

Governance, Risk and Best Value Committee

2.00pm, Monday 26 September 2016

Internal Audit Quarterly Update Report: 1 April 2016 – 30 June 2016

Item number	7.3
Report number	
Executive/routine	
Wards	

Executive summary

Internal Audit has made reasonable progress in the first quarter of the audit year. This report provides details of the activity from 1 April 2016 – 30 June 2016.

Links

Coalition pledges	PO30
Council outcomes	CO25
Single Outcome Agreement	

Internal Audit Quarterly Update Report: 1 April 2016 – 30 June 2016

Recommendations

- 1.1 Committee is requested to note the progress of Internal Audit in issuing 10 internal audit reports during the quarter and to note the areas of higher priority findings for reviews issued in this quarter.
- 1.2 Committee is requested to refer the 5 reports noted in Appendix 1 as potentially being of interest to the Audit and Risk Committee of the Edinburgh Integrated Joint Board (IJB) to that Committee.

Background

- 2.1 Internal Audit is required to deliver an annual plan of work, which is scoped using a risk-based assessment of Council activities. Additional reviews are added to the plan where considered necessary to address any emerging risks and issues identified during the year, subject to approval from the relevant Committees.
- 2.2 Status of work and a summary of findings are presented to the Governance, Risk and Best Value Committee for consideration on a quarterly basis.

Main report

- 3.1 Internal Audit has made reasonable progress in the first quarter of the audit year with 10 reports being issued for the quarter. These reports contain a total of 7 High, 18 Medium and 2 Low findings.
- 3.2 The status of outstanding recommendations from reports issued prior to this period is discussed in the report 'Internal Audit follow-up arrangements: status report from 1 April 2016 to 30 June 2016'.
- 3.3 Appendix 1 provides a summary of reports and the classification of findings in the period. A copy of all final reports is available to members.
- 3.4 Appendix 2 provides a summary of the High Risk findings and associated management actions.

Measures of success

- 4.1 Once implemented, the recommendations contained within these reports will strengthen the Council's control framework.

Financial impact

- 5.1 None.

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 progress of Internal Audit and the higher classified findings, and consider if further clarification or immediate follow-up is required with responsible officers for specific items.

Equalities impact

- 7.1 No full ERIA is required.

Sustainability impact

- 8.1 None.

Consultation and engagement

- 9.1 None.

Background reading/external references

- 10.1 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 – Summary of Internal Audit report findings issued for period of 1 April 2016 – 30 June 2016. Appendix 2 – Summary of High Risk Findings and Management Actions for period of 1 April 2016 – 30 June 2016.

Summary of Internal Audit reports issued for period 1 April 2016 – 30 June 2016

Internal Audit reports				
Title of Review	High Risk Findings	Medium Risk Findings	Low risk Findings	Advisory Comment
Self Directed Support Option 3 – HSC 1503#	3	4	1	1
Integrated Health & Social Care Budgeting Process – HSC 1505 #	2	1	-	-
Continuous Testing – Stand By, On Call & Disturbance Payments – CG1511#	1	2	-	-
Review of Information Governance Framework - RES 1617#	1	2	-	-
Review of Child Protection CF1617	-	3	-	-
Management of Development Funding – MIS 1607	-	2	1	-
Recycling Targets – PL1601	-	2	-	-
Care Sector Capacity – HSC 1504#	-	1	-	-
Continuous Testing – Purchase Orders – CG1514	-	1	-	-
<i>Total</i>	7	18	2	1

Other Internal Audit Outputs				
CWSS Grant Claim	N/A	N/A	N/A	N/A

These reviews may be of interest to members of the Audit & Risk Committee of the Edinburgh Integrated Joint Board and it is proposed these reviews are referred to that Committee.

City of Edinburgh Council

Internal Audit

**Quarterly Summary of Critical/High Risk
Findings and Management Actions**

(1 April 2016 – 30 June 2016)

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Section 1 – Self Directed Support Option 3

HSC1503

Total number of findings

	Critical	High	Medium	Low
Total	-	3	4	1

Background

The Social Care (Self-Directed Support) (Scotland) Act came into effect on 1 April 2014 and is a key building block of public service reform. The core values of inclusion, contribution and empowerment through real choice and respect are reflected in the aim of the legislation, which is to enable people to live as independently as possible, exercising choice and control over the way in which their care and support needs are met. The Act creates a statutory framework to change the way services are organised and delivered to focus on the individual, thereby better meeting the outcomes they identify as important.

