### THE INTERNAL AUDIT MONITORING REPORT OF THE SERVICE MANAGER OF THE WORCESTERSHIRE INTERNAL AUDITSHARED SERVICE.

Councillor Roger Hollingworth		
Yes		
Teresa Kristunas Head of Resources		
All Wards		
No		
Non–Key Decision		

# 1. <u>SUMMARY OF PROPOSALS</u>

- 1.1 To present:
- the monitoring report of internal audit work and performance as at 31<sup>st</sup> May 2013;

### 2. <u>RECOMMENDATIONS</u>

2.1 The Board is asked to RESOLVE that the report be noted.

# 3. <u>KEY ISSUES</u>

### **Financial Implications**

3.1 There are no direct financial implications arising out of this report.

### Legal Implications

3.2 The Council is required under Regulation 6 of the Accounts and Audit Regulations 2011 to "undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control".

# Service / Operational Implications

3.3 The involvement of Members in progress monitoring is considered to be an important facet of good corporate governance, contributing to the internal control assurance given in the Council's Annual Governance Statement. This section of the report provides commentary on Internal Audit's performance for the period 01<sup>st</sup> April 2013to 31<sup>st</sup> May 2013 against the performance indicators

agreed for the service. Also included is the completion and reporting of 2012-2013 audits for information.

AUDIT REPORTS ISSUED/COMPLETED SINCE THE LAST REPORT:

### **Creditors**

The review was a full system auditconcentrating on the controls over the creditors system as operated from the point when the purchase order is raised to the point the payment is recorded in the ledger. The audit did not look at the procuring of goods and services. The review found there is a generally sound system of internal control in place but that testing identified isolated weaknesses in the design of controls and inconsistent application of controls in one particular area. Because the Creditors' system is fully automated, the controls around the raising of orders through to the invoice authorisation were adequate. The controls around the reconciliation of the Creditor's system were also tested and it can be confirmed that they were sufficient and reliable to produce a true and accurate reflection of the Creditor's position on a monthly basis. However an areawhere the system could be further controlled to reduce the risk to the Council was regarding new suppliers' details.

Final Report Issued: 1<sup>st</sup> March 2013 Assurance: Significant

### Parks and Open Spaces

The review was a limited systems review of SandersPark concentrating on the areas of the pavilion and café including, income collection and contractual and management information. The review found weaknesses in relation to procedures in respect of purchasing of low value items from income and regularity of bankings. Regular meetings are taking place with the Contractors who run the Café under a Service Level Agreement so that any issues identified can be addressed in a timely manner. At the time of the audit some issues regarding the supplying of information by the contractors to the Council were identified but have now been addressed and are being monitored to ensure compliance, and, new systems and procedures along with staff training was planned for the start of the season (1<sup>st</sup> April 2013).

Final Report Issued:18<sup>th</sup> March 2013 Assurance: Moderate

<u>ICT</u>

The review was a full system audit focusing on inventory; replacement programme; IT Helpdesk; communications and monitoring. The review foundthere is generally a sound system of internal control in place for the areas of work reviewed during the audit. Testing identified isolated weaknesses in some areas of control including no risk register entry for the ICT Shared Service, no procedure documentation and no formal periodic review. The management of the inventory, and the stock replacement and disposals programmes is considered satisfactory for the needs of the organisation, although the process would be strengthened by the development of procedure documentation and the introduction of a formal periodic inventory review.

Final Report Issued: 26<sup>th</sup> February 2013 Assurance: Significant

Asset Management

The review was a risk based systems review seeking assurance on the accuracy of the records maintained for recording Fixed Assets with regards to both the Fixed Asset Register and other service department registers.All land and property valuations are performed under a service level agreement with Worcestershire County Council. The review concentrated on areas including assets per the Fixed Asset Register are owned by Bromsgrove District Council, there are procedures in place for Acquisition and Disposal of Assets, Valuation of Assets as well as assets per the Fixed Asset Register are reconciled to other asset records held e.g. the land and property database maintained by the Property Section and there is evidence to support this. It found there is generally a sound system of internal control in place for managing assets. Processes are in place for the reconciling of the property registers and Insurance database to the main Fixed Asset Register. However, procedures for service areas to notify the Insurance Officer of vehicle changes are not formalised and although weaknesses were identified there was minimal risk found.

Final Report Issued: 21<sup>st</sup> March 2013 Assurance: Significant

### **Renovation Grants**

The audit consisted of an independent evaluation of the new methods and approach taken by managers in processing and assessing renovation grants (including festival Housing and DFGs) as operated by Bromsgrove District Council. The new process was introduced because of the transformation process that brought about the Shared Service between Redditch Borough Council and Bromsgrove District Council being introduced from the 1st of April 2012.

Final Report Issued: 2<sup>nd</sup> April 2013 Assurance: N/a ~ Critical Friend

### Cemeteries ~ Bereavement Services

The review was a full system audit concentrating on adherence with regulatory requirements including documentation and authorisation; income collection; pursuit of debts; landscaping maintenance and management information. The review found although controls are working effectively improvements that can be made in the overall system of internal control particularly with regard to publication of fees & charges and the deposit of remittances. It was noted that invoices for funeral directors are raised directly via Agresso and this ensures that the automated recovery action is followed and action escalated when invoices remain unpaid. This has helped to ensure that debts in this area are kept to a minimum.

Final Report Issued: 26<sup>th</sup> April 2013 Assurance: Significant

### Council Tax

The review was a full systems audit concentrating on the controls within the Council Tax system in connection with key areas such as discounts, recovery of debt, write offs and system access. The review found there is a generally sound system of internal control in place for the administration of Council Tax accounts, but testing identified isolated issues with system controls in a small number of areas. It is understood that transformation changes have resulted in delays with several elements of work, including the identification and processing of write-offs and the updating of recovery procedures. Other issues highlighted included the review of discounts and exemptions, and the monitoring of updates to system records following reviews by the Valuation Office.

Final Report Issued: 22<sup>nd</sup> May 2013 Assurance: Significant: Significant

### Non Domestic Rates

The review was a full systems audit concentrating on the controls within the Non Domestic Rate system in connection with key areas such as discounts, recovery of debt, write offs and system access. The review found there is a generally sound system of internal control in place for the administration of Non-Domestic Rates accounts, but testing identified isolated issues with system controls in a small number of areas. It is understood that transformation changes have resulted in delays with several elements of work, including the identification and processing of write-offs and the updating of recovery procedures. Other issues highlighted include the monitoring and management of updates to system records following reviews by the Valuation Office.

