ON: INTERNAL AUDIT REPORTS - SUMMARY OF PROGRESS ON THE

**IMPLEMENTATION OF RECOMMENDATIONS** 

REPORT BY: SENIOR MANAGER - INTERNAL AUDIT

**REPORT NO: 319-2020** 

#### 1.0 PURPOSE OF REPORT

To submit to Members of the Scrutiny Committee an update on the progress in implementing internal audit recommendations previously reported to and agreed by Management.

#### 2.0 RECOMMENDATIONS

Members are asked to note the information contained within this report.

#### 3.0 FINANCIAL IMPLICATIONS

None

#### 4.0 MAIN TEXT

- 4.1 Standard 2500 of the Public Sector Internal Audit Standards (PSIAS) entitled Monitoring Progress states "the chief audit executive must establish and maintain a system to monitor the disposition of results communicated to management". In practice this requirement is discharged by the Senior Manager Internal Audit ensuring that there are effective processes in place to capture assurances that audit recommendations have been implemented in full or if this is not the case that senior management are aware of the consequences and have accepted the risk.
- 4.2 The Internal Audit Plan submitted to the Scrutiny Committee annually contains a list of formal follow-up reviews to be undertaken by internal audit staff. This allocation is used to assess the extent to which recommendations previously agreed with management have been implemented. The outcomes of such reviews are formally reported to management. In addition, the Executive Summaries from these reviews are submitted to the Scrutiny Committee as part of the standing item on Internal Audit Reports.
- 4.3 It is not feasible within existing resources for the Internal Audit Service to carry out formal follow-up reviews of all areas previously audited. Therefore, to ensure compliance with the PSIAS, assurances are also formally sought from management via progress reviews. These progress reviews, require management to provide an update of the action taken in respect of recommendations previously made. Pentana, the Council's performance and risk management system, is used for this purpose. On the basis of these updates, and taking cognisance of the potential risk if the actions previously agreed have not been implemented, a formal follow-up review may be subsequently undertaken by Internal Audit and reported to Committee in line with paragraph 4.2 above.
- 4.4 Whilst this exercise does not normally include a review of evidence to support management assurances, Internal Audit did review a sample of evidence surrounding implementation of the recommendations contained within Internal Audit Report No. 2018/19 Internal Financial Controls and can confirm that the four corresponding Progress percentages and Management Updates detailed in Appendix A to this report are accurate. In addition, sample evidence was reviewed that confirms the Progress percentages of 100%, for the three Internal Financial Controls recommendations that were part of last year's progress review exercise, are accurate.
- 4.5 A total of 157 recommendations from 70 internal audit reports were subject to a progress review as part of the 2020/21 Plan. Of these recommendations, 60 were also part of the 2019 Progress Review Exercise. Some outstanding recommendations from the previous year's exercise have, however, not been included because planned audit work within the same area was undertaken and reported to Scrutiny Committee. The original reports, in which these recommendations were contained, are detailed in the table below along with the planned audit work and corresponding audit reports that superseded them. Implementation of the recommendations within the new audit reports will be monitored in line with standard working practices.

319-2020 1 09-12-20

Original Audit Report - Superseded	Planned Audit Work & Corresponding Audit Reports
2013/23 - Social Work - Managing Client Finances	2018/15 – Corporate Services – DWP Appointeeships – submitted to Scrutiny Committee on 12 February 20.
2014/31 - Neighbourhood Services - Trade Waste	2019/06 - Corporate - Trade Waste - submitted to Scrutiny Committee on 24 June 20.
2015/03 – Social Work – Follow-up Review of Community Equipment Services	2019/17 – Dundee Health & Social Care Partnership – Joint Community Equipment Service – submitted to Scrutiny Committee 24 June 20.
2016/26 - Corporate - Follow-up Review of Information Security Management Systems	2018/06 – Corporate – GDPR (including Follow-up Review of Information Governance) – submitted to Scrutiny Committee 26 June 19.
2017/21 - Corporate – E-mail Security	2019/13 - Corporate Services - Follow-up Review of E-mail Security - submitted to Scrutiny Committee 24 June 20.

- 4.6 In addition, the IJB internal audit reports have not been included in this exercise, however, progress towards implementation of the recommendations contained within them can be found in the Governance Action Plan Progress Report submitted to each Performance and Audit Committee.
- 4.7 In line with last year, an update on recommendations with implementation deadlines up to an agreed cut-off date has been included. Historically, progress towards implementation of recommendations was not formally reported until the implementation deadlines had passed for all recommendations in an audit report. The annual progress review exercise is routinely carried out in late Summer to enable formal reporting to Committee in September. However, this year, as a result of the pandemic, commencement of this exercise was intentionally delayed to give officers time to adapt operationally and get back on track implementing the outstanding recommendations. The cut-off date utilised for reporting this year is 30 September 2020.
- 4.8 Attached at Appendix A is a schedule summarising the work undertaken. The schedule also provides information surrounding report issue date, importance levels for each recommendation and commentary as to the current status of the implementation of the recommendations, where these have not been fully implemented. Of the 157 recommendations contained in Appendix A, 59 (37.6%) have been fully implemented, 96 (61.1%) have been partly implemented and 2 recommendations (1.3%) have been recorded as 'not implemented'. For the recommendations that are partly or not implemented, assurances have been provided to Internal Audit by management that the outstanding areas will be addressed and, where feasible, revised timelines for completion have been specified.
- 4.9 In terms of management responses to the progress reviews that have been undertaken as part of the 2020/21 Plan, it is evident again this year that there has been slippage in the anticipated timeframes provided by management for the full implementation of the recommendations. Whilst the specific reasons for this are varied, there are recurring themes, as in previous years, surrounding delays in the replacement or implementation of IT systems and further progress being dependent on the outcome of decisions in terms of service provision. In addition, Covid 19 has impacted on progress in some areas this year.

#### 5.0 POLICY IMPLICATIONS

This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. There are no major issues.

### 6.0 CONSULTATION

The Chief Executive, Executive Director of Corporate Services, Head of Corporate Finance and Head of Democratic and Legal Services have been consulted on the content of this report.