There are four self-directed support (SDS) options available to service users under the Act:

- Option 1: a direct payment by the local authority to the supported person to enable them to arrange their own support;
- Option 2: the supported person chooses their support and the local authority arranges it;
- Option 3: the local authority selects and arranges support on behalf of the supported person; or
- Option 4: a mix of options 1, 2 and 3.

This review was focussed on the delivery of 'Option 3', where the Council selects and arranges support on behalf of the supported person.

Scope

The scope of this review was to assess the design and operating effectiveness of the Council's controls relating to Self-Directed Support Option 3. The review focussed on the process starting with the clients first contact with the council to finalising the allocation of services and covered the following sub-processes:

- Choice;
- Service; and
- Reporting.

Summary of High Risk Findings

Communication of Budget

The Social Care (Self-directed Support) (Scotland) Act 2013 states that the authority must “inform the supported person of the amount that is the relevant amount for each of the options for self-directed support from which the authority is giving the person the opportunity to choose, and the period to which the amount relates.” The “relevant amount” is defined as “the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support for the supported person”.

At present, the supported person is not informed of their assessed budget when they are asked to choose their option. They are only told of the resources available to them when they receive their personal support plan after they have selected their option.

Advocacy Services

The Social Care (Self-directed Support) (Scotland) Act 2013 states that the authority must give the person “in any case where the authority considers it appropriate to do so, information about persons who provide independent advocacy services (within the meaning of section 259(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13)).”

When researching advocacy services for people affected by SDS the only place we were able to find information was on the Council's *Edinburgh Choices* website which is an online directory of local care and support services, which includes details of independent advocacy services.

However, we were unable to find links to the *Edinburgh Choices* website in key communications to service users and the general public about SDS. The Council has produced detailed pamphlets and leaflets which explain SDS to service users and carers but advocacy services are not covered, and readers are not directed to the *Edinburgh Choices* website. Practitioners we spoke to could not direct us to advocacy services.

Quality Assurance

We reviewed a sample of 25 personal support plans and noted a wide variation in the quality and quantity of documentation.

Some teams, such as the North West team, have introduced quality assurance procedures to improve the quality of assessments and care plans. We were unable to find evidence of similar quality assurance procedures across other neighbourhoods and teams. There have also been some ad hoc interventions centrally, such as a review of a sample of 50 Personal Support Plans. There are currently no plans to repeat this exercise.

These interventions, however, are limited in scope and confined to certain teams. There is no quality assurance process to sustain and improve the quality of assessments and personal support plans across the city.

Recommendations and Agreed Management Action for High Risk Findings

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
<p>Communication of Budget</p> <p>Management should seek clarification from Scottish Government on how the legislation should be applied where the supported person is allocated the same budget whichever option is chosen.</p> <p>Management must then ensure that the SDS assessment process is compliant with Scottish Government's instructions. This may mean informing the supported person of their personal budget at an earlier stage of the assessment process.</p>	<p>Scottish Government have been approached on this issue through the Social Work Scotland SDS Sub-group and have indicated that they are prepared to consider issuing further guidance and in particular revisit the issue of whether local authorities need to notify individuals of the indicative budget for each of the four options or just provide a single indicative budget which is what most authorities seem to be doing in practice. These discussions will take place through the Social Work Scotland SDS Sub-group and Senior management will ensure that Edinburgh is involved in these discussions.</p> <p>The current processes and practice in relation to providing individuals with an indicative budget will be</p>	31 October 2016	Not Due

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
	<p>reviewed and updated and clear guidance issued to staff taking account of any change in guidance from the Scottish Government. In either case, an indicative budget will be given to individuals before they are asked to select their preferred option.</p> <p>Responsible Officer: Strategic Planning Manager</p>		
<p>Advocacy Services</p> <p>The service should ensure that information about advocacy services is available to service users. Possible options may include:</p> <ul style="list-style-type: none"> • Providing practitioners with information about available advocacy service and what they do; • Directions to <i>Edinburgh Choices</i> in guidance materials for service users; or • Names of advocacy services in pamphlets and leaflets for service users. 	<p>Existing leaflets and information materials to be reviewed to make reference to Edinburgh Choices</p> <p>Information to be produced for dissemination to practitioners regarding the duty to identify people who may benefit from advocacy and support them to access this services and the agencies that the Council has commissions to provide advocacy services.</p> <p>Responsible Officer: Strategic Planning Manager</p>	30 August 2016	Not Due.
<p>Quality Assurance</p> <p>Implement a formalised and continuous quality assurance process that gets carried out across the localities.</p>	<p>There is an existing file audit process that will pick up on overall issues of both data quality and quality of recording. In order to address the specific issues identified through this audit the Quality Assurance Team will undertake a themed audit in respect of Personal Support Plans. This will involve engaging with key managers to establish the questions that need to be answered and will include consideration of</p>	31 December 2016	Not Due

