Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Waste Contract Management (Aug 12)	Some Improvement Needed	The checking processes delayed due to the re-structure should be completed and the outstanding issues should be resolved with SITA Surrey Ltd as soon as possible. (M)	The checking process and some outstanding issues were resolved, but some longer term issues need to be resolved as part of the current contract variation negotiations.	A
		The Waste Operations Team should ensure that all Deeds of Variation are clearly drawn up to cover all aspects, signed, sealed and accessible but securely held. A log should be maintained of all variations in date order with a brief summary of the content of each variation to assist the service to manage this long term contract and retain knowledge through times of change. (M)	Eco Park Deed of Variation has not yet been signed but a report is due to go to Cabinet at the end of June 2013. The Deed of Variation to add all 4 SCC transfer stations to the Epsom waste contract with AEB for Energy from Waste has been agreed. A log of variations is in place, numbered with status noted.	A
		The Finance, Change & Performance Group Manager should follow-up on the outcome of the recommendations and take necessary actions to complete the project in a timely manner. (M)	The contract for the Waste Data System for use by SCC and all districts and boroughs (Surrey Waste Partnership) will be signed at the end of June 2013 with Opensky Data Systems.	G
		Benchmarking with recent information should be used as part of the initiatives on waste minimisation (M)	Benchmarking has been done and continues as the SE7 Waste Partnership continues.	G
		Service and directorate risk registers should be published and the progress on the Eco Park developments should be clearly documented for future reference and reporting to the Cabinet as required. (M)	Service risk registers only are published on S:net. The Eco Park is a directorate priority and has been subject to monthly progress reports to the Cabinet Member for E&I and quarterly reports to the Corporate Board. In 2013/14, there will be monthly reports to CLT based on project milestones rather than KPIs.	G

Notes: (1) Audit opinion is as stated in the relevant Internal Audit Report

(2) Recommendation priority may be High (H), Medium (M) or Low (L) (3) Red/Amber/Green (RAG) status is a high level assessment of progress

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Data Quality - LAC Health and Dental checks (Aug 12)	Major Improvement Needed	Consider undertaking an in-depth examination of potential areas of improvement related to this indicator including costings of suggested remedial actions.(H)	Review delayed as a result of change from Primary Care trusts to Clinical Commissioning Groups (CCGs). Guildford & Waverley CCG now appointed to lead on Children's health. They are currently working with Children's Service commissioning team to review issues related to the indicator.	A
		The service should consider changing the target profile for this indicator to relate more closely to the existing performance pattern. (H)	Target revised for 2012/13.	G
		Considering including a holding document (eg email) on the child's file pending receipt of the written health check summary document. (H)	Evidence trail kept in ICS of date of check and name of person in Health who provided notification.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Integrated Children's System (Aug 12)	Some Improvement Needed	CSS should consider how Business Improvement Group (BIG) can engage information technology support through a formal change process to provide Chronologies functionality which meets Service needs. (M)	New Chronology functionality now implemented.	G
		CSS should consider systematically reviewing all perceived data issues in ICS and formulate a response detailing how they can be corrected or mitigated against. (M)	Data Quality (DQ) project established, as part of which the Service conducted an audit of DQ issues in ICS, and began work on corrective action.	G
		CSS should consider building on existing data quality resources to create a system which reflects the 'plan-do-review-revise' cycle of assurance and improvement. (M)	BIG is assuming DQ lead for the Service going forward. Database of known issues is being maintained and kept current. DQ will be monitored on an ongoing basis through a monthly DQ Error Report, and staff supervision used to address concerns. Data quality will be discussed monthly with Area Management teams to ensure maintained focus.	G
16-19 Education (Aug 12)	Effective	n/a - no recommendations arising from this report.	No action necessary	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Telecare Project Management (Sep-12)	Some Improvement Needed	Future projects of this nature should be recognised as such and an appropriate project management methodology followed from inception. (M) Management and members should be wary of promoting savings figures with a low level of assurance around their accuracy. (M)	ASC were provided advice regarding each of the recommendations. Continued consideration of these issues will proceed throughout other audits of projects throughout ASC.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Residential Care Homes - Managing Residents' Monies (Sep-12)	Major Improvement Needed	 The Service Delivery and ASC Finance teams must work together to produce updated guidance for managing personal accounts. This exercise must consider: Review of personal accounts templates and spreadsheets and reconciliation requirements; Escalation procedures for accounts with low or overdrawn balances; Defining authorisation levels for access to safes; Arrangements for obtaining resident authorisation for cash withdrawals; Creation and retention of records including officers receiving cash; Evidence of spend requirements where residents withdraw cash and where officers purchase on behalf of residents; Checks to ensure residents receive goods purchased. (H) 	New procedures have been implemented addressing all of the points recommended by the audit. All Team Managers and support staff at Residential Homes have received on-site training in the new procedures. The level of compliance against the main requirements has been assessed at all but three homes. Team Managers have action plans to address areas of non-compliance, which will be checked with a programme of follow-up checks due to begin in June. There is a system in place to record who has received training and the trainee's level of understanding. Ten individuals out of 92 missed their training but dates are being arranged to follow this up.	G
	The updated Imprest procedure notes should be finalised and circulated. (H) All debit [overdrawn] balances must be investigated and addressed. (H)	The revised Imprest procedures have been finalised and circulated. All debit balances have been investigated and the total amount outstanding reduced by about half. Actions plans are in place to recover remaining debt.	G	

