



SLOUGH BOROUGH COUNCIL

Follow Up Q3

FINAL

Internal Audit Follow Up Report: 18.18/19

21 November 2018

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Debrief held	17 October 2017	Internal audit team	Daniel Harris - Head of Internal Audit Chris Rising - Senior Manager Amir Kapasi - Assistant Manager Barney Doyle - Internal Auditor
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Responses received	21 November 2018		

Final report issued	21 November 2018	Client sponsor	Neil Wilcox - Director of Finance and Resources
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1 EXECUTIVE SUMMARY

1.1 Introduction

As part of the approved internal audit periodic plan for 2018/19 we have undertaken a review to follow up progress made by Slough Borough Council to implement the previously agreed management actions. The audits considered as part of the follow up review were:

- Holy Family Catholic School (17/18)
- Gas Servicing (17/18)
- Voids (17/18)
- Management of Housing Stock (17/18)
- Housing Regulation (17/18)
- Chalvey Early Years Centre (17/18)
- Neighbourhood Anti-Social Behaviour (ASB) Enforcement (17/18)

The 16 management actions considered in this review comprised of 1 'High' and 15 'Medium' priority actions. The focus of this review was to provide assurance that all actions previously made have been adequately implemented and confirm that where assurance had been provided to the Risk and Insurance Officer that actions had been implemented, that sufficient evidence was in place to demonstrate the actions taken.

All of the actions sampled had past their implementation date and responses had been provided to the Risk and Insurance Officer that the actions were complete, and as such, we sought to substantiate the completion of these actions through review of evidence.

1.2 Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion Slough Borough Council has demonstrated **little progress** in implementing agreed management actions.

We identified through our fieldwork that from the 16 medium and high priority management actions sampled, 5 of these (31%), had been fully implemented. However, we noted that of the remaining 11 (69%) actions, for 7 implementation of the actions was ongoing whilst 4 had not been implemented.

Actions predominantly not implemented mainly related to Housing Regulation and Neighbourhood Anti-Social Behaviour (ASB) Enforcement. Management should note that the Housing Regulation actions have been ongoing or outstanding since the beginning of the financial year and the actions relating to Neighbourhood ASB Enforcement have been outstanding for almost 12 months. We have made new management actions where appropriate; these are detailed in section 2 of this report.

1.3 Action tracking

Action tracking enhances an organisation's risk management and governance processes. It provides management with a method to record the implementation status of actions made by assurance providers, whilst allowing the Corporate Governance and Audit Committee to monitor actions taken by management.