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
	<p>the model used in the North West Team.</p> <p>Work is underway to embed quality assurance processes in the new Health and Social Care structure based around the Integration Joint Board Performance and Quality Sub group, which has a scrutiny and oversight role and Locality Quality meetings. Each locality management team will have a primary role in developing, embedding and managing its own quality assurance mechanisms as part of a programme of continuous improvement.</p> <p>Responsible Officers: Locality Managers and Team Leader Quality Assurance</p>		

Status of actions due will be validated by Internal Audit as part of the follow-up review process.

Section 2 – Integrated Health & Social Care Budgeting Process

HSC1505

Total number of findings

	Critical	High	Medium	Low
Total	-	2	1	-

Background

The Public Bodies (Joint Working) Scotland Act 2014 was designed to ensure better connected and co-ordinated services for adults through the integration of health and social care services currently provided separately by local authorities and health boards. The City of Edinburgh Council (CEC) and NHS Lothian (NHSL) have created an Integration Joint Board, the EIJB, to plan for and oversee the provision of adult care within the city. The new EIJB was established in law on 27 June 2015 and its first meeting took place on 17 July 2015. Functions, services and resources were fully delegated on 1 April 2016.

The creation of the EIJB means that a single legal entity will have responsibility for the strategic planning, resourcing and operational oversight of a number of health and social care services. This will require strategies to be in place to ensure that there is an effective relationship between the three bodies, and that any items which require further discussion within either CEC or NHSL can be considered within the appropriate area, whilst still being under the ultimate remit of the EIJB.

The Final Integration Scheme was approved by the Scottish Government in May 2015. This scheme details how the Board intends to operate, covering key areas such as delivery arrangements, clinical care, governance and finance. The Scottish Government issued the “Guidance for Integration Financial Assurance” in December 2014. This guidance provides advice for bodies involved in integration on how to use assurance

to ensure that Integration can occur successfully. It is recommended that during the integration process, Internal Audit is used to provide assurance on:

- The plans for financial governance, risk and financial assurance;
- Whether lessons learned from other integration projects have been used;
- The financial provisions to be included in the Integration Scheme; and
- That the financial measures which will be used by officers to assess whether integration has met its objectives have been identified and that there is a process for obtaining data which can be used for base lining.

This review has been completed to assist in the provision of assurance over the financial provisions to be included in the Integration scheme.

Scope

The scope of this review was to assess the design and operating effectiveness of the CEC controls relating to the budgeting process for services that will be transferred to the EIJB. The sub-processes and related control objectives included in the review are:

- Clarity over delegation of services
- Budgeting process
- Risk sharing of a budgetary overspend by the EIJB

The review focused on the methodology and controls surrounding the preparation and approval of the budgets for services to be transferred to the Integration Board. The review did not specifically consider if budgets for individual services are sufficient.

Summary of High Risk Findings

Achievement of savings targets

The savings target of £15m for the 2016/17 H&SC budget has been clearly articulated and is well understood.

The most recent RAG status monitoring for savings targets splits the £15m into the following categories:

- Red £8.5m,
- Amber £4.5m
- Green £2m.

In light of the projected RAG status for the 2016/17 savings it would appear that there is a high risk that these savings targets will not be met.

EIJB budgetary overspend

In the event of remedial action by the Chief Officer of the EIJB being unsuccessful in preventing an overspend, then the EIJB would seek additional funding from its constituent partners, NHSL and CEC. This could result in CEC being asked to contribute towards expenditure incurred by NHSL (or visa versa)

In the event of CEC, NHSL and EIJB being unable to agree on the arrangements for covering an overspend, the dispute resolution process within the Integration agreement would be enacted. Should this fail to achieve resolution, there is provision for a third party mediator to be appointed to facilitate an agreement.

