

Eastern Internal Audit Services



Broadland District Council

Progress Report on Internal Audit Activity

Period Covered: 11 July to 31 December 2023

Responsible Officer: Teresa Sharman – Head of Internal Audit for Broadland District Council

CONTENTS

1. INTRODUCTION.....	
2. SIGNIFICANT CHANGES TO THE APPROVED INTERNAL AUDIT PLAN.....	
3. PROGRESS MADE IN DELIVERING THE AGREED AUDIT WORK.....	
4. THE OUTCOMES ARISING FROM OUR WORK.....	
5. FOLLOW UP OF AGREED INTERNAL AUDIT RECOMMENDATIONS	
APPENDIX 1 – PROGRESS IN COMPLETING THE AGREED AUDIT WORK.....	
APPENDIX 2 – AUDIT REPORT EXECUTIVE SUMMARIES 2022/23 & 2023/24.....	
APPENDIX 3 – STATUS OF AGREED INTERNAL AUDIT RECOMMENDATIONS.....	
APPENDIX 4 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2020/21.....	
APPENDIX 5 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2021/22.....	
APPENDIX 6 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2022/23.....	
APPENDIX 7 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2023/24.....	

1. INTRODUCTION

- 1.1 This report is issued to assist the Authority in discharging its responsibilities in relation to the internal audit activity.
- 1.2 The Public Sector Internal Audit Standards requires the Chief Audit Executive to report to the Audit Committee on the performance of internal audit relative to its plan, including any significant risk exposures and control issues.
- 1.3 To comply with the above this report includes:
 - Any significant changes to the approved Audit Plan;
 - Progress made in delivering the agreed audits for the year;
 - Any significant outcomes arising from audits; and
 - Performance Indicator outcomes to date.

2. SIGNIFICANT CHANGES TO THE APPROVED INTERNAL AUDIT PLAN

- 2.1 In accordance with the PSIAS, the annual internal audit plan should be reviewed on a regular basis and adjusted, when necessary, in response to changes on the organisation's business risks, operations, programmes, systems and controls.
- 2.2 Since the approval of the plan in March 2023, one audit has been deferred and one audit has been changed as detailed in the table below.

Audit		Justification
BRD/SNC2414 Neutrality	Nutrient	This is to allow a joint audit with the other partner Councils to be completed in 2024/25.
BRD/SNC2407 Strategy	Housing	This was originally an audit of car parks, but this has been changed to Housing Strategy which was a deferred audit from 2023/24.

3. PROGRESS MADE IN DELIVERING THE AGREED AUDIT WORK

- 3.1 The current position in completing audits to date within the financial year is shown in **Appendix 1**.
- 3.2 In summary 74 days of programmed work have now been completed, equating to 47% of the Internal Audit Plan for 2023/24.

4. THE OUTCOMES ARISING FROM OUR WORK

- 4.1 On completion of each individual audit an assurance level is awarded using the following definitions:

Substantial Assurance: Based upon the issues identified there is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risks to the continuous and effective achievement of the objectives of the process, and which at the time of our review were being consistently applied.

Reasonable Assurance: Based upon the issues identified there is a series of internal controls in place, however these could be strengthened to facilitate the organisation's management of

risks to the continuous and effective achievement of the objectives of the process. Improvements are required to enhance the controls to mitigate these risks.

Limited Assurance: Based upon the issues identified the controls in place are insufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls to mitigate these risks.

No Assurance: Based upon the issues identified there is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage risk to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the controls required to mitigate these risks.

4.2 Recommendations made on completion of audit work are prioritised using the following definitions:

Urgent (priority one): Fundamental control issue on which action to implement should be taken within 1 month.

Important (priority two): Control issue on which action to implement should be taken within 3 months.

Needs attention (priority three): Control issue on which action to implement should be taken within 6 months.

4.3 In addition, on completion of audit work “Operational Effectiveness Matters” are proposed, these set out matters identified during the assignment where there may be opportunities for service enhancements to be made to increase both the operational efficiency and enhance the delivery of value for money services. These are for management to consider and are not part of the follow up process.