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Residential Care Homes - Managing Residents' Monies cont'd (Sep-12) cont'd	Major Improvement Needed	Implement a strict policy whereby officers undertaking banking duties do so in pairs, driving to the bank where possible. (H) The auditor has provided a copy of Internal Audits' safe guidance and detailed recommendations on the use of safes. These procedures should be implemented immediately. (H)	A "Banking in Pairs" policy has been implemented in all teams. The audit guidance on correct use of safes is referred to in the new procedures and forms part of the compliance checking process.	G
		The recommendations as above include guidance on storing bank cards and PINs but the service should work with the Financial Assessment & Benefits Team to determine the capacity of residents to keep their own bank cards or PINs. (H)	Storing bank cards and PINs is referred to in the new procedures and forms part of the compliance checks.	G
		Clear communication must be sent to all homes prohibiting officers from using their own funds to make purchases on behalf of residents. (H)	The new procedures prohibit officers from using their own funds. This has been communicated to all teams and reinforced via the training programme.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Recruitment Procedures (Sep-12)	Some Improvement Needed	The budget for the Recruitment Team should reflect the aim to reduce the levels of agency staff in the ASC and CSF Directorates. This might involve a more flexible use of 'bank' recruitment staff, when particular peaks in workload are experienced or expected to support specific recruitment campaigns for these directorates. (H)	Several staff within the Recruitment Team are on zero-hours contracts, which can be used to flex the capacity of the team. This would be funded by virement requests made to Services. The longer term option of a SLA will be considered.	G
		The Recruitment Team to challenge all recruitments where references being offered do not cover the last three years work history. Hiring managers to be reminded of the need to probe references which are provided from companies that are not well known, or which come from noncompany email addresses. (M) Consider developing some additional capacity within the authority to conduct more detailed background checks for a risk-based sample of job applicants. (M)	This will be raised with staff to ensure consistent practice. Research has been completed to benchmark antifraud practices and the use of pre-employment checks to minimize fraud risk. A new question has been added to the standard reference request and the recruitment team briefed to escalate any negative responses to the final question. Additional pre-employment checks have been recommended for all posts at Level 3 and above (Head of Service and Assistant Director upwards).	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Special Residential Schools - Teachers' additional payments (Sep-12)	Some Improvement Needed	The TP2 form should be reviewed and amended as necessary to reduce the risk of incorrect categorisation of payments. (M)	TP2 has been amended. This paper format is due to be replaced by an on-line submission process.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Local Safeguarding Children Board (Oct-12)	Some Improvement Needed	Consider whether the Executive Group's current responsibilities allow it the capacity to provide the intended and required strategic leadership for the SSCB, and meet the obligations in its Terms of Reference. (M)	Agreed that Executive would be expanded to become a Full Board with reduced numbers to make it effective. Final structure not finalised but temporary Board membership has been established.	A
		Consider proposing to SSCB that meeting minutes clearly distinguish between the presence/absence of group members and those attending as observers. (M)	Agreed and implemented	G
		Consider recommending to the SSCB the early recruitment of two lay members. (M) Consider steps to ensure clear and demonstrable involvement from all SSCB	Lay membership has been hard to establish. Do not currently have full appointment to the area groups or full board. Way forward being actively discussed.	A
		partners, such as establishing a quorum for each body, and reviewing the size and remit of groups. (M)	Training, Procedures and Communications Group has been split into two (Training & Communications Group, and Procedures Group). Both new groups have held first round of meetings.	G
		Consider recommending that all board and sub-group meeting notes record adequate follow up on all agreed actions. (M)	Implemented. Actions chart sent out prior to each meeting has been found to improve efficiency.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Overtime (Oct-12)	Some Improvement Needed	Develop reports for budget holders and corporate reporting that analyse all additional payroll costs, including any ad hoc reporting tools that Services need. (M)	Delivery of the Financial Dashboard has slipped slightly into the first quarter of 2013/14.	A
		Provide Services with periodic extracts of data on hours worked. Services to review the data and confirm that there are no concerns regarding bank staff working 36 hours or any staff working 48 hours or more per week. (M)	Once the reporting tools are available to staff, the HR Management Information Team will produce the analysis and HR Relationship Managers will be responsible for discussing the analysis with Services.	A
		ASC should pilot the use of the workforce monitoring tool developed in discussion with the HR Relationship Manager and Internal Audit. The ASC HR Relationship Manager should subsequently consider how the tool might be enhanced or adapted for use in monitoring other ASC teams. (M)	The tool was developed and used to audit staffing resources across our service delivery. From this, a prioritised action plan for creating resourcing plans was created. Other areas of ASC do not need the same approach as they are reaching full establishment and have very low levels of agency staffing in their areas.	G
		Children's Services should continue to make every effort to replace some of its agency staffing used in Child Protection, with SCC directly employed and trained	On 25 th February PPDC agreed a new career framework for children's social workers that is designed to support recruitment and retention and reduce reliance on agency staffing.	
		staff. (M)	Initiatives such as a revitalised recruitment campaign will improve performance in this area. However, the labour market for skilled and experienced workers remains challenging.	A

