Governance and Audit Committee

Item **10**

21 January 2020

Report of	**Assistant Director of Corporate & Improvement Services**	**Author**	**Hayley McGrath ☎ 508902**
Title	**Mid-Year Internal Audit Assurance Report 2019/20**		
Wards affected	Not applicable		

1.0 Executive Summary

1.1 This report summarises the performance of Internal Audit, and details the audits undertaken, between 1 April and 30 September 2019.

1.2 The audit plan consists of a mix of regularity, systems and probity audits, and reports are generated for all audits carried out. This report has been designed to show:

- Summary information concerning audits finalised in the period receiving a 'Full' or 'Substantial' assurance rating and more detailed information on those audits receiving a 'Limited' or 'No' assurance rating.
- The effectiveness of the Internal Audit provider in delivering the service.

1.3 The key messages are:

- An effective internal audit service was provided during the first half of the 2019/20 financial year.
- The Security of Premises visits to Hollytrees Museum, the Castle and the Town Hall; Council Tax; Housing Benefits and Local Tax Support Scheme; and the Market site visits audits have achieved a 'Full' assurance rating.
- 18 priority 1, 55 priority 2 and seven priority 3 recommendations have been made. All recommendations have been accepted by management.
- There is good progress made in implementing and verifying outstanding recommendations.

2.0 Recommended Decision

2.1 To review and comment on:

- Internal audit activity for the period 1 April – 30 September 2019.
- Performance of internal audit by reference to national best practice benchmarks.

3.0 Reason for Recommended Decision

3.1. The Accounts and Audit Regulations 2015 require that 'A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'. Internal audit is a key element of the Council's corporate governance framework. Robust implementation of audit recommendations gives assurance to members and management that services are operating effectively, efficiently and economically and in accordance with legislative requirements and professional standards.

4.0 Alternative Options

4.1 None.

5.0 Background Information

5.1 Summary of Audits Finalised During the Period

During the period 1 April to 30 September 2019 a total of 23 audits have been finalised. There was no previous audit against which a change of assurance level could be assessed in 12 cases, including two where no assurance rating was given. Five audits increased their assurance rating, one audit decreased its assurance rating and in the remaining five cases, the audits remained at the same level.

Audit	Assurance Level	Change in Level	Priority of Recommendations			
			1	2	3	Agreed
501 - Food Control	Substantial	►	0	1	0	1
503 - Purchasing Cards	Substantial	▲	0	4	0	4
504 - Recruitment and Retention	Substantial	N/A	0	3	1	4
505 - Procurement / Purchasing	Limited	►	4	5	0	9
507 - Council Tax	Full	►	0	0	0	0
508 - Housing Benefit and Local Tax Support Scheme	Full	►	0	0	0	0
519 - Animal / Pest Control	Substantial	▲	0	2	0	2
520 - Waste Management	Limited	►	1	3	0	4
521 - Security of Premises – Hollytrees Museum	Full	▲	0	0	0	0
522 - Site Cash Up – Colchester Castle	Full	▲	0	0	0	0
523 - Access Cards	Substantial	N/A	0	3	1	4
524 - Engagement of Consultants / Specialists	Limited	N/A	0	1	0	1
525 – Allotments	Substantial	N/A	0	2	0	2
526 – Helpline	Limited	▼	0	9	1	10
528 - PCNs and MiPermit	Limited	N/A	2	7	0	9
530 - KPI - Missed Bins	N/A	N/A	0	1	0	1
531 - KPI - Homelessness	N/A	N/A	0	2	1	3
532 – Security of Premises – Museum Resource Centre	Substantial	N/A	0	2	0	2
533 – Security of Premises – Town Hall	Full	N/A	0	0	0	0
534 – Market Site Visit	Full	▲	0	0	0	0
537 – GDPR Readiness Review	Limited	N/A	2	3	1	6
538 – IT e-Financials Application	Limited	N/A	6	4	2	12
539 – IT Social Media	Limited	N/A	3	3	0	6

5.2 Use of Audit Resources:

	Days	%
Audit days delivered April – September 2019	109	34
Audit days remaining	214	66
	323	**100%**

5.2.1 The number of days delivered is in line with the profiled plan. A larger proportion of the plan is delivered in the second half of the year as they relate to key financial control and governance audits which impact on the annual Head of Internal audit Opinion and the Annual Governance Statement.

