Governance, Risk and Best Value Committee

10.00am, Thursday 23 June 2016

Internal Audit follow-up arrangements: status report from 1 January 2016 to 31 March 2016

Item number	7.3
Report number	
Executive/routine	
Wards	None

Executive summary

This report provides an overview of the process adopted by Internal Audit for following up the status of audit recommendations. It also identifies all the open audit recommendations at 31 March 2016 that are past their initial estimated closure date.

Links

Coalition pledges
Council outcomes
Single Outcome Agreement

Report

Internal Audit follow-up arrangements: status report from 1 January 2016 to 31 March 2016

Recommendations

1.1   It is recommended that the Committee notes the status of follow-up actions and determine with which, if any, officers they want to discuss the status.

Background

2.1   Where follow-up actions in response to Internal Audit recommendations have not been taken by management in relation to critical, high and medium risks, escalation is to the Corporate Leadership Team (CLT) and GRBV.

Main report

3.1   At the end of each calendar quarter, Internal Audit prepares a complete listing of all open recommendations and shares these with Management on a divisional or line of service basis. Internal Audit then invites management to identify which recommendations they consider to have been addressed or which are no longer relevant.

3.2   Internal Audit will review Management's supporting evidence for recommendations that Management consider to be closed and feedback their view on whether this is the case. Recommendations that are agreed as closed; have their status updated in Internal Audit's records.

3.3   There are 2 high recommendations and 11 medium recommendations that remain open past their due date at 31 March 2016. These are split as follows:

Grading	Over due at 31 Dec 2015	Closed	Management now tolerating risk	Newly overdue	Total
High	4	(3)	-	1	2
Medium	18	(13)	-	10	15
Total	*22*	*(16)*	*-*	*11*	*17*

3.4   The details of these recommendations are shown in Appendix 1, with the 9 items previously reported to GRBV separately identified.

3.5   We have also tracked the number of overdue recommendations each quarter since we moved to the current approach of tracking overdue recommendations.

Grading	Over due at 31 March 2015	Over due at 30 June 2015	Over due at 30 Sept 2015	Over due at 31 Dec 2015	Over due at 31 March 2016
High	3	3	5	4	2
Medium	10	12	14	18	15
Total	*13*	*15*	*19*	*22*	*17*

3.6   From this it is evident that the overall trend during year has been an increase in over-due actions. While there was a net reduction of five in the three months to 31 March 2016, six of the over-due items at 31 December 2015 remain un-resolved at 31 March 2016.

Measures of success

4.1   The implementation and closure of Internal Audit recommendations within their initial estimated closure date. Where recommendations are not closed within this time period, the Committee can determine whether action to date is acceptable or if further action is required.

Financial impact

5.1   Not applicable.

Risk, policy, compliance and governance impact

6.1   If Internal Audit recommendations are not implemented, the Council will be exposed to the risks set out in the relevant detailed Internal Audit reports. Internal Audit recommendations are raised as a result of control gaps or deficiencies identified during reviews therefore overdue items inherently impact upon compliance and governance.

6.2   To mitigate the associated risks, the Committee should review the status of overdue recommendations presented and challenge responsible officers where there is concern that limited or no action has been taken.

Equalities impact

7.1   Not applicable.

Sustainability impact

8.1   Not applicable.

Consultation and engagement

9.1   An overview was provided at the Corporate Leadership Group (CLG) and each Director was made aware of responsibilities to implement and agreed internal audit recommendations.

Background reading/external references

None.