Final Report Issued: 22<sup>nd</sup> May 2013 Assurance: Significant

Post Room ~ Processing of Documents

The review critically assessed changes implemented following a Transformation Review to ensure all incoming and outgoing post handled by the Post Room is promptly and securely distributed, confidential, valuable documents and material is handled or distributed in an appropriate manner and payments received are securely processed and receipted. The review did not include an assessment of post room staffing/resources, except where they were relevant to achieving the above objectives. The review was a critical friend appraisal which identified there is a generally sound system of internal control in place following transformation. Some small isolated weaknesses were identified which included post delivered by the Post Office early in the morning is not left in a secure place, documents for Worcestershire Regulatory Services are not scanned in per the service Level Agreement and with the exception of Freedom of Information requests; post room staff do not date stamp documents.

Final Report Issued: 22<sup>nd</sup> May 2013 Assurance: N/a ~ Critical Friend

Risk Management

The review was modified from a limited scope audit to a critical friend audit due to the stage the merging of the risk registers was at. The review was an independent evaluation of the new methods and approach taken by managers in ensuring the shared services risk management implementation is adequate and covers all risks at Bromsgrove District Council. The review found there is satisfactory evidence of regularly planned monitoring of the risk registers. This process is being led by the Head of Resources with regular updates being passed to the Risk Management Monitoring Group.Overall, good progress has been made with the implementation of the new system. There have been clear distinctions made for both corporate and operational risks with adequate monitoring from the External Risk Management Consultant and the Head of Finance & Resources. Adequate training has been provided for the Councils' Audit Board Members and staff directly involved with the Risk Register.

Final Report Issued: 22<sup>nd</sup> May 2013 Assurance: N/a ~ Critical Friend

#### <u>Markets</u>

The audit was a limited scope and covered the activities and security of revenue collection into Bromsgrove District Council. The market is managed as part of a shared service hosted by Wyre Forest District Council. An SLA is in place between the two councils for the services provided and this has been fully operational since 1st April 2012. The review found there are several weaknesses within the control environment which is exposing the Council to financial risk and possible reputational damage. Recommendations have been made below to improve controls over areas such as cash collection, documented market

procedures, reconciliations, trader's public liability insurance and management reporting. To allow security, comfort and a safe working environment for the staff, a Market Office was introduced in November 2012. During the audit it was already noted that this has given some stability to the day to day processes and should assist in rectifying the audit findings.

Final Report Issued: 21<sup>st</sup> March 2013 Assurance: Limited

### Cash, Bank Reconciliations and General Ledger

The review was a full systems audit concentrating on the Cash collection system as operated by Bromsgrove District Council at the time of the audit from the point where the cash is collected, to being entered onto the main ledger, and, it being reflected in the Bank reconciliations. The review found there is a generally sound system of internal control in place but our testing has identified isolated weaknesses in the inconsistent application of controls in a small number of areas e.g. bank analysis and journal transfers. The cash handling procedures including the banking process are adequately controlled by the Cashier's team. There was sufficient evidence to show that the interfaces between Cash receipting system (CIVICA Icon) and the General ledger system (Agresso) are being monitored adequately, with sufficient contingency plans in the case of a failure of the daily interfaces. The Bank Reconciliation process was also tested and we can confirm that the controls in place are adequate to ensure information received from the Council's bank accounts match with the General Ledger entries and the Cash Receipting systems. There were no high or medium priority recommendations.

Final Report Issued: 11<sup>st</sup> March 2013 Assurance: Significant

### **Budgetary Control and Strategy**

The audit was a risk based systems review concentrating on the Budgetary Control and Strategy. The purpose of the audit was to provide an assurance that sound controls and practices were evident in the budgetary control process as operated by Bromsgrove District Council. The review found the overall system of control is good in particular the budget monitoring arrangements. Identified improvements can be made regarding virements in particular the retention of supporting documentation to confirm adjustments made. The audit did not cover the management information provided and access to the financial management from a budget holder's perspective.

Final Report Issued: 26<sup>th</sup> April 2013 Assurance: Significant

# AUDIT BOARD

Summary of Assurance Levels:

Audit	Assurance Level		
Creditors 2012/13	Significant		
Parks and Open Spaces 2012/13	Moderate		
ICT 2012/13	Significant		
Asset Management 2012/13	Significant		
Renovation Grants 2012/13	N/a ~ Critical Friend		
Cemetery and Crematorium 2012/13	Significant		
Council Tax 2012/13	Significant		
NNDR 2012/13	Significant		
Post Room Processing	N/a ~ Critical Friend		
Risk Management	N/a ~ Critical Friend		
Markets	Limited		
Cash, Bank Reconciliation and General	Significant		
ledger			
Budgetary Control and Strategy	Significant		

# 2012 – 2013 AUDITS NEARING COMPLETION 31<sup>st</sup> MAY 2013

### Climate Change (Draft Report Stage)

The audit is a risk based systems review of limited scope. The review is to concentrate on areas including the utilisation of funding by Bromsgrove District Council, monitoring of savings and repayment of funding as per agreement. The review will assess the eligible projects have been identified to maximise the use of available grant and Salix funding, in accordance with determined criteria along with effectively monitoring of performance and promotion.

### <u>Regulatory Services ~ Licensing Income (Draft Report Stage)</u>

The review is a full systems audit concentrating on the MiscellaneousEnvironmental Licensing system. The review has included the granting and approval of licenses, renewal and enforcement, collection and payment of licenses and income performance monitoring.

### Housing and Council Tax Benefits (Draft Report Stage)

The review is a full systems audit concentrating on the controls within the Housing and Council Tax Benefit systemin connection with key areas such as overpayments, back dated claims and reconciliations.

<u>Shared Service ~ (Shared Service/Transformation Savings and Clarity of</u> <u>Reporting to the Members) (Draft Report Stage)</u>

The audit of the Corporate Governance (Shared Service/Transformation Savings and Clarity of Reporting to the Members) was requested by the members of the Shared Services Committee to review the accuracy of the savings and the clarity of the information provided to the committee. It was carried out in accordance with the Worcestershire Internal Audit Shared Service Audit Plan for Bromsgrove District Council for 2012/13.

As the above audits remain in progress an assurance level will be allocated on completion.