In the event of a mediated agreement not being reached, the matter would be referred to the Scottish Ministers who would advise on how to proceed and CEC would lose any control over the process.

Given this process, CEC retains a significant financial risk in the event of an overspend by the EIJB. Dependant on where the overspend arises, CEC may have limited or no influence on controlling that overspend.

Recommendations and Agreed Management Action for High Risk Findings

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
Achievement of savings targets Continued focus by management is required to ensure that savings are achieved where possible. H&SC should consider where additional compensatory savings could be made in the event of the budgeted savings not being realisable.	Health and Social Care Transformation and Efficiency reviewing all savings proposals and looking to identify those already identified. Following delegation of services for saving will then fall within EIJB remit. Responsible Officer: Chief Officer – Edinburgh Health & Social Care Partnership	31 May 2016	TBC
EIJB budgetary overspend The EIJB and its partners NHSL & CEC should continue to monitor the expenditure to ensure	The arrangements for variances from agreed budgets are described at a high level in the integration	30 June	TBC

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
<p>that any early warning signs are picked up and appropriate action taken to prevent or minimise an overspend.</p> <p>CEC should seek to try and secure an agreement with NHSL that would limit its exposure to any overspend that arises from areas out with its control.</p>	<p>scheme. The detailed operational practices to support this now need to be worked through between the 3 parties, CEC, NHSL and EIJB. This will be progressed in accordance with the principles outlined in the draft Tripartite Agreement. CEC has provided a risk sharing discussion paper and will work with the EIJB to clarify arrangements.</p> <p>Although the EIJB partnership is new, partnership working has existed between CEC and NHSL for several years and is therefore mature. It is therefore more likely that any financial disputes between partners would be addressed without recourse to the arbitration clause within the integration scheme.</p> <p>It is the view of the Chief Officer of the EIJB and the Interim Chief Finance Officer of the EIJB that the risk of a dispute is low and that the impact would not be significant in the context of the overall CEC budget.</p> <p>Regular monitoring of the CEC and NHS elements of the budget will be undertaken and reported to the appropriate governance committees. Each budget saving will have a robust implementation plan which will be reviewed as part of the monitoring process with 'RAG' analysis used to highlight current status. Action will be taken to resolve any overspends identified or alternative savings sought should ameliorative action not be possible.</p> <p>Work will be undertaken to clarify the arrangements to address any overspends.</p>		

Recommendations	Agreed Management Actions	Target Date	Status of Actions Due
	Responsible Officer: Chief Officer – Edinburgh Health & Social Care Partnership / Acting Executive Director of Finance		

Status of actions due will be validated by Internal Audit as part of the follow-up review process.

Section 3 – Continuous Testing – Stand By, On Call & Disturbance Payments

CG1511

Total number of findings

	Critical	High	Medium	Low
Total	-	1	2	1

Background

The Council is required to provide a variety of services outwith normal working hours in support of its citizens and partner agencies. Out-of-Hours (OOH) services are determined by a variety of factors which include statutory regulation, customer demand and Council objectives. OOH services are provided on the basis of essential service or emergency call-out. Services which are part of essential services should be covered off through shift working arrangements. OOH emergency call-outs are covered off through either 'Standby' or 'Call-out' arrangements.

Standby / On-call:

Standby refers to times outside of normal working hours when staff have agreed to be available to attend work to respond to unplanned or emergency situations. If staff are on standby and are actually called into work, they are considered to be on-call. Council responsibility for on-call personnel commences from the moment they receive a call to the moment they return home having completed their responsibilities for the incident response. The standard standby rate for all grades is £104.22 for a full week, with daily, weekend and public holiday rates also in place. Standby payments are available to staff in grades 1 - 7. Payments to staff in grade 8 and above would be made in exceptional circumstances only.

Call-out:

There may be rare occasions, such as a serious or major incident, when staff who are not on standby are contacted to assist in an emergency response (either, to provide advice or guidance from their location, going to their place of work or site of the emergency, or asked to support

services at an alternative location). Council responsibility for personnel called out to respond to a major incident commences from the moment they receive a call to the moment they return home having completed their responsibilities for the incident response. Overtime rates apply to both standby and non standby call-out overtime, with payments to staff in grade 8 and above only being made in exceptional circumstances, and capped at the top of grade 7.