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Performance Management - Data Quality (Oct-12)	Some Improvement Needed	Cost Per contact: The data collection and reporting processes for the performance indicator were assessed as reasonable, and the opinion given following this review was that there was "Some Improvement Needed" as it was recommended that Customers and Communities consider creating separate performance indicators for web hits, emails and phone calls (M)	This recommendation has not yet been followed-up with management, but is of medium priority only and does not represent a control risk to the authority.	A
		LAC Health & Dental Checks: The service should consider undertaking an in-depth examination of potential areas of improvement related to this indicator, including costing of any identified remedial actions (H)	See comments in earlier part of Annex C for this indicator	A
		Until a detailed performance analysis has been completed, the service should consider changing the target profile for this indicator to relate more closely to the existing performance pattern (H); and		G
		The service should consider either including a holding document (e-mail from LAC Coordinator or record of phone conversation) in a child's file pending receipt of the written summary document, or recording health checks as being completed only when that document has been received (H).		G

Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Some Improvement Needed	The Memorandum of Understanding (MoU) should be reviewed as a matter of priority by both services and appropriate service delivery methods and levels should be agreed. (H)	Both services have reviewed the MoU, considered the inclusion of quality monitoring data and future quarterly review meetings have been arranged to liaise with Library Management and finalise the MoU. Refresher training, engagement with front line staff and Tell Us Once training to Concessionary Fares Officer are ongoing.	A
	Data integrity should be made a priority by separating inactive information and updating current pass holder details with accurate information. (H)	50% of data has been reviewed and updated as part of ongoing improvements data integrity.	A
	Travel and Transport Group should ensure that robust contract management arrangements are in place for all current contracts. (M)	Contract Review meetings have been planned/held with ESP Systex and TAS Partnership. Request For Quotation with Procurement has begun to select a new supplier when the TAS contract ends in April 2014.	G
Some Improvement Needed	A policy is developed that includes the following points: 1. Minimum behaviour standards (M) 2. Tactical planning (H) 3. Business continuity (H) 4. Advice on use of personal social media (H) Video and photographic content is formally	The Communications team are still consulting with partners and as such the policy remains in draft. The Social Networks officer has confirmed that the draft policy has included points noted in the review.	A
	Some Improvement Needed Some Improvement Needed	Some Improvement Needed The Memorandum of Understanding (MoU) should be reviewed as a matter of priority by both services and appropriate service delivery methods and levels should be agreed. (H) Data integrity should be made a priority by separating inactive information and updating current pass holder details with accurate information. (H) Travel and Transport Group should ensure that robust contract management arrangements are in place for all current contracts. (M) Some Improvement Needed A policy is developed that includes the following points: 1. Minimum behaviour standards (M) 2. Tactical planning (H) 3. Business continuity (H) 4. Advice on use of personal social media	Some Improvement Needed