DATE: 13 November 2020

## 7.0 BACKGROUND PAPERS

None

Pamela Redpath, Senior Manager – Internal Audit

# SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)

KEY					
Critical Recommendation Significant Recommendation Routine Recommendation Different Scoring Mechanism					

			11000011	2 morali g moonamen
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
Corporate - Data Protection - 12/08/2013	2012/36-1*	Policies and Procedures	90%	The following policies and procedures have been approved by CSMT and have been published:
				<ul> <li>Data Protection Policy</li> <li>Breach Reporting Policy (referred to in the description as reportable incidents procedure</li> <li>Breach Reporting Procedure</li> <li>Data Protection Impact Assessment Procedure</li> </ul>
				Classification and sharing policies are currently being drafted. Revised implementation date is 31 January 2021.
	2012/36-3*	Records Management	60%	The Council's Records Management Plan was approved in March 2020. The Records Management Team conducted a review of records held in the City Square Records Centre, with the aim of destroying records past their retention date and assigning retention periods to all other records. This will be an annual review – however the 2020 actions have been delayed by COVID restrictions. The process of assessing retention schedules and classification schemes was due to begin in 2020, in line with the Records Management Plan. Again, this has been delayed due to current restrictions. The destruction of Social Work and related files is still on hold. Due to the ongoing Child Abuse Inquiry, it is difficult to estimate when this work will be able to resume. Work is being undertaken by Servelec, the providers of Mosaic (electronic Social Work client management system) in conjunction with Other Local Authorities to create a GDPR compliant destruction process for electronic records. The target date for this action has been altered to June 2025.

<sup>\*</sup>Recommendation was included in the 2019 Progress Review Exercise

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
Environment - Special Collections - 03/06/2014	2013/07-2*	Management Information and Reconciliations	90%	Progress on the transfer of special collection requests from Citzlive onto the Firmstep platform has been delayed due to reprioritisation of services during the coronavirus pandemic.	
	2013/07-3*	Operational Procedures	95%	No further updates as the special collections service has not migrated over to Firmstep.	
Housing - Performance Indicators - 26/06/2014	2013/12-4*	Reporting the 2013/14 Charter Indicators	88%	Repairs indicator 14 (Repairs appointments performance) will be implemented through commissioning the CX Housing management information System and the linked "Total Repairs System". The Total Mobile project is in the process of being rescoped beyond the originally intended management of responsive repairs. This will include Capital and Major Contracts and using it as a full job costing system. There has also been a change in finance system (from Capita Integra to Civica Financials) which means all finance integration, for invoicing and purchase ordering, is also having to be rescoped. The aim is to complete the rescoping exercise by the end of October / early November 2020. The two third parties (Civica and Total Mobile) will then need to be consulted to work out a new project plan based on their availability to support the implementation process. This will lead to a new go live date that will be worked towards.	
Corporate - Scottish Welfare Fund - 17/04/2014	2013/13-4*	Decision Letters	80%	SWF Guidance has been implemented as far as possible within the constraints of the Northgate System. Covid 19 has further complicated the decision letter process due to restricted access to workplace mail. The explanation of the detailed reason for the decision referring to the applicant's circumstances is given verbally to the client and this deficit in the system specification has again been highlighted to Northgate, asking for development work to take place to rectify this. The revised completion date is 31 March 2021.	
Corporate - CeRDMS - Employee Files - 18/06/2015	2013/21-1*	Deployment of CeRDMS	60%	Review of CeRDMS staff permissions has been completed. Emphasis has been on developing Firmstep workflows to streamline processes so there has been limited progress in developing the access for managers to add documents. This will be reviewed as part of the overall digital work streams for Corporate Business Support Service.	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
	2013/21-2*	Access Permissions and Working Practices	90%	CeRDMS access permissions for employee files have been reviewed and rationalised. A final assessment will be carried out as part of a review of digital work streams within the Corporate Business Support Service.		
Housing - Follow-up Review of Licensing of Houses in Multiple Occupation - 05/08/2014	2014/01-1*	Processes, Procedures and Working Practices	80%	The resources available to review and amend the existing process mapping for this service remain unchanged and a hurdle to completion. Workload pressures are the priority at this time. A revised date of July 2021 has been noted to strive to complete the action by then, workload permitting.		
Environment – Income - 02/07/2015	2014/10-1*	Working Practices and Procedures	90%	Due to COVID-19, bookings not available as football season had been suspended.		
	2014/10-2*	Reconciliation of Income	90%	Due to COVID-19, pitch bookings did not commence as planned as football season was suspended.		
Environment - Stocks and Inventories - 20/08/2015	2014/19-2*	2014/15 Year End Stock Check	95%	The recommendations in Section 2 of the 2014/19 Internal Audit report, other than the implementation of a suitable IT system, have been introduced. Actions implemented include allocation of extended range of staff to assist with stock take; application of improved procedures as provided by Finance; alignment of Stock Take Reports and Bin Numbers; Bin Number arranged by operational and functional service demand; independent van stock-checks by supervisors. Following suspension of transfer discussions to Tayside Contracts, a working group has been established to consider alternative and suitable IT options such as Total Mobile.		
Corporate - Payroll – Leavers -	2014/25-1*	Operational Procedures	100%			
02/04/2016	2014/25-2*	Working Practices	100%			
Corporate - Follow-up Review of Arrangements for the Management of Asbestos - 20/01/2016	2015/09-5*	Asbestos Warnings and Registers	95%	Information by Housing Development is now being input to Keystone. The revised date for implementation of the recommendation is 31 March 2021.		
Corporate - Corporate Policies - 29/03/2016	2015/14-3*	Approval and Review Process	97%	Due to Covid-19, there has not been the resource time to focus on the plan to look at Pentana as a tool to monitor policies etc. However, policies have continued to be reviewed and developed		