### 2013/14 AUDITS IN PROGRESS AS AT 31<sup>st</sup> May 2013

### Land Charges

The review will be a full system audit. The review will concentrate on areas of the Land Charges including Fees charged are in accordance with the Council's agreed scale of fees, Income received is properly accounted for and can be easily identified in the Councils Main Ledger, all deletions and additions to the Register are properly authorised including charges on property, searches are carried out on fully completed applications and within agreed local timescales and Information and data whether electronic or hard copy are properly protected and held securely for an agreed period. This audit will not cover the setting of fees and charges.

### Environmental Enforcement

The review will be a critical friend review concentrating on the Community Safety/Environmental Enforcement system as it is provided by Bromsgrove District Council including areas such as resources are effectively allocated between the different roles and responsibilities to meet the needs of the community, e.g. Community Safety and Environmental Enforcement, management Information is available on a timely basis, reported to Senior Managers and Members, and is used to improve and develop the service and Fixed Penalty Notice income is only used by the council in line with regulations.

### ANTI-FRAUD AND CORRUPTION SURVEY.

The anti fraud and corruption survey was completed by Internal Audit and submitted on the 17th May 2013 in respect of financial year 2012/13. The survey examined several key anti fraud measures that exist within the Council. There were no significant weaknesses identified by the survey.

# AUDIT BOARD

### 3.4 AUDIT DAYS

Appendix 1 shows that progress continues to be made towards delivering the Internal Audit Plan and achieving the targets set for the year. As at 31<sup>st</sup> May 2013 a total of 18days had been delivered against a target of 300 days for 2013/14.

Appendix 2 shows the performance indicators for the service. These indicators were agreed by the Board on the 14th March 2013 for 2013/14.

Appendix 3 shows a summary of the 'high' and 'medium' priority recommendations for those audits that have been completed and final reports issued.

### 3.5 OTHER KEY AUDIT WORK

Much internal audit work is carried out "behind the scenes" but is not always the subject of a formal report. Productive audit time is accurately recorded against the service or function as appropriate. Examples include:

- Governance for example assisting with the Annual Government Statement
- Risk management
- Transformation review providing support as a critical friend
- Dissemination of information regarding potential fraud cases likely to affect the Council
- Drawing managers' attention to specific audit or risk issues
- Audit advice and commentary
- Internal audit recommendations: follow up review to analyse progress
- Day to day audit support and advice for example control implications, etc.
- Networking with audit colleagues in other Councils on professional points of practice
- National Fraud Initiative.
- Investigations

### **Recruitment**

3.6 Due to natural turnover WIASS currently has two establishment posts vacant which it will actively be recruiting for in June 2013. Close monitoring of resource is continuing using current management information to assist the delivery of the partner's plans in relation to forecasted demand for the remainder of the year. WIASS is committed to delivering all audits as indicated in the 2013/14plan for Bromsgrove District Council andwill continue to take active steps to achieve this.

### **Customer / Equalities and Diversity Implications**

3.7 There are no implications arising out of this report.

### 4. <u>RISK MANAGEMENT</u>

The main risks associated with the details included in this report are:

- failure to complete the planned programme of audit work within the financial year; and,
- the continuous provision of an internal audit service is not maintained.

These risks are being managed via the 4Risk risk management system within the Finance and Resources risk area.

### 5. <u>APPENDICES</u>

Appendix 1 ~ Internal Audit Plan delivery 2013/14
Appendix 2 ~ Key performance indicators 2013/14
Appendix 3 ~ 'High' and 'Medium' priority recommendations summary with an example of a finalised audit report and a 'critical friend' report.

### 6. BACKGROUND PAPERS

Individual Internal Audit reports.

# 7. <u>KEY</u>

N/a

# AUTHOR OF REPORT

Name:	Andy Bromage
	Service Manager - Worcestershire Internal Audit Shared Service
E Mail:	andy.bromage@worcester.gov.uk
Tel:	01905 722051

Date: 4<sup>th</sup> July 2013

### **APPENDIX 1**

# Delivery against Internal Audit Plan for 2013/14 1<sup>st</sup> April 2013 to 31<sup>st</sup> May 2013

Audit Area	2013/14 PLANNED DAYS	DAYS PLANNED TO THE END OF THE 1st QUARTER	DAYS USED TO 31/05/13
Core Financial Systems (*Note 1)	87	0	0
Corporate Audits	68	0	0
Other Systems Audits (*Note 2)	109	35	14
TOTAL	264	35	14
Audit Management Meetings	15	3	2
Corporate Meetings / Reading	5	1	1
Annual Plans and Reports	8	2	1
Audit Board Support	8	2	0
Other chargeable	0	0	0
TOTAL	36	8	4
TOTAL	300	43	18

# AUDIT BOARD

### \*Note 1

Core Financial Systems are audited in quarters 3 and 4 in order to maximise the assurance provided for Annual Governance Statement and Statement of Accounts.An explanation as to the short fall against the projected days is provided at paragraph 3.6 above and the situation is being addressed.

### \*Note 2

A number of the budgets in this section are 'on demand' e.g. consultancy, investigations so the requirements can fluctuate.

# AUDIT BOARD

Date: 4<sup>th</sup> July 2013

### KEY PERFORMANCE INDICATORS 2013/14

### APPENDIX 2

The success or otherwise of the Internal Audit Shared Service will be measured against the following key performance indicators for 2013/14.

	KPI	Target	Frequency of reporting	As at 31 <sup>st</sup> May 2013
1	% Plan delivered excluding overruns	90% for year	Quarterly	6%
2	Customer satisfaction surveys	90% Good or above	Quarterly	None returned at time of publishing
3	Number of audits delivered compared to plan	Minimum 15	Quarterly	2013/14 0
4	Annual survey of Internal Audit Service	Good or above	Annually	Monitored by the client Officer Group

The Internal Audit Self-Assessment checklist assessing compliance with the CIPFA Code of Practice for Internal Audit in Local Government in the UK 2006 will also be completed at the end of the annual cycle. Any areas of partial or non-compliance with the Code will be reported as exceptions to the Client Officer Group and Audit Board. WIASS operates within and conforms to the Public Sector Internal Audit Standards.