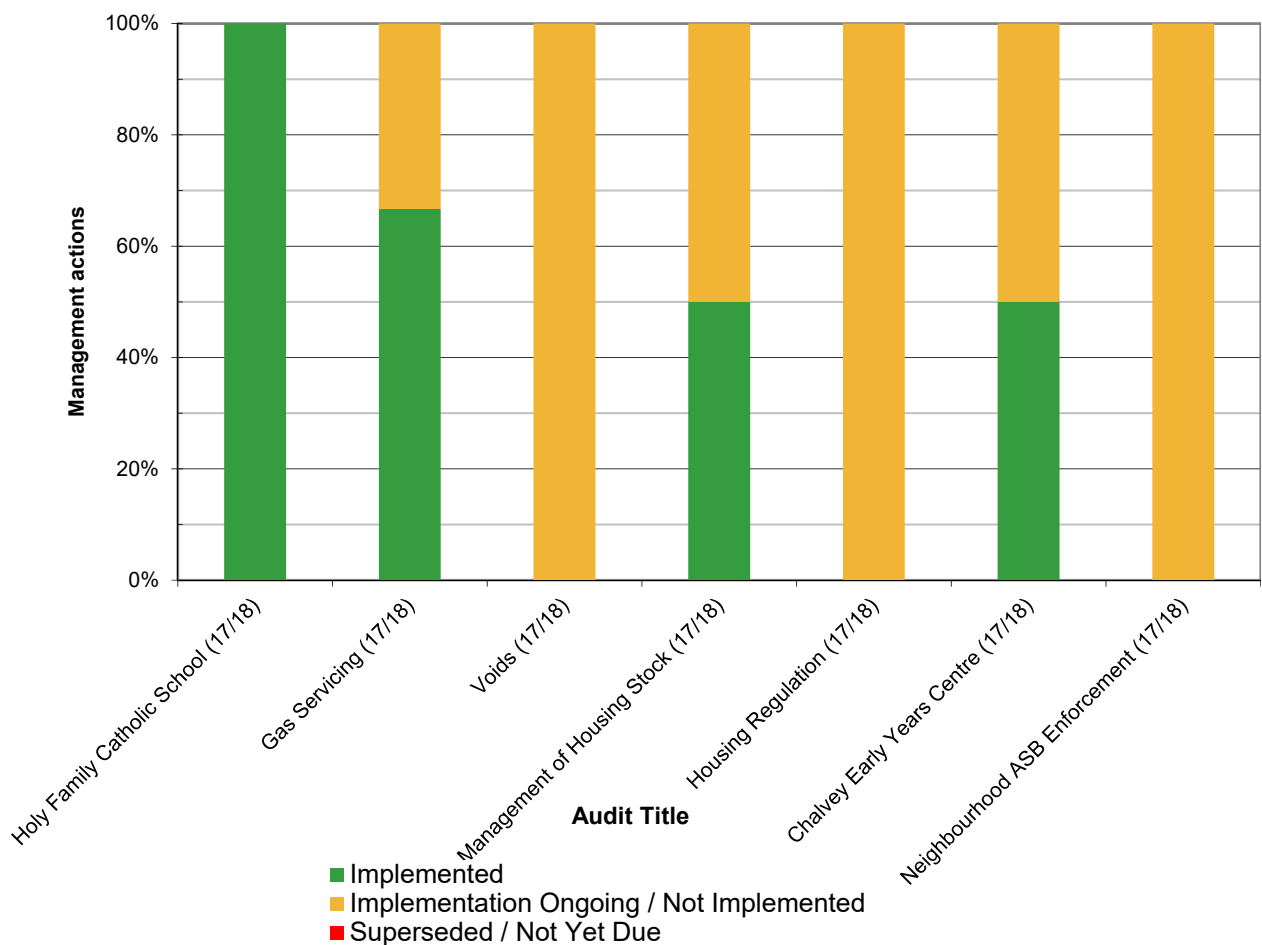
Action tracking is undertaken by Slough Borough Council's management. We have identified 11 instances from the following audits where the implementation status of action reported by management to the audit and governance committee differs from our own findings:

- Gas Servicing (17/18);

- Voids (17/18);
- Management of Housing Stock (17/18);
- Housing Regulation (17/18);
- Chalvey Early Years Centre (17/18) and;
- Neighbourhood Anti-Social Behaviour (ASB) Enforcement (17/18).

In light of these findings, our opinion is that the audit and governance committee cannot place reliance on the status reported in the action tracking reports provided by management. We have discussed number of further actions to be undertaken by management to address the issues found.

The following graph highlights the number and categories of actions issues and progress made at the time of our review:



Further details of progress made are provided in this report. It is important to note that until a management action is fully implemented, the organisation is still exposed to risk.