5.3 Status of all recommendations as at 30 September 2019:

5.3.1 Following the completion of each audit, a report is issued to management, incorporating recommendations for improvement in controls and management's response to those recommendations.

5.3.2 The table below provides a breakdown of the outstanding recommendations as at the 30 September 2019.

	Outstanding Recommendations That Are:			
Date	**Implemented & Verified**	**Awaiting Verification**	**Not Due**	**Overdue**
30/09/19	81	47	38	0

5.3.3 Progress in following up recommendations has continued throughout the period with revised lists of recommendations provided to the Assistant Directors to enable them to confirm that they have been implemented and for Internal Audit to verify.

5.3.4 Priority continues to be given to those awarded a higher priority rating and/or those that have been outstanding the longest, and work continues with management to arrange for them to be verified and cleared down.

5.3.5 Of the 47 recommendations that are awaiting verification 23 of them relate to IT audits.

5.3.6 The "not due" recommendation include those relating to the annual managed audit where it has been agreed that they will be formally followed up as part of the next audit.

5.4 Performance of Internal Audit 2019/20 to date – Key Performance Indicators (KPIs):

KPI	Target	Actual
Efficiency:		
Percentage of annual plan completed (to at least draft report stage)*	**35%**	**34%**
Average days between exit meeting and issue of draft report	**10 max**	**6.6**
Average days between receipt of management response and issue of final report	**10 max**	**0.7**
Quality:		
Meets Public Sector Internal Audit Standards	**Positive**	**Positive**
Results of Client Satisfaction Questionnaires (Score out of 10)	**7.8**	**9.3**
Percentage of all recommendations agreed	**96%**	**100%**

* As noted in 5.2.1, the audit plan is profiled towards the second half of the year.

5.4.1 The key performance indicators show that the internal audit provider is successfully meeting or exceeding the standards set.

5.5 Colchester Borough Homes Limited

5.5.1 Colchester Borough Homes Limited has its own agreed audit plan which is administered by Mazars LLP, who are also the Council's auditors. The coverage of the plan, and the scope of the audits, is decided by Colchester Borough Homes Limited and in general the audits do not affect the systems operated by the Council.

5.5.2 However, there are a small number of audits that, whilst they are carried out for either Colchester Borough Homes Limited or the Council, have a direct relevance and impact on the other organisation and in these circumstances it is appropriate that the results of the audit are reported to both organisations. These are known as joint audits.

5.5.3 The Access Cards audit has been completed. The audit result was a substantial assurance rating with three priority 2 and one priority 1 recommendations being raised.

6.0 Strategic Plan Implications

6.1 The audit plan has been set with due regard to the identified key strategic risks to the Council and the objectives of the strategic plan to be vibrant, prosperous, thriving and welcoming. Therefore, the audit work ensures the effectiveness of the processes required to achieve the strategic objectives.

7.0 Risk Management Implications

7.1 The failure to implement recommendations may have an effect on the ability of the Council to control its risks and therefore the recommendations that are still outstanding should be incorporated into the risk management process.

8.0 Environmental and Sustainability Implications

8.1 There are no environmental or sustainability implications as a result of this report.

9.0 Other Standard References

9.1 There are no direct Publicity, Financial, Consultation, Equality, Diversity, Human Rights, Community Safety or Health and Safety implications as a result of this report.

Appendix 1
Key to Assurance Levels

Assurance Gradings

Internal Audit classifies internal audit assurance over four categories, defined as follows:

Assurance Level	Evaluation and Testing Conclusion
Full	There is a sound system of internal control designed to achieve the client's objectives. The control processes tested are being consistently applied.
Substantial	While there is a basically sound system of internal control, there are weaknesses, which put some of the client's objectives at risk. There is evidence that the level of non-compliance with some of the control processes may put some of the client's objectives at risk.
Limited	Weaknesses in the system of internal controls are such as to put the client's objectives at risk. The level of non-compliance puts the client's objectives at risk.
No	Control processes are generally weak leaving the processes/systems open to significant error or abuse. Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Recommendation Gradings

Internal Audit categories recommendations according to their level of priority as follows:

Priority Level	Staff Consulted
1	Major issue for the attention of senior management and the Governance and Audit Committee.
2	Important issues to be addressed by management in their areas of responsibility
3	Minor issues resolved on site with local management.