Disturbance:

There are occasions when staff are contacted outwith their normal working hours to provide advice or guidance but are not required to report to a designated workplace. This may involve an employee being contacted and dealing with an issue from home (or another location) over the phone or by email. Employees cannot receive disturbance and call-out payment for the same time period. For staff on standby an allowance of £13.36 is payable once within each period of two hours irrespective of the number of contacts within the period. For staff not on standby, the allowance is £18.37. Staff at grade 8 and above will only be made these payments in exceptional circumstances.

Managers with responsibility for standby teams are required to ensure that all standby claims are in accordance with Council policies and guidelines.

The review was undertaken as part of a programme of testing of continuous controls over key financial systems included in the 2015/16 audit plan. Computerised Audit Tools and techniques were utilised to analyse all disturbance payments across the Council and highlight anomalies for further testing. The highest 22 claims were tested due to their statistically significant difference to the norm. 15 of the 22 (68%) were employees of Services for Communities, now Place, four (18%) were from Health & Social Care and three (14%) were from Communities and Families. From the employees sampled, once standby, callout, overtime, and disturbance are collated they can increase their basic pay by 50%.

Scope

The scope of this review was to assess the design and operating effectiveness of the Council's controls relating to standby, on call and disturbance payments. The sub-processes and the related control objectives are:

- Guidance exists, is clear and robust;
- Standby, On Call and Disturbance payments are only authorised and paid when in adherence with Council policies and guidelines;
- Arrangements for the authorisation of payments ensures that potential conflicts of interests are avoided; and
- Management monitoring processes are in place.

Summary of High Risk Finding

Claims breaching Council rules are subsequently authorised without adequate due diligence

The claims of the 22 highest disturbance claimants across the Council were scrutinised for a three month period. 15 of the claimants (68%) had submitted inappropriate claims. In each of the other seven cases some claims lacked sufficient detail to independently verify validity.

Full detail of inappropriate claims have been passed to the relevant Heads of Service but there is a clear trend that claims which are excessive, inappropriate, or erroneous are commonplace in certain functions of the Council and subsequently authorised without effective due diligence by Line Managers. It also appears clear that there are localised pockets of deliberate non-adherence to Council Policies. In some instances the Line Manager authorising the inappropriate claims was also obtaining the same allowances.

The major themes are:

- Overtime or standby being claimed more than once in same or different claims,
- Multiple claims for disturbance while being already on overtime,
- Pattern of claiming at least daily, frequently at the end of core time (i.e.17:00),
- General office duties being claimed for rather than emergencies or essential services,
- Multiple disturbance claims from within core time and before advertised standby times,
- Additional disturbance claims made within the same two hour disturbance period,
- Standby disturbance claims made when not on standby,
- Line Manager not challenging claims, and
- Routine use of Grade 8 staff for non emergency tasks, for example checking weather forecasts twice daily, and four times daily at weekend for a prolonged period.

There are also occasional issues re:

- 10. Submitting claims with a mixture of 12 and 24 hour clock, and
- 11. Two people claiming for the same task at the same time.

For all instances of non compliance noted, claims had been authorised and paid.

Recommendation and Agreed Management Action for High Risk Finding

Recommendation	Agreed Management Action	Target Date	Status of Actions Due
<p>A robust and focused review should be carried out targeting the areas of concern highlighted separately in detail at the conclusion of the audit fieldwork.</p> <p>Appropriate action should be taken by the Senior Management Team where claims are found to be inappropriate.</p> <p>Following this review roles and responsibilities should be reinforced to staff. Periodic monitoring should be carried out until controls are found to be operating correctly.</p>	<p>Line Managers will scrutinise the claims of the individuals who have been found to have submitted non compliant claims.</p> <p>Line Managers will make clear to those individuals their expectations regarding compliance with procedure when they submit any future claims. At completion of the current transformation process, all Managers will be reminded of roles and responsibilities via an e-mail from Head of Service and team meeting briefings.</p> <p>Budget Holding Managers will carry out an ad-hoc analysis of claims, on a quarterly basis, to ensure compliance with procedures.</p> <p>Responsible Officer: Executive Director of Place, Head of Children's Services & Manger, Edinburgh Support Services</p>	31 July 2016	TBC

Status of actions due will be validated by Internal Audit as part of the follow-up review process.

Section 4 – Review of Information Governance Framework

RES1617

Total number of findings

	Critical	High	Medium	Low
Total	-	1	2	-

Background

The Council recognises the need to have a robust Information Governance framework in place.