1.4 Progress on actions

Implementation status by review	Number of actions agreed	Status of management actions					
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Not yet due (5)	Completed or no longer necessary (1)+(4)
Holy Family Catholic School (17/18)	1	1	0	0	0	0	1
Gas Servicing (17/18)	3	2	1	0	0	0	2
Voids (17/18) (partial assurance)	2	0	2	0	0	0	0
Management of Housing Stock (17/18) (partial assurance)	2	1	1	0	0	0	1
Housing Regulation (17/18)	3	0	2	1	0	0	0
Chalvey Early Years Centre (17/18)	2	1	1	0	0	0	1
Neighbourhood (ASB) Enforcement (17/18) (partial assurance)	3	0	0	3	0	0	0

Implementation status by management action priority	Number of actions agreed	Status of management actions					
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Not yet due (5)	Completed or no longer necessary (1)+(4)
Medium	15	5	6	4	0	0	5
High	1	0	1*	0	0	0	0
Totals	16	5	7	4	0	0	5

* re-prioritised to low as part implemented and risk reduced

2 FINDINGS AND MANAGEMENT ACTIONS

This report has been prepared by exception. Therefore, we have included only those actions graded as 2 and 3. Each action followed up has been categorised in line with the following:

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.
5	The action is not yet due.

ASSIGNMENT TITLE: Gas Servicing (17/18)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	New Priority	Revised date	Owner responsible
2.2	The Council will request that Interserve undertake a monthly reconciliation between the inspection dates on RAMIS and the inspection dates on the LGSRs' for all the properties with LGSRs' expiring in the following month to ensure that all LGSRs' have been uploaded and the dates of next inspection are accurate as per the LGSR.	30 August 2017	Medium	1	<p>We obtained a sample of 5 properties with LGSRs expiring next month and confirmed that for each of these the RAMIS next inspection date corresponded to that on the LGSR.</p> <p>Despite this, through discussion with relevant staff we were informed that properties with different dates were still being identified. We found that upon the commencement of the Osborne contract, data from InterServe should have been migrated to RAMIS and so the RAMIS inspection dates should have corresponded to</p>	2	Osborne will complete the reconciliation of all inspection dates by the year's end in line with the marking of 12 months of their contract's commencement and the annual inspection requirement.	Low	31 December 2018	Alan Cope

the next LGSR inspection date.

This was not fully completed and as a result, some properties do not have matching dates on both systems. Given that December 2018 will mark 12 months since Osborne's commencement of the contract and that each property is required to be visited annually, Osborne have confirmed that the reconciliation of all dates for all properties will be completed by this date.

We were unable to identify any properties which have not been reconciled as it is unknown if dates correspond until Osborne undertakes an inspection.

ASSIGNMENT TITLE: Voids (17/18)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
3.1	The Neighbourhood and Services Team will monitor the timeliness for the following aspects of the void process to ensure that the void period is minimised:	30 July 2018	Medium	1	We obtained the most recent Void Reports (16/10/18, 01/10/18, 13/09/18) and confirmed that each of these reports monitored timeliness via the following: <ul style="list-style-type: none"> Date keys are received into SBC; 	2	The void reports will be completed and continuously maintained in order to provide users with an accurate representation of the	Medium	31 December 2018	Alan Cope

- Timeliness between receiving the keys of the property to handing them over to the contractor;
- Timeliness of the works completed by the contractor as per their agreed timeframes; and
- Timeliness of carrying out a post-inspection.

- Date keys are given to void controller;
- Repairs inspection date;
- Dates keys are given to contractor;
- Actual start/ end dates;
- Date keys are returned from contractor;
- Post work inspection date and;
- Expected/ Actual ready to let days.

status of void the properties.

We noted that some of the Void Reports were incomplete and the landmark dates throughout the void process had not been recorded. Through discussion with the Projects Manager, we were informed that this was due to a lack of maintenance of the documents. Failure to update the progress of void properties may result in prolonging the time for post-inspection and availability.

Properties which fail to meet the void process target timescales are flagged during weekly void progress meetings. A weekly void report which is used for monitoring purposes at the progress meeting and we confirmed that this report includes comments regarding status and target dates.