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Materials Testing Laboratory (Nov-12)	Some Improvement Needed	Consider a revision to the coding arrangements within the ETCi system in order that a more detailed breakdown is available for billing purposes. In addition, regular checks should be undertaken to ensure that the recharged hours are broadly in line with those expected for the work completed in the period. Where significant variations arise then explanations for these should be sought. (H)	Management have had discussions with IMT staff and Internal Audit to devise a way to enhance the information contained in ETCi. The current aim is to have this in place before the end of May 2013.	A
		Revisit the calculations of recharge rates in order to ensure that the constituent parts are fully identified and costed to enable better informed decisions on applicable rates. As far as possible staff hours should be recharged at a consistent rate which ensures the recovery of actual costs incurred. (H)	A schedule of rates has been prepared covering all relevant staff grades for both a daily or hourly rate. The schedule is further broken down into a baseline, midpoint and maximum amount. It is intended to use the midpoint figure in the majority of cases, however, guidance will also be issued covering when the alternatives should be used.	
Follow-up review of Direct Payments Audit (Nov-12)	Major Improvement Needed	See original audit recommendations - no new recommendations arising from this follow-up review.	No additional action required.	SEE ANNEX B

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
LASER Contract Governance (Nov-12)	Some Improvement Needed	As a member of the LASER Governance Panel the Energy Manager should look to ensure that: • the Panel receives regular updates on reimbursement of overpayments • immediate payment of a proportion of the overpayment is requested • performance of LASER is regularly reviewed • the Governance Panel receives an update on the KCC audit review • there is periodic replacement of the Independent Industry Consultant • The TOR is reviewed to extend the remit of the panel to include wider governance matters (H)	Regular updates on the reimbursement of overpayments have been provided by the LASER Director of Energy. Several requests for payment on account have been made including, in a letter dated February 2013, to the Leader of Kent CC. Reimbursement has been delayed by Court hearings and funds held until the legal processes are complete. The SCC Energy Manager has advised that LASER members will now receive information on recent performance and VFM achieved. LASER has confirmed that they intend to periodically replace the Independent Industry Consultant. It was decided not to change the remit of the LASER governance panel which is now a technical procurement group. However, LASER has recognised the need to strengthen engagement and transparency. As a result they intend to invite intended/appropriate councillors to twice yearly meetings of LASER members and introduce a secure on-line discussion forum to enable free and open discussion on LASER-related matters.	G G G A