4.4 During the period covered by the report, five reports have been issued as detailed in the table below. The Procurement and Contract Management and Economic Development are the last two reports from 2022/23: -

Audit	Assurance	P1	P2	P3
BRD/SNC2412 Homelessness and Home Options	Reasonable	0	4	1
BRD/SNC2408 Legal Services	Reasonable	0	5	4
BRD/SNC2416 Service Desk	Substantial	0	0	2
BRD/SNC2303 Procurement and Contract Management	Limited	1	6	2
BRD/SNC2310 Economic Development	Reasonable	0	4	1

The Executive Summaries of these reports are attached at **Appendix 2**, full copies of the reports will be provided upon request.

- 4.5 As can be seen in the table above and as a result of these audits 30 recommendations have been raised by Internal Audit. Seven Operational Effectiveness Matters have been proposed to management for consideration.
- 4.6 In addition to the audits above, a position statement on Project Management has been issued. The position statement has concluded with the following seven suggested actions/improvements:
- Management to ensure that the Project Management Framework is adopted for all projects undertaken within the Council.
 - Management to ensure that the revised Project Management Framework document includes specific reference for the need of proposed projects to support delivery of the Council's Strategic Plan and Strategic Risk Register during the Project Initiation stage.
 - Management to ensure that authorised, version-controlled, documentation detailing the processes and procedures of the PMO Team is developed. This could be included as part of the revised Project Management Framework document.
 - Management to remind all project managers of the requirement to produce timely Highlight Reports in advance of the monthly Programme Boards.
 - Management to remind all project managers of the requirement to produce timely, comprehensive, Project Closure Reports.
 - Management to ensure that the draft Project Management Framework document specifically details the Change Control process requirements, and to remind all project managers of the need to follow the documented process.
 - Management to remind all project managers of the requirement to produce timely, comprehensive, Communication Plans.

5. FOLLOW UP OF AGREED AUDIT RECOMMENDATIONS

- 5.1 In addition to providing the Committee with the performance of internal audit relative to its plan, the Public Sector Internal Audit Standards also require the Chief Audit Executive to establish a process to monitor and follow up management actions to ensure that they have been effectively implemented or that senior management have accepted the risk of not acting.
- 5.2 To comply with the above this report includes the status of agreed actions.
- 5.3 As a result of audit recommendations, management agree action to ensure implementation within a specific timeframe and by a responsible officer. The management action subsequently taken is monitored by the Internal Audit Contractor on a regular basis and reported through to the Committee. Verification work is also undertaken for those recommendations that are reported as closed.
- 5.4 **Appendix 3** to this report shows the details of the progress made to date in relation to the implementation of the agreed recommendations. This appendix also reflects the year in which the audit was undertaken and identifies between outstanding recommendations that have previously been reported to this Committee and then those which have become outstanding this time round. A total of 34 recommendations (three urgent, 23 important and eight needs attention) are currently outstanding. Ten recommendations are not yet due for implementation.
- 5.5 **Appendices 4, 5, 6 and 7** provide the committee with details of urgent and important priority recommendations that are overdue by the year in which they were raised. Management responses and a new deadline have been indicated for each.


APPENDIX 1 – PROGRESS IN COMPLETING THE AGREED AUDIT WORK






Audit Area	Audit Ref	No. of days	Revised Days	Days Delivered	Status	Assurance Level	Recommendations				Date to Committee
							Urgent	Important	Needs Attention	Op Matters	
Quarter 1											
Surveillance and Investigatory Powers	SNC2409	7	7	5	Report being drafted.						
Homelessness and Home Options	SNC2412	10	10	10	Final report issued 15 November 2023.	Reasonable	0	4	1	0	Jan-24
TOTAL		17	17	15							
Quarter 2											
FOIs and Complaints	SNC2403	6	6	4	Report being drafted.						
Project Management	SNC2404	7	7	7	Final report issued 4 December 2023.	Position Statement	N/a	N/a	N/a	N/a	Jan-24
Legal Services	SNC2408	10	10	10	Final report issued 22 November 2023.	Reasonable	0	5	4	2	Jan-24
Help Hub	SNC2411	10	10	5	Fieldwork in progress.						
TOTAL		33	33	26							
Quarter 3											
Corporate Governance incl. GDPR	SNC2402	10	10	2	APM issued 28 November 2023. To commence shortly.						
Accountancy Services	SNC2405	15	15	2	APM issued 4 October 2023. Fieldwork started in November 2023.						
Housing Strategy	SNC2407	8	8	1	Being scoped.						
Waste Management	SNC2410	12	12	9	Report being drafted.						
TOTAL		45	45	14							