3.2	The Neighbourhood Services Void Property Management Policy will be updated to include:	30 July 2018	Medium	1	<p>We obtained the Neighbourhood Service Void Property Management Policy and found that it had been implemented in March 2018, approved by the Scrutiny Panel on 25/06/18 and was available via the intranet.</p> <p>Through our review of the policy, we confirmed that the current version makes reference to the timeframes for the key aspects of the voids process, namely in section 3.3 'RMI Contract Void turn-around times.'</p> <p>The policy briefly covers reporting and monitoring of voids and KPIs, however through discussion with the Voids Managers we were informed that it was currently under review.</p> <p>We were provided with a document which outlines the key aspects of the voids process, which is being piloted as part of the review. The Voids Managers confirmed that the updated policy will expand upon the reporting structure for the monitoring of voids and the KPIs which are reported on, however we could only confirm that this was in draft stage.</p>	2	<p>Ensure that an updated and approved version of the Neighbourhood Service Void Property Management Policy expands upon the following:</p> <ul style="list-style-type: none"> • The reporting structure for monitoring voids and; • The KPIs which are reported on. 	Low	31 March 2019	Alan Cope
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Following this, the Policy will be reviewed and approved by the Scrutiny Panel and communicated out to staff.

ASSIGNMENT TITLE: Management of Housing Stock (17/18)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
4.2	<p>A procedure to track the completion of scanning and correct indexing of files by the DIP section will be produced by Housing and agreed with arvato.</p> <p>This will include a requirement for the originator to confirm the documentation has been successfully scanned and indexed prior to being destroyed.</p>	31 December 2017	High	1	<p>Through discussion with the Client Services Coordinator, we discovered that the process for the scanning and indexing of files had been transferred to the logistics team on 03/04/18. The logistics team receives ongoing W2 DIP training which includes the following:</p> <ul style="list-style-type: none"> • The scanning and sending of files to the correct individuals; • W2 guidelines; • DIP indexing and; • The timescales for the retention/ destruction of files. <p>We were informed that this training is carried out by an appropriate member of staff (Client Services Coordinator).</p> <p>Although the scanning and indexing of files has been allocated to a responsible team, there is no document which outlines this process. Without clear procedural guidelines, there may be some variation in how files are processed and as a result of this, they can be retained for longer than is</p>	2	<p>A document will be produced by the logistics team which outlines the end to end filing process by including the following:</p> <ul style="list-style-type: none"> • The scanning and sending of documents; • The confirmation of sending of documents; • Making notes/ actions on the DIP system and; • The process for file retention/ destruction. 	Low	31 March 2019	Sahera Tariq

required or prematurely destroyed.

ASSIGNMENT TITLE: Housing Regulation (17/18)										
Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
5.1	A Housing Regulation Procedure will be developed to cover the processes for dealing with and managing housing regulation cases, to include, but not limited to:	30 March 2018	Medium	1	We confirmed that a detailed folder of policies and procedures had been uploaded and was accessible to relevant staff via the shared drive. The policy folder contained the following:	2	The procedure will be updated to include the process for reporting and monitoring performance.	Low	30 March 2018	Amir Salarkia
	<ul style="list-style-type: none"> • Roles and responsibilities of staff; • Interactions with other Council departments; • Processes and target timescales for receipt, logging and allocation of cases; • Flare type codes to be used for categorising cases, definitions for each code and guidance on which codes to use for cases; • Processes and target timescales for initial response to cases, including the duty officer rota role; 				<ul style="list-style-type: none"> • A specific document covering the aspects relating to the Flare system and; • Details which cover the processes for dealing with and managing housing regulation cases including: <ul style="list-style-type: none"> ○ Civil Penalties; ○ HMOs; ○ Social lettings and temporary accommodation; ○ Warrants of entry and; ○ Interview/ Prosecution. <p>The procedure did not include sections relating to roles and responsibilities or</p>					

- Guidance on prioritisation of cases, using a standard risk-based approach;
- Processes and target timescales for responding to cases based on the priority assigned; and
- Reporting and monitoring of performance.