Definition of Audit Opinion Levels of Assurance

Opinion	Definition						
Full Assurance	The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively.						
	No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.						
Significant Assurance	There is a generally sound system of internal control in place designed to meet the organisation's objectives. However isolated weaknesses in the design of controls or inconsistent application of controls in a small number of areas put the achievement of a limited number of system objectives at risk.						
	Follow up of medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.						
Moderate Assurance	The system of control is generally sound however some of the expected controls are not in place and / or are not operating effectively therefore increasing the risk that the system will not meet it's objectives. Assurance can only be given over the effectiveness of controls within some areas of the system.						
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.						
Limited Assurance	Weaknesses in the design and / or inconsistent application of controls put the achievement of the organisation's objectives at risk in many of the areas reviewed. Assurance is limited to the few areas of the system where controls are in place and are operating effectively.						
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.						
No Assurance	No assurance can be given on the system of internal control as significant weaknesses in the design and / or operation of key controls could result or have resulted in failure to achieve the organisation's objectives in the area reviewed.						
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.						

# AUDIT BOARD\_\_\_\_\_

Date: 4<sup>th</sup> July 2013

### **Definition of Priority of Recommendations**

Priority	Definition
Н	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives.
	Immediate implementation of the agreed recommendation is essential in order to provide satisfactory control of the serious risk(s) the system is exposed to.
м	Control weakness that has or is likely to have a medium impact upon the achievement of key system, function or process objectives.
	Implementation of the agreed recommendation within 3 to 6 months is important in order to provide satisfactory control of the risk(s) the system is exposed to.
L	Control weakness that has a low impact upon the achievement of key system, function or process objectives.
	Implementation of the agreed recommendation is desirable as it will improve overall control within the system.

Date: 4<sup>th</sup> July 2013

### **APPENDIX 3**

# 'High' & 'Medium' Priority Recommendations Summary

Ref.	Priority	Finding	Risk	Recommendation	Management Response and Action Plan						
Parks	Parks and Open Spaces (Sanders Park)										
The r	eview was	a limited systems review of	Sanders Park concentrat	ing on the areas of the pa	avilion and café including,						
incon	income collection and contractual and management information.										
Overa	II Assurance	e: Moderate									
New r	natters arisi										
1	М	Internal Check - Banking									
		The banking of income is not always occurring as per agreed procedures. Procedures state that banking of income should be undertaken weekly as a minimum and twice weekly during the peak season. However some weeks the takings are nominal.	In efficient working practises leading to unnecessary resource pressures on the Service.	Procedures for bankings to be reviewed to ensure that they are adequate. The insurance levels for cash and cheques held at SandersPark to be reviewed in line with the above to ensure that it has been set at a level that is efficient for the service while protecting the interests of the Council.	been reinforced with operational staff and the requirements for banking practice reaffirmed by line manager. Weekly banking procedure has now been reviewed in line with audit recommendations and will						

AUDIT BOARD Date: 4<sup>th</sup> July 2013

2	M	Incomplete Banking Records Deductions have been made	Unaccounted income in the financial records.	Procedures to be introduced for the	Responsible Manager: Deductions were made for
		from income to make sundry purchases at the Park Pavilion Site. These were for low value items.		purchasing of low value items for example a petty cash float.	emergency repairs during the event season, a new procedure in line with the audit recommendation will be implemented in the new season commencing March 2013 with the use of a GPC card allowing for emergency purchases, reviewed and recorded within weekly banking procedure and audit.
					Implementation date: Staff training completed with new systems and procedures implemented and on-going meeting with the team planned throughout the season
3	M	states that the contractor will	Reputation damage from unclear requirement of	The requirement for CRB checks is to be clarified	<b>Responsible Manager:</b> To safeguard any liability to the
		not:- 'allow any employee to	contractors.	and if they are not required then this should be noted along with the reasons and	council this requirement remains on the agreement with the contractor.

		commence work at the Premises until a clear Criminal Records Bureau report in respect of such employee have been supplied to the Council's Parks and Recreations Officer' Although Bromsgrove District Council has requested copies		retained with the Service Level Agreement.	The contractor has been made aware of the requirement and certificates are pending prior to the commencement of the main parks season March to September. Certificates will be kept on file by the contract manager.
		of CRB checks these have as yet not been received. Clarification is being sought as to whether CRB checks are required in these situations.			<b>Implementation date:</b> On-going through the length of current agreement with certificates supplied as required by March 2013.
the p good	review was ourchase o Is and serv				operated from the point when I not look at the procuring of
-	Matters Aris				
1	M	Exception Reports Reports which detail new suppliers, amendments and deletions are not currently produced for management review.	There is a risk of financial loss to the Council by paying to the wrong supplier.	<ul> <li>Exception reports that detail new suppliers, amendments and deletions are produced on a quarterly basis.</li> <li>The reports are subject</li> </ul>	This exception had not been completed due to essential high priority work required during the year, which included transformation work in the Shared Services. It has been

		found insu show that member of raising of a Creditors s	ufficient at an f staff i a new s	cember 2012 evidence to independent s verifying the supplier to the				•	for content ar reasonablene to the payme Raising of ne suppliers and deletion of ex creditor reque be appropriat documented authorised.	ess prior nt run. w l/or disting ests must tely	<ul> <li>response from the previous year would be carried forward, i.e.: <ul> <li>A 'pilot' exercise will be carried out for a trial period of 3 months.</li> </ul> </li> <li>Reports will be produced and be subject to risk based reasonableness checks.</li> <li>At the end of the trial period to become either a 'business as usual activity' or be discontinued.</li> <li>If discontinued, the reason will be recorded.</li> </ul> <b>Responsible Manager:</b> Financial Services Manager <b>Implementation date:</b> April 2013
	Managemei										
											ords maintained for recording
											egisters.All land and property
				a service lev	el agree	ment	with Worce	ester	shire Coun	ty Counc	cil.
	II Assurance		nt								
	natter Arisin	0		<b>D</b> ( ))							
1	М	Vehicle li	nsurar	nce Details							
		During	а	comparison	Waste	of	resources	А	process	to be	Management Action:

		ofvehicle insurance records and the asset register it was found that there was at times a substantial delay in adding or removing vehicles on the Council's insurance policy. Although this is not deemed to be a significant risk as all vehicles would be covered under the blanket policy there is an opportunity for vehicles not to be removed and therefore potentially cause higher premiums at renewal. It is evident that the process of notifying Finance is not working correctly.	disposals. Potential	introduced that ensures vehicles acquired or disposed of are timely reflected on the insurance application.	The process for updating insurance records is being moved to the depot that controls the purchase/disposal of vehicles. Work has commenced but awaiting input from Zurich to set up new users. <b>Responsible Manager:</b> Financial Services Manager <b>Implementation date:</b> 30 <sup>th</sup> August 2013
The r	eview was	eavement Services a full system audit concentrations purpuit of de	•	• • •	•
		come collection; pursuit of de	ebts; landscaping mainte	nance and management	Information.
	latters Arisi				
1	Н	Fees & charges			Agreed.
		Incorrect fees & charges (i.e. as at April 2011) are displayed on the web site.	Incorrect information to the public/ potential for incorrect charging leading to reputational damage	Procedures ensure that the web site is updated when fees & charges are approved by Council.	Responsible Manager: Bereavement Services Manager Implementation date: 31 <sup>st</sup> May 2013
2	М	Paying in of Remittances			Agreed.