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Links

Coalition pledges	PO30 - Continue to maintain a sound financial position including long-term financial planning
Council outcomes	CO25 - The Council has efficient and effective services that deliver on objectives
Single Outcome Agreement	
Appendices	Appendix 1 – Status report: Outstanding Recommendations Detailed Analysis

No	Review and Risk Level	Initial Finding & *Recommendation*	Initially Agreed Management Action	Owner & Initially Expected Implementation Date	Last Status Update
Communities and Families					
1	Additional Support for Learning CF 1521 ISS. 3 Medium	There were 50 children at independent special schools during 2014/15, of whom 16 were new admissions. These places are funded by the Council because the child has complex care needs rather than for purely educational reasons. As such, the Additional Support for Learning decision-making process will not always apply and a child may be placed in an independent special school by a social worker at short notice in response to a care crisis. Of 5 new admissions in 2015/16 sampled there was no evidence of budget approval by Head of Service or Service Manager in 3 cases. *Independent school admissions funded by the Council should be approved by an appropriate officer before the admission date or soon after in the case of an emergency admission. Children's Services should define and implement an approval process for expenditure on independent school places. Evidence of approval must be retained.*	A policy which covers the authorisation and monitoring of independent school places had already been largely devised prior to this audit. Management will ensure the policy is completed and applied.	Acting Head of Children's Services 29 February 2016	
Health & Social Care					
2	Personalisation & SDS - Stage 2 RS1245 ISS.2 ## High	The Swift system has the capability to support authorisation controls, however, the cost threshold is currently set at £20K per week, potentially equating to £1.04M a year. This is such a high level that in effect, there is no authorisation process operating within the Swift system to prevent a service being attached to a client without approval. Packages of care are currently not checked against the relevant budgets during the approval process . *System control to be implemented to ensure that no package of care service be concluded without the appropriate approval being met. Exception Reports should be produced which highlight any services that have been attached to the system, which do not have the appropriate approval.*	A new Financial Approval Procedure will be produced which will ensure that all requests for care and support are approved before progressing to Business Services to be input to SWIFT.	Strategic Planning, Service Re-Design and Innovation Manager 30 June 2015	This work is being taken forward through the H&SC Transformation Project which will identify and oversee all the workstreams required to implement delegated budget management. The SWIFT element of this work is expected to be complete by September 2016 and is being overseen by the SWIFT Governance Group. However, the Organisational Review of ICT has led to a reduction in capacity in the SWIFT Team and discussions are now underway to ensure that the necessary skills and resources remain available to the project. Further consideration of any additional risks that the implementation of a new threshold & decision making process has the potential of introducing further delay to the decision making process. [Revised Implementation date 31/12/16]

