

MANAGEMENT ACTION PLAN: RED, AMBER, GREEN RATINGS
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Directorate:	Children Schools and Families
Audit report:	Surrey Youth Centres- Governance and Business Management Arrangements
Dated:	08 May 2017

PRIORITY RATINGS

Priority 1 (high) - major control weakness requiring immediate implementation of recommendation

Priority 2 (medium) - existing procedures have negative impact on internal control or the efficient use of resources

Priority 3 (low) - recommendation represents good practice but its implementation is not fundamental to internal control

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Comment	RAG
5.9	The governance arrangements around the new Family Services should be established even if in a 'planning' phase as without this framework and clear direction issues could impact on front line compliance.	High	Completed org chart Identified lead for audit with regard Youth work Clear financial processes signed off Processes shared with service managers and role clarity Continuity plan through consultation	May 1 st May 1 st June 1 st June 15 th Sept 1st	Completed and due for review in March 2018 once consultation complete	G

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5.13	Although some improvement has been noted, yet more training is required to ensure officers are aware of what is regarded as a valid supporting document for purchases, descriptions and allocations are correct and where VAT can be claimed or not.	High	<p>Monthly review by borough which is RAG rated and discussed with FLT/ Fiona Bays</p> <p>Training for Service managers</p>	<p>June 1st</p> <p>July 1st</p>	Processes in place and being followed. Service managers and senior pracs coding appropriately following roll out of RBS training. Last checked July 2017 Clarity from Payments team that it cannot be claimed for amazon purchases based in Lux (e mail 9th August).	G
5.17	Centres that receive cash for specific activities should issue a receipt for any monies received. Likewise any cash transferred between officers should be recorded. As yet these practices need to be established across the centres.	High	Clear transfer processes with sign off once transferred (to include transfer of money/ spending only when monies are received/ receipts for trip monies)	June 1 st	Clear guidance put out to all teams and July audit evidences it being followed in teams. Re audit of practice planned for September when receipts will be signed off in supervision.	G
5.23	SRM should be used for purchases where possible. All IT purchases should be made using the support of the IT team.	High	<p>Ensure SCC policy is enforced</p> <p>Monthly log of non SCC purchases for scrutiny</p>	<p>Immediately</p> <p>June onwards</p>	No items purchased outside of SRM. Monthly check of purchases used as evidence	G
5.28	The service should review current telecommunication charges to confirm the validity of the charges.	Medium	Borough by review of phone numbers inc phones/ mobile devises and I pads	July 31 st	71/ 175 phones checked and notice given for cancellation, 18 I pads returned to IMT, 31 lines	A

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					reassigned to correct cost centre 32 lpads in use	
5.33	Appropriate arrangements should be made to ensure that satellite centres achieve the same level of food compliance as regular centres.	Medium	Staff policy for using non SCC buildings re food hygiene (will be done in line with family hub policies and processes)	Sept 1st	Guidance sent out to all staff. Limited number of satellite centres now used. Routine audit to continue in light of Local Family Partnership development	G
5.36	Risk assessments should be stored in a centrally accessible folder to ensure access by all staff.	Low	Folder to be identified on I drive	June 1st	Set up on Surrey Family Services I drive and populated with exemplar	G
5.42	Uniformity in practice should be monitored to ensure that each centre consistently applies guidance issued by service managers. This relates to registration forms in use, session recording sheets and practices around inventory recording and tagging as well as PAT testing.	High	Common processes agreed around <ul style="list-style-type: none"> - Registration and medical forms - Inventory and PAT testing completed and reviewed 	June 1 st	Registration and medical forms reviewed Inventory and PAT testing completed	G
5.46	A formal business case should be put together for any further investments into the app. This should be formally approved by senior	Medium	Will be included in any consideration	ongoing	No longer in consideration due to financial efficiencies	G

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	management.					
5.56	Consideration of risks should be high on the agenda with regular discussions taking place with the risk representative on current and emerging risks.	Medium	Risk register to be updated	July 1 st	Needs to happen once consultation in place/ risks to be incorporated in any recommendation. Audit to clarify detail	A

I agree the action above and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.

The action agreed is satisfactory.

Head of Service: Garath Symonds
Date:

Supervising Auditor: Tasneem Ali
Date: