

<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>Report to:</b>	Audit and Governance Committee
<b>Date:</b>	27 June 2018
<b>Subject:</b>	Internal Audit Update
<b>Head of Service:</b>	Marc Jones, Head of Function (Resources) / S151 Officer 01248 752601 <a href="mailto:MarcJones@ynysmon.gov.uk">MarcJones@ynysmon.gov.uk</a>
<b>Report Author:</b>	Marion Pryor, Head of Audit and Risk 01248 752611 <a href="mailto:MarionPryor@ynysmon.gov.uk">MarionPryor@ynysmon.gov.uk</a>
<b>Nature and Reason for Reporting:</b> This report provides information on work carried out by Internal Audit since the last Committee meeting. It allows the Committee to monitor Internal Audit's performance and progress as well as providing summaries of Internal Audit reports so that the Committee can receive assurance on Council services and corporate areas.	

## 1. Introduction

1.1. The report provides an update as at 8 June 2018 on:

- Internal Audit reports [issued](#) since 16 April 2018
- [Follow up](#) of previous internal audit reports
- Implementation of [management actions](#)
- Progress in delivering the [Internal Audit Operational Plan 2017/18](#)
- Progress in delivering the [Internal Audit Operational Plan 2018/19](#)
- Reviewing the [Committee's terms of reference](#)

## 2. Recommendation

- 2.1. That the Audit and Governance Committee notes Internal Audit's latest progress in terms of its service delivery, assurance provision, reviews completed, performance and effectiveness in driving improvement and decides whether it needs any further assurance on audit reports.
- 2.2. That the Audit and Governance Committee approves the arrangements for the review of its terms and conditions.



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ISLE OF ANGLESEY  
COUNTY COUNCIL

# Internal Audit Update

June 2018

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**Marion Pryor BA MA CMIIA CPFA**  
**Head of Audit & Risk**

## Internal Audit reports recently issued

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1. This section provides an overview of recent Internal Audit reports, including the overall Assurance Rating and the number of Issues / Risks raised in the report's action plan.
2. We have finalised three reports in the period, summarised below:

Title	Assurance Level	Catastrophic	Major	Moderate	Minor	Total
Council's Preparation for General Data Protection Regulations (Full)	Limited	0	6	1	1	8
Recruitment and Retention of Foster Carers	Reasonable	0	1	5	0	6
Corporate Health & Safety	Reasonable	0	0	3	3	6

## Council's Preparation for General Data Protection Regulations (GDPR)

Limited Assurance	Risks / Issues	
	0	Catastrophic
	6	Major
	1	Moderate
	1	Minor

3. *In accordance with the Audit and Governance Committee's resolution with regards 'Limited Assurance' reports, I have provided a copy of the full report to members separately.*
4. This audit followed an interim audit undertaken earlier in the year on the preparedness of the Council for GDPR as at that date. The audit report in November 2017 provided **'Reasonable Assurance'** that the Council was on track to achieve compliance with GDPR by May 2018.
5. The purpose of this audit was to provide assurance of whether the Council had continued work implementing its plans and had undertaken enough work to be in a position of compliance with GDPR by 25 May 2018.
6. As at the beginning of May 2018, our review of the Corporate Implementation Plan and implementation of the five step Action Plan distributed to Heads of Service, confirmed that services had not demonstrated enough progress in completing all the actions and the Council would be unlikely to be able to report a position of full compliance by 25 May 2018.
7. In considering the lack of work carried out at the time of our visit, we were only able to provide **'Limited Assurance'** regarding the Council's preparations for the General Data Protection Regulations. This was primarily based on services not evidencing that they had implemented the actions required in the Action Plan in accordance with the target dates; the Council should have mapped its data and reviewed its privacy notices and policies by April 2018. In addition, the Council had not provided training to its high-risk services. We raised eight Issues / Risks for management action.
8. From information provided by the Corporate Information Governance Manager, it is likely that few public sector organisations will be 100 percent compliant by 25 May 2018 but it is vital that the Council is able to demonstrate to the ICO that reasonable steps have been taken towards GDPR compliance, which will be seen as positive and less likely to incur fines.
9. We will be undertaking a follow up visit during August 2018.