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
				over the last 6 months. The revised date for implementation of the recommendation is 31 March 2021.	
Corporate - Construction Industry Scheme - 09/06/2017	2015/22-5*	Manual Preparation of Monthly CIS300 Return	95%	The manual process works well with cross check verification to the HMRC return. There have been no issues arising. A comprehensive review of all Civica systems is taking place and this recommendation will be considered as part of this cost / benefit analysis. Due to Covid delays, the revised implementation date is 31 December 2020.	
Corporate - Personal Protective Equipment (PPE) - 09/04/2017	2015/24-3*	Training and Development	90%	The use of PPE has increased exponentially since the presence of the coronavirus and many more people, who never previously used any PPE, are using PPE as a necessary risk control. This has been addressed by providing information, instruction and guidance, including pictorial guidance on OneDundee under Coronavirus - Health & Safety Information, which has proved to be useful. Additional employees have been trained to undertake face-fit testing and face-fitting. It has, however, not been possible for Services to populate the spreadsheet to record and track the use of PPE during the Covid-19 pandemic but any concerns that have been raised have been addressed very quickly. Services should complete the spreadsheet retrospectively once the Covid-19 pandemic is over. It is also of importance that services providing training in the correct use of PPE record this training on MyLearn. The revised target date for implementation of the recommendation is June 2021.	
Corporate - Serious Organised Crime - 01/04/2017	2015/27-1*	Local Authority Readiness Checklist	90%	No progress made re availability of revised national checklist and no timeframe given. This was discussed at the Serious Organised Crime Group on 27 July. As a result, this action will be superseded by one to develop and maintain a Serious Organised Crime risk register. The revised date for implementation of the recommendation is 31 December 2020.	
Children and Families / Dundee Health and Social Care Partnership - Self-directed Support (SDS) - 09/04/2017	2015/29-2*	Timely Return of Financial Monitoring Forms	85%	Additional business support staff work on the processing of Financial Monitoring forms and progress has been made in tackling the backlog of forms. A full review of SDS procedures is being undertaken, led by an Integrated Manager in Dundee Health and Social Care Partnership, which is due to be completed	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
				in early 2021. It is anticipated that the work needed to ensure the timely return of financial monitoring forms will be completed by February 2021. Work is also being undertaken to prepare for a Portal to be developed to enable financial monitoring forms to be submitted electronically by service users.		
City Development - Stocks and Inventories - 14/12/2016	2015/33-1*	Fuel Holdings – Stock Count	85%	No decision has been made on installing costly monitoring equipment but as transportation transitions over to electric vehicles the storage of fuel will reduce considerably.		
Children and Families - Children in Residential Care - 29/11/2017	2016/04-3*	Individual Placement Agreements	100%			
Corporate - Follow-up Review of Grant Funding - 10/06/2017	2016/06-1*	Corporate Oversight and Approval	95%	This group has been established but has yet to meet. COVID has led to a further delay in pulling the group together. It is envisaged that the group will commence in January 2021. On this basis, the recommended completion date needs to be revised to the end of the financial year - 31 March 2021.		
Corporate - Follow-up Review of Business Continuity - 09/06/2017	2016/09-1*	Council's Arrangements	65%	Delayed completion as a consequence of Covid 19.		
Corporate - Journal Entries -	2016/17-1*	Operational Procedures	100%			
11/09/2017	2016/17-4*	Quarterly Monitoring Exercise	85%	Staff turnover within a small team has delayed finalisation of this. Completion date revised to 31 December 2020.		
Neighbourhood Services - Health and Safety - 19/01/2018	2016/23-3*	Compliance with Health and Safety Controls (Task Monitoring)	100%			
Corporate - Emergency Planning - 30/01/2018	2016/27-4*	Maintenance of Emergency Plans and Contact Directory	90%	Further progress delayed as a consequence of Covid 19.		
	2016/27-5*	Training and Exercise Strategy	50%	Further progress delayed as a consequence of Covid 19.		
City Development - Occupational Road Risk -	2016/30-1*	Revised Occupational Road Risk Policy and Guidance	100%			
12/06/2018	2016/30-2*	Driving Licence Checks - Staff Driving on Council Business	51%	Licensing checking continues to be slow due to difficulties with IT systems. IT presently working on updating the software system. This should be implemented by the end of November 2020.		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
	2016/30-3*	Vehicles Driven on Council Business	85%	Relevant managers were met to remind them of their responsibilities. Pre-start booklets are also monitored by Workshops and random gate checks are carried out by the Freight Transport Association. With regard to casual drivers, HR needs to be consulted to agree how the use of the licence check facility is communicated and implemented. The proposed date to have this implemented is 31 March 2021. As part of the MILL project, management of the pool cars has been handed over to Enterprise Car Club for the next 12 months. Guidance has been issued to all drivers when signing up which will include pre-use checks. This went live on 26 October 2020.	
	2016/30-4*	Driver Competencies and Training	100%		
Corporate - Risk Management	2016/31-4*	Risk Universe	100%		
Arrangements - 30/01/2018	2016/31-5*	Risk Management Procedures and Operational Guidance	99%	Reviewed and now ready for launch - will be uploaded to Pentana by the end of November 2020.	
	2016/31-6*	Presenting Management Information	100%		
	2016/31-7*	Risk Registers and Pentana	100%		
	2016/31-8*	Training and Awareness	95%	Training sessions have been undertaken across all services covering risk and the use of the Pentana risk management database. A procedural guide, which is about to be rolled out, has also been developed setting out in detail how the Pentana system is to be maintained. Risk Champions, who have additional risk awareness and responsibility, have been identified across all services and participate in the Corporate Risk Management Working Group. The outstanding element of this recommendation relates to the Risk Management e-Learning Module, which is in the process of being re-written to bring it more into line with the policy and procedures. Revised implementation date to complete 31 December 20.	
City Development - Follow-up Review of Pay on Foot Parking - 30/01/2018	2017/05-3*	ACS System – Anti Fraud Passback (AFP)	100%		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
	2017/05-5*	Council Staff Parking Scheme / City Centre Residents Parking Permits	100%		
Corporate - Lone Working - 12/06/2018	2017/07-1*	Policies and Procedures	99%	Lone working guidance was approved in March 2019, with lone working procedures to be incorporated into the management arrangements for those services that have identified that they have posts where people are exposed to lone working risks. Lone working was discussed at the H & S Strategy Group in March 2020 and two services were to progress and finalise their lone working strategies and arrangements, including updating risk assessments. Their progress has been curtailed due to the coronavirus pandemic but it is anticipated they will have completed this by June 2021. Services are also having to review their procedures again as Covid-19 is encouraging more lone working.	
	2017/07-2*	Identification of High Risk Posts and Training	100%		
	2017/07-3*	Warning Alerts	50%	Progress hampered by COVID response.	
	2017/07-4*	Working Practices	85%	Services are reviewing their own lone working practices but progress has been limited due to the coronavirus pandemic. It is anticipated that this will be completed by June 2021. A number of Elected Members have already participated in personal safety training but Elected Members should be strongly encouraged to take part in the personal safety training course offered by the Council. Elected Members can access the information held on the Potentially Violent Persons Database (PVPD) upon request to Community Safety & Resilience.	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
Children and Families - Out of Hours (OOH) Service - 12/06/2019	2017/08-1	Service Structure and Management Information	95%	A review of the OOH Service took place in collaboration with key stakeholders, including Angus Council and the Dundee Health and Social Care Partnership. The review was finalised in March 2020 and, following interruptions caused by the pandemic, recommendations to adjust the structure of the service to ensure capacity mirrors daily fluctuations in demands have now been agreed with staff and unions. The recommendations are being implemented and, following recruitment activity, it is anticipated that new arrangements will be in place by January 2021.		
	2017/08-2	Responsibilities, Authority and Support	100%			
	2017/08-3	Business Continuity	90%	Staffing and IT business continuity plans have now been in place since December 2019. These were updated and revised during the Covid-19 pandemic period and revised arrangements are now in place. These have been tested regularly during IT upgrades and staffing shortages due to the pandemic. New smartphones have been ordered and these will complement the business continuity plan. Full implementation is anticipated by 31 January 2021		
Corporate - BACS - 03/09/2018	2017/09-1*	BACS Computer	100%			
Corporate - IR35 - 28/01/2019	2017/10-1*	Training and Guidance	80%	The Firmstep process for procuring goods and services, which will highlight any individual within scope for IR35, has been issued to services for comment and should be completed by 31 January 2021. Guidance is built into the workflow which managers will be able to follow as they move through the process.		
	2017/10-2	Check Employment Status for Tax (CEST) Tool	40%	Guidance will be contained within the procurement workflow with links to a separate instruction note for managers to advise them to retest periodically. Estimated completion date is 31 January 2021.		
	2017/10-3*	Agency Staff	100%			
	2017/10-4	Corporate Procurement Team (CPT)	80%	The Firmstep workflow, which is currently being developed, will ensure a consistent process for contracting with off-payroll workers. Estimated completion date is 31 January 2020.		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
Corporate - User Access Levels - 12/06/2018	2017/11-1*	User Access Reviews	10%	Consultation process with system owners initiated. Progress stalled due to Covid and priorities including Office 365 rollout and data centre move. The estimated revised implementation date is June 2021.		
	2017/11-2*	Access Provisioning	30%	Consultation process commenced. Progress stalled due to Covid and priorities including Office 365 rollout and data centre move. The estimated revised implementation date is June 2021.		
	2017/11-4*	Policies, Guidance and Standards	100%			
	2017/11-6*	Requestor and Approval Limits	80%	Revised practice has been put into operation and there is a hierarchy around authorisation levels. Formal documentation of these thresholds needs completed and a timescale set for periodic review. The revised completion date is 31 December 2020.		
Corporate Services - Contract Specifications and Management - 28/01/19	2017/14-1	Policies and Procedures	95%	Community Benefits achieved are recorded - a new system is in the process of being implemented which will record Community Benefits actual vs target. An updated report is included in the Annual Procurement Report 2019/20. System to be implemented by 31 January 2021. Annual Procurement Report: All requirements flowing from Scottish Government Annual Procurement Reports are included in Annual Procurement reports of 2018/19 and 2019/20. Procedures used by the Corporate Procurement Team are based on the Scottish Government Procurement Journey and this is followed. Cross organisation procedures are being worked on as part of the Tayside Review of Procurement.		
	2017/14-2	Establishing and Agreeing Contract Specifications	80%	All specifications are verified by Procurement Category Officers and Client departments to ensure all requirements are covered in a fair, open and transparent way. Further development work on documentation is underway as part of Tayside Collaborative Project - as soon as this is available it will be implemented for Dundee City Council - target implementation date is 31 December 2020.		
	2017/14-3	Contract Monitoring (Excluding Community Benefits)	80%	Contract Monitoring is undertaken by client departments and the Corporate Procurement Team is involved on a risk-based		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
				assessment or where escalation is required due to performance levels not being met. KPIs and other performance metrics are currently being developed for inclusion in contracts and are part of Tayside Collaborative Procurement project. Planned implementation for Dundee City Council is 31 January 2021. Standard paragraphs in the ITT / ITQ have been updated but they are being revised as part of the contract monitoring arrangements being developed as part of the Tayside Review of Procurement.	
	2017/14-4	Community Benefits Monitoring	85%	Community Benefits monitoring system is in the process of being implemented - target implementation date is 31 January 2021.	
	2017/14-5	Terms and Conditions	100%		
Corporate Services - Pension Fund - 03/09/2018	2017/15-3*	Usage of LGPS PensionsWEB and System Benefits	100%		
Corporate – ParentPay - 27/11/2018	2017/17-3*	Use of ParentPay and Debt Management	95%	ParentPay (PP) Debt Management complete - EOTHO (Eat Out to Help Out) monies added back as at 31 August 2020. Debt policy reissued and all Head Teachers (4 September 2020) have been reminded to follow policy and implement the required actions. On all school PP sites there is an information box which provides a total number of pupils in debt and total value. PP letters can be issued direct for the site and either emailed or delivered via bag drop. The accountant also discusses the debt position with Head Teachers / administrators during her School Fund meetings. Children & Families Finance Officers will also remind Head Teachers / administrators that the debt policy requires to be adhered to. Although debt is being looked at and managed at all sites, a report will be issued on a quarterly basis to the senior management team, as delays due to lockdown and school closure has delayed these returns. The revised implementation date is January 2021. With regard to exception reports, on a daily basis all school admin. officers produce a report once the entire school has completed classroom selection. (On a class by class basis which is then returned to the teacher and a copy retained for monitoring lunches provided). This list clearly shows the choice selected by each child, e.g. home, no show (absent), packed lunch or the meal selected.	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
Corporate - Data Security - 12/06/2018	2017/20-2*	Password Configuration Settings	50%	Discussions have taken place with system owners and suppliers of third party systems. Third party systems do not have the capacity to fully implement the Councils password policy. Risk to be documented in line with the audit recommendation. Council-built systems utilise Council Active Directory and therefore comply with the Councils implemented password policy. Password requirements are included within tenders for third party systems. These will be formally documented to ensure a standard approach is taken. The revised implementation date is 31 March 2021.		
	2017/20-3*	Super User Account Passwords	70%	Further supplier engagement required to confirm their password sharing policies. Progress stalled due to Covid and priorities including Office 365 rollout and data centre move. Completion expected by June 2021.		
Corporate - Stocks and Inventories - 2017/18 Year End - 11/09/2018	2017/27-2*	Stock Check – Construction Services	80%	Various actions have now been implemented to ensure that there are robust and effective controls around the recording and safeguarding of assets, including stock items held in store and items delivered directly to sites. Examples include:		
				<ul> <li>specific stock items are subject to a monthly check of both the stores and vans and these records are being reviewed</li> <li>stock used on the smoke detectors contract is formally monitored each month</li> <li>interim stock counts are done on a random basis every week</li> <li>independent spot checks of the van stock are undertaken by Corporate Finance staff at the time of the year-end stock check</li> <li>stock levels are monitored and order levels adjusted where necessary to avoid stock becoming obsolete</li> </ul>		
				Controls will be further strengthened through the implementation of the Total Mobile system. Timescale for completing outstanding actions is dependent on implementation of the Total Mobile system. No issues in other services have been identified.		
Children and Families - Pupil	2017/29-1	PEF Guidance	100%			
Equity Funding - 12/06/19	2017/29-2	Staff Training and Utilisation of PEF Funding	100%			