Flare system templates will be reviewed in conjunction with the development of the overarching procedure and use of these will be incorporated into the document, aided by the use of flow charts.

Once developed, other relevant departments will be consulted on its contents and the procedure will be subject to review and sign-off by the Head of Neighbourhood Services, and subsequently disseminated to relevant staff.

the reporting and monitoring of performance.

Through discussion with the Housing Regulation Manager, we were informed that there were no plans to update these sections into the procedure. We were told that the reason for this is that staff are aware of these given their job roles.

We confirmed that the job description for members of the Housing Regulation Team covered roles and responsibilities via the following sections:

- Responsibilities;
- Financial Responsibilities;
- Main purpose of job;
- Main accountabilities and;
- Person specification.

Responsibilities cannot be carried out without approval by the Chief Officer.

We were unable to confirm that the process for reporting and monitoring or performance was documented. If this is not known by all staff, there is the possibility of an

					inconsistent application of the process.					
5.2	The eight-week target timescale from receipt of a HMO application to decision to grant or refuse the licence will be incorporated into the Housing Regulation Procedure to be developed and published on the HMO licensing page on the Council website. Compliance against the target will then be monitored by the Housing Regulation Manager.	30 March 2018	Medium	1	Through discussion with the Housing Regulation Manager we were informed that the eight-week target timescale from receipt of applications to decisions to grant/ refuse was not documented anywhere. This was partially due to the low number of applications which are dealt with instantaneously (and therefore within eight weeks), and partially due to the transition to online applications. We were told that the move to online applications would alter this timescale, however there is no confirmation as to when this change will occur. We obtained a sample of five properties which had submitted applications for HMO licenses and confirmed that for all bar one of these, the application had been processed within the eight-week timescale. Through discussion with the Housing Regulation Assistant, we were informed that the delay for the remaining property was the result of difficulty obtaining information from the landlord.	3	The target timelines for the current process (eight-week target) and the future process (online applications) will be documented in order to provide clearly defined timescales for staff to adhere to and follow.	Low	31 December 2018	Amir Salarkia

Undefined timescales for responses may cause this process to be prolonged and so the applicant would be subject to the adverse impacts of this.

5.3	The current suite of indicators will be reviewed to ensure these meet the characteristics of effective performance measures.	30 March 2018	Medium	1	We confirmed that both the June and August 2018 Housing Regulation Team meeting minutes included reference to discussions surrounding flare reporting functionalities.	2	A continuous record of the monitoring of targets against indicators will be kept in order to provide detail on current performance, as well as progression of performance as per the targets.	Medium 31 December 2018	Amir Salarkia
	Once reviewed and agreed, targets will be agreed for each indicator, and performance reported against each target.				We were unable to confirm through minutes that the indicators were reviewed however we were informed that such conversations were not documented in the minutes. Supplementary documents outlined the targets which had been agreed against the indicators for one officer, along with detailed outcomes and completion dates.				
	Flare reporting functionalities will be reviewed to ensure performance can be accurately reported each quarter.				We were provided with the spreadsheet document used to monitor the target performance against indicators, however this was incomplete. We were informed that the process of monitoring targets is ongoing and the recording this is to begin shortly.				

If targets are not continuously monitored, the Housing Regulation Team may be unaware of underperformance and so reactive action would not be pursued.

ASSIGNMENT TITLE: Chalvey Early Years Centre (17/18)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
6.1	All assets identified by the Headteacher and Bursar above £200 that are not on the asset register (including those not purchased by the School, but received when the school moved into their current premises) will be manually entered onto the FMS SIMS asset register system.	30 July 2017	Medium	1	<p>We obtained a sample of the following five assets from the inventory checklist:</p> <ul style="list-style-type: none"> • A water tray valued at £400; • A bookcase valued at £325; • A train track valued at £200; • A paper drawer valued at £362 and; • A large cupboard with sliding doors valued at £339. <p>We confirmed that each of these items were present on the FMS SIMS asset register system.</p> <p>Through discussions with the Administrative Officer, we were informed that the process of adding assets with a value in excess of £200 to</p>	2	A review of all assets will be completed to ensure that all assets that are physically present onsite with a value in excess of £200 are recorded on the FMS SIMS asset register.	Low	31 December 2018	Diane Lister

the FMS SIMS asset register is ongoing.