## Recruitment and Retention of Foster Carers

Reasonable Assurance	Risks / Issues	
	0	Catastrophic
	1	Major
	5	Moderate
0	Minor	

10. We undertook an audit of the recruitment and retention of foster carers within the Child Placement Team at the request of the Head of Service following the 'Invest to Save' programme, which ended in April 2016.
11. We were able to provide '**Reasonable Assurance**' for the Child Placement Team's recruitment and retention of foster carers as the service has comprehensive procedures and controls in place and in the absence of a current strategy, has an action plan in place to effectively manage service delivery.
12. However, it is currently failing to meet its targets due to capacity issues and there is a fragmented reporting framework. There is limited reporting of service activities to the Fostering Network, Fostering Panel and senior management, and as a result, oversight and accountability is limited. However, there is a plan to review the service and its reporting framework and its prospects for improvement are good.

## Corporate Health & Safety

Reasonable Assurance	Risks / Issues	
	0	Catastrophic
	0	Major
	3	Moderate
	3	Minor

13. Overall, the Council has established effective governance, policy and procedural arrangements and all staff have recently been made aware of their general health and safety responsibilities.
14. The Council has allocated and defined responsibilities and provides a corporate resource to support its services. Services have made adequate arrangements for managing their health and safety risks although some are not able to demonstrate that they assess risks associated with contractors.
15. Of note, is the significant work completed by the Learning Service to develop systems for managing health and safety to ensure that schools comply with health and safety regulation and guidance.
16. However, there is a risk that strategic direction will be lost due to the lack of corporate oversight and reporting. Without a high-level overview of health and safety performance, the Council will be unable to gain assurance of its effectiveness in managing risk and protecting people.
17. Training and awareness arrangements are adequate although, there is limited evidence that services communicate health and safety issues to staff on joining the Council. Similarly, newly elected members have not received any formal health and safety training, although a session is planned for June / July 2018.
18. Taking into account the above and the six Issues / Risks raised, we are able to provide '**Reasonable Assurance**' for the governance, risk management and control of health and safety within the Council.

## Follow up of previous Internal Audit reports

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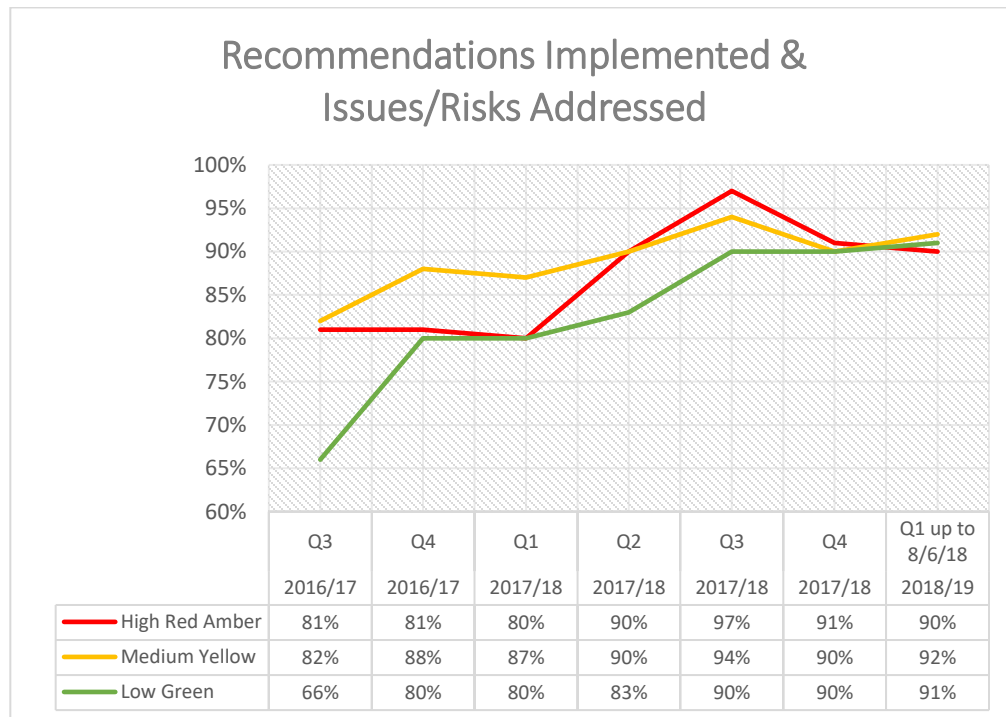
19. Currently, we follow up all reports with an assurance rating of 'Limited' or below.