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
	2017/29-3	Transparency	100%			
Neighbourhood Services - Gas Safety - 21/01/2019	2018/03-1*	Policy and Procedures	85%	Procedures will be incorporated in the new IT system before this goes live later in 2020/21.		
	2018/03-4	Proposed New Gas Safety Checking Process	65%	Proposals are being fine-tuned in preparation for the new IT system due in 2021. This has included ensuring the integrity and accuracy of the Gas Table is updated on a monthly basis.		
Corporate - Housing Capital	2018/04-1	Operational Procedures	100%			
Plan - 07/06/2019	2018/04-2	Data Integrity	100%			
	2018/04-3	Budget Monitoring	100%			
	2018/04-5	Scrutiny at Policy and Resources (P&R) Committee	100%			
Corporate - Fleet Management - 03/04/2019	2018/05-1*	Policy and Procedure Documentation	95%	Document completed but requires a few minor updates. This will be completed by 30 November 2020 and will be held on file and reviewed yearly.		
	2018/05-3*	Operator's Licence	100%			
	2018/05-4*	Leased and Short Term Hire Vehicles	100%			
Corporate - General Data Protection Regulation (GDPR) - 07/06/19	2018/06-1	GDPR Action Plan (Design, Content, Governance and Deployment)	20%	The GDPR Strategic Reps group was created to aid in the governance and deployment of GDPR throughout Council services. The group met regularly, but with the current situation has not met in some time, as other priorities have taken precedence. The last meeting action was that Service actions were to be formally added to Pentana. This action has been postponed due to the current circumstances. All other outstanding actions will be progressed as / when resources allow, having regard to the current priority of responding to the COVID-19 Pandemic.		
	2018/06-2	Personal Data Inventory	35%	Council services are in the process of completing the Personal Data Inventory. The services have been provided with the template to complete and offers of assistance from Legal Services. Estimated completion date is March 2021.		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
	2018/06-3	Roles and Responsibilities	95%	The framework document has been signed off by the Strategic GDPR group and will be presented to the Corporate Services Management Team for approval on behalf of the Council Management Team as soon as priorities allow. Terms of reference for the GDPR working groups have already been developed. Services have reviewed their representatives. Estimated completion date is March 2021.	
	2018/06-4	Privacy Policies, Notices and Consent	60%	The Council has published its privacy policy. Services have published privacy notices and the data mapping exercise will identify any areas where a privacy notice has not been developed. Consent is very rarely used now within the Council (as other legal bases are more relevant), however, again, the data mapping exercise will identify any outstanding areas. Estimated completion date is June 2021.	
	2018/06-5	Data Protection Impact Assessments (DPIA)	65%	The DPIA has been reviewed and updated and various training sessions have taken place prior to lockdown. It is intended that, via remote meetings, future training will restart. The area that needs most work is the culture of Service management to take into account and to promote the need for DPIAs to be done. All other outstanding actions will be progressed as / when resources allow, having regard to the current priority of responding to the COVID-19 Pandemic - anticipated 2021.	
	2018/06-6	Data Breach Management	100%		
	2018/06-7	Subject Access Requests (SAR)	50%	A formal SAR process and its effective implementation will be supported by the IT development of the SAR Database, which will incorporate areas such as internal deadlines for guidance, etc. and will assist given that SAR responses are split across services. The SAR Database will be developed as soon as priorities permit. Advice and guidance on unusual aspects, such as fee charging, is available to all services via Information Governance. Estimated completion date is June 2021.	
City Development - Climate Change - 26/11/19	2018/07-1	Council Governance Arrangements	100%		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)	
	2018/07-2	Climate Change Strategy	10%	The citywide Dundee Climate Action Plan was approved at the Council's P&R Committee in November 2019 and published in December 2019. 64 actions are listed in the plan covering themes of energy, transport, waste and resilience, designed to either reduce emissions or adapt to a changing climate. The plan has moved to implementation phase to progress as many of the actions as possible, taking into account the need to secure funding and resources for some and the impact of Covid in delaying others. A report will be submitted to P&R Committee on 16 November 2020 providing a progress update. The review and update of the Council's Carbon Management Plan is behind schedule due to ongoing capacity issues and will not take place until 2021. A new carbon reduction target will be set, taking cognisance of the recent city-wide target for Dundee to achieve net-zero greenhouse gas emissions by 2045 or sooner and the Scottish Government's current consultation on the role of Public Sector Bodies in tackling climate change which proposes that future Public Bodies Climate Change Duties Reports be amended to: 1. require all Public Sector Bodies to state the year by which they will cease to emit any direct (organisational) greenhouse gases and their targets for reducing indirect (area-wide) emissions; and 2. report on how Public Sector Bodies will align their spending plans with these targets. The target completion date has been amended to December 2021 to align with the proposed development of the Council's revised Carbon Management Plan.	
	2018/07-3	Development of the Climate Action Plan	10%	The Council became a signatory to the global Covenant of Mayors for Climate and Energy in March 2018, committing to take the lead in developing a city-wide 'Climate Action Plan' that aims to achieve 40% reduction in emissions by 2030. The prerequisite stages to develop a Baseline Emissions Inventory and a Climate Risk & Vulnerability Assessment were completed with internal and external stakeholders. Design-led workshops were held in summer / autumn 2018 to identify priorities and actions for the Plan. The statutory 'Strategic Environmental Assessment' Environmental Report that identifies the environmental impacts of the Plan was prepared in November / December 2018. The draft	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
				plan was adjusted prior to consultation to take account of Council declaring a climate emergency and increasing the target to become carbon neutral by 2040 and achieve net-zero greenhouse gas emissions by 2045. The draft Plan was published on 25th June for a 6-week public consultation period. Public and statutory comments were taken into account to finalise the plan, including a number of follow up meetings with community interest groups. The final Dundee Climate Action Plan was approved at P&R Committee on 18 November 2019 and launched with partners on 4 December 2019. Implementing actions within the plan has now commenced. The Council Management Team is reviewing current resources to consolidate and strengthen capacity within these areas of Sustainability and Climate Change to further drive the co-ordination of the agenda across organisations and within the wider Dundee Partnership. Opportunities for career development are being considered along with external support from City partners. The target completion date has been changed to December 2020.		
	2018/07-4	Public Bodies Climate Change Duties	100%			
City Development - Energy Management - 10/09/19	2018/08-1	Governance and Strategy	60%	It has been proposed that as Energy Management is a major element of the Dundee Climate Action Plan (CAP) that it should be aligned with the CAP's governance strategy (Action Item G3). Further progression of this action item will be dependent on direction set at a City partnership level. In the meantime, detailed information on the Council's Energy Management policy drivers and targets have been established for the preparation and appropriate approval of a draft Energy Management Policy & Energy Management Action Plan. The Council's properties' energy carbon emissions for a new baseline year (i.e. proposed 2015) and subsequent years have been measured and verified and are ready for approval / scrutiny by the Council Management Team.		
	2018/08-2	Energy Management Software and Related Information	80%	The completion of formal identification of staff details will align with the completion of the Governance and Strategy action, as responsibilities require to be agreed and communicated to these		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
				members of staff. In the meantime, ongoing support and advice is being given to the staff identified informally for properties. The support includes monitoring reports which identify real time improvements, suitable energy conservation measures and financial investment / support. A replacement for the existing "Trend" building energy management system is currently being procured. The revised date for full implementation of the recommendation is 31 March 2021.		
	2018/08-3	Education and Awareness	80%	The resurrection of the staff awareness and motivation campaign / actions is being run concurrently with the informal actions detailed above in Action 2. The intention is to formalise the existing action within the same timeline as Actions 1 & 2. Therefore, the revised date for full implementation of the recommendation is 31 March 2021.		
	2018/08-4	Physical Measures	80%	The implementation of contractors' recommended energy saving measures has been dependent upon a number of sometime conflicting criteria. In the past, recommendations from a contractor have been difficult to assess against each of these criteria. We now have an assessment procedure which prefers a "partnering approach" with the contractor and includes better consultation with Budget Holders, Designers, Property Users and the like. This process does not wholly rely on "Simple Payback" analysis but adopts more "Life Costs" analysis to asses avoidable cost and carbon reductions. This together with the introduction of a measurement and verification routine to identify as soon as possible any issues, has been welcomed. Formalising this approach has taken longer than anticipated so a revised date for full implementation of the recommendation is 31 March 2021		
Corporate Services - Council Tax - 11/06/20	2018/09-1	Processing CTR Claims	100%			
City Development - Health and Safety Contracts - 10/09/19	2018/10-1	Working Practices and Procedures	25%	Progress limited partially due to resources being diverted to Covid property related issues. Implementation programme has now been revised with an anticipated completion date for all the recommendations by 31 December 2020.		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
	2018/10-2	Certificate of Compliance (CoC)	25%	Progress limited partially due to resources being diverted to Covid property related issues. Implementation programme has now been revised with an anticipated completion date for all the recommendations by 31 December 2020.		
Corporate - Health & Safety Risk Assessments - 21/08/19	2018/11-1	Health and Safety Policy and Management Framework	100%			
	2018/11-2	Roles and Responsibilities	100%			
	2018/11-3	Hazard Identification	45%	Services generally have not submitted completed Hazard Identification Tools although when the request was made for risk assessments for specific hazards to be submitted for auditing, risk assessments did exist. It has been concluded that this particular tool has not worked well, but walk-round of workplaces has taken place to identify hazards. In Neighbourhood Services a Risk Assessment Monitoring system on CeRDMS has been introduced and has been successfully implemented, which serves the same purpose. Children & Families also have managers monitoring risk assessments in schools with annual overviews under the control of the Senior H&S Officer. The revised target for the implementation of this recommendation is June 2021.		
	2018/11-4	Risk Assessments	100%			
	2018/11-5	Completeness of Risk Assessments	70%	The Council's Health & Safety Policy and Management Framework requires approved risk assessments to be stored in CeRDMS. There is evidence on CeRDMS that risk assessments are being stored and made accessible to Services. The management Framework requires the Risk Assessment Tracking Plan to be reviewed annually by Service H&S Committees at which H&S officers participate to monitor progress. Services have been asked to submit Risk Assessment Tracking Plans, but this was delayed due to resources being diverted to deal with coronavirus issues. Neighbourhood Services have a Risk Assessment Monitor (RAM) serving the same purpose which is regularly updated. Children & Families also have monitoring procedures in place for all educational establishments. For other Services the revised implementation date is June 2021.		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
Corporate - Communication Strategy - 20/05/19	2018/12-1	Alignment of Operational Action Plan with Communication Strategy	100%			
Corporate - Follow-up Review of Procurement - 10/09/19	2018/13-1	Register of Interests	25%	Procurement Officers have completed Register of Interests (ROI) forms. Need method established on how ROIs are shared with Procurement. Declaration of interests are also being included in Procurement Initiation Documents. Target implementation date is 31 December 2020.		
	2018/13-2	Segregation Controls in the Corporate Procurement Team	100%			
	2018/13-3	Purchase Orders	90%	Significant progress made with final actions in progress - final implementation date is 31 December 2020.		
	2018/13-5	Planning and Policy Updates	100%			
City Development - Follow-up	2018/14-1	Operating Procedures	100%			
Review of Dangerous Buildings and Public Safety - 21/08/19	2018/14-2	Key Person Dependency	100%			
and Public Salety - 21/06/19	2018/14-3	Reporting and Monitoring Arrangements	50%	Report to Committee delayed due to Covid and will be submitted to Committee in January 2021.		
Corporate Services - DWP Appointeeships - 26/01/20	2018/15-1	Operational Guidance / Documentation	90%	Corporate Appointeeship guidance latest version for Council Advice Services and Care Managers now complete and circulated to all staff dealing with Council Advice Services and Health and Social Care Staff. Guidance relating to deceased clients has been amalgamated into the Guidance and amendments made to the Guidance based on previous recommendations in this area have been made (including Crown Office referral). Still awaiting further information on Access to Funds from Health and Social Care Partnership and some Client Services procedures / processes relating to their responsibilities under Corporate Appointeeship. The expected new completion date is 31 January 2021.		
	2018/15-2	Government Procurement Cards	100%			
	2018/15-4	Deceased Clients	47%	Work is being carried out on the deceased corporate appointeeship customers with significant progress being made to clear the numbers to zero by the revised implementation date of		