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3	Personalisation & SDS - Stage 3 HSC1402 ISS.2 ## Medium	The audit review has highlighted that there is no overall ownership of the documented proccesses and procedures which encompass the "Option 2" of SDS. A number of procedures require to be updated. *All business processes should be brought up to date; control issues addressed where indicated and rolled out to the appropriate responsible officers.*	The Business Services Manager will ensure that all control issues are addressed and once the business processes for Option 2 have been documented, the Business Services Manager will ensure that current processes are updated and circulated to reflect these.	Research & Information Manager 31 December 2015	Business services have drafted, tested and reviewed processes as part of the ongoing work to review all SDS processes. Revised processes have now been published on the Orb. Further process review will take place as part of the Health and Social Care Transformation Project (Governance, Devolved Budgets and Budget Management) which is underway. Movement to Localities model will require process change.
4	Personalisation & SDS - Stage 2 RS1245 ISS.5 ## Medium	The audit review highlighted a lack of awareness of the type of management information and / or exception reports which are available to 'operational managers'. It was also established that there is no management information for some types of care packages which are 'spot' purchased. In addition, there is an inconsistency in approach for a number of the Swift reports which are produced in respect of the type and frequency of checks being carried out. *Management Information / exception reports held within the Swift and Business Object systems are reviewed to ensure that the right people are receiving the right information at the right time to allow managers to make informed decisions over key controls / processes such as the monitoring of care package costs.*	Management information requirements will be reviewed in the light of the implementation of self-directed support and reporting requirements identified. As part of this exercise existing reports will be reviewed and a decision made in each case as to whether they should be retained, amended or dropped; any requirement for new reports to be developed will also be identified. At the completion of this exercise a document will be produced detailing all management information reports available.	Strategic Planning, Service Re-Design and Innovation Manager 30 June 2015	This work is being taken forward through the H&SC Transformation Project which will identify and oversee all the workstreams required to implement delegated budget management. Interim reports are being enhanced to include financial information for budget managers to inform their decision making in relation to purchasing care. Training on these reports has been given (by Corporate Finance colleagues). [Revised Implementation date 31/12/16]
5	Integration - Health and Social Care HSC1501 ISS. 6 Medium	The cost of services and how they will be allocated between CEC and NHS Lothian after the EIJB takes over responsibility for services has not yet been agreed. Therefore, the budget contribution which has been designated for the EIJB by CEC cannot be assessed to understand whether it is aligned to the services for which CEC will be responsible, or whether the funding is in line with what the EIJB considers will be required to provide an appropriate level of service provision. Although the Integration Scheme states that both parties will "work together in the spirit of openness and transparency" in relation to finances, both are experiencing significant financial pressures, adding to the risk of insufficient funds being available for effective operation of the EIJB based on services assessed as being required.. *The EIJB needs to complete the Strategic Commissioning Plan and identify the budget they believe is required to fulfil their remit. The alignment of services with this plan should be clearly documented and a responsible party for each service agreed.*	Agree with recommendations. KPMG has been commissioned to support H&SC to prepare a transformational programme for adult social care services to address current budget pressures. A due diligence process will also be undertaken for the 2016/17 budget.	Integration Project Manager 31 March 2016	The Council Transformation Programme and re-structuring programme has made this a complex matter. Work is ongoing on the detail of resources in and out of scope. There is currently a risk that the proposals in various elements of the Council Transformation programme will mean a measure of non compliance with Integration Scheme. e.g. Social Care Direct, Out of Hours functions, some adult protection functions, some substance misuse functions and some support functions to frontline adult social care services. Work continues.

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Place					
6	Planning Controls & the Local Development Plan SFC1502 ISS.2 Medium	Numbered clauses are set up on the Uniform database for each planning agreement covering key tasks, such as site inspections, receipt of an agreement, forward of agreement to relevant functions etc. Within each clause, notes, key dates and value are entered, and supporting documents are attached to provide a detailed summary of all actions taken. Reports can be produced by planning application reference detailing all open and closed clauses for each agreement monitored. It was noted that clauses are not set up in a standard format. From a review of 11 developments, 7 files were satisfactorily completed but in the remaining 4, clauses were still active but future visits had not been scheduled or details of scheduled visits with past dates not recorded. We would have expected these four sites to have been detected during a supervisory review process, and addressed. For one education contribution reviewed, the amount payable had not been indexed to 2009 in error. The contribution was received in March 2015 but no action has yet been taken to rectify this. ***Standardising and rationalising clauses set up to record tasks and prompting future actions would provide better management information. There should be regular supervisory review to gain assurance that required standards are maintained.***	i. The monitoring system is robust but it is accepted that further standardisation could be achieved. This will be reviewed and where appropriate changes made. In particular standardisation of 'checking clauses' will be explored and introduced ii. Team managers can already review progress. this arrangement will be formalised and recorded so it can be evidenced iii. This will be taken forward as part of exercise outlined above	P&BS Senior Manager (East Area) 01 January 2016	Scope for improving the standardisation of clauses, records, task and actions has been identified and the relevant processes are being modified. A spreadsheet system is being developed to enable review and regular monitoring of agreements by team managers. It is expected that the agreed management actions will be fully in place by August 2016.
ICT Function					
7	Access Controls - Schools IT Systems CF1513 ISS.1 High	Teaching staff commonly use personal and school-managed computers for work purposes, which may on occasion involve personal and sensitive data. These are not supported by BT and as such may not have full security such as passwords and anti-virus and encryption software installed. We identified one instance where sensitive personnel data was held on an unencrypted memory stick. Office 365 has been introduced to all schools. It enables staff and pupils to work remotely on a secure web-based platform and eliminates the need for data to be stored on hard drives. However,use of Office 365 is still limited in some schools and there is evidence that data is still stored on personal and school-managed hard drives.The corporate Acceptable Use of IT policy,does not specify security required when staff are using their own device for work purposes. We further note that staff at six of 14 schools visited had not completed mandatory training on information governance at time of our audit visits between September and November 2015. ***School staff should be encouraged to use Office 365 exclusively when using a non-BT managed device for work, and ensure that their device is password protected. Guidance on the use of non-BT managed devices for work should be issued to schools staff who should confirm understanding of and compliance with the guidance.***	We will prepare concise, easy-to-use guidance on the use of non-BT managed devices for work, specifying security requirements. The guidance will be introduced to schools at head teachers' and ICT co-ordinators' forums. The guidance will be circulated to schools. Staff will be asked to sign to confirm that they have read and understood the guidance annually.	ICT Development Manager 31 March 2016	The guidance is is covered in the 'Checklist for Schools'. Need to test the ability of new MDM Intune to ensure security on any devices that are not school managed. Propose new implementation date of 31/8/16 Action will remain 'open' with revised implementation date of 31/08/2016. Proposed checklist provided to demonstrate progress.