20. There have been no follow up reviews due in the period, but six are scheduled over the next six months:

Title of Audit	Reason for Review	Date of Follow Up	Assurance Level	Catastrophic	Major	Moderate	Minor	Total
<b>Sundry Debtors</b>	First Follow Up	Jul-18	Limited	0	7	9	3	19
<b>Child Care Court Orders Under the Public Law Outline</b>	Second Follow Up	Jul-18	Limited	1	3	3	1	8
<b>Corporate Procurement Framework</b>	Second Follow Up	Jul-18	Limited	1	1	9	1	12
<b>Council's Preparation for GDPR</b>	First Follow Up	Aug-18	Limited	0	6	1	1	8
<b>Payment Card Industry Data Security Standard Compliance</b>	Second Follow Up	Oct-18	Limited	0	6	4	1	11
<b>System Controls - Logical Access and Segregation of Duties</b>	Third Follow Up	Dec-18	Limited	0	3	2	0	5

## Implementation of Management Actions

21. As part of the new internal audit approach, we have moved away from making recommendations to raising 'Issues' and 'Risks'. To encourage management to have ownership for the risks, we place the responsibility on them to develop the action to address the issues / risks we have identified.
22. To provide the Committee with trend information, the graph below highlights the performance in implementing the recommendations / addressing the risks:



23. As can be seen, the Council has steadily improved its performance over the last 17 months with a significant year-on-year improvement.
24. At the end of Quarter 3 of 2018/19, analysis of the outstanding Issues/Risks highlighted that managers assigned with implementing actions could extend the target implementation date without reference to Internal Audit. We withdrew this facility from managers and all requests for the date to be extended now have to be made to Internal Audit, who will consider the circumstances before agreeing to extend.
25. We expected that this would have an impact on the implementation rate and performance would worsen in the short-term and this is what we have seen. However, this is a more robust process for ensuring that risks are addressed and reduces the risk of 'drift'.
26. A more detailed report of all outstanding recommendations and Issues/Risks is made twice a year, with the next being in September 2018.



## **Progress in delivering the Internal Audit Operational Plan 2017/18**

27. Due to a significant slippage of work from 2016/17, the retirement of the Corporate Fraud Officer and the long-term absence and resignation of a Senior Auditor, the resource available to complete the Operational Plan for 2017/18 was significantly reduced and the plan was revised accordingly. The revised Plan has been delivered and some audits rolled-forward dependent on their priority. The outturn position is discussed in more detail in the Internal Audit Annual Report, which follows this update report.

## **Progress in delivering the Internal Audit Operational Plan 2018/19**

28. The current Plan is attached at [Appendix A](#). Although progress has been slow due to completing the 2017/18 Plan, carrying two vacancies and a long-term sickness absence, to date we have completed one Final Account Verification and commenced work in four areas:

- Primary Schools Thematic Review – Income Collection
- Deprivation of Liberty Safeguards
- Highways Contract Monitoring Arrangements
- Direct Payments

29. We are also involved in three ongoing investigations.

30. The Operational Plan has been revised in accordance with the revision to the Corporate Risk Register, approved by Senior Leadership Team on 12 February 2018.

31. The resource available to deliver the plan has significantly reduced due to the vacancies and the absence. I have managed this through reducing coverage, where possible, and use of the contingency, but there remains a shortfall of 50 days and it is unlikely that we will achieve 100% coverage of the Red and Amber Residual Risks in the Corporate Risk Register.

32. I will therefore further prioritise the plan to ensure that the areas of greatest risk to the organisation are covered first.

33. At the time of writing, we are waiting for approval from the Recruitment Panel to replace the two senior auditor posts and advertise the vacancies.

## **Audit and Governance Committee Terms of Reference**

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34. The Committee should periodically review its terms of reference for appropriateness. It last reviewed and approved its terms of reference in February 2015, with approval granted by the Executive in April and the County Council in May 2015.
35. In accordance with the Committee's Forward Work Programme, the terms of reference were due to be submitted to the Committee's September 2017 meeting. However, at this and subsequent meetings, the Committee approved the postponement of the review of the terms of reference until the publication of the new CIPFA guidance.
36. CIPFA published the new guidance in May 2018, which was circulated to members of the Audit and Governance Committee on 25 May 2018. Some members have asked to be part of the review of the terms of reference and a workshop is planned for June 2018.
37. Following that, it is anticipated that the terms of reference will be submitted for approval to the July 2018 meeting before being formally approved through the democratic process.