		Proforma paying in slips are not always adequately completed (e.g. dated) & are not always accompanied by evidence of receipt (i.e. cashiers receipt). In addition income received at the cemetery office is paid in to the Bromsgrove cashiers using unnumbered paying in slips.	Reputational Damage and loss of income	Staff to be reminded that Proforma paying in slips must be properly completed and cashiers receipts attached to provide a complete audit trail of transactions. Consideration to be given to Proforma paying in slips being sequentially numbered for control purposes.	Responsible Manager: Bereavement Services Manager Implementation date: Immediately
mon the a <b>Over</b>	itoring. The udit	e review foundthere is a gener e: Significant	• •		pdesk; communications and areas of work reviewed during
<u>New</u> 1	Matters Arisi M	There is no formal process for periodically reviewing the ICT inventory, to ensure all equipment can be accounted for.	Inadequate monitoring leading to unnoticed theft, potentially leading to financial loss or reputational damage.	ICT equipment records should be checked on an annual basis, to ensure information held is correct. Instances of missing equipment should be investigated and reported to management.	Management Response: Process to be in place to annually check ICT inventory to ensure information is correct. Responsible Manager: ICT Operations Manager Implementation Date: 31.03.2013
2	Μ	There is currently no procedure	Mismanagement of	There should be a	01.00.2010

			and possible contravention of current electronic disposal legislation.	This disposal procedure should indicate the need to identify when each inventory item has been disposed, to ensure approval for all disposals has been received, and also to obtain appropriate destruction certificates for each collection by an	ICT Operations Manager Implementation Date: 31.03.2013
3	M	There is currently no risk register entry for the ICT Shared Service. There is a corporate 4Risk review process underway for the organisation, which aims to address this issue.	Lack of corporate understanding and mitigation of the risks associated with the ICT Shared Service, leading to potential financial loss or reputational damage, & service interruption.		Management Response: Awaiting corporate decisior meeting rearranged by 4risk. Responsible Manager: ICT Operations Manager Implementation Date: 01.04.2013
Coun betwe Overa	audit was cil. The m		a shared service hosted	d by Wyre Forest District	Council. An SLA is in place
1	H	All traders on the Market are	The Council could be	It is recommended that:	Management Response:

		required to hold current insurance that includes public liability of £5m. Only 4 copies of an insurance certificate were found out of a sample of 10.	subject to litigation claims should a stallholder not present the required insurance.	Traders are only	The Market Operatives, who allow traders onto the market, have been reminded of their responsibility to ensure traders produce a current and valid PLI certificate prior to trading. Also a reminder system will be set up to ensure certificates which are approaching expiry date are renewed as required. <b>Responsible Manager:</b> Economic Development Manager North Worcestershire <b>Implementation date:</b> 16 <sup>th</sup> August 2013
2	Н	<ul> <li>Cash Collection</li> <li>Out of a sample of 20 daily cash collections reviewed the following were noted:</li> <li>There were 4 instances where the amount banked was higher than the physical written receipts.</li> </ul>	The inconsistency in the written receipts and the banking of the daily cash may cause a financial and reputational risk.	have a written receipt.	Management Response: The Senior Market Operative and Market Operatives, who allow traders onto the market, have been reminded of their responsibility to give all stall holders/traders a written receipt and to file the office

		<ul> <li>Written receipts could not be located for one sampled date. On a further date the Farmers Markets receipts could not be located</li> <li>3 instances of gaps in the receipt numbers were found that could not be explained</li> <li>One instance where the daily takings on a Saturday had not been banked until the following Tuesday</li> <li>It was noted that many of the above inconsistencies were prior to the new market office being introduced. As such it is noted that the ability to maintain a filing system and paperwork flow has increased with the new facility.</li> </ul>		placed in the night safe and not kept in an office or taken off premises overnight. There is no safe facility to ensure security in the market office so there must be clear instruction for the safe keeping of the cash.	copy. Any previous irregularities with this process should be avoided following the opening of the market office in November 2012. A process for the safe keeping of cash will be worked up, approved by Internal Audit, put in writing and imparted to the Senior Market Operative and Market Operatives. <b>Responsible Manager:</b> Economic Development Manager North Worcestershire <b>Implementation date:</b> 16 <sup>th</sup> August 2013
3	Н	Market Procedures and relative paperwork There are no documented	Risk of litigation for non-	Full relevant procedural	Management Response:
		Bromsgrove Market procedures for use by the	compliance with legal	documentation to be produced and agreed	Whilst there are established procedures in place for

staff. This includes but				running the market, it is
limited to the following				accepted that not all of these
Current stallholder	approach in	•		are currently documented.
details including cu			control. This	
insurance certificat	es. revenue.			Management are aware of
Expected daily allo	cation	appropriate		this situation and were
sheets including		use by the	e staff, e.g. a	proposing to address the
stallholder absence	s and	bullet poi	int approach	same in the run up to the
back fills		with scree	n pictures and	planned refurbishment of the
Cash collection and	1	copied doc	uments rather	High Street which is to
banking procedure		than a mar	nual.	include a new layout for the
including appropria		All releva	nt paperwork	Market.
completed paperw		should be	securely held	
Dealing with poor		for future re		Indeed elements of
stallholder behavio	ır			implementing the procedures
and/or limiting trad				- including the completion of
Setting up and rem	•			a 2013 Risk Assessment and
of the market stalls				dealing with poor stallholder
				behaviour within a re drafted
Health and Safety				set of Market Regulations,
training records an				have taken place.
appropriate risk				Management will work with
assessments.				the Operatives to develop a
Appropriate Record				set of written procedures in
Retention periods.				accordance with the
				recommendations of this
				audit.
				auuit.
				Responsible Manager:
				Manager North
				Worcestershire

					Implementation date: 16 <sup>th</sup> August 2013
4	M	Management Information No management information has been located surrounding the performance of the market that would assist in the correct decisions to be made to ensure the market is maintained for future years.	market process and plan for the future	<ul> <li>Appropriate management information and controls to be introduced such as:</li> <li>Stallholder payment performance.</li> <li>Monthly market revenue and stall allocation in conjunction with trends for the year and against seasons for the previous years</li> <li>Performance analysis against other open air markets to show value for money is being achieved for the Council.</li> </ul>	Management Response: When the Shared Service took over the running of the Market, the current Management was not advised of the existence of "management information" or of any requirement to introduce the same. Whilst Management is prepared to consider introducing "management information", some guidance is required from the Shared Service Client Management Group as to a) whether management information is required and b) what this might include. Recording data and analysing trends could be undertaken.