Quarter 4											
Key Controls and Assurance	SNC2401	15	15	2	APM issued 4 August 2023. To commence shortly.						
Accounts Receivable/Income	SNC2406	12	12	2	APM issued 24 October 2023. To commence shortly.						
Planning and Development Management	SNC2413	10	10	1	Being scoped.						
Nutrient Neutrality	SNC2414	5	0	0	Deferred to 2024/25						
TOTAL		42	37	5							
IT Audits											
Service Desk	SNC2416	7	7	7	Final report issued 16 November 2023.	Substantial	0	0	4	2	Jan-24
Cyber Security and Disaster Recovery	SNC2415	10	10	1	Being scoped.						
TOTAL		17	17	8							
Follow Up											
Follow Up	N/A	8	8	6							
TOTAL		8	8	6							
TOTAL		162	157	74			0	9	9	4	
Percentage of plan completed				47%							

APPENDIX 2 – AUDIT REPORT EXECUTIVE SUMMARIES 2022/23 and 2023/24

Executive Summary – BRD/SNC2303 Procurement and Contract Management

OVERALL ASSESSMENT
 <p>The diagram shows a circular gauge with four segments representing assurance levels: Substantial Assurance (green), Reasonable Assurance (yellow), Limited Assurance (orange), and No Assurance (red). The 'LIMITED ASSURANCE' segment is highlighted in orange. The gauge is surrounded by the text 'Adequate & effective governance, risk and control processes'.</p>
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE
<p>The audit has sought to provide assurance over the following key risk: "Financial loss and reputational risks due to not achieving value for money and not complying with procurement legislation".</p>
SCOPE
<p>Breckland Council, Broadland and South Norfolk set up a procurement consortium (hosted by Breckland) in January 2022, allowing participating members to draw on a pool of professional advice. Phase one of the audit focused on the set up of the procurement consortium. Phase two evaluated the effectiveness of arrangements for South Norfolk Council and Broadland District Council specifically, to provide assurance that the Councils' Contract Procedure Rules (CPRs) are being complied with. Consequently, aspects of contract management were excluded from this review.</p>

KEY STRATEGIC FINDINGS								
<p> The Public Contracts Regulations 2015 set out requirements to maintain procurement records. For the chosen sample, a number of documents were not obtained, resulting in Internal Audit not being able to give assurance that correct procurement rules were applied, that decisions were made at the appropriate level, and that a signed contract is in place.</p>								
<p> The published contracts register does not fully comply to the requirements of details to be included as per the Local Government Transparency Code 2015.</p>								
<p> Aggregated spend and off-contract spend is currently not monitored. Internal audit has completed a high-level aggregated spend analysis, which has identified suppliers that are not on the contracts register and require further investigation to establish whether they need to be added and if the correct procurement methods were applied.</p>								
<p> Training for budget holders was delivered in February 2023. It is recommended to develop a procurement training programme for future training needs with a supporting policy statement summarising stakeholder <u>obligations</u>.</p>								
GOOD PRACTICE IDENTIFIED								
<p> Phase one of this procurement review identified areas where improvements are necessary, which the Councils are addressing through the procurement consortium arrangement. These include the harmonisation of various consortium wide documentation including Contract Procedure Rules, Terms and Conditions, Thresholds and Waivers processes; as well as developing an overall Procurement Strategy.</p>								
ACTION POINTS								
<table border="1"> <thead> <tr> <th>Urgent</th> <th>Important</th> <th>Needs attention</th> <th>Operational</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>6</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Urgent	Important	Needs attention	Operational	1	6	2	3
Urgent	Important	Needs attention	Operational					
1	6	2	3					

Executive Summary – BRD/SNC2310 Economic Development

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Assurance was provided over the following key risk: "Delivery risk of key projects supporting the Councils' Economic Growth Strategy".

SCOPE

A position statement was carried out in this area in 2020/21. This audit followed up the action points raised in that review relating to the economic development strategy, projects for Norwich Research Park, Food Innovation Centre and Bure Valley Railway and project documentation management.