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8	Access Controls - Schools IT Systems CF1513 ISS.2 Medium	iPads bought as part of the technology in schools pilots are now reaching the end of their useful lives. Schools reported uncertainty about how they should dispose of redundant technology, resulting in unused iPads and laptops stored in schools pending confirmation of disposal arrangements and unused iPads sold to school staff with proceeds returned to the school fund. In each case,ICT technicians confirmed that all data was removed when the device was returned. *Arrangements for the safe disposal and recycling or reallocation of iPads, laptops and other school-managed devices should be clarified and communicated to schools.*	A Computer Reselling and Recycling Scheme is being set up for Edinburgh schools. The contract will be finalised by the end of January 2016. The new contract will be introduced as a pilot at one secondary and one primary school before the new arrangements are rolled out to all schools in April 2016.	Development Officer 31 March 2016	Contract agreed by both sides and just needs to be signed. Action will remain 'open' with revised implementation date of 31/08/2016. Will provide a 'clean' copy of the contract once it is delivered by XMA.
9	Access Controls - Schools IT Systems CF1513 ISS.4 Medium	We selected a sample of 25 schools and compared the number of iPads registered on the Meraki mobile device management software to the number of iPads purchased from the preferred supplier and verified the password settings.Eight of the 25 schools reviewed had not registered all iPads purchased on Meraki. In one case only 21% of the iPads purch ased had been registered on Meraki. Only nine of 25 schools reviewed enforce alphanumeric passwords of 6 to 8characters on iPads registered on Meraki. *All iPads should be registered on Meraki and protected by a complex password (8-character, alphanumeric).*	Use of Meraki, or the replacement CGI mobile device management system, will be made mandatory. It may not always be appropriate to use a complex password, for example for classroom iPads. However, complex passwords will be required where an iPad is allocated to an individual: this will be stipulated in the guidance staff are asked to read and agree to annually (see issue 1).	Development Officer 31 March 2016	Mandatory guidance will be communicated from the Head of Schools and Lifelong Learning to all Head teachers. Revised implementation date of 31/08/2016
10	MI Quality within FM CG1513 ISS. 2 Medium	Corporate Property are unable to produce robust reporting, due to numerous data quality issues, both within its own data and also within the wider Council data it uses. Inconsistencies in reporting are often caused by staff that do not fully comprehend the need for accuracy when capturing data. A good example is the multiple teams that input data into the finance system. These individuals do not understand the importance of using the appropriate cost code and have on occasion reported staff remuneration against a building code or recorded building costs against a team code. Other examples include rooms being recorded as buildings or a single toilet block being recorded as a two separate buildings. There is no evidence that these issues are being raised to the central Information Governance Unit and managed across the organisation. *Pro **vide verification to and gain sign off by the Data Council for the correct and accurate source of data within the Corporate Property data reference document;*** ☐ *Corporate Property data stewards to raise data quality concerns to the Data Council for centralised management and resolution; and* ☐ *Data Council to promote the need for accurate data entry/processing across all Directorates.*	1)The AMS proposes that the data cleansing and validation exercise is fully resourced and prioritised, as part of the delivery of the wider programme. 2)Additional resource to be procured to provide additional project management, training and consultancy support in the areas of data cleansing, validation, migration, system interface builds and performance reporting requirements etc. 3) Teams across the Corporate Property Division have been tasked with cleansing existing data, e.g all estates data that is recorded in AIS. 4) Action Tracker now in place within the SAM team which is reviewed and monitored on a weekly basis. 5) Data Quality Manager to be recruited within Corporate Property for CAFM.	Head of Corporate Property 31 March 2016	Estates and Operational data currently being cleansed with a view to migration to TF test environment Apr - Jun 2016. Points 1 - 4 = complete 5. Data quality Manager to be recruited. Job Graded and to be approved by Board/. revised implementation date 30/6/16