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Unofficial School Funds (Nov-12)	Some Improvement Needed	Chairmen of Governors at schools identified as non compliant to be informed of the requirements to adhere to the Surrey Scheme for Financing Schools for School Unofficial Funds. (H)	Work is completed or in hand that will provide assurance that schools will be compliant with the requirements of the Scheme.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Corporate Purchasing Cards (Nov-12)	Major Improvement Needed	Ensure all card holders and line managers are aware of their responsibilities relating to purchase cards. (H) There should be a clear escalation process to deal with possible breaches of rules identified by the Card Compliance Team. (H) Guidance regarding use of the card when existing contracts are in place should be clarified (eg book purchases). (H) The guidance should make it clear that eligible expenses relating to refreshments and travel should be claimed via the Portal, rather than paid for using a purchasing card. (H) Senior management should be reminded that cards should only be used by the named user. (H) Card holders and their line managers should be made aware of changes to guidance for card use. (H)	The recommendations have all been addressed through revised procedures, which were implemented and circulated to staff on 1 April 2013.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Capital Programme Management - Schools Basic Need (SBN) (Dec 12)	Some Improvement Needed	SCC monitoring reports should more clearly track the delivery of additional classrooms and other major scheme by scheme deliverables. Financial reports should show the degree of scheme completion. (M)	An annual report on places delivered and predicted is now produced bi-annually. The detailed technical, tranche and operational meetings introduced at the start of the Cluster Programme Office (CPO) delivery model continue to be held and progress recorded on a new tracker. Monthly Portfolio Member meetings with the Service, Property, Finance and Planning have been introduced.	G
		Property Services should undertake a robust evaluation of alternatives to the temporary demountables used to meet SBN in 2012/13 and report to Investment Panel on the proposed solution for 2013/14 and lessons learned from the 2012/13. (M)	During the last 6 months Property, together with Procurement, have been evaluating alternatives to the temporary buildings traditionally used to deliver urgent school expansion needs. Following a joint tender exercise the service has procured a new replacement modular unit, capable of being dressed with various finishes to suit specific local planning requirements. The new units have longer term life expectancy and have the ability to achieve permanent planning permission.	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Capital Programme Management - Schools Basic Need (Dec 12)	Some Improvement Needed	Consider a contingency strategy in the event of a significant shortfall in the savings that can be achieved by the CPO. Risk register entries should be updated. (M)	The Strategy is on course to achieve the required savings through: Development of standardised designs aligned to the new EfA baseline designs issued in October 2012; introduction of the cost effective e-Pod modular building replacing temporary structures. A Cabinet review will reexamine these issues for additional assurance in the first quarter of 2013/14.	A
		There should be better communication with the asbestos contractor on work plans as well as performance discussions with the contractor whereby they are encouraged to develop their total capacity and prioritise work on schools where SBN and capital works need to be progressed during the school summer holidays. (M)	Work plans are being shared with all specialists as appropriate at an earlier stage.	
Records Management (Dec-12)	Effective	No high/medium priority recommendations were made.	No actions required	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Superfast Broadband (Dec-12)	Some Improvement Needed	The SFBB Team should seek to engage in soft influencing of BT to give some priority to service delivery in areas with particular social and economic needs. (M)	Because the contract is written to achieve as close to 100% coverage as possible the programme will be ensuring that residents from all social and economic backgrounds will be getting access to superfast infrastructures.	A
		Develop criteria to allocate and prioritise funding for 'infill' properties taking account of factors such as, opportunities to create jobs or tackle social isolation/exclusion. Consider developing community involvement and solutions for SCC residents who may not be able to access 'cable into the home' style Internet. (M)	The new innovation officer in post will be responsible for delivering a comprehensive infill strategy based on data that the Openreach team is providing by 31 May. This will be available for review in June. The Partnerships Officer post in the Project Management Office is focussing purely on the Digital Inclusion workstream, which will look to get all of Surrey's communities online and will cross-work with the innovation workstream for solutions where FTTC solutions are not possible.	A
		Seek reliable information on a standard basis from other authorities which may then allow it to make a clearer assessment of VFM. (M)	A project evaluation methodology is being developed through the SCC Research Team.	A
Superfast Broadband (Dec-12)	Some Improvement Needed	The SFBB Team should seek to engage in soft influencing of BT as soon as possible to ensure that it is ready for a quick start on survey work in Surrey immediately after the Christmas holidays. (M)	Achieved	G

⁽²⁾ Recommendation priority may be High (H), Medium (M) or Low (L) (3) Red/Amber/Green (RAG) status is a high level assessment of progress

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Superfast Broadband cont'd (Dec-12)	Some Improvement Needed	SCC may wish to revisit its strategy on 4G in more depth, particularly now that the award of first licences has been made. It should also update its project risk register for this development. (M)	This will be looked at in more detail within the infill strategy. Work has commenced with Surrey University to look at the potential of 5G within the county.	A
Special Schools - Funding of Residential Provision (Dec-12)	Unsatisfactory	Engage with the Heads of Surrey's special schools to agree new arrangements for funding residential places which takes into account the number of beds at each school and establishes a defined occupancy rate. (H) The Head of Schools and Learning should consider a review which encompasses both strategic planning and current operational practice, and make such revisions to ensure they are consistent with one another. (H)	A revised funding formula was devised based on 80% occupancy being deemed 'full'. However, the Department for Education (DfE) informed SCC that total funding for an individual special school should not be reduced by more than 1.5% if the number of places has not changed, even if the numbers of pupils has fallen. This means that most residential schools will need to receive a higher rate per bed night than was originally proposed, in order to offset the loss of funding for the beds which the audit found not to exist. Assuming that the same protection arrangements exist next year, further work will be required to bring funding more into line with what is actually provided.	A
		Devise and implement a precise definition of 'residential accommodation' which precisely defines the service that is being commissioned. (H) The Head of Schools and Learning should consider requiring schools, as part of the commissioning process, to report at agreed regular intervals on nightly planned and actual occupancy rates. (H)	with what is actually provided. In April 2013, the Assistant Director for Schools and Learning agreed with Headteachers the broad parameters of a review of Special Educational Needs residential provision. The Assistant Director has suggested the strategic basis for this review. Funding is now conditional on schools submitting a monthly return of residential provision uptake.	A

