

GLASGOW CITY COUNCIL INTERNAL AUDIT SECTION

COMMITTEE SUMMARY

Item 2(c)

5th August 2020

Title of the Audit: Corporate Review – Establishment Visits

1. Introduction

1.1 As part of the agreed Internal Audit Plan we have carried out a number of unannounced spot checks at establishments. Depending on the services delivered at each location, these can include reviews of physical security, information security, health and safety and cash management (including school funds).

1.2 We have carried out spot checks at a sample of 15 establishments across five Council Services:

- Development and Regeneration Services (DRS)
- Education Services (EDS)
- Financial Services (FS)
- Neighbourhoods and Sustainability (NS)
- Social Work Services (SWS)

1.3 The purpose of the audit was to assess the controls in place across the different themes noted above (where applicable), and the effectiveness of these at each of the locations visited.

2. Audit Opinion

2.1 Based on the audit work carried out a reasonable level of assurance can be placed upon the control environment. The audit has identified some scope for improvement in the existing arrangements and 10 recommendations which management should address.

3. Main Findings

Physical Security

3.1 Some key controls in relation to physical security were in place and operating effectively at the establishments visited as part of the audit.

3.2 We did however identify some instances where controls in relation to physical security could be strengthened. We were not asked to present identification upon arrival at six of the establishments, although this was addressed with management at the time of the visit. Furthermore we identified two establishments where we had been able to gain entry to the premises unchallenged, and two further establishments where external doors which should be secured were wedged open.

3.3 At one establishment keys for the secure area were held in an open drawer, though we were advised that the office was locked when not in use. At another, sensitive information was held in drawers or cabinets that were not secure; in addition at this establishment there was no suitable alarm system. It was also determined at one establishment that office doors were not locked when left unattended, though drawers and filing cabinets were locked and no sensitive data was left out at the time of the visit.

3.4 At two establishments there was no signage to advise that CCTV was in operation. At one of these establishments three of the eight CCTV cameras were not working, although this had been reported and the establishment was awaiting a repair.

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Information Security

3.5 We found that some key controls are in place and the establishment managers we met during the course of the audit demonstrated an awareness of the Council's Policies in relation to Information Security. Staff at each of the establishments advised that they had been made aware of the key requirements of the Council's Information Security Policy through corporate communications, and that these had been reinforced through annual Information Security training.

3.6 However, we did encounter some instances across the Services reviewed where compliance with the controls could be improved. At three establishments hard copy personal information was not held securely, though buildings were locked out of hours.

3.7 We also noted at two establishments IT equipment no longer in use was held securely, however in order to follow correct processes this should have been returned to CGI, the Council's IT provider, in order to be repurposed or disposed of. Furthermore at two other establishments laptops were not locked away when not in use and at one of these the process in place to track the use of pool laptops was not being followed.

Health and Safety

3.8 In general most of the controls in relation to Health and Safety were in place and operating effectively. All establishments advised that they were aware of the corporate Health and Safety Policy and that this, along with other Health and Safety related communications, had been cascaded to establishments on a regular basis. We also observed at each

of the locations that fire exits were free from any unnecessary obstruction

3.9 At three establishments we found that the fire risk assessment was overdue or that the records could not be located by staff at the time of the visit, though staff advised that these had been completed. Furthermore at one establishment the fire risk assessments had not been completed, this was raised and we were advised would be addressed. In a further establishment there was no fire risk assessment or fire evacuation plans, management informed us that plans were in place to decant staff to an alternative location.

3.10 In relation to training it was noted at four establishments that the records did not show a trained fire warden onsite, in addition at two establishments there was no record to show a fully qualified first aider was onsite.

Cash Management (including school funds)

3.11 Of the 15 establishments visited, 10 held cash, including school funds, cash floats and petty cash for incidental purchases. During our visits we identified some instances across Services where compliance with the controls could be improved. At one DRS locations we were not asked for ID before being granted access to cash.

3.12 We noted at two EDS locations that the supporting documentation required under the financial procedures (e.g. record cards and receipts), was not always completed correctly. In two other EDS establishments the officer who managed the funds was not onsite and we could not gain access to the fund record; we could therefore not verify the cash held matched the corresponding records.