Assets which are physically onsite yet not recorded on the asset register hinder the asset verification check and represents a risk in that capital equipment, unknown to staff, may be lost or stolen.

ASSIGNMENT TITLE: Neighbourhood Anti-Social Behaviour (ASB) Enforcement (17/18)

Ref	Management action	Original date	Original priority	Status reported to audit committee	Audit finding	Current status	Updated management action	Priority issued	Revised date	Owner responsible
7.1. a	Team Leaders will ensure that ASB cases are reviewed monthly, and following review and approval, and subsequent dissemination of the ASB Policy, that consistent application of the policy is monitored.	31 October 2017	Medium	1	Through discussion with the Neighbourhood Manager, we were informed that monthly ASB cases reviews were not being carried out monthly. There is a continued risk that cases will not be appropriately responded to without regular review.	3	Team Leaders will ensure that ASB cases are reviewed monthly. Please note – the original action has been split into 2 separate actions a) and b).	Medium	31 December 2018	Ian Blake
7.1. b	Team Leaders will ensure that ASB cases are reviewed monthly, and following review and approval, and subsequent dissemination of the ASB Policy, that consistent application of the policy is monitored.	31 October 2017	Medium	1	We obtained the ASB Policy and confirmed that it had been approved by the Neighbourhood and Communities Panel in April 2017. The policy was set for expected review in April 2018, however no meeting minutes nor policy updates relating to this were evident. Without appropriate approval and continued review,	3	The ASB policy will be reviewed and approved by the relevant authority, with a date for future review set and adhered to ensure the policy is up-to-date. Access to the policy will be granted to all	Medium	31 December 2018	Ian Blake

policies may provide incorrect information to users and set guidelines which may be outdated.

The ASB policy is available to staff via the shared drive.

staff by uploading it to the shared drive.

7.2. b	Council staff will be reminded of the need to record details of the notification on Flare within the notes for all ASB cases, to ensure a clear audit trail exists for reported ASB cases.	31 October 2017	Medium	1	We were informed by the Neighbourhood Manager that the Resilience and Enforcement Team does not review the recording of details on Flare whilst assigning cases.	3	As part of the process of assigning ASB cases, the Resilience and Enforcement Team will review the accurate recording of notifications and details on the Flare system.	Medium	31 December 2018	Ian Blake
	This will be reviewed by the Resilience and Enforcement Team Assistance when assigning cases to ensure the date of notification has been accurately recorded.				If notifications are incorrectly recorded/ not recorded, there is a risk that cases will not be responded to in a timely manner. The knock-on effect of this is that there may be a continued adverse impact on the complainants and reputational damage due to the perception that ASB enforcement is not taken seriously by the Council.					
7.3	The Policy and Fact Sheets will be re-circulated to all relevant staff, and they will be required to confirm that they have read and will comply with it.	31 October 2017	Medium	1	We obtained email evidence that the Policy and Fact Sheets were re-circulated to all relevant staff on 14/06/18, however there was no confirmation of receipt of the documents, having re-read the documents nor agreement to comply with the details of the documents.	3	All relevant members of staff will be asked to confirm the following: <ul style="list-style-type: none"> That they have received/ can access the ASB Policy and Fact Sheets; 	Medium	31 December 2018	Ian Blake
	Training covering policy application will be provided to ensure									

consistent understanding and application.

Furthermore, through discussion with the Neighbourhood Manager, we were informed that to the best of their knowledge, no training regarding policy application had taken place.