## Appendix A – Internal Audit Operational Plan 2018/19 (Following Quarter 3 Update of the Corporate Risk Register)

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
<b>CORPORATE-WIDE</b>								
Corporate	Business Continuity	Corporate Risk Register	C2 YM10	10	10			
Corporate	Welfare Reform	Corporate Risk Register	C2 YM11	10	10			
Corporate	Corporate Safeguarding	Corporate Risk Register	C1 YM12	10	10			
Corporate	Sickness Management	Corporate Risk Register	C2 YM29	15	0		Deleted due to Residual Risk reducing to D3	
Corporate	CONTEST (Countering Terrorism and Preventing Radicalisation)	Corporate Risk Register	E1 YM34	10	10			
Corporate	Payment Card Industry Data Security Standards (PCIDSS)	Corporate Risk Register	D1 YM41	10	10			Feb-19
Corporate	Risk Management	Limited assurance (August 2015). New process implemented October 2017.	n/a	10	5			
Corporate	Well-being of Future Generations Act	High-profile legislation that has a significant impact on the way the Council works. It is subject to	n/a	10	5			

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
		specific review by WAO.						
Corporate	Social Services and Well-being Act - Part 9 requirements	High-profile legislation that has a significant impact on the way the Council works. Extension from WG to implement pooled budgets.	n/a	10	5			
Corporate	Managing the Risk of Fraud	PSIAS requirement	n/a	20	10			
<b>RESOURCES</b>								
Resources	Recovery and Write-offs	Key Financial System - S151 concerns	n/a	15	15			
Resources	Income	Key Financial System - external audit assurance	n/a	20	15			
Resources	Payroll	Key Financial System - external audit assurance	n/a	20	15			
<b>COUNCIL BUSINESS</b>								
Legal Services	Land Registration	Corporate Risk Register	E2 YM33	10	0		Deleted due to Residual Risk decreasing from D1 (Amber) to E2 (Yellow).	
<b>TRANSFORMATION</b>								
ICT	IT Audit - Cyber Security	Corporate Risk Register	C1 YM35	15	15			

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
ICT	IT Audit - IT Infrastructure	Service Risk Register	D2 T2	10	10			
Corporate	Customer Care (including Cyswllt Môn)	Corporate Risk Register	C3 YM40	15	0		Deleted due to Residual Risk reducing from B3 (Amber) to C3 (Yellow).	
HR	Recruitment & Retention	Corporate Risk Register	C2 YM5	15	15			
<b>REGULATION &amp; ECONOMIC DEVELOPMENT</b>								
Regulation & Economic Development	Energy Island Programme (including major schemes such as Wylfa Newydd)	Corporate Risk Register	C2/D2 YM15 YM19/20	10	10			
Regulation & Economic Development	Leisure Services	Corporate Risk Register	B3 YM39	20	10			
Regulation & Economic Development	Leisure Services - Governance and Control	Head of Service Request - major structural changes	n/a	0	15		Carried forward from 2017/18	Sep-18
<b>HIGHWAYS, WASTE &amp; PROPERTY SERVICES</b>								
Highways	Car Park Services – Enforcement	New pilot in place from 2017/18 with external organisation for car parking enforcement.	n/a	20	15			
Highways	Highways Contract Monitoring Arrangements	Head of Service request	n/a	0	15		Carried forward from 2017/18	Sep-18

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
<b>HOUSING</b>								
Housing / Regulation & Economic Development	Council House Development	Corporate Risk Register	C1 YM 42	15	15			
Housing	Gypsies and Travellers (Requirements of the Housing Act 2014)	Corporate Risk Register	C2/A4 YM36/37	10	10			
<b>ADULT SERVICES</b>								
Adults	Deprivation of Liberty Safeguards	Corporate Risk Register	C2 YM32	15	15			Jul-18
Adults	Direct Payments	Head of Service request		0	10		Carried forward from 2017/18	Sep-18
<b>CHILDREN'S SERVICES</b>								
Children's	Integrated Service Delivery Board	Corporate Risk Register	C2 YM43	20	10			
<b>LEARNING</b>								
Learning	General Data Protection Regulations (GDPR) - Implementation within Schools	Corporate Risk Register	C2 YM38	10	10			
Learning	Primary Schools Thematic Reviews - Schools Income Collection	Head of Service request		0	20		Carried forward from 2017/18	Sep-18
Learning	Repairs and Maintenance of Schools	Head of Service (Highways, Waste & Property) request; Learning	D3 AD1	20	0		Carried forward from 2017/18. Deleted as planned change to devolve greater budget to schools did not go ahead.	