KEY STRATEGIC FINDINGS



For the Harleston Public Realm project, there was not a formal agreement or sufficient detail provided by Norfolk County Council about the construction costs. Further, there was a lack of reporting about progress, finances and risks from NCC.



While the business cases for both the Food Innovation Centre and Harleston Public Realm projects outlined the potential benefits of the projects, they did not specifically outline project risks.



The Economic Growth Strategic Plan 2022-2027 outlines a series of key priorities, with the specific key issues, responses, and outcomes detailed.



For grant funded projects, grant conditions are monitored and reported on in accordance with requirements.

GOOD PRACTICE IDENTIFIED



The Councils have implemented a highlight report template to ensure consistent reporting on projects, with performance monitoring carried out through a capital projects advisory board.



Four of the eight suggested actions from the 2020/21 Economic Development Position Statement were observed to have since been implemented. Two were observed to be partially implemented, with recommendations raised.

ACTION POINTS

Urgent	Important	Needs Attention	Operational
0	4	1	0

Executive Summary – BRD/SNC2412 Homelessness and Housing Options

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Assurance was provided over the following key risk: the Councils failing to carry out their statutory obligations in respect of housing and homelessness.

SCOPE

A high medium risk has been raised in the strategic risk register in relation to insufficient private and social housing stock to meet the demands on the Councils. This is due to the impacts from the pandemic, cost of living and Homes for Ukraine

KEY STRATEGIC FINDINGS



There is currently a backlog of more than 700 housing register applications waiting to be assessed. As a result, it is taking around five months to process an application.



Processes for managing and recovering debts relating to temporary accommodation are in need of review.



Personal Housing Plans are not used to consistently good effect for homelessness cases.



There have been issues with domestic abuse cases where the Councils have failed to accept homeless duties that are owed. The Ombudsman fined the Council for one such case earlier in 2023. This has been recognised by the Councils and controls have been put in place to address it.

GOOD PRACTICE IDENTIFIED



Deep dive case reviews are conducted for all Housing Solutions Officers, to provide advice and identify training needs.



Shortlisting for allocation of properties through the housing register is fully automated, with all factors considered by the system.

ACTION POINTS

Urgent	Important	Needs Attention	Operational
0	4	1	0

Executive Summary – SNC/BRD2408 Legal Services

OVERALL ASSESSMENT



ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

This audit sought to provide assurance that robust budgetary control and contract management processes are in place to prevent overspend and/or financial losses and to ensure a quality legal service is provided.

SCOPE

This area had not been reviewed at the Councils before. This audit provides assurance that legal services' budgets are well managed, legal services are instructed in accordance with agreed procedures and that the Service Level Agreements (SLAs) between the Councils and each provider are being upheld.

KEY STRATEGIC FINDINGS

Processes require review to ensure that:

- (i) instructing officers have more awareness of budget implications when issuing instructions and agreeing cost estimates,
- (ii) key monitoring information for all cases is collated in one place. This includes financial information in order to have an accurate overview of committed / actual expenditure against budget, as well as being able to assess whether individual cases are progressing in line with estimates, and
- (iii) instructing officers are appropriately involved to ensure that payments are only made upon confirmation of satisfactory completion of work.



Consideration should be given to carrying out a formal assessment of the value for money being achieved under the Birketts contract, given that there does not appear to be a considerable difference in the quality of the service being provided across the two contracts.



GOOD PRACTICE IDENTIFIED

A good level of monitoring information is provided on a monthly basis by both service providers, with frequent monitoring meetings taking place with both providers.



ACTION POINTS

Urgent	Important	Needs Attention	Operational
0	5	4	2

Executive Summary – SNC/BRD2416 Service Desk

OVERALL ASSESSMENT






ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

This audit sought to provide assurance over the following key risk:
Ineffective ICT Service Delivery caused by weak Service Desk Management.



SCOPE

A review of service desk was last carried out in 2020/21, resulting in Reasonable assurance. This review has provided assurance that the service desk was able to demonstrate that it delivers assistance to the Councils in accordance with the Service Level Agreement (SLA) for the timely management and resolution of incidents.

KEY STRATEGIC FINDINGS

-  Incident and Service Request policies and procedures set out the process for managing incidents and service requests and enables incident classification.
-  A detailed ICT & Digital Service Level Agreement (SLA) clearly sets Service Desk response times to enable prioritisation and stakeholder management.
-  The Service Desk incident and Major Incident policy and procedure do not include how to obtain emergency funds to resolve an incident or who has authority to approve emergency costs.