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Illuminated Street Furniture (ISF) contract (Dec-12)	Some Improvement Needed	Continue to benchmark and assess the performance of the various elements of the ISF contract in order to demonstrate that 'Value for Money' continues to be obtained for the Council and the residents of Surrey. (M)	Management are continuing to monitor costs to ensure VfM is being obtained.	G
		Should the contract require renegotiation at any stage in the future then management revisit the subject of financial deductions. Consideration should be given to the level of these charges to ensure they remain relevant in order to ensure that they remain a viable tool in performance management. (M)	To date, there has been no renegotiation of the contract.	
		Management should raise the matter with the contractor and re-examine the Schedule of Rates (SoR) to confirm that the appropriate updates have taken effect. Going forward the SoR should be test checked post annual updating to minimise any risk of recurrence. Finally, management should review the contractor's monthly accounts and recover any overcharges they identify. (H)	A full review of the rates was completed following the last round of indexation and it was confirmed that the correct rates were present on the Geoworks system. This will continue to be done annually within the new post of Contract Cost Analyst. The overcharged amounts have been repaid by the contractor.	

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Asset Management ICT (Dec-12)	Some Improvement Needed	IMT to investigate the "unknown" installations and manage appropriately. (H)	SCC relies on a third party mechanism to identify software installed on the network. 'Unknown' installations can be attributed to either where the vendor's knowledge base is out of date, or alternative software technology is being used, for example Linux. At this time this mechanism is being improved to ensure that reports reflect the most up to date intelligence our vendor can provide. IMT will continue to monitor 'unknown' installations against expectations to ensure that only SCC approved software remains on the network	G

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
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TravelSmart Programme (Jan-13)	Some Improvement Needed	The Transport Policy Team (TPT) Manager should ensure greater emphasis is given to the details of Grant Determination letters, DfT bulletins and other materials, ensuring these are disseminated and discussed with staff. (M)	Improved systems of information dissemination are now in place.	G
		The TPT Manager should review the eligibility issues raised by the Auditor regarding staff charge out rates used in quarterly claims, taking account of any further guidance from the DfT. They should	Revised rates are in place that have been adjusted for some issues raised.	G
		also devise a spreadsheet tool that can amend the staff costs previously charged in claims if needed. (M)	A very detailed check was undertaken prior to the year-end, matching actual time charged against that expected.	
		Improve monitoring of time charged to this project with checking by management on the completeness of timesheet submission and authorisation. (M)	The opportunity to re-profile planned expenditure on both the Key Component and Large Bids reduced the need for very tight and formal expenditure monitoring and acceleration measures. Such an	G
		The Local Sustainable Transport Fund Delivery Board should receive a monthly financial report on grant expenditure	approach remains a potential option for future periods.	
		incurred. This should include a work-in- progress figure for their elements of delivery and an estimated outturn figure for the year-end. (M)	Attempts to measure and claim the value of Work In Progress will be considered during Q! Of 2013/14.	A

Audit (report date)	Audit opinion (1)	Recommendations for improvement (priority) (2)	Management action to date	Audit assessment (RAG) (3)
Building Maintenance (Jan 13)	Some Improvement Needed	Management should continue to monitor the information provided by the contractor in particular where this shows a rebate is due. (M)	Property Services (PS) have instructed external consultants to carry out an exercise to compare the actual costs with those which would have been incurred using the National Schedule of Rates. A report is expected in June/July 2013.	G
		Management should ensure that all Compensation Events (CEs) are supported by a relevant, detailed breakdown of adjustments to costs / timings which will assist in the budget monitoring process. This documentation should be retained on file in support of the variation. (H) Based on the review of files a series of recommendations were made on improvements around:	PS managers have established via team meetings and procedures that as a pre-requisite for the approval of CEs that in all instances they be accompanied by a cost breakdown. The QS Team check and validate at Final Account stage all labour, plant and material costs relating to individual projects ordered under this contract.	G
		> Budget setting > Compliance with Procurement SO > Completeness of documentation > Application of contract uplifts > Recovery of overcharged sum (H)	to be completed September 2013completedcompletedcompletedcompleted	A
		Management should ensure that the condition survey information is subject to regular review and updating. Schemes which remain scheduled for previous financial years should be revisited and scheduled as appropriate. (H)	PS Delivery Team have reviewed and updated procedures for surveys and completion of maintenance programmes. A schedule of surveys has been established to ensure more accurate budgeting, costing, and condition assessment. This is due for completion by September 2013.	A