Slough Borough Council

Annual Internal Audit Progress Report (Quarter Four)

2009/2010

June 2010

Report by: Interim Head of Audit and Risk Management

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Summary

This quarterly progress report has been prepared for the Members of the Audit Committee at Slough Borough Council.

This summary consists of a narrative in which the Interim Head of Audit and Risk Management updates the Audit Committee on any changes in the audit plan and also highlights other areas that she feels the Audit Committee should be aware of.

In addition to the narrative key matters are attached in the following statements:

Section 1:   General Update and Summary of Key Activity

Section 2:   Key Performance Indicators for the Quarter ending 31st March 2010

Section 3:   Summary of Audit Reports Issued in Quarter Four 2009/10

Section 4:   Recommendations not Implemented

Section 5:   Audit Reports experiencing Delay in Implementation

Section 6:   Position on contingency audits/irregularity reviews up to 31st March 2010

Section One- General Update & Summary of Key Activity

The Audit Plan 2009/10

At the start of 2009/10, the Internal Audit Plan was developed utilising a risk based methodology. Throughout the year, and in conjunction with the relevant Directors, the plan has been subject to continual reassessment. Where possible, amendments to the plan are minimised but amendments are required to reflect emerging in-year priorities, projects and current issues.

The key points to note are as follows:

- The approved 2009/10 Internal Audit plan contained 1,209 auditable days across the organisation;
- Throughout 2009/10, a total of 148 days have been added to the plan and a total of 182 days have been deleted from the plan, resulting in a revised total of 1,175 auditable days; and
- Within Quarter Four, there has been a net change of a deletion of nine auditable days.

The amendments undertaken in Quarters One to Three have been reported to the Audit Committee previously. Table One below provides a summary of the amendments undertaken within Quarter Four.

Internal Audit & Risk Management Resourcing

- The IA section consists of two Audit Manager posts and seven Auditor posts. The section is currently operating with one Audit Manager vacancy and two Auditor vacancies;

these days are being delivered through the partnering framework agreement with Croydon Council.

- From 12th April 2010, the Head of Audit & Risk Management post has been covered via a secondment through the Croydon framework.

General Delivery & Summary

As outlined within this report, general delivery against the 2009/10 Internal Audit Plan has exceeded the target set. Overall, customer feedback has been positive and the performance statistic of 100% agreement of Officers to all recommendations raised demonstrates a high level of compliance with Internal Audit activity.

Delivery of the 2010/11 plan is progressing well due to the low number of days carried forward from 2009/10; we are on target to meet our internal performance benchmark for Quarter One. As agreed in conjunction with the Director of Resources, amendments have been made to the 2010/11 Quarter One plan to incorporate Internal Audit work in relation to the imminent transfer of People First to SBC. Internal Audit work is underway to assist management in obtaining an understanding of the current risk and control issues facing People First in relation to the key financial systems; work undertaken will also enable management to obtain a clear picture of the status of implementation of the recommendations raised for People First. Details of this work will be reported to the next Audit Committee.

Continuous system improvements are being made within the Internal Audit section and discussions are underway with neighbouring Authorities over the potential for the establishment of a shared services arrangement and the effective pooling of

resources to deliver an enhanced audit service; details of this will be provided to the next Audit Committee as discussions are currently at preliminary stages. In order to compliment the service further, quotes are being obtained for the implementation of an Internal Audit software package; this package would aim to standardise documentation, increase efficiency and output through automation and enable increased ease of reliance by External Audit on our work. Further developments on this will be reported to the next Audit Committee.

As reported previously, work on the Annual Governance Statement is underway. Director Statements of Assurance have been returned and incorporated into the overall opinion. The Statement is comprehensive in detail and provides a clear framework for the follow up of issues previously highlighted.

Counter Fraud arrangements & Anti-Fraud Plan

Internal Audit has taken a number of steps to ensure that counter fraud arrangements in Slough Borough Council are effective. These include both proactive and reactive anti fraud arrangements. Work undertaken within Quarter Four has included substantial input into the National Fraud Initiative (NFi).