GOOD PRACTICE IDENTIFIED

-  There are regular "Ticket Attack" meetings to resolve and clear outstanding tickets.
-  There is monthly management reporting to operational management on Service Desk Performance.

ACTION POINTS

Urgent	Important	Needs Attention	Operational
0	0	4	2

APPENDIX 3 – STATUS OF AGREED INTERNAL AUDIT RECOMMENDATIONS

Audit Year	Audit Name	1	2	3	Total Outstanding as at 31/12/23
2020/21	Payroll & HR		1		1
	Total		1		1
2021/22	Counter Fraud and Corruption		4		4
	ICT-Disaster Recovery	2	1		3
	Income		1	1	2
	Key Controls and Assurance		1		1
	Performance Management, Business Planning			1	1
	Total	2	7	2	11
2022/23	Community Assets		1		1
	Council Tax and National Non-Domestic Rates		2	3	5
	Key Controls and Assurance		2	1	3
	Procurement and Contract Management	1	4	1	6
	Total	1	9	5	15
2023/24	Homelessness and Home Options		2	1	3
	Legal Services		4		4
	Total		6	1	7
Total		3	23	8	34

The following audits have a 'limited' assurance opinion: -

- 2020/21 ICT Disaster Recovery
- 2020/21 Counter Fraud and Corruption
- 2022/23 Procurement and Contract Management
- 2022/23 Key Controls and Assurance

All the other audits in the table above had a 'reasonable' assurance opinion.

The recommendations in the following audits have all been closed since the last progress report: -

- 2022/23 Annual Governance
- 2022/23 Accounts Payable
- 2022/23 Accountancy Services
- 2022/23 Economic Development
- 2023/24 Community Activity
- 2023/24 Elections

APPENDIX 4 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2020/21

Job	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Number of times revised	Status	Latest Response
SNC2104 HR and Payroll	Recommendation 3: The audit trail in the payroll system be improved so that it is possible to view the authorisation details for all claims submitted, including the authorising officer and the dates submitted and authorised.	Important	Chief of Staff	30/06/2021	31/03/2024	5	Outstanding	The IT system implementation has now been postponed with a procurement exercise due to commence to appoint a new provider with implementation of the new system to be by the end of 31 March 2024. This recommendation will be addressed as part of that system implementation.

APPENDIX 5 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2021/22

Job	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Number of times revised	Status	Latest Response
SNC2214 Disaster Recovery	Recommendation 2. Council DR Plans be reviewed, updated, communicated and tested	Urgent	AD Transformation, Innovation and IT	01/11/2022	31/10/2023	2	Outstanding	DR plans in relation to the Recovery Time Objectives have been agreed by the business and the Corporate Leadership Team.
SNC2214 Disaster Recovery	Recommendation 3. Regular DR tests be scheduled and undertaken.	Urgent	AD Transformation, Innovation and IT	01/02/2022	31/10/2023	3	Outstanding	DR tests are yet to be scheduled the move to new infrastructure and the Horizon Building has delayed the scheduling of these DR tests. We have recently re-worked our workplan to reflect a more realistic view of the completion date for this exercise in view of current workload and the planning and timing of the enabling works for this.
SNC2214 Disaster Recovery	Recommendation 6. Ensure that appropriate staff have DR	Important	AD Transformation, Innovation and IT	01/11/2022	31/10/2023	2	Outstanding	Training needs have been identified and funding has been ringfenced from the