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- 3.13 At one establishment funds are transported to the bank by a single officer. At another, we found a cheque was held that was dated over a month before the date of the visit, suggesting that banking is not carried out on a regular basis
- 3.14 An action plan is provided at section four outlining our observations, risks and recommendations. We have made 10 recommendations. The priority of each recommendation is:

Priority	Definition	Total
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	2
Medium	Less critically important controls absent, not being operated as designed or could be improved.	8
Low	Lower level controls absent, not being operated as designed or could be improved.	0
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.	0

- 3.17 It is recommended that the Head of Audit and Inspection submits a further report to Committee on the implementation of the actions contained in the attached Action Plan.

- 3.15 The audit has been undertaken in accordance with the Public Sector Internal Audit Standards.
- 3.16 We would like to thank officers involved in this audit for their cooperation and assistance.

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No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Access to internal and external areas is prevented through controlled entry systems and access is monitored and challenged as necessary.				
1	<p>At six of the 15 establishments reviewed, across four services (DRS, EDS, FS and NS) we were not asked to provide identification on arrival.</p> <p>At one EDS establishment we were able to access the premises unchallenged before proceeding to the reception. This was raised with the Head Teacher who advised that the school was currently undergoing a refurbishment and this issue would be rectified upon completion.</p> <p>At another EDS establishment a fire exit was wedged open, this door was used for children to enter the building after break but at the time all the children were back in class. At an NS establishment the back door was left open.</p> <p>At one EDS establishment the office doors were not locked when left unattended, although we found that sensitive information and cash was held securely in the office at the time of the visit.</p> <p>At one FS establishment auditors were able to gain access by tailgating a</p>	<p>Services should explore if improvements could be made to improve compliance with the Council's physical security requirements.</p> <p>Services should ensure that appropriate action is taken where instances of non-compliance are found.</p>	Medium	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded of physical security requirements and to cascade to staff</p> <p>FS – This is a mixed occupancy building shared with SWS, FS and Glasgow Life. At present, there is no space available to accommodate a reception to greet visitors. FS have confirmed our requirement to Property and Land Services for a reception area.</p> <p>NS – Staff on site have been reminded of the importance of ensuring premises are secure.</p> <p>SWS – We are due to close the base in question. This has been delayed due to the current COVID pandemic once this situation changes we shall move into the new premises.</p> <p>Officer Responsible for Implementation:</p> <p>EDS – Head of Establishment</p>

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	<p>delivery driver. This was raised with the Operations Delivery Manager who advised that there is currently no reception at the location but there is a plan to put one in place.</p> <p>In addition at one SWS establishment the building was not alarmed.</p> <p>Without the necessary security controls in place there is an increased risk that access is granted to unauthorised personnel which may go unnoticed and unchallenged.</p>			<p>FS – Operations Delivery Manager</p> <p>NS – Safety and Resilience Manager</p> <p>SWS - Head of Care Services</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p> <p>FS – Complete</p> <p>NS – 30 June 2020</p> <p>SWS – 30 November 2020 (dependent on Covid-19 situation)</p>

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2	<p>We found that key storage arrangements could be strengthened at one establishment.</p> <p>At an EDS establishment the key for the strong room, where cash and sensitive information was stored, was held in an open drawer in the school office as lockable drawers were not available. We were advised that the office is locked when not staffed.</p> <p>Without adequate lockable cabinets there is an increased risk of unauthorised access to cash held onsite and personal/sensitive information.</p>	<p>Services should ensure that all sensitive data and cash held by establishments is appropriately secured.</p> <p>Where appropriate secure, lockable cabinets should be put in place.</p>	Medium	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded of the requirement for safe storage of data and cash and instructed to cascade to staff in their area.</p> <p>Officer Responsible for Implementation:</p> <p>Heads of Establishment</p> <p>Timescale for Implementation:</p> <p>31 August 2020</p>

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Key Control: Establishments are fully compliant with rules and regulations.				
3	<p>We found that the CCTV arrangements could be improved at three locations.</p> <p>At two EDS establishment we found that although CCTV was in operation there was no signage in place to inform members of the public that they were being recorded.</p> <p>There was also one EDS establishment where there was no CCTV in operation.</p> <p>There is therefore an increased risk that unauthorised access may not be detected and, where CCTV is in operation, the Council is not fully compliant with data protection requirements.</p>	<p>EDS should liaise with Property and Land Services (PALS) to initiate the review of CCTV requirements at establishments and determine whether CCTV is required at sites which do not have this installed, with appropriate action taken thereafter.</p>	Medium	<p>Response:</p> <p>EDS – Officers will liaise with PALS to determine the CCTV requirements.</p> <p>Officer Responsible for Implementation:</p> <p>EDS – Service Development Officer</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p>