The National Fraud Initiative is an exercise in data matching carried out by Local Authorities, other public bodies and some private sector bodies to identify potential fraud. The data collection exercise is undertaken every two years and the matched data is made available to the relevant Officers for investigation.

The complete set of NFI results were received in May 2009. An initial review of the NFi matches showed that there were 3,734

matches, of which 2,948 were high level matches. The total savings to date in 2008/09 were £60,674.68. This figure may increase upon completion of the investigations of the new Council Tax / Electoral Register matches. The final report on the 2010/11 NFi exercise generated from the Nfi secure website will be available for review in early July 2010 and has been incorporated for timely action within the 2010/11 Internal Audit Plan.

The general Internal Audit work carried out, alongside the work carried out by the Housing Benefit Fraud Unit, contributes to the anti-fraud arrangements in the organisation. These activities have been identified and brought together in one document to enable further clarity in respect of anti fraud work being carried out. This was presented formally to the previous Audit Committee. Progress against the plan will be reported in due course.

Anti- Fraud Training

As reported to the Audit Committee previously, an electronic anti-fraud training package has been purchased. The training package tutorial takes approximately forty minutes to complete and is followed by a test of knowledge. A log is maintained of those employees who have completed the test.

It was anticipated that training would be rolled out across the Authority during Quarter Two. However, due to reduced capacity within the Internal Audit section as a result of vacancies and increased involvement in investigations, roll out is now underway. Rates of completion and general feedback will be reported to the Audit Committee in due course.

Risk Management Update

Reporting Risk Management Issues to Senior Management

CMT are receiving formal reports providing quarterly updates on Risk Management issues. These include:

- Actions taken to mitigate identified risks;
- Movements of risks between the red, amber and green status;
- New and emerging risks; and
- Updates on areas where risks have not been addressed in order that CMT can take informed decisions on allocation of resources

Internal Audit and Risk Management regularly attend SMT's to discuss and update Risk Registers and also provide training as and when required. The Risk Management profile is currently high and SMT's are inviting Internal Audit and Risk Management to attend SMTs in order to keep Risk Registers updated and relevant. This positively demonstrates ownership of Risks by Directorates and that Risk Management continues to be further embedded across the organisation.

Updated Risk Management Guidance has been published on the intranet along with the corporate risk register and all individual directorate risk registers. Risk Registers are being developed for the Council's key strategic projects, including the Heart of Slough.

Key Actions Taken within Quarter Four- 2009/10

- The Risks Registers for CWB and ECS were updated by the respective Senior Management Teams;
- Tendering activity was undertaken to allow the award of the contract for the Council's Insurance brokers;
- The Director of Resources and the Director of I&D were both provided with training to enable the effective entry and update of risks on the Council's risk management system; this will enable departments to take further ownership of their risks and the responsibility for their management; and
- Three Officers within the I&D received training on the Risk Management system to establish whether the Risk system could be tailored to assist with performance management.

Key Actions Proposed within Quarter One- 2010/11

- Updating the remainder of the Departmental Risk Registers.
- Completion of the risk management system roll out to all Directors and Assistant Directors and further roll out of the system to individual 'risk champions' within each department- It is envisaged that the introduction of more localised control over risk registers will encourage the completion and use of risk registers throughout the organisation.

Relevant Insurance Actions to Note

- The Council's new insurance portfolio contract commenced on 1st April 2010;
- Recommendations were submitted to Cabinet requesting approval that the Council's insurance portfolio was placed

with Chartis insurance and The Leaseholders/Mortgagees insurance was placed with Ocaso.

- This change maintains the previous level of exposure for the Council whilst realising a saving in excess of £200,000 on the 2009/10 premium spend.

Table One- Quarter Four Amendments to the 2009/10 Internal Audit Plan

Audit Description	Audit Days	Comments
Audit Days Added		
Supporting People Grant	10	Late request to provide statutory certification
Parlaunt Park Primary School	10	Additional FMSiS assessment
Pippins School