					However, Stallholder payment performance, for example, is considered irrelevant as all traders pay for their stall either on the day or at least weekly which results in a consistent 100% payment performance. Similarly, given that all outdoor markets operate under different circumstances and are subject to a host of variants, it is considered unrealistic to benchmark this Market against other operations. <b>Responsible Manager:</b>
					Economic Development Manager North Worcestershire
					Implementation date: 16 <sup>th</sup> August 2013
5	М	Terms & Conditions			
		It was found that the Bromsgrove High Street Market Terms & Conditions were not dated or contained	Out of date Terms & Conditions used causing reduced customer service and reputation	Terms & Conditions to be dated and with version control to ensure that superseded	Management Response: The current Market Terms and Conditions have now been dated as at April 2012.

		valid version control.	risk.	versions are removed from circulation and there is no confusion as to which version is current.	If any changes are made to the current Conditions, prior to the introduction of the brand new Regulations following the forthcoming High Street refurbishment and subsequent relocation of the Market, then these will be dated accordingly. <b>Responsible Manager:</b> Economic Development Manager North Worcestershire <b>Implementation date:</b> 16 <sup>th</sup> August 2013
6	Μ	<b>Reconciliation</b> During the audit it was found that there was no reconciliation between the takings from the stallholders and the amounts received in the bank account. Daily receipts showed inconsistencies in the written receipts and the value banked. Performing a reconciliation would identify	Potential for fraudulent activity leading to reputation damage and loss of income.	It is recommended that a stallholder receipt to bank receipt reconciliation is undertaken on a monthly basis and any reconciling items be investigated and resolved.	Management Response:A procedure for undertaking areconciliation as per theRecommendation will beimplemented.Responsible Manager:EconomicDevelopmentManagerNorthWorcestershire

		these inconsistencies that could then be eradicated.			Implementation date: 16 <sup>th</sup> August 2013
The areas	s such as c	liscounts, recovery of debt, w			stem in connection with key
	ance: Signi Matters Arisi				
1	M	Officers undertaking reviews of discounts and exemptions on occasions are accepting a low level of evidence to support the continued application of a reduction; for example repeatedly accepting the word of neighbours.	Inappropriate discounts and exemptions applied to accounts.	Officers need to seek and record an appropriate level of evidence prior to applying account discounts and exemptions. The level of acceptable evidence to be defined.	Management Response:Levels of acceptable evidence will be defined and communicated to all staffResponsible Manager:Revenue Services ManagerImplementation date:November 2013
2	М	Requests sent to the Valuation Office for property additions, deletions and amendments were not being monitored to ensure they were being actioned timely.	Potential for incorrect/ untimely billing resulting in higher arrears o/s balances leading to over-stated position and reputation damage.	A system of monitoring and referring cases reported to the Valuation Office needs to be introduced.	<b>Management Response</b> : Noted comments – procedure for reviewing outstanding Valuation Office Notifications to be implemented.

					Responsible Manager: Revenue Services Manager Implementation date: August 2013.
key a	eview was reas such	a full systems audit concent as discounts, recovery of del	•		te system in connection with
	ance: Signif natters Arisi				
1	М	Although system Rateable Value totals agree to Valuation Office reports, there has been a difference between property totals since 20/06/2012.	Inconsistencies could lead to incorrect billing	An explanation should be sought for the differences in the property totals in the VO reports and Academy system.	<ul> <li>Management Response:</li> <li>Full list reconciliation will be run during 2013 to identify any discrepancies in the contents of the rating list and our records.</li> <li>Timetable for reconciliation o VOA list to system will be agreed.</li> <li>Responsible Manager:</li> <li>Revenue Services Manager</li> <li>Implementation date:</li> <li>30 April 2013</li> </ul>
2	M	System outputs used to	Failure to timely pursue	Reports to monitor	Management Response:

# AUDIT BOARD

Date: 4<sup>th</sup> July 2013

		monitor 'indicators' applied to accounts by Revenues Officers for suppressing further recovery action, have not been run or actioned for some time, e.g. October for 'Circumstances' indicators and December for 'Arrangement' indicators.	arrears leading to increase in arrears/ worsening collection rates.	 <ul> <li>Will agree timetable for production of inhibits</li> <li><b>Responsible Manager</b>:</li> <li>Revenue Services Manager</li> <li><b>Implementation date</b>:</li> <li>30 November 2013</li> </ul>
3	Μ	Requests sent to the Valuation Office for property additions, deletions and amendments are not being monitored to ensure they are being actioned timely. Audit testing indicated that Revenues Officers were not 'closing' cases actionedcorrectly as a Academy system listing shows that there are 453 outstanding.	Incorrect billing resulting in higher arrears o/s balances.	Management Response: To be addressed as part of point 1. Responsible Manager: Revenue Services Manager Implementation date: 30 April 2013

The audit was a risk based systems review concentrating on the Budgetary Control and Strategy. The purpose of the audit was to provide an assurance that sound controls and practices were evident in the budgetary control process as operated by Bromsgrove District Council.