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
				31 January 2021. The current operational guidance was previously updated to include a new section detailing that responsibility for sign off of deceased cases being passed to the Crown now sits with the Executive Director of Corporate Services. Revised implementation date of 31 January 2021.		
	2018/15-5	Administration of Client Files	100%			
Corporate / Tayside Procurement Consortium - e- tendering - 10/09/19	2018/16-1	Public Contracts Scotland (PCS) / PCS-Tender	100%			
Corporate - Integrated Impact Assessments (IIA) - 26/01/20	2018/18-1	IIA Guidance / Standard Wording	60%	Work continues to develop up-to-date guidance on equalities, social justice, environmental and risk management guidance, revising the online tool and training for officers. The revised date for implementation of the recommendation is April 2021.		
	2018/18-2	IIA Toolkit	75%	The majority of the guidance and redesign of the toolkit has been prepared. Further progress to be agreed with IT to amend the online facility. The revised date for implementation of the recommendation is February 2021.		
	2018/18-3	IIA Submission	30%	Current format of IIA still being provided for relevant committee reports awaiting new version. The revised date for implementation of the recommendation is February 2021.		
Corporate Services - Internal Financial Controls - 19/06/2019	2018/19-2	Interface Reconciliations	75%	Due to staff turnover within a small team it was not possible to undertake these reconciliations for several months. When work recommenced, due to homeworking, access to original documentation used in preparing these reconciliations was not available and that continues to be the case. As an alternative, relevant e-mails are being forwarded but this has led to gaps in data which are currently being addressed. Whilst reconciliations have been prepared and reviewed they cannot be finalised until the gaps are filled. Regular reconciliation work will continue to be done with finalised position concluded by 31 March 2021.		
	2018/19-4	Supplier Statement Reconciliations	90%	Supplier reconciliations are being completed in line with recommendation on a risk based approach with top ten being actioned monthly. Random checks also carried out. This reconciliation work needs to be recorded on the summary		