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Key Control: Establishments are aware and are complying with the requirements of the Council's Information Security Policy				
4	<p>We found that the arrangements in place for the management of hard copy documents could be improved at three of the sites visited.</p> <p>At an SWS establishment files containing sensitive information were held in drawers or cabinets where the locks were broken.</p> <p>At one NS establishment the multi-functional device (MFD) is held on the customer side of the reception and at the time of the visit personal information was left on the device.</p> <p>Without the appropriate controls in place for the management of hard copy data there is an increased risk that data could be accessed by unauthorised individuals</p>	<p>SWS and NS management should ensure that staff are reminded of their information security responsibilities, particularly around the management of hard copy data. This should include guidance on the arrangements relating to the secure storage of hard copy data and the steps to be followed when taking hard copy information offsite.</p>	Medium	<p>Response:</p> <p>NS – All NS staff were advised by email in February 2020 that the Council had updated its Information Security Staff Guidelines. The summary included in the email made specific reference to security around the use of MyPrint. This will be communicated once again via the next scheduled joint information/physical security briefing.</p> <p>SWS – We are due to close the base in question. This has been delayed due to the current COVID pandemic once this situation changes we shall move into the new premises.</p> <p>Officer Responsible for Implementation: NS – Corporate Support Manager</p> <p>SWS – Head of Care Services</p> <p>Timescale for Implementation: NS – 30 June 2020</p> <p>SWS – 30 November 2020 (dependent on Covid-19 situation)</p>

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Key Control: The Council's information security policy is followed in relation to IT equipment.				
5	<p>We identified that at two establishments that the management of IT equipment was not in line with procedures.</p> <p>At one EDS establishment and one NS establishment we found that old IT equipment, that was no longer in use, was still held at the establishments. It was held securely, however all unused IT equipment should be returned to CGI, via the Equipment Collection – Asset Replacement (ECAR) process.</p> <p>There is an increased risk that IT equipment and data will be lost if unused equipment continues to be held.</p>	<p>The establishments noted should ensure that ECAR forms are completed and that all unused IT equipment is uplifted in line with procedure.</p> <p>Furthermore EDS and NS should remind establishments that any unused IT equipment should be returned to CGI, to be repurposed or disposed of appropriately.</p>	Medium	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded of the Information Security requirements and for appropriate uplift of unused IT equipment and to cascade to staff in their area</p> <p>NS – The Council's updated Information Security Staff Guidelines, communicated to all NS staff in February 2020, contains guidance on the management and protection of IT assets, including the requirement to return unused equipment to CGI via the Corporate Leavers Process. Managers will be reminded of this in the next scheduled joint information/physical security briefing.</p> <p>Officer Responsible for Implementation:</p> <p>EDS – Head of Establishment</p> <p>NS – Corporate Support Manager</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p> <p>NS – 30 June 2020</p>

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Key Control: The Council's information security policy is followed in relation to IT equipment.				
6	<p>We identified at two establishments that processes for the management of laptops should be strengthened.</p> <p>At one EDS establishment we found that laptops were held in an open trolley within an open cupboard. In addition the sheet attached which should have been used to track the laptops had not been used. Laptops were in use throughout the school but had not been signed out.</p> <p>At one NS establishment laptops are not locked away when the room is not in use. However the room is locked and alarmed.</p> <p>Without the secure storage of moveable hardware there is an increased risk of loss or theft.</p>	<p>EDS Management should determine if improvements could be made to the arrangements in place for the arrangements of pool laptops. Laptops should be held securely when not use.</p> <p>NS should ensure that laptops are securely held when the rooms are not in use.</p>	Medium	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded of the Information Security requirements and for appropriate storage arrangements IT equipment and to cascade to staff in their area</p> <p>NS – The Council's updated Information Security Staff Guidelines, communicated to all NS staff in February 2020, contains guidance on the management and protection of IT assets, including general security in the office. This will be communicated once again via a joint information/physical security briefing.</p> <p>Officer Responsible for Implementation:</p> <p>EDS – Head of Establishment</p> <p>NS – Corporate Support Manager</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p> <p>NS – 30 June 2020</p>

