

APPENDIX 3: KEY THEMES ARISING FROM AUDIT REVIEWS

KEY FINANCIAL SYSTEMS		
NAME:	ACCOUNTS RECEIVABLE, SOCIAL CARE DEBTORS	
AUDIT APPROACH:	To identify and assess the controls in place to collect debts raised and monitor the team's collection performance.	
UPDATE AS AT:	AUGUST 2013	
CURRENT STATUS AND KEY THEMES ARISING:	<p>This work formed part of the team's 2012/13 annual review of key financial systems. At the June 2013 Audit Committee, it was reported that "there was not a sufficiently robust systematic set of management controls to oversee and report on any individual recovery action or the overall debt position. Therefore it was not possible to test controls in this area".</p> <p>It was evident during 2012/13 that there was regular staff activity to collect debt and management had oversight of this through 1:1's and staff meetings where, in particular, hard to recover debt was discussed.</p> <p>The main development agreed with the service, was the implementation of a set of evidence based management checks which would be undertaken regularly and demonstrate that the recovery of all debt is undertaken in a timely and consistent way.</p> <p>These checks would include:</p> <ul style="list-style-type: none"> • regular monitoring and challenge of the levels of older debt, identifying where collection of individual debt has been delayed, confirming that any delays are appropriate and further action is not required at that time • management confirming that staff are recovering debt in line with defined procedures • regularly reporting debt collection performance indicators to senior management in the Department for People. <p>It was also agreed that an exercise would be undertaken to reduce the level of historic debt which is over a year old and that progress made in doing this would be reported periodically to senior management.</p> <p>Prompt action taken by officers to address in the above areas has meant that good progress has been made to embed the agreed management controls.</p>	
RECOMMENDATIONS:	HIGH: 4	MEDIUM: 3
		TOTAL: 7

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MANAGING SERVICE RISKS		
REPORT TITLE:	AGRESSO, THE NEXT STAGE, PROJECT IMPLEMENTATION AND CHANGE MANAGEMENT	
AUDIT APPROACH AND SCOPE:	<p>Internal Audit is working with officers in a ‘critical friend’ capacity to provide:</p> <ul style="list-style-type: none"> • for significant changes to existing functionality, an opinion (and where necessary any further recommended action) to the Change Advisory Board on whether the change management process is being effectively followed when any significant amendment is made to Agresso • feedback at key project milestones on whether the new functionality implemented in phase two is: <ul style="list-style-type: none"> • supported by appropriate testing plans that are followed • implemented in a controlled manner to ensure they work effectively and efficiently in the live system. 	
AS AT:	July 2013	
CURRENT STATUS AND KEY THEMES ARISING:	<p><i>PROJECT IMPLEMENTATION</i></p> <p>Internal audit attended the last Agresso Project Board held on 9 July 2013. In advance of this Board meeting, a range of project documentation was reviewed and progress against milestones assessed. It was good to find a continued focus on project planning production and highlight reporting. The progress made regarding this area was feedback to the Project Board.</p> <p>Following a review of the project documentation, the Board was advised that the project risk register needs to be re-assessed. The majority of risks were classified as low risk and a more robust process to review, update and re-appraise the risk register is required.</p> <p>The key challenges going forward include the need to ensure:</p> <ul style="list-style-type: none"> • resource planning is in place that is in line with project requirements • processes to manage resource conflicts are in place. <p>Moreover, the focus on project planning production and maintenance remains going forward.</p>	
	<p><i>CHANGE MANAGEMENT</i></p> <p>Internal Audit continues to attend the Agresso Change Advisory Board (CAB) meetings and review the change control framework. Overall, the process continues to operate as intended and primary Agresso change requests continue to be managed and controlled by the CAB.</p>	
RECOMMENDATIONS:	HIGH: 1	MEDIUM: 3
		TOTAL: 4

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MANAGING SERVICE RISKS		
REPORT TITLE:	MANAGEMENT OF EMPLOYEE RELATIONS CASES	
OBJECTIVE OF THE WORK:	To assess whether the Council policies and operational approaches to dealing with capability, disciplinary and grievance issues are fit for purpose and applied cost effectively.	
REPORT ISSUED:	AUGUST 2013	
CONTROL ENVIRONMENT:	ADEQUATE	
KEY THEMES ARISING:	<p>A number of operational strengths and robust processes were identified during this review that included:</p> <ul style="list-style-type: none"> • evidence of a highly professional Employee Relations Team who are very self aware in terms of the issues facing the service and the actions needed to address them • a good policy framework for dealing with capability, disciplinary and grievance issues and sound procedures to support them • evidence of member training and support for discharging their role on the Appeals Committee. <p>The main issue that needs revisiting is the ongoing viability of using staff from service areas to undertake investigations. Issues have been experienced in securing time from these officers to promptly complete investigations. With the potential impact on staff capacity of the continued financial pressures on the Council, this approach may be unviable in future despite increasing the numbers of service staff in the investigation pool. There should also be an evaluation of whether the Employee Relations Team has the right level of resource and skill mix to administer rather than provide professional HR input to all cases.</p> <p>The team has now adopted a central case file approach, storing documents electronically rather than using paper based files with some documents being saved on individual HR Officer's accounts.</p> <p>The current management information system lacks a degree of functionality. It offers limited monitoring and reporting abilities, key milestone information is not recorded and links to supporting case information are unavailable. If these areas are not addressed it may:</p> <ul style="list-style-type: none"> • impede the progress of cases, causing potential delays • lead to inconsistencies within the processes adopted when investigating cases. 	
RECOMMENDATIONS:	HIGH: 6	MEDIUM: 5
		TOTAL: 11