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
				spreadsheet and review of reconciliations properly recorded. This will be done for all new reconciliation work from 1 December 2020 and for any outstanding recording and reviewing of earlier work by 31 December.2020.
	2018/19-6	System and Process Documentation	0%	Staff turnover within a small team means the start of this task has been delayed. It has now been rescheduled with a target date of 31 March 2021.
	2018/19-7	Construction / DCS System to Civica Financials Interface Reconciliation	100%	
Corporate - Risk Management Arrangements - 17/06/19	2018/20-1	Reliance on the Corporate Risk Management Co-ordinator (CRMC) Role	90%	The CRMC has undertaken training across all services covering risk and use of the Pentana risk management database. This is supplemented by a procedural guide, which has been developed by the CRMC setting out in detail how the Pentana system is to be maintained, and which is about to be rolled out. Risk Champions have been identified across all services, at a senior level (primarily Heads of Service), who have additional risk awareness and responsibility, participate in the Corporate Risk Management Working Group, and who are being used to communicate and coordinate risk management arrangements across Council service areas. The Pentana system has also been set up by the CRMC to automatically issue: a) prompts for risk reviews, which contain detailed instructions on the steps required to undertake the review and update the system; and b) monthly reports from Pentana to Executive Directors and Heads of Service setting out any overdue reviews at each month end. It is considered that the foregoing steps, including process automation, give a good degree of comfort in relation to any absence of the CRMC in the short to medium term, and a good basis for the provision of longer-term cover for the CRMC in his absence. Longer term succession planning remains under consideration. Revised implementation date for the outstanding element 31 March 21.
	2018/20-2	Project Risk Definition	100%	

	SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)					
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)		
	2018/20-3	Risk Management Actions	85%	Undertaking re-write of Risk Management e-Learning module to bring more into line with policy and procedures. Revised implementation date to complete 31 December 20.		
Corporate - Fraud Governance - 04/09/19	2018/21-1	Fraud Risk Management	95%	A comprehensive Fraud Risk Register has been drafted and is the process of being reviewed. The revised date for full implementation of the recommendation is 31 December 2020.		
	2018/21-2	Fraud Governance Policies and Procedures	90%	A revised corporate fraud and corruption policy has already been drafted and is in the process of being reviewed in the context of other related corporate policies such as the Anti-Bribery Policy and Whistleblowing Policy. In line with the Annual Governance Statement 2020/21 Continuous Improvement Agenda, the revised date for full implementation of the recommendation is 31 December 2020.		
	2018/21-3	Training and Awareness	80%	The fraud training and awareness plan has been taken forward, in part, through the work of the Children & Families Compliance Sub-Group. In addition, the Head of Corporate Finance as Chair of the Core Compliance Group issued generic Control Self-Assessment (CSA) Checklists, along with best practice guidance in October 20, across the Council; once returned, completed Checklists will be reviewed and help inform where training and awareness may be required. Going forward, it is intended to use the returned CSAs and Fraud Risk Register to help inform a risk-based training and awareness plan, which will be approved by the Integrity Group. The revised date for full implementation of the recommendation is 31 December 2020.		
Corporate Services - Follow-Up Review of Financial Systems - 07/06/19	2018/23-3	Existing Reconciliations	50%	Progress continues to be made on improving the consistency of reconciliations and saving them to CERDMS. However, the retirement of a key member of staff has led to delays in completing the process. The revised date for implementation of the recommendation is 31 March 2021.		
City Development - ABC Multi- Operator Smartcards - 10/09/19	2018/25-1	Receipt and Redistribution of Revenue	100%			
City Development - Electric Vehicles Parking - 10/09/19	2018/26-1	Eligibility for Free Parking and Accuracy of Records	100%			

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
Corporate - Follow-up Review of Information Governance - 07/06/19	2018/29-1	Information Governance Framework and Central Guidance	95%	The framework and central guidance have been drafted and will be put before the Corporate Services Management Team for approval on behalf of the Council Management Team when priorities allow.
	2018/29-2	Information Governance within Services	70%	GDPR representatives were reviewed by services and new representatives appointed where appropriate. Training percentage completion rate approximately 85% (as at January 2020). All other outstanding actions will be progressed as / when resources allow, having regard to the current priority of responding to the COVID - 19 Pandemic.
Corporate - Mosaic - 21/05/20	2018/30-1	User Access Controls	100%	
	2018/30-4	Super User Accounts	100%	
	2018/30-5	System Change Control	50%	The system change process has been documented and is the responsibility of the Steering Group and the Project Board. This part of the recommendation has been completed. Work to ascertain whether the responsibility for incorporating changes in legislation has been made explicit within the Call-Off Agreement is ongoing. Prioritisation of system changes needed due to changes in legislation is actioned by Servelec in conjunction with Local Authorities as part of the Customer Advisory Board. It is anticipated that this part of the recommendation will be completed by the end of December 2020.
	2018/30-6	Training	10%	Covid 19 response delayed work towards this action. However, Servelec have carried out a Finance Health Check of the Mosaic Finance system. The results of this will inform improvements to the Dundee Mosaic finance build. Once the improvements have been carried out, electronic training will be produced that will be available for staff to access on their computers. In the meantime, the Mosaic IT team have been providing remote training to new members of staff using the shadowing facility. It is anticipated that the electronic training modules will be finalised by the end of December 2020.
Corporate - Transformational Change - 04/09/19	2019/01-1	Governance and Project Management	40%	6-monthly reports will commence after the next annual report. The Programme Board will continue to meet quarterly. The Changing