Without this confirmation, there is no assurance that the re-circulated Policy and Fact Sheets have been read or will be complied with and this can result in inconsistent/inadequate responses to ASB cases.

- That they have read these documents and;
- That they will comply with the details and guidelines within these documents.

APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high actions	Consideration of medium actions	Consideration of low actions
Good	> 75 percent	None outstanding	None outstanding	All low actions outstanding are in the process of being implemented
Reasonable	51 – 75 percent	None outstanding	75 percent of medium actions made are in the process of being implemented	75 percent of low actions made are in the process of being implemented
Little	30 – 50 percent	All high actions outstanding are in the process of being implemented	50 percent of medium actions made are in the process of being implemented	50 percent of low actions made are in the process of being implemented
Poor	< 30 percent	Unsatisfactory progress has been made to implement high actions	Unsatisfactory progress has been made to implement medium actions	Unsatisfactory progress has been made to implement low actions

APPENDIX B: SCOPE

Scope of the review

The internal audit assignment has been scoped to provide assurance on how Slough Borough Council manages the following objective:

Objective of the area under review

To ensure actions are implemented to improve the robustness of the control framework to mitigate potential risks

When planning the audit, the following areas for consideration and limitations were agreed:

Areas for consideration:

As part of this review, we will review a sample of Medium and High actions where the implementation date has passed, and assurance has been provided to the Risk and Insurance Officer that the actions have been implemented.

In addition, the sample selected includes those actions covered within Follow Up audits within previous years where actions were in the process of being implemented or had not been implemented and a revised date for completion was set and the implementation date had passed.

The purpose of the review is to provide assurance that sufficient evidence exists to confirm that actions made have been implemented.

The actions will cover the following audits:

- Holy Family Catholic School (17/18)
- Gas Servicing (17/18)
- Voids (17/18)
- Management of Housing Stock (17/18)
- Housing Regulation (17/18)
- Allocations (17/18)
- Chalvey Early Years Centre (17/18)
- Neighbourhood ASB Enforcement (17/18)

Limitations to the scope of the audit assignment:

- the review will not provide assurance over all actions (including Low actions) made within the reports referred to above, only the Medium and High actions.
- the review will only cover those actions where the implementation date has passed.

- where sufficient evidence cannot be provided to demonstrate that an action has been implemented, we will not be able to provide assurance that these actions have been implemented.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist

APPENDIX C: ACTIONS COMPLETED

From the testing conducted during this review we have found the following **Medium** category actions to have been fully implemented and are now closed:

Assignment title	Management actions
Holy Family Catholic School (17/18)	<p>The School will ensure a checklist is utilised to ensure relevant documentation is retained on employee personnel files including:</p> <ul style="list-style-type: none"> • The contract of employment, signed by the employee and the Chair/ Clerk and; • The Letter of appointment/ termination. (Medium)
Gas Servicing (17/18)	<p>The Council will request that Interserve provide commentary on RAMIS where any actions relating to the gas safety checks of properties have been undertaken.</p> <p>In addition, this practice will be adopted by Osbourne upon the commencement of the new contract in December 2017. (Medium)</p>
Gas Servicing (17/18)	<p>The Council will ensure that a signed copy of the Certificate of Service is uploaded to RAMIS for all properties where gas letter three has been issued and following this commentary will be input to RAMIS following any changes in the status of a property with warrants uploaded to RAMIS where they have been granted by a magistrate. (Medium)</p>
Management of Housing Stock (17/18)	<p>The requirement to log all mutual exchange/transfer cases on CSM will be reinforced to all Neighbourhood Services staff and this will be monitored to ensure compliance. (Medium)</p>
Chalvey Early Years Centre (17/18)	<p>All variances above £2000 (considered material) will be annotated with a comment to explain the variance. In addition, a percentage variance column will be added to the budget monitoring reports. (Medium)</p>

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