Appendix 2

Summary of Audits with a Limited Assurance Rating:

			Priority of Recommendations			
505 – Procurement / Purchasing	**Days**	**Assurance**	**1**	**2**	**3**	**Agreed**
	15	**Limited**	4	5	0	9

Scope of Audit: This review examined the following areas:

- Strategy, Policies and Procedures;
- Value for Money and Joint Working;
- Compliance with Contract Procedure Rules,Supplier Lists, Quotations, Tenders; and
- Retention of Documentation.

Key Outcomes: The recommendations resulting from this review are summarised below.

- The Council should analyse cumulative expenditure across all of the service areas in order to identify trends and possible opportunities for collaborative procurement. (1)
- A paper on risks and opportunities should be presented to the Council's Senior Management Team around collaborative working and joint procurement. As part of this process the benefits of collaborative working should be embedded within the Council as a means of achieving greater value for money. (1)
- The Council should analyse cumulative expenditure by supplier on a quarterly basis in order to identify cases where overall expenditure could potentially indicate that a contract tender exercise is required / should be considered. These cases should be followed up to ensure that the correct procurement processes are being followed, in-line with the CPR, and to verify that economies of scale are identified to help achieve value for money. The Contracts Register should be reviewed as part of the analysis to identify contracts that have expired or are due to expire. (1)
- The Contracts Register should be reviewed and updated with the details of all contracts in place at the Council. Staff should be reminded to inform the Procurement Team of any contracts so that the Register can be updated. (1)
- The Council's Procurement Strategy (the Strategy) should be revised to take into account the content of the National Procurement Strategy for England 2018 published by the Local Government Association which includes the performance spectrum whereby local authorities can assess themselves under each criteria as developing or a leader. Prior to formal ratification the revised Strategy should be subject to review by the Interim Assistant Director, Corporate & Policy. The approved Strategy should be disseminated to service managers to help embed it throughout the Council. (2)
- A Training Needs Analysis should be developed to determine the level of training to be provided to staff including budget holders and assigned contract managers. The training should also incorporate the draft Strategy. The Procurement Team should receive notification from Human Resources (HR) of new starters, which would help to ensure that procurement training is incorporated as part of the induction process where appropriate, to staff involved in purchasing and/or contract management. (2)
- The Council should benchmark its contract expenditure, especially its key contracts, with similar local authorities. (2)
- Documentation to support procurement decisions made concerning quotation processes should be retained centrally by the Council on SharePoint. The documentation should include evidence of the quotes along with a completed copy of the Council's Record of Decision – Quotation Form especially where the lowest quote is not accepted. The requirement for the new process should be disseminated appropriately to staff. Compliance checks should be undertaken by the Procurement Team on a sample of quotations and the results should be shared with senior management and training provided to any service areas where improvement is required. (2)
- Documentation for each new contract tender process should be drafted on a designated folder within SharePoint to enable working papers to be continually updated whilst allowing shared access where appropriate. (2)

	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
520 – Waste Management	10	**Limited**	1	3	0	4

Scope of Audit: This review examined the following areas:

- Service provision and complaints procedure;
- Management information;
- Stock control
- Special collections;
- Contracts / agreements held for trade waste customers / contractors;
- Raising of invoices and debt recovery; and
- Budgetary control procedures.

Key Outcomes: The recommendations resulting from this review are summarised below.

- The tender, which is in the process of being drawn up for the collection of recyclable materials, should be finalised. Once completed and the service providers selected, contracts should be drawn up, signed and kept on file. (1)
- Staff should be reminded to update the Stock Spreadsheet when stock is issued and reconcile the Stock Requisition form to the Stock Spreadsheet on a monthly basis. (2)
- A storage system should be put in place for the Duty of Care Forms so that they are held centrally and are accessible to relevant members of staff. A check should be completed to ensure that all trade waste customers have completed a Duty of Care Form each financial year. (2)
- The Waste Management Team should ensure that the fees provided to the Accounts Receivable Team are accurate and in-line with the approved Scale of Charges. Where recurring billing is not used random sample checks should be undertaken to ensure the correct fees have been charged. (2)

	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
524 – Engagement of Consultants and Specialists	15	**Limited**	0	1	0	1

Scope of Audit: This review examined the following areas:

- Policies and Procedures;
- Compliance with policies (Pre-engagement);
- Compliance with policies (Post-engagement);
- Business Cases;
- Authorisation;
- Contracts;
- Performance Monitoring; and
- Budgetary Control.

Key Outcomes: The recommendations resulting from this review are summarised below.