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
		Services Risk Register						
	<b>TOTAL AUDIT DAYS</b>			<b>375</b>	<b>315</b>			
<b>CHARGEABLE NON PROGRAMMED DAYS (PRODUCTIVE)</b>								
	Follow Up Work	Several limited assurance reports requiring follow up, includes reporting and administering 4Action		90	50			
	General Counter Fraud Work, National Fraud Initiative, enquiries and referrals			110	60			
	Closure of Previous Year's Work			20	38			
	<b>Grant Certification:</b> <ul style="list-style-type: none"> <li>School Uniform Grant</li> <li>Rent Smart Wales Grant</li> <li>Education Improvement Grant</li> <li>Pupil Development Grant</li> <li>Sixth Form &amp; Adult Continuing Learning</li> </ul>	Grant Requirement		25	10			
	Corporate consultancy			40	60			

Service / Section	Title	Reason for Inclusion	Corporate Risk Rating (Residual)	Original Approved Plan 2018/19	Revised Plan 2018/19	Actual Days as at 08/06/18	Notes / Q3 residual rating	Target Date to Report to Audit & Governance Committee
	Audit & Governance Committee, including training for members			40	40			
	Management Review			50	40			
	Contingency			100	5			
	<b>TOTAL</b>			<b>475</b>	<b>303</b>			
<b>NON CHARGEABLE DAYS (NON-PRODUCTIVE)</b>								
	Risk & Insurance			30	20			
	General Administration			60	40			
	Personal Development & Review, 121 & Team Meetings			35	30			
	Management, including liaison with External Audit and audit plan preparation			50	40			
	Leave, including annual, statutory, special and sick leave			250	345			
	Training and Development for staff, including induction and Welsh lessons			75	85			
	<b>TOTAL</b>			<b>500</b>	<b>560</b>			
	<b>TOTAL RESOURCE REQUIREMENT</b>			<b>1350</b>	<b>1178</b>			
	<b>RESOURCE AVAILABLE</b>			<b>1300</b>	<b>1129</b>			
	<b>RESOURCE SHORTFALL</b>			<b>-50</b>	<b>-50</b>			
	<b>PRODUCTIVITY</b>			<b>64%</b>	<b>53%</b>			



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<b>MEETING:</b>	<b>Audit and Governance Committee</b>
<b>DATE:</b>	<b>27 June 2018</b>
<b>SUBJECT:</b>	<b>Data Protection</b>
<b>HEAD OF SERVICE:</b>	<b>Lynn Ball</b>
<b>REPORT AUTHOR:</b>	<b>Patricia Noemi Diaz Huw Pierce Pritchard</b>
<b>NATURE AND REASON FOR REPORTING:</b> <b>New Data Protection 2018 legislation and implementation across all the Authority's Services.</b>	

## **1. INTRODUCTION**

This report is intended to provide a summary of the implementation of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018) referred to as "Data Protection Legislation" across all Services in the Authority up to the date of 25 May 2018. The report also presents a summary of developments between 25 May 2018 and 18 June 2018. In addition, a summary of the planned programme of compliance work for the next stage of development.

## **2. Performance to May 25 2018**

The Council is a large public authority with a wide range of complex personal data processing activities. The Council performs a wide range of tasks in the public interest and in response to a number of statutory drivers. This results in the processing of very sensitive personal data and bulk processing activities; the processing results in data protection risk.

The Council's Legal Services were required to develop a vision of what the legislation would look like in operation and develop a programme of work. It is necessary to consider that this work was developed in the absence of formal guidance from the UK Regulator.

The Corporate plan was summarised into a Five-Stage Plan, intended to assist the Council's Services to work towards compliance with the new legislation. The first stage of the Plan was rolled out in November 2017. The five stages of the plan were introduced incrementally so that Services had the opportunity to manage the implementation in stages. The stages were:

Stage 1 Tell People how we use their data.

- Stage 2 Know what we do and why.
- Stage 3 Keep accurate evidence for as long as it's needed.
- Stage 4 All our policies and processes will be compliant.
- Stage 5 Training

The headings of the stages mask the complexity of the tasks required to implement the Corporate Plan. The new legislation required the development of processes, in addition to policies, which impact on the way the Council operates and how it interacts with its customers and others. The Five Stages, if implemented in a timely manner, provided a sound foundation for implementation and operation of the legislation. All work carried out by each Service was saved to a separate dedicated drive within the Council Network.