Job	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Number of times revised	Status	Latest Response
	responsibilities and skills/knowledge is refreshed							Learning and Development budget to deliver training this year.
SNC2206 Counter Fraud and Corruption	Recommendation 4: Proactive work be undertaken to raise awareness of potential fraud.	Important	AD Finance	30/04/2022	01/12/2023	7	Outstanding	The priority has been to produce the Anti-Fraud and Corruption Strategy and the Fraud response plan. Now these have been done attention will now turn to these recommendations.
SNC2206 Counter Fraud and Corruption	Recommendation 5: A programme of work be introduced to improve staff awareness and responsiveness to fraud across the Council.	Important	AD Finance	30/04/2022	01/12/2023	7	Outstanding	Update as above.
SNC2206 Counter Fraud and Corruption	Recommendation 6: An annual fraud plan be devised, agreed by committee and reflect resources mapped to risks and arrangements for reporting outcomes. This plan should cover all areas of the local authority's business and include activities undertaken by contractors and third parties or voluntary sector activities.	Important	AD Finance	30/04/2022	01/12/2023	7	Outstanding	Update as above.
SNC2206 Counter Fraud and Corruption	Recommendation 7: The Councils to introduce an official programme to publicise fraud and corruption cases internally and externally, which is positive and endorsed by the council's communications team.	Important	AD Finance	30/04/2022	01/12/2023	7	Outstanding	Update as above.
SNC2208 Income	Recommendation 1: Bank charge reconciliations to be completed within the month end accounting cycle and reviewed no later than 30 days following month-end shut down.	Important	AD Finance	30/11/2022	30/11/2023	3	Outstanding	These reconciliations are now being carried out, signed off and are up to date. However, some further work is taking place to ensure supporting evidence is in place, and therefore, the due date for the recommendation has been revised to the end of November to allow time for this work to be done.
SNC2201 Key Controls and Assurance	Recommendation 4 – The CTAX and NNDR System is reconciled to the general ledger on a monthly basis, documented and subject to independent review, with evidence retained.	Important	AD Finance	30/11/2022	30/11/2023	3	Outstanding	NNDR reconciliations have been brought up to date (evidence provided); however CTAX reconciliations are only up to date until January 2023. The deadline has therefore been revised to end of November 2023.

APPENDIX 6 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2022/23

Job	Recommendation	Priority	Officer	Due Date	Revised Due Date	Times revised	Status	Latest Response
SNC2312 Community Assets	Update the Community Assets Strategy, for both Councils, and prepare supporting documents that link to it, such as Tree Management Plan, Playgrounds Management Plan and Open Space Strategy.	Important	AD Economic Growth	31/05/2023	01/04/2024	1	Outstanding	An updated Community Assets Strategy is being prepared for both Authorities. It is intended that this document be considered by the Corporate Management Team in November 2023; for subsequent consideration by the relevant Portfolio holders and Committees and adoption in 2024. Following this any consequential changes needed to the current processes and procedures will be drawn up.
SNC2301 Key Controls and Assurance	Processes need to be developed to reconcile BDC income streams to the general ledger.	Important	Financial Transaction Manager	30/09/2023	N/a	0	Outstanding	Update to be provided
SNC2301 Key Controls and Assurance	The Revenues Bank Account reconciliation to the General Ledger be brought up to date as soon as possible.	Important	Assistant Director Finance	30/09/2023	21/12/2023	1	Outstanding	The Revenues Bank Account has been balanced. However, there are still a large number of balancing items to work through to fully complete this reconciliation, which will still take a number of weeks to resolve.
SNC2303 Procurement and Contract Management	Review of all current contracts to ensure all key documentation is located, including quotations/tenders and contracts and thereafter all records to be held centrally by South Norfolk Council and accessible by Breckland Procurement Consortium staff. Where information cannot be located, in particular contracts, copies to be obtained from the provider and filled centrally. Management to then implement controls to ensure all of the required documentation is retained, and accessible, moving forward.	Urgent	Contract Owners/AD Finance	31/10/2023	N/a	0	Outstanding	Update to be provided