- A periodic review should be completed over the costs on the Consultancy expense code to confirm that only the costs relating to the engagement of the consultant or specialist is charged to the code. Remedial action should be completed where mis-codes are identified. (2)

	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
526 – Helpline	8	**Limited**	0	9	1	10

Scope of Audit: This review examined the following areas:

- Policies and Procedures;
- Promotion and Advertising;
- New Service Users;
- Workload and Helpline Routes;
- Management Information and Customer Satisfaction;
- Income;
- Budgetary Control; and
- Training.

Key Outcomes: The recommendations resulting from this review are summarised below.

- The link from the Colchester Borough Homes (CBH) websites should be updated so that they direct the enquirer to the new Helpline website. Requests should be made for CBH to update their website. The possibility of taking action so that the website shows on initial pages of internet searches should be investigated. (2)
- Management should complete a random sample check of new customers added to the system to confirm that all of the required information has been retained and that the Helpline Service Agreement has been signed by the customer. Signed agreements should be obtained from the customers identified from the testing completed where the forms could not be located. (2)
- The management information and KPIs requirements for the Service should be determined. Management should consider taking advice on the KPIs to monitor from the Essex Emergency Communication User Group that is attended by officers. Once in place the KPIs should be monitored on a monthly basis by management with remedial action taken where performance is below requirement. (2)
- Call monitoring should be commenced and this should be included as part of the monthly staff reviews. (2)
- System capabilities should be examined to see if the Rotacloud staff rota system can be used to verify completion of the required number of shifts by each permanent member of staff. If the system is not capable of this function a work round should be completed. (2)
- Process for recording of responses to emergency calls received should be implemented and once in place ongoing monitoring should be embedded in the management processes. The KPIs examined could cover aspects such as time taken to respond to an emergency call, time taken on site to resolve the issue and the outcomes of the emergency visits completed. (2)
- In line with Section 2 of the Procedure and Quality Manual, each Helpline customer should receive a routine visit before their first 12 week period, followed by an annual visit. The Process for monitoring completion of nine week / annual visits should be confirmed and embedded in the management processes. (2)
- The Training element of the Staff Tracker should be updated to include all mandatory training requirements. (2)
- All staff should complete Manual Handling training / refresher training as applicable as soon as possible. (2)
- The Procedure Manual should be updated to reflect new processes and then made available to relevant staff. (3)

	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
528 – PCNs and MiPermit	10	**Limited**	2	7	0	9

Scope of Audit: This review examined the following areas:

- Policies and Procedures;
- Penalty Charge Notices;
- MiPermit; and
- Management Information.

Key Outcomes: The recommendations resulting from this review are summarised below.

- MiPermit should be amended to allow for the recording of descriptions of dispensation to provide a complete audit trail of the rationale for providing the dispensation. Details of the reason for the dispensation should be recorded. (1)
- Reports should be routinely generated from Chipside and MiPermit, covering functions performed by the Team, including Review Queues, Transfers of Money, Cancelled PCNs, Dispensations, Free of Charge, Refunds and other tasks completed by the Parking Team. These should be sample checked by management and evidence of the review and outcomes documented. If issues are identified, they should be investigated with additional training and/or guidance provided to staff. (1)
- The parking related policies that have not been updated for a number of years should be reviewed and refreshed to help ensure that they continue to meet operational working practices. In addition, each policy should include details of who has undertaken the review, the date of the next review and a version control. (2)
- Management should undertake an independent review of Review Queues to confirm that all cases are being proactively managed and closed down as appropriate. (2)
- A formal decision should be made as to whether members of staff are required to pay the PCN, if it the first one received. The decision should be formally documented to help ensure consistency and policy / procedures updated. Depending on the outcome, PCNs should be enforced where appropriate or records maintained that the member of staff has not been required to pay, to avoid any future parking infringement. (2)
- Although independent checks are now completed by management of cancellations, management should ensure that where there is no valid explanation for the cancellation and/or no evidence is retained, the officer involved should be reminded of the requirement to do so. (2)
- Monthly reports should be obtained from the Chipside system that detail amounts transferred between PCNs. The Report should be independently reviewed by management to confirm that each transfer has a rationale noted and the reason, together with the adjusting entry, are valid. (2)
- A log of PCNs issued to members of staff working within the Parking Team should be maintained and monitored by management to help ensure any PCNs are actioned appropriately. Checks should be undertaken to confirm that payments in respect of PCNs issued to members of staff are processed correctly. (2)
- The council tax number should be recorded on MiPermit as evidence of residency when applying for a Resident Parking Permit. (2)

	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
537 – GDPR Readiness Review	10	**Limited**	2	3	1	6

Scope of Audit: This review examined the following areas:

- Information Inventory/Data Flow Mapping;
- Communicating Privacy Information;
- Individual Rights;
- Subject Access Request;
- Lawful basis for processing personal data; and
- Data Protection by Design and Data Protection Impact Assessments.