Assur	Assurance: Significant						
New n	natter arisin	g					
1	H	Not all supporting documents for virements processed during 2012/13 could be found. (e.g. virements 1001206 – 8)	Unauthorised transactions	All supporting documentation to be retained on file.	Agreed. <b>Responsible Manager:</b> Financial Services Manager <b>Implementation date:</b> 31 October 2013		
2	М	System access for Agresso has not been reviewed for some time.	Inappropriate system access provided	Agresso system access to be reviewed as soon as possible.	Agreed. <b>Responsible Manager:</b> Financial Services Manager / Systems &Control Accountant <b>Implementation date:</b> 31 October 2013		
3	М	Excessive number of users assigned to high level access profile.	Unnecessary high level access	Review the number of users assigned to high level system access.	Agreed. <b>Responsible Manager:</b> Financial Services Manager / Systems &Control Accountant <b>Implementation date:</b> 31 October 2013		
			end				

AUDIT BOARD

Date: 4<sup>th</sup> July 2013

**Full Finalised Reports Issued** 

**Appendix 3** 

# **Worcestershire Internal Audit Shared Service**



# **Final Internal Audit Report**

**Creditors 2012/13** 

# 1<sup>st</sup> March 2013

# **Distribution:**

Kevin Dicks
Jayne Pickering
Teresa Kristunas
Sam Morgan

- : Chief Executive
- : Executive Director, Finance and Corporate Resources
- : Head of Finance and Resources
- Financial Services Manager



Date: 4<sup>th</sup> July 2013

#### 1. Introduction

The audit of the Creditors system will be carried out in accordance with the Worcestershire Internal Audit Shared Service Audit Plan for Bromsgrove District Council for 2011/12 as approved by the Audit Board on 29<sup>th</sup> March 2012. The audit will be a risk based systems review

In April 2012, the Authority merged the Bromsgrove payments team with the Redditch payments team. The Bromsgrove District Council payments team still use the fully automated system (Agresso) to run their Creditors. The management of the team has been transferred to the Redditch Borough Council Senior Payments Officer.

This review was undertaken by Fiona Ziro duringNovember and December 2012

#### 2. Audit Scope and Objectives

The review assessed whether the following control objectives of the Creditorswere being achieved:

- Audit findings from 2011/12 have been implemented
- User access and profile to Agresso systems are appropriately controlled;
- Orders are appropriately authorised in accordance with delegated authority and are raised prior to the receipt of goods/services
- New suppliers and amendments to the creditor database are controlled effectively;
- Payments are made correctly in accordance with the Council's Financial Regulations and agreed procedures and invoices are chargeable to Bromsgrove District Council and are only paid once;
- Payments are recorded accurately and timely in the general ledger and there is a regular reconciliation between the creditor day book and the general ledger and this is done in a timely manner.
- There are adequate controls over cheques and BACS payment and a reconciliation between the creditors' day book and the BACS report and cheque run is carried out.

The review was a full systemsaudit. The review concentratedon the controls over the creditors system as operated by Bromsgrove District Council at the time of the audit from the point when the purchase order is raised to the point the payment is recorded in the ledger and the period from 1<sup>st</sup> April 2012 to the 31<sup>st</sup> October 2012:

The audit did not look at the procuring of goods and services

# AUDIT BOARD

Date: 4<sup>th</sup> July 2013

#### 3. Audit Opinion and Executive Summary

From the audit work carried out we have given an opinion of **significant assurance** over the control environment in this area. The level of assurance has been calculated using a methodology that is applied to all Worcestershire Internal Audit Shared Service audits and has been defined in the "Definition of Audit Opinion Levels of Assurance" table in Appendix A. However, it should be noted that statements of assurance levels are based on information provided at the time of the audit in respect of the specific audit objectives. Where there is no specific reference to an audit objective in the findings and recommendations table at point 4 below, recipients of this report can take reassurance that a reasonable level of assurance was determined during audit testing for those objectives.

We have given an opinion of **significant assurance** in this area because there is a generally sound system of internal control in place but that our testing has identified isolated weaknesses in the design of controls and inconsistent application of controls in one particular area. Because the Creditors' system is fully automated, the controls around the raising of orders through to the invoice authorisation were adequate. The controls around the reconciliation of the Creditor's system were also tested and it can be confirmed that they were sufficient and reliable to produce a true and accurate reflection of the Creditor's position on a monthly basis. There are however areas where the system could be further controlled to reduce the risk to the Council regarding new suppliers' details.

The recommendations identified during the audit have been prioritised according to their significance / severity in the table below. We have used this prioritisation to inform our audit opinion. The definitions for high, medium and low priority are set out in the "Definition of Priority of Recommendations" table in Appendix B.

Priority	Number of Recommendations
High	0
Medium	1
Low	0

# AUDIT BOARD

Date: 4<sup>th</sup> July 2013

#### 4. Detailed Findings and Recommendations

The issues identified during the audit have been set out in the table below along with the related risks, recommendations, management responses and action plan. The issues identified have been prioritised according to their significance / severity. The definitions for high, medium and low priority are set out in the "Definition of Priority of Recommendations" table in Appendix B.

Ref.	Priority	Finding	Risk	Recommendation	Management Response and Action Plan
Issues	s brought for	ward from previous audit			
1	M	Exception Reports Reports which detail new suppliers, amendments and deletions are not currently produced for management review. In addition, the audit carried out in November/December 2012 found insufficient evidence to show that an independent member of staff is verifying the raising of a new supplier to the Creditors system.	There is a risk of financial loss to the Council by paying to the wrong supplier.	<ul> <li>Exception reports that detail new suppliers, amendments and deletions are produced on a quarterly basis.</li> <li>The reports are subject to management review for content and reasonableness prior to the payment run.</li> <li>Raising of new suppliers and/or deletion of existing creditor requests must be appropriately documented and authorised.</li> </ul>	<ul> <li>This exception had not been completed due to essential high priority work required during the year, which included transformation work in the Shared Services. It has been confirmed that the same response from the previous year would be carried forward, i.e.:</li> <li>A 'pilot' exercise will be carried out for a trial period of 3 months.</li> <li>Reports will be produced and be subject to risk based reasonableness checks.</li> <li>At the end of the trial period to become either a 'business as usual activity' or be discontinued.</li> <li>If discontinued, the reason</li> </ul>

Ref.	Priority	Finding	Risk	Recommendation	Management Response and Action Plan
					will be recorded.
					<b>Responsible Manager</b> : Financial Services Manager
					Implementation date:
					April 2013

# **APPENDIX A**

### Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Full Assurance	The system of internal control meets the organisation's objectives; all of the expected system controls tested are in place and are operating effectively.
	No specific follow up review will be undertaken; follow up will be undertaken as part of the next planned review of the system.
Significant Assurance	There is a generally sound system of internal control in place designed to meet the organisation's objectives. However isolated weaknesses in the design of controls or inconsistent application of controls in a small number of areas put the achievement of a limited number of system objectives at risk.
	Follow up of medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Moderate Assurance	The system of control is generally sound however some of the expected controls are not in place and / or are not operating effectively therefore increasing the risk that the system will not meet it's objectives. Assurance can only be given over the effectiveness of controls within some areas of the system.
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
Limited Assurance	Weaknesses in the design and / or inconsistent application of controls put the achievement of the organisation's objectives at risk in many of the areas reviewed. Assurance is limited to the few areas of the system where controls are in place and are operating effectively.
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.
No Assurance	No assurance can be given on the system of internal control as significant weaknesses in the design and / or operation of key controls could result or have resulted in failure to achieve the organisation's objectives in the area reviewed.
	Follow up of high and medium priority recommendations only will be undertaken after 6 months; follow up of low priority recommendations will be undertaken as part of the next planned review of the system.