In November 2013, the Council Corporate Management Team approved an Information Governance strategy, agreeing that information was a key asset and its effective management would reduce the risk of reputational loss, financial penalties and meet statutory requirements. The strategy covers:

- Data Quality;
- Information Security;
- Information Compliance;
- Information Sharing; and
- Records Management.

There has been some unease across the Council that the current quality of Management Information and underlying data facilitating this, is not sufficient to meet the needs of the organisation.

The review focused on the following challenges facing the Council:

- Behaviour and culture driving forward a robust Information Governance framework;

- Information Governance framework fitness and assurance test;
- Demonstration of controls through robust Information Governance measures; and
- Risks in variability across management at different levels, enforcing local Information Governance frameworks, resulting in inconsistencies and risk of non-compliance with the Data Protection Act 1998.

Scope

The scope of the review was to assess the design and operating effectiveness of the Council's controls over Information Governance. The sub-processes and related control objectives included in the review are:

- Information Governance & Control Framework;
- Staff Training; and
- Compliance with the Data Protection Act.

Summary of High Risk Finding

Information Security

While the Council have an Electronic Information Security Policy, there is no evidence that it has been reviewed since 2004.

It also lacked sections that would be expected within an Information Security Policy such as:

- An introduction stating what CEC are trying to protect and why;
- A statement of support for Information Security from the Board or CEO;
- A section that indicates how this fits with the wider policy framework;
- A section to discuss the minimum control objectives to be achieved consistently across the Council; and
- How assurance over compliance with the policy will be achieved.

The Council have policies that staff annually attest to reading, including:

- Employee Code of Conduct;
- ICT Acceptable Use; and
- Electronic Information Security Policy.

The Council have an eLearn in place for information security. However, the current Information Security team have not reviewed the content and are not actively monitoring the completion of this training. There is also a section on information security within the information governance training, however this is still to be completed by over 70% of CEC staff.

The Council have an Information Security team that normally comprises of an Information Security Manager and Officer. The Manager role has been absent since February 2015 with recruitment ongoing. All Information Security breaches are reported through the Information Security Manager (or Officer as deputy) which leaves the Council with a key man dependency within this area.

BT deliver activities relating to specific operational IT security tasks and have procedures in place for escalating issues. However, there is no evidence of oversight for this work within the Council though regular reporting. .

Recommendation and Agreed Management Action for High Risk Findings

Recommendation	Agreed Management Action	Target Date	Status of Actions Due
Review and refresh the Information Security Policy to apply recognised standards, leveraging sources of security management good practice, such as the ISO/IEC 27000 series of standards, or making use of endorsed assurance schemes such as adopting the Cyber Essentials Scheme;	An information security policy has been drafted and will be presented to committee for formal approval in September 2016. This is based on the CGI ISO27000 compliant methodology “Prism” and included consultation with directorates and key stakeholders and through a series of workshops. To support the policy various information security procedures and processes are being revised and created, including Data Access Requests, Cloud & Hosting, Acceptable Usage, Leavers, Security Incidents, Email, Remote Working, and Removable Media	30 September 2016	Not Due.
Schedule and maintain annual reviews of the Information Security Policy across all key stakeholders, including legal, compliance and business representatives;	Once adopted, the policy (and associated procedures) will be monitored through the Information Council. As part of this process, information security will be audited on annual basis through the information governance maturity model which includes specific questions around information security and the protection of records. This will be a mandatory exercise for all Council services and is currently being piloted through the Schools Assurance Framework.	31 December 2016	Not Due
Review the approach to gain ongoing assurance that the Information Security Policies requirements are embedded across the Council;	The information governance maturity model will be used to audit information security arrangements	31 December 2016	Not Due
Develop a training and communication plan for Information Security, reporting progress to the Information Council;			
Review as a priority, resourcing within the CEC Information Security team, ensuring it has the capacity to undertake the key roles and			

Recommendation	Agreed Management Action	Target Date	Status of Actions Due
	<p>of resilience and ensure that all relevant security incidents are properly logged, reported and managed.</p> <p>Following the end of the BT contract, ICT security reporting is now the responsibility of CGI. The new contract has improved methods and mechanisms to support ICT security, including regular reporting and the provision of expert advice around security threats and service development.</p> <p>Responsible Officers: Information Council, Information Governance Unit, Information Security Manager</p>	30 June 2016	Contract now transferred to CGI.