Key Outcomes: The recommendations resulting from this review are summarised below.

- Management should ensure that individual rights are considered as a matter of priority and ensure that all procedures have reflected the following rights for the individual: The right to be informed; The right of access; The right to rectification; The right to erasure; The right to restrict processing; The right to data portability; The right to object; and The right not to be subject to automated decision-making including profiling. (1)
- Management should ensure that a formalised procedure/policy is documented in regards to Subject Access Request together with any associated guidance for staff and ensure it is reviewed and updated in line with the new requirements under GDPR. The Council will also need to further consider the following within the created document: Purpose; Definitions; Roles & Responsibilities; Procedures for who can make a request; Time Limits; Processing a subject access request; Subject Access Request flow chart; Subject Access Request Form. In addition, management should take into consideration formalising one standard process to be utilised by the Council to ensure that there are no instances where subject access request have been overlooked or missed due to lack of visibility. (1)
- Management should ensure that it produces a comprehensive, accurate and up to date record of all the personal data it holds, including its location, origin and whether arrangements are in place for it to be shared with a third party. (2)
- Management should update the website/policies and ensure that it has given consideration to the following: What information is being collected? Who is collecting it? How is it collected? Why is it being collected? How will it be used? Who will it be shared with? What will be the effect of this on the individuals concerned? Is the intended use likely to cause individuals to object or complain? Ensure the legal basis for processing subject's data is explained; and Make subjects aware of their rights to complain to ICO if they think there is a problem with the way their data was handled. (2)
- Management should ensure that updated contract addendums are issued as a matter of priority taking into consideration the privacy laws, and also ensure that there is common contract clause in place which covers the GDPR regulation when issuing new contracts. (2)
- Management should ensure that the Council has clearly identified the lawful basis for processing specifically in regards to the purpose for personal data via the data flow mapping exercise and reflect this within the Council's Flows Asset Register. (3)

538 – IT e-Financials Application	Days	Assurance	Priority of Recommendations 1	2	3	Agreed
	15	**Limited**	6	4	2	12

Scope of Audit: This review examined the following areas:

- Application Management and Governance;
- Systems Security;
- Interface Controls and Processing;
- Data Input, Data Output, Change Control;
- System Resilience and Recovery; and
- Support Arrangement.

Key Outcomes: The recommendations resulting from this review are summarised below.

- Management should request that the application supplier, Advanced Business Solutions (ABS), provide the Council with information regarding the existing software licensing arrangements for the eFinancials. Where necessary, management should establish a formally defined procedure to monitor and manage compliance with these arrangements. (1)
- The Finance Team should abide by the formalised Change & Release management process at the Council. Finance/ICT should enforce the requirement for every change to be supported by formal documentation of business approvals for each change following user acceptance testing (if appropriate) and final go-live approvals. We also recommend that a central log of all program and configuration change requests to eFinancials is maintained, with a checklist indicating evidence of testing and approval has been received. ICT should also ensure that all changes, including changes made by the supplier ABS, are created in a development environment and then tested in a test environment before being promoted into the production environment. (1)
- Management should establish procedures for the regular testing of backup media to ensure that data can be restored. The Council should consider the feasibility of testing the restore process either independently, or as part of a Disaster Recovery plan. (1)
- Management should document a formal and detailed IT Disaster Recovery plan as a matter of priority. As a minimum this should cover the following areas: Plan Approval; Version Control; Plan Objectives; Disaster Declaration; Plan Activation Procedures; Disaster Recovery Phases; Disaster Assessment; Critical Systems List; Details of the recovery site; Roles & Responsibilities of the Disaster Recovery Team; Key Contact List; Resumption of Normal Operations; Recovery Time Objective; Recovery Point Objectives; The requirement to test plan; Testing Strategy for the plan; and Vendor/Third-party listing. (1)
- A disaster recovery scenario test and backup restoration tests should be carried out on at least an annual basis to validate the system restoration processes. (1)
- Management should request that a formally defined Service Level Arrangement be put in place for the eFinancials application, which includes but is not limited to: The agreed levels of call priority; The agreed response and resolution times for calls raised with the supplier; The agreed call escalation procedures; and The requirement for the supplier to provide the Council with information regarding performance against the agreed service levels. Management on a routine basis should monitor supplier performance. (1)
- As a matter of urgency the Council formally develop a data classification policy/procedure that defines what categories and criteria the Council will use to classify data and specify the roles and responsibilities of employees within the Council regarding data stewardship. Subsequently, as part of the GDPR data mapping exercise, a full comprehensive data classification program should be undertaken to identify all data assets that the Council hold, which should incorporate the following: Confidential/Category 4: Highly sensitive corporate and customer data that if disclosed could put the Council at financial or legal risk. E.g. (Employee national insurance numbers, customer credit/debit card numbers. Restricted/Category 3: Sensitive internal data that if disclosed could negatively affect operations. E.g. (Contracts with third-party suppliers, employee reviews). Internal Use/Category 2: Internal data that is not meant for public disclosure. Public/Category 1: Data that may be freely disclosed. (2)