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11	CAFM - Corporate Property SFC1406 ISS.2 ## Medium	There are only two buildings from the Council's estate currently using CAFM meaning that for majority of the buildings within the Council, the AS400 system is still being used. The intention is to migrate the remaining property assets into the CAFM system as part of Phase 2 along with the implementation of new modules. The delivery of the CAFM solution is behind schedule, however, the implementation team anticipate that given the correct resource requirements and investment, the CAFM will progress and be delivered within the revised timelines *The Council should ensure that Phase 1 of the CAFM project is completed within the revised timetable.*	We will close out all outstanding issues relating to Phase 1 and ensure Head of Service signs off phase 1 as complete.	Management Information Officer 31 March 2015	It is anticipated that Phase 1 of the CAFM implementation will be completed by 09.05.16. at which point this outstanding action can be closed off.
12	CAFM - Corporate Property SFC1406 ISS.3 ## Medium	Although the Facilities Management (FM) Managers have been trained to use CAFM, update training is required before CAFM is implemented for all buildings managed by FM. This update training has been prepared, but does not include any specific written guidance on areas where there are likely risks of errors, or specifically what the FM manager is to look at when reviewing a works order. *FM managers training should include information on risky areas and common errors, as well as giving them guidance on what they should look for when approving a works order. Some form of checklist or lessons learned document should be used to advise them on likely errors.*	We will produce an agreed training plan for all Corporate Property staff and ensure that the correct resource is made available to roll out the training, including areas of risk, governance and reporting.	Management Information Officer 30 May 2015	A training programme for the rollout of the full CAFM solution will be developed internally with the assistance of our software supplier TF Cloud Estimated Implementation Date 31.08.16
Resources					
13	Flexible Working Hours Processes and Procedures CG1304 ISS.5 Medium	The scheme of Flexible Working Hours procedure is out of date having last been updated in 2000. This is of particular concern given the many changes to the number of flexible working options that are now available to Council employees many of whom work within the Scheme of Flexible Working Hours in addition to one of the other flexible working options. *The Scheme of Flexible Working hours procedure be updated and brought into line with other flexible working processes and procedures as a matter of urgency. This would allow for development of best practice and consistencies. All administrators should be trained on this to allow for consistent application.*	Review the Scheme of Flexible Working Hours Procedure and develop and deliver appropriate implementation arrangements for the revised Procedure.	Head of Human Resources 31 March 2016	As transformation of Council Services is now well underway across the organisation, a review of flexible working hours as part of our overall value proposition would deliver the best return on investment for the Council. The HR team will develop proposals around flexible working which takes account of both service demands and the needs of our people for flexible approaches to work which support their well-being and service delivery needs within an overall reward framework. This will be delivered following the Reward and Recognition project which is planned to complete in April 2017