The matrix below summarises the position on 25 May 2018 in respect of the scheduled plan.

Legal Services has developed appropriate processes and policies in order to comply with the legislation and develop the culture of compliance within Services.

#### Processes:

- Data Protection Impact Assessment Process
- Data Processing Agreement Process
- Data Breach Procedure
- Data Protection Compliance Accountability Classification Scheme
- Data Protection Complaints Management Process

#### Policies and Guidance

The following policies and guidance documents have been developed:

- Amended Data Processing Agreement documentation
- Data Protection Corporate Policy - (new)
- Corporate Privacy Notice - (new)
- Web Privacy policy - (new)
- Data Retention Schedules Guidance notes for staff (new)
- Data Subject Access request form in the public domain - (new)
- Data Subject Access request policy (for staff only) - (new)
- Data Subject Access guidance notes (for staff only) – (new)
- Data breach letter templates (data subjects and ICO) – (new)
- Data Protection Impact Assessment (DPIA) documentation
- DPIA Guidance Notes (staff only) – (new)
- Sensitive Personal Data Processing Policy
- Appointing Data Processors Policy
- Data Security Incidents Policy

**Table 1:** The Matrix below summarises the position on 25 May 2018 in respect of the scheduled plan.

	Declaration of Compliance signed	Fair Processing Notice	Article 30 Spreadsheet
<b>Resources</b>	Yes	✓	✓
<b>Council Business</b>	Yes	✓	✓
<b>Education</b>	Yes	✓	✓
<b>Adult Services</b>	No	✓	✓ (draft received)
<b>Children's Services</b>	No	✓	✓ (draft received)
<b>Highways, Waste and Property</b>	Yes	✓	✓
<b>Economic Development</b>	Yes	✓	✓
<b>Housing</b>	No	✓	✓
<b>Transformation</b>	Yes	✓	✓
<b>Legal Services</b>			
		1	2
		STAGE 1/CAM 1	STAGE 2/CAM 2

### 3. Work Plan (post May 25 2018)

Whereas the focus of attention has been on compliance with the Five Stage Plan, the Council is now moving towards ensuring that each Service is able to demonstrate accountability for lawful processing of personal data and of compliance with the new legislation. This will involve Legal Services working with each Service to ensure that the new processes introduced are effectively applied. Monitoring activities is essential.

As part of the due diligence checks, it is essential that high risk Services: Adults and Children Services, Education and Housing take priority. All Services' evidence and submissions pre-May 2018 were delayed so significant work needs to be done in the next couple of months to ensure these Services' systems are sufficiently robust to demonstrate compliance in a sustainable way.

Finance Service is a medium to high risk and therefore needs to be monitored closely due to the personal information held on benefits and council tax. It needs to be said that this Service has submitted the required information for all stages in a timely manner.

**Table 2:** Workplan summary

Priority	Tasks	To be completed by end of
High	Ensure all Heads of Service are notified when there is a data breach and that they ensure all their staff are made aware of how to report this internally.	June 2018
High	Due diligence checks on Stage 1 to Stage 3 across all Services and review of internal new Services' policies.	July 2018 (annually)
High	Identification of specialised training and development requirements on Data Protection for staff who need this. Especially high risk Services processing sensitive personal data working with vulnerable adults, children and young people.	June 2018
	Delivery of Specialised Data Protection Training	During July and August 2018
High	To address data protection risks that arise from existing contracts and to ensure that the new Data Processing Agreement is used consistently.	July and August 2018 (bi-annually)
High	For all Policies relevant to Data Protection (including those with cross cutting themes in Data Protection) to be reviewed and updated.	July 2018 (annually)
Medium - High	To assist all Services with Data Protection queries as these arise.	June 2018 onwards
Medium	Internal Audit to be performed on Data Protection Legislation compliance.	August and September 2018 (annually)
Medium	To explore the setup of a Data Protection working group with representation from each Service. This is so the concept and compliance with Data Protection is embedded across the board consistently and with regular reports corporately and within each Service.	By October 2018 onwards
Medium	To organise a timetable of informal and structured sessions with staff on Data Protection. From 1 hour surgeries weekly to a Data Protection seminar once a year.	August 2018 onwards
Medium	Maintenance of register of sensitive queries and data breach incidents and reporting of these to SLT on a monthly basis. Development of Key Performance Indicators Development of Audit and Compliance Monitoring Plan Quality Assurance of Stage 1-3 work.	June 2018 onwards

Legal Services, June 2018.