- We recommend that the Council explicitly define key responsibilities for the system owner, and KPI's are tracked against the defined responsibilities. Management should review the requirements of the system and formally assign core responsibilities to appropriate personnel or designated teams, for example, covering the following areas: Change Management; Problem Management; Incident Management; Back Up & Recovery; Incident Management; and Access Control. Once agreed, this should be incorporated into formalised system documentation. (2)
- Account lockout thresholds should be configured in the system, and the complex passwords are enforced. If limitations exist which prevent a number of the identified system configuration settings from being changed, procedures should be put in place to mitigate the risk. For example, users should be required to confirm on a regular basis that they have changed their password within a defined period e.g. (every 30 days) and that they have set their passwords in accordance with the prescribed policy standard. (2)
- A formalised framework should be updated as a matter of priority outlining the following: The roles involved in the transmission and receipt of the files; Timing requirements or deadlines for interface processing; The process of downloading/uploading files and the associated destination/source locations; and The process to be followed to reverse an interface that has failed or completed with errors. (2)
- The Council should ensure that a backup procedure/policy is documented and should cover the following as a minimum: The backup scope of all material systems and data; The backup of the database application and operating systems; The management of backup media ensuring that it is periodically changed; and The retention of successful backups; and the regular testing of data restores. (2)
- An internal training programme should be held on an annual basis, or formal training implemented as part of the new user's induction. This should then be signed off by senior management to ensure that staff members understand their roles, ways of working and how to utilise eFinancials in line with their job role. (3)

			Priority of Recommendations			
	Days	**Assurance**	**1**	**2**	**3**	**Agreed**
539 – IT Social Media	10	**Limited**	3	3	0	6

Scope of Audit: This review examined the following areas:

- Strategy and Governance;
- Training and Awareness;
- Processes; and
- Technology.

Key Outcomes: The recommendations resulting from this review are summarised below.

- In order to ensure access is appropriately restricted, and avoid compromising the confidentiality and integrity of data, we recommend strengthening the application password restrictions, taking into account the best practices: Password expiry settings should be configured to ensure that user account passwords are changed on a regular basis; Password minimum length: 8 characters, complexity enabled; Password should be renewed after a period of time (30-90 days); and Password history should not allow the same password to be reused several times in a row. (1)
- We would recommend that all Social Media Technologies are reviewed to ascertain whether there is a business need for a new social media platform, including the benefits and risks associated with the social media platform. The Council should also ensure that the benefits are documented and communicated appropriately. (1)
- We recommend the Council consider using an external monitoring tool e.g. Keyhole with all its social media platforms across all the entities to look at keywords, hashtags, URLs, and usernames and ensure that all accounts across the Council are being used appropriately. (1)

- In order to ensure a unitary understanding and compliance with the process in relation to social media, as well as proper staff commitment and responsibility, we recommend ensuring that the Information Security Policy is regularly reviewed and updated to reflect the use of social media. (2)
- We would recommend that the Council expressly prohibit the use of Social Media technologies within the Council's social media policy and ensure that the policy communicated to staff through the appropriate channels as well as confirming staff acceptance of the policy. (2)
- We recommend that an internal refresher training programme is held on an annual basis. This should be signed off by senior management to ensure that staff members understand their roles, ways of working and how to utilise social media in line with their Social Media Policy. (2)