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14	Property Rationalisation SFC1306 ISS.2 ## Medium	From a review of the IPD report and controls discussions, it was noted that the quality of information which is presented to the Property Rationalisation Unit is not always adequate to make informed decisions about property rationalisation. The data from each asset varies in quality, meaning that the Council cannot fully assess the expenditure and income from revenue streams operating within each property. The reports which are received require further work before information is of sufficient quality for decision making. This makes it hard to track performance and to get reliable data for all assets held by the council. *We recommend that the method of reporting on asset usage be updated to ensure that a clear Property Rationalisation Strategy can be developed. This will support better data sharing and more efficient performance reporting on buildings.* *Where required, the systems should be updated or reporting methods changed to ensure that the same information can be presented for all properties to allow direct comparisons to be made, ensuring that the strategic plan is correct and making best use of the Council's properties.*	The Council's new Computer Aided Facilities Management (CAFM) system for property data is currently being introduced to improve access to data at individual property level. This will enable us to capture all data required to report real time for all KPI's. The CAFM solution will also provide asset management, asset tracking and trend analysis functionality and the ability to report on historical data	Asset Strategy Manager 31 March 2015	It is anticipated that Phase 1 of the CAFM implementation will be completed by 30.04.16 at which point this outstanding action can be closed off. It is anticipated that performamce reporting based on specific agreed PI's for P&FM will commence post Phase 1 go live. Estimated implementation date for PI reporting 30.06.16.
15	Planning Controls & the Local Development Plan SFC1502 ISS.5 Medium	More effective monitoring of spend is required for all developer contributions contributions to ensure they are managed appropriately and to mitigate whereever possible the risk of them expiring or not being credited against the correct departmental budget. Finance do not currently receive any feedback in relation to spend. The Accountant proposes to put in place an effective monitoring and review process, aligned to the annual budget planning process. From a review of a number of individual monitoring spreadsheets maintained by Service areas, it was noted that only Children and Families recorded specific timescales for spend in line with individual agreements. Other areas tend to use a five year expiry as a catch all. *One central point is required for recording details of spend, with a mechanism for flagging expiries with the Benefiting Services 18 months prior to deadline for spend.*	A formal process will be designed by Finance and put into place to monitor developer contribution spend with Service areas. This is envisaged to include creating a secure standalone control spreadsheet that contains the relevant details regarding the developer contribution. A timescale flag with an 18 month lead time to expiry in order to highlight those that may be at risk of being unutilised. The process will consider how this monitoring can be included along with current arrangements e.g. as a standing item at management team meetings.	Senior Accountant 31 January 2016	The developer contribution monitoring spreadsheet has now been fully populated and tested. It has been 'road showed' to relevant officers within each service area responsible for utilising the developer contributions. It will now be sent to relevant officers by email by 20 May 2016 for their review seeking update where applicable. Monitoring through the use of this spreadsheet will now be embedded into the wider capital monitoring process and be done on a quarterly basis.

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16	Planning Controls & the Local Development Plan SFC1502 ISS.8 Medium	Contributions received must be repaid if unspent within timescales designated in the legal agreement. Timescales vary between individual agreements, but contributions are generally refundable with interest if not utilised within either five or ten years from the date of payment (or date of commencement or completion of the development). The legal agreement generally stipulates that it is the responsibility of the contributor to request reimbursement. As at March 2014, contributions held in investment accounts totalled £7,377,870. Of this balance, funds aged in excess of 5 years total £5,090,108. All of these historic contributions relate to Transport. £3,499,850 has been identified as ' other infrastructure ' , ring-fenced for specific projects ongoing. Finance is currently engaging with Transport Planning to establish the position in relation to the remaining historic contributions totalling £1,590,258. Where this review establishes that funds have not yet been spent, and the timescale for spend exceeded, Finance will liaise with Legal Services to determine the Council's position in terms of refunding contributions or establish if any other works have been done in the area that the funds could be matched to, within the terms of the legal agreement. Where it is established that work has been done by the spending areas, but not matched to the contribution, an appropriate accounting adjustment will be required. Details of historic contributions not transferred to investment accounts, totalling £706,410, have also been issued to Transport Planning for review, and have been moved to an investment account pending this update. ***The current position in relation to a number of historic contributions invested requires to be established, and appropriate follow on actions taken.***	This process began at the start of this year. Finance asked officers within Transport to review the list of unused developer contributions with a view to stating if infrastructure has been delivered in line with the S.75 conditions. In doing this, we asked officers to consider any historical works that may have been carried out that may meet the S.75 conditions. The aim is to maximise as much of this unspent contribution as possible and get legal opinion on if we should reimburse developers for any unspent contribution received. A partial return has been provided but more information is required before a final decision on how to treat this historical developer contribution can be made. Finance will set some clear timescales to officers within Transport so that this exercise may be brought to a conclusion. Following on from this, Finance will then liaise with Legal Services to determine what action is required – either to bank the income on the basis of infrastructure delivery or consideration of paying back unused contribution to developers.	Senior Accountant 31 January 2016	A report will be presented to CLT (currently scheduled to go to a meeting in June) presenting the position on outstanding contributions where spend date has expired, with approval being sought to initiate a payback process. Following approval being granted, a covering letter will be sent to applicable developers explaining the situation and seeking BACs information for pay back.