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Key Control: Health and Safety management standards have been developed and are being adhered to.				
7	<p>Through review of training records we identified the following anomalies in relation to management standards:</p> <ul style="list-style-type: none"> • For two EDS establishments there was no trained fire warden onsite as training had expired. • At one further EDS establishment and an SWS establishment no trained fire warden or first aider was onsite. <p>Without suitably qualified staff there is an increased health and safety related incidents may not be appropriately handled.</p>	<p>Services should ensure that arrangements are in place so that there are suitably qualified staff, for health and safety related issues, at each establishment.</p>	High	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded of the requirement for appropriately trained staff for H&S related issues.</p> <p>SWS – We are due to close the base in question. This has been delayed due to the current COVID pandemic once this situation changes we shall move into the new premises.</p> <p>Officer Responsible for Implementation:</p> <p>SWS – Head of Care Services</p> <p>EDS – Head of Establishment</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p> <p>SWS – 30 November 2020 (dependent on Covid-19 situation)</p>

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Key Control: Health and Safety management standards have been developed and are being adhered to.				
8	<p>We identified weaknesses in the fire safety records at six establishments.</p> <p>At two EDS establishments we could not verify that an up to date fire risk assessment was in place as the paperwork could not be located by staff at the time of the visit. At establishments we were advised that it had been carried out. At another EDS establishment the fire risk assessment was one month overdue, the Head Teacher advised it would be carried out immediately.</p> <p>Through discussion with staff at one NS establishment and one SWS establishment there were inadequate records for fire safety, this includes the fire risk assessment and fire evacuation plans.</p> <p>There is an increased fire safety risk to staff and visitors without complete fire safety assessments.</p>	<p>EDS Management should ensure that establishments maintain up to date fire risk assessments and ensure that paperwork is readily available.</p> <p>NS and SWS should ensure that all establishments are aware of the fire safety requirements of the service and that a fire risk assessment is carried out annually and fire evacuation plans are clearly displayed throughout the building.</p>	High	<p>Response:</p> <p>EDS – Heads of Establishment will be reminded to ensure that fire risk assessments and evacuation plans are maintained and available.</p> <p>NS – Fire Risk Assessment and evacuation plans now in place.</p> <p>SWS – We are due to close the base in question. This has been delayed due to the current COVID pandemic once this situation changes we shall move into the new premises.</p> <p>Officer Responsible for Implementation:</p> <p>EDS – Head of Establishment</p> <p>NS – Safety and Resilience Manager</p> <p>SWS – Head of Care Services</p> <p>Timescale for Implementation:</p> <p>EDS – 31 August 2020</p> <p>NS – Complete</p> <p>SWS – 30 November 2020 (dependent on Covid-19 situation)</p>

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Key Control: Suitable arrangements are in place for the management of cash and staff are aware of their roles and responsibilities in relation to these.				
9	<p>It is recommended practice that two members of staff take cash to the bank. At one EDS establishment we were advised that one member of staff would go to the bank to complete the banking process.</p> <p>In addition at a second establishment there was a cheque that was dated over a month prior to the visit. Cheques should be taken to the bank along with the banking which should be carried out on at least a weekly basis, per Management Circular No.23.</p> <p>There is an increased risk of misappropriation or loss of funds if the banking process is not followed.</p>	EDS should ensure that staff are aware of the requirements of management circular no. 23 in relation to banking.	Medium	<p>Response:</p> <p>Heads of Establishment will be reminded to ensure that the requirements of MC23 in relation to banking are adhered to.</p> <p>Officer Responsible for Implementation:</p> <p>Head of Establishment</p> <p>Timescale for Implementation:</p> <p>31 August 2020</p>

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10	<p>We identified two EDS establishments where the record keeping should be improved.</p> <p>At one EDS establishment through a review of the school fund paperwork, we found that this was not always countersigned.</p> <p>At another two EDS establishments we were unable to verify the cash held matched the funds records as the member of staff who had responsibility for the funds was not onsite.</p> <p>Without full and complete paperwork available there is an increased risk that funds are not managed appropriately.</p>	<p>EDS establishments should ensure that records for management of cash are countersigned and stored appropriately so that they can be accessed if required when the responsible officer is not available.</p>	Medium	<p>Response:</p> <p>Heads of Establishment will be reminded to ensure that the requirements of MC23 in relation to banking are adhered to.</p> <p>Officer Responsible for Implementation:</p> <p>Head of Establishment</p> <p>Timescale for Implementation:</p> <p>31 August 2020</p>