# **APPENDIX B**

#### **Definition of Priority of Recommendations**

Priority	Definition
Н	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives.
	Immediate implementation of the agreed recommendation is essential in order to provide satisfactory control of the serious risk(s) the system is exposed to.
м	Control weakness that has or is likely to have a medium impact upon the achievement of key system, function or process objectives.
	Implementation of the agreed recommendation within 3 to 6 months is important in order to provide satisfactory control of the risk(s) the system is exposed to.
L	Control weakness that has a low impact upon the achievement of key system, function or process objectives.
	Implementation of the agreed recommendation is desirable as it will improve overall control within the system.

# **Worcestershire Internal Audit Shared Service**



# **Final Internal Audit Report**

# **Renovation Grants 2012/13**

2<sup>nd</sup> April 2013

# **Distribution:**

Kevin Dicks	:	Chief Executive
Jayne Pickering	:	Director Finance and Resources
Sue Hanley	:	Deputy Chief Executive & Executive Director for Leisure, Environment & Community Services
Angie Heighway	:	Head of Community
Derek Allen	:	Strategic Housing Manager
Steve Shammon	:	Private Sector Housing Team Leader



# AUDIT BOARD

#### 1. Introduction

The audit of Renovation Grants was carried out in accordance with the Worcestershire Internal Audit Shared Service Audit Plan for Bromsgrove District Council for 2012/13 as approved by the Audit Board on Audit Board on 29<sup>th</sup> March 2012.

From the 1<sup>st</sup> of April 2012, Bromsgrove District Council became part of the Shared Service with Redditch Borough Council in relation to all Renovation Grants processing. Prior to the shared service, the system used to approve grants (UNI-*form*) was handled by the BDC housing team. This system is no longer in use as details of applicants are recorded on a excel spreadsheet.

Bromsgrove District Council was responsible for performing the administrative duties for all applications received until June 2010. This service was then fully contracted to the Housing Improvement Agency for a three year period (31 March 2013). In 2012, this contract was extended to 31<sup>st</sup> March 2014 to ensure that there is sufficient time to cover the tendering process. This agency is one of the services provided by Festival Housing Group.

The Housing Improvement Agency charges a 10% administration charge on each closed case that they handle on behalf of the applicant and Bromsgrove District Council.

The total budget allocation for the Bromsgrove District Council Disabled Fund Grants (DFG) was £601,000 and the Home repair assistance budget allocation was £63,000 for the financial year of 2012/13

#### 2. Audit Scope and Objectives

The audit consisted of an independent evaluation of the new methods and approach taken by managers in processing and assessing renovation grants (including festival Housing and DFGs) as operated by Bromsgrove District Council. The new process was introduced because of the transformation process that brought about the Shared Service between Redditch Borough Council and Bromsgrove District Council being introduced from the 1<sup>st</sup> of April 2012.

The review assessed whether the following control objectives of Renovation Grants are being achieved:

- To review, critically appraise and challenge workings, recording medium, assumptions, logical reasoning etcetera for each stage of the Renovation Grants (including Festival Housing Contracts and DFGs) process;
- To ensure that grants are appropriately awarded to eligible applicants in a timely manner
- To ensure that the terms of the Festival Housing contract are monitored;
- To assess the logic applied from the above process to the approval of payments to ensure consistency.

#### 3. Audit Opinion and Executive Summary

A number of issues resulting from audit testing and evaluation were satisfactorily addressed by the Private Sector Housing Team Leader. The majority of these related to seeking confirmation that the Strategic Housing Manager and the Private Sector Housing Team Leader were aware of the consequences of specific changes to the process of approval straight to the payments of grants, and were comfortable that decisionsmade could be defended.

The new process has brought about the removal of the waiting list in Bromsgrove District Council. This allows all grant applications to be dealt with as soon as the Worcestershire County Council Social Services department have reviewed the application to see what services/materials they can provide after having received a recommendation from the Occupational Therapists team (NHS Trust). It was also noted that these recommendations are now sent straight to the Housing Improvement Agency for them to start the administrative work to cut down on the time taken for the work to be commenced. Prior to this, the Worcestershire County Council Social Services used to send them to Bromsgrove District Council for them to forward onto to the Housing Improvement Agency.

Bromsgrove District Council is currently involved in a process mapping exercise that is working in partnerships with all the organisations involved in the grants process. These meetings are being held to try and implement new and eliminate unnecessary processes in the current procedure. We are aware that this will be a long process but also beneficial to the way the Council works with the other parties involved.

From the work undertaken and responses received from the Private Sector Housing Team Leader, assurance can be given that the new process in place from the 1<sup>st</sup> of April 2012 has made the grants process run more efficiently. The new process has cut down on time consuming procedures at the payment stage and ensures that the figures that are forwarded to Payments are as accurate as possible.

#### 4. Detailed Findings and Recommendations

At present the Service Level Agreement states the time frames that should be taken by both the Housing Improvement Agency and Bromsgrove District Council at different stages of the work being done. Although Bromsgrove District Council is not currently open to any additional risk they need to take consideration in relation to having an input in improving the time taken by the Housing Improvement Agency in administering the applications passed to them by the Worcestershire Council Social Services department.

There is no evidence of timeframes showing the time taken for applications being received from Worcestershire Council County by the Home Improvement Agency to the point of handing them over as being complete to Bromsgrove District Council for payment, being reported in detail by the Housing Improvement Agency's quarterly performance reports. The performance reports are an overview of the cases they are working on. There are also insufficient details of cases that have been left idle with or without reason for the delay.

There is no evidence to show that regular updates of the process mapping being led by the Housing Improvement Agency are being shared or communicated with Senior Management or the Housing team members in Bromsgrove District Council. Regular updates of the Housing Improvement Agency process mapping to the Housing team will ensure that Bromsgrove District Council's working procedures are as efficient as possible in line with the proposed changes at every stage.