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17	Procurement Arrangements CW1501 ISS.1 Medium	It is the responsibility of Service Areas to submit online complete, accurate and up to date contract information for the contract register. A sample of 12 contracts awarded by the Finance & Resource Committee in 2014/15 were selected to establish if details were reflected in the register. In four cases further validation was required by C&PS before the contract register could be updated. The registers are currently held in excel with shared open access within C&PS. There are plans to set up the pipeline register as a web application. Bi-monthly contract register overviews sent to each Directorate include lists of all contracts due to expire within 18 months. Service Areas are required to provide a note of actions being taken against each expiring contract. Feedback received by the Commercial Partners is forwarded to the Senior Commercial Operations Officer to update the contract and pipeline registers, and to the relevant Category Manager to note any new tendering requirements. It is recognised that data issued to Service Areas need to be more refined prior to issue; checks need to be made to the pipeline and contract registers to ensure that only contracts that C&PS require updates on are followed up. *Robust data validation checks are required to ensure the accuracy and completeness of contract register entries, including framework contract details. Action should be taken to secure the integrity of the pipeline and contract registers. Improvements need to be made to the process to ensure more targeted information in respect of expiring contracts is sent out focusing attention on areas where management feedback is required.*	(i) Validation checks are now in place. Each Category manager has reviewed the Register to validate entries aligned to their Category. (ii) The transfer of the pipeline to a Sharepoint database provides an audit trail reducing vulnerability to deliberate or accidental manipulation. In the short term we will introduce password protection for the contracts register or move the live version into a folder with restricted access, but in the medium term intend also to move the register to a database that provides an audit trail and provide wider access to staff to input their updates. (iii) Reporting of contracts approaching expiry is a recent development. The early reports have identified gaps in our procedures for capturing the current status of actions being taken against each expiring contract. We will address this by developing and documenting a clear process for recording status updates. In addition we will ensure that both Delivery Teams and Commercial Partners review reports before they are circulated to services.	Commercial Insight & Development Manager 31 March 2016	(i) Completed prior to issue of final report. (ii) Short-term - the pipeline register is now held on the Sharepoint database. The contract register is now password protected; only 4 members of the Commercial Operations Team now have access to update the master. Completed. Medium-term - the original intention was to move the contract register to Sharepoint, an Ernst & Young database, but it was considered too risky to hold so much CEC data with a contractor. The register will be held within Business World 4 (the system that is replacing Oracle and Trent) when this goes live in October 2016 with appropriate log in & password controls in place. The design phase for this is the end of November 2015, with build and testing in February 2016. Revised estimated completion date 31st October 2016. (iii) Weekly Demand meetings have been held since the beginning of September between the Delivery & Pipeline Manager, Category Managers and a representative from the Commercial Operations Team.
	## = Issue Previously Reported				