Job	Recommendation	Priority	Officer	Due Date	Revised Due Date	Times revised	Status	Latest Response
SNC2303 Procurement and Contract Management	Implement a process to review the aggregated spend on a regular basis (suggest either quarterly or six-monthly) to ensure procurement rules are complied with and where required, added to the Contracts Register. If findings indicate non-compliance with procurement rules, appropriate measures be taken to ensure all staff are made aware of the correct requirements to be applied and the necessary action taken to arrange compliant contracts.	Important	Contracts and Procurement Manager Breckland & Assistant Director Finance.	31/12/2023	N/a	0	Outstanding	Update to be provided
SNC2303 Procurement and Contract Management	Develop a procurement training programme for relevant officers to covering compliance with CPRs. To support the training, develop and distribute a policy statement for stakeholders which summarises their obligations in terms of advertising opportunities, legislation, retaining documentation etc.	Important	Contracts and Procurement Manager Breckland & Assistant Director Finance. AD Finance	31/12/2023	N/a	0	Outstanding	Update to be provided
SNC2303 Procurement and Contract Management	Implement all historic PPNs and update the relevant policies and procedures with the information from historic and recent PPNs. A process should be put into place for future PPNs to be implemented.	Important	Contracts and Procurement Manager Breckland & Assistant Director Finance.	31/12/2023	N/a	0	Outstanding	Update to be provided
SNC2303 Procurement and Contract Management	Ensure the published Contracts Register includes all of the required elements.	Important	All Assistant Directors	30/09/2023	30/11/2023	1	Outstanding	The Contracts Register has been reviewed and updated. We are in the process of now publishing this on our website.
SNC2308 Council Tax and National Non-Domestic Rates	Management to implement controls to ensure that general ledger reconciliations are performed and checked by the appropriate members of staff within 30 days of month end.	Important	Finance Manager & Senior Systems and Controls Officer.	30/11/2023	N/a	0	Outstanding	Update to be provided

Job	Recommendation	Priority	Officer	Due Date	Revised Due Date	Times revised	Status	Latest Response
SNC2308 Council Tax and National Non-Domestic Rates	Management to implement a defined QA checking regime of staff work at regular intervals	Important	Revenues Manager	30/11/2023	N/a	0	Outstanding	Update to be provided

APPENDIX 7 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2023/24

Job	Recommendation	Priority	Officer	Due Date	Revised Due Date	Times revised	Status	Latest Response
SNC2412 Homelessness and Home Options	Undertake a review of processes and responsibilities for rent collection and former tenancy debt, relating to temporary accommodation.	Important	Richard Dunsire – Strategic Housing and independence senior manager	01/06/2023	01/06/2024	1	Outstanding	Revising the due date, as the incorrect year was originally entered.
SNC2412 Homelessness and Home Options	Review how Personal Housing Plans are agreed and monitored to ensure that they are effective for the customer and the Council. Guidance governing the processing of PHPs should be formally documented and communicated to officers.	Important	Richard Dunsire – Strategic Housing and independence senior manager	01/04/2023	01/04/2024	1	Outstanding	Revising the due date, as the incorrect year was originally entered.
SNC2408 Legal Services	Instructions process to be reviewed to ensure that (a) the exceptions are still necessary in practice, and (b) if so, that all necessary information regarding the instructions is being captured in a central location to provide the contract manager (within the Governance team) with full oversight.	Important	Chief of Staff	31/12/2023	31/1/2024	1	Outstanding	Processes have been reviewed, auditor awaiting evidence to close recommendation.
SNC2408 Legal Services	Internal processes require review to ensure that instructing officers have more awareness of the overall budget implications when issuing instructions and agreeing cost estimates. This may include issuing additional guidance around the instructing process to ensure that officers consider the overall budget when accepting fee estimates.	Important	Chief of Staff	31/12/2023	31/1/2024	1	Outstanding	Processes have been reviewed, auditor awaiting evidence to close recommendation.
SNC2408 Legal Services	Internal processes require review to ensure that key information for all cases is collated in one place, which all relevant officers can access. This includes financial information (for example overall legal services budget, individual estimates and any agreed revisions to estimates, and details of work in progress figures and amounts invoiced/paid) in order to have an	Important	Chief of Staff	31/12/2023	31/1/2024	1	Outstanding	Processes have been reviewed, auditor awaiting evidence to close recommendation.

Job	Recommendation	Priority	Officer	Due Date	Revised Due Date	Times revised	Status	Latest Response
	accurate overview of committed / actual expenditure against the budget, as well as being able to assess whether individual cases are progressing in line with estimates. This should also include case progress updates, including confirmation of completion and satisfaction with work, to enable invoices to be paid							
SNC2408 Legal Services	Internal processes require review so that instructing officers are appropriately involved to ensure that payments are only made upon confirmation of satisfactory completion of work. This could either be direct involvement in authorisation of the invoices or by ensuring that all key information is provided to enable the central Governance team to easily assess whether invoices can be paid.	Important	Chief of Staff	31/12/2023	31/1/2024	1	Outstanding	Processes have been reviewed, auditor awaiting evidence to close recommendation.