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
				for the Future Programme Manager wrote to all directors advising they should refer to C2022 in relevant reports. Project Management Training has been identified and a bid to Learning & Organisational Development will be made to cover the costs. All sponsors and assigned project leads have been contacted to review their objectives in the template scoping document issued by the Programme Management Office (PMO). A specific risk register for C2022 has yet to be developed, however the programme is represented on both the Chief Executive's Service High Level Risk Register and on the Dundee City Council Corporate Level Risk Register. The implementation of these recommendations has been delayed due to the C2022 PMO's support of the programme of work arising from the COVID-19 crisis. The revised date for implementation of the recommendation is April 2021.
	2019/01-2	Identification, Scoping and Prioritisation of Projects	20%	The review and revision of the C2022 programme was scheduled to take place in June / July 2020, however, the implementation of this recommendation has been delayed due to the C2022 PMO's support of the programme of work arising from the COVID-19 crisis. The revised date for implementation of the recommendation is April 2021.
	2019/01-3	Use and Update of Pentana	20%	Linked with the previous recommendation on reviewing the C2022 programme, this recommendation to review the Pentana structure to accurately reflect the programme and percentages was planned for June / July 2020. While work to review the structure has begun, completion of this recommendation requires a review of the programme to be completed, which has been delayed due to the Covid-19 crisis. The revised date for implementation of the recommendation is July 2021.
	2019/01-4	Financial Savings	20%	The implementation of these recommendations has been delayed due to the C2022 PMO's support of the programme of work arising from the COVID-19 crisis. The majority of the C2022 programme has been on hold for much of 2020 to focus on supporting the Council's response to the crisis and on a few key projects which have continued. As such there have been very few reports going forward which would have financial savings

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
				included in them. It is hoped that the programme can restart more significantly in 2021 and, therefore, any future reports would include identified savings generated. The revised date for implementation of the recommendation is July 2021.
Neighbourhood Services - 2018/19 Grant Claim: Local Authority Air Quality Action Plan - 26/11/19	2019/02-1	Accuracy of Grant Claim	100%	
Corporate - Travel and	2019/05-2	Super Users	100%	
Subsistence - 11/06/20	2019/05-3	Review and Authorisation	20%	It is anticipated that the updated guidance will be completed by 31 December 2020 and communicated to all staff.
	2019/05-5	Travel Booking Form	20%	Procedures for booking travel will be included within the guidance per recommendation 3. Anticipated completion date 31 December 2020.
Corporate - Trade Waste -	2019/06-1	Due Diligence Checks	100%	
11/06/20	2019/06-2	Waste Transfer Notes (WTNs)	0%	Database functionality is available but not implemented this year due to Covid implications on resources and ongoing and significant amendments to the customer base and associated contracts and invoicing. As a result of this situation, and for the reasons stated above, contracts and WTNs were not issued manually for the year 2020/21. The intention is now to implement the automation of contracts and WTNs with effect from April 2021.
	2019/06-3	Debt Recovery Process	80%	A Debt Recovery procedure document has now been created and details all timelines for specific debt recovery actions. This document has been circulated to all staff within the Sales Ledger Team and will also be passed onto the relevant people within the Waste Management Team. The document has also been saved within the team's document folder so all can access. Payment terms offered are on the reverse of the proforma trade waste invoice and detail to the customer all payment methods available and also provide contact details for the Sales Ledger Team in case they need to discuss a particular payment method or try and find a suitable payment method. This document is checked and updated on a regular basis. Direct Debit arrangements or

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
Client - Subject - Report Issue Date	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
				payment plan put in place cannot be detailed on the invoice at this time, whether this may be available in the future would need to be checked with the system provider. However, to combat this at the moment, when the arrangement details are input, an Instalment Arrangement letter is created which details the payments and dates agreed and is issued to the customer for their records. The invoices should be addressed to the legal entity the customer trades as, as per the contract. The Waste Admin Team set up the customer details on the Sales Ledger system so it is their responsibility to make sure the details they are inputting are correct. The Waste Team has been asked to bear this in mind for future billing and it has been brought up previously in team meetings.
Neighbourhood Services -	2019/07-1	Operational Procedures	100%	
Assisted Collections - 21/05/20	2019/07-2	Documentation Retention	100%	
Neighbourhood Services -	2019/08-1	Organisational Governance	100%	
Community Empowerment Act - 13/05/20	2019/08-2	Publication Requirements	100%	
13/03/20	2019/08-3	Supporting Community Asset Transfers	90%	As a result of recommendations from Internal Audit a number of Actions have been completed:  • Asset Register Updated and published on DCC website  • Terms of reference for CAT group agreed and published on DCC website  • Annual Report published on DCC website  Outstanding:  • Resources to support communities are being worked on by external contractor. Anticipated completion date of 30 November 2020.
Corporate - Follow-up Review of Construction Design and Management (CDM) Regulations 2015 - 11/06/20	2019/12-1	CDM Regulations Guidance	50%	Review meetings ongoing with key stakeholders in relation to CDM Guidance and its application. This is informing the update of the guidance to be ratified and rolled out once update is completed. The target date is December 2020.

SUMMARY OF PROGRESS ON THE IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS (ORIGINAL / REVISED IMPLEMENTATION DATE UP TO AND INCLUDING 30 SEPTEMBER 2020)				
	Report-Rec. No.	Recommendation Title	Progress	Management Update (if less than 100% complete)
Corporate Services - Follow-up Review of Email Security - 11/06/20	2019/13-1	Corporate Email Data Loss Prevention (DLP)	30%	Since this action was created the Council has migrated the corporate email platform to Office 365. Therefore, a new set of policies are required to enforce DLP. Classification policies have been applied in reporting mode to prevent high numbers of emails being blocked unnecessarily. The policies will be refined with feedback from the system and users. The blocking of higher risk emails will be implemented based on this feedback. The system currently notifies the sender that a trigger has been hit and that they should review the email that was sent. The IT security team are also notified and follow up with the user to ensure the trigger has not been caused by a false positive. They will also review the data being sent and provide guidance to the user as necessary. The DLP policies will be enforced more strongly once communication and guidance has been provided to users. The policies will be developed in consultation with Council services to ensure an efficient process is established. The revised date for implementation of the recommendation is 28 February 2021.
Neighbourhood Services and City Development - Follow-up Review of Festivals and Events - 13/05/20	2019/14-4	Council Objectives	100%	
Corporate - Follow-up Review of Pentana - 11/06/20	2019/21-3	LGBF Indicators	100%	
Neighbourhood Services - 2019/20 Grant Claim: Local Authority Air Quality Action Plan - 11/06/20	2020/01-1	Accuracy of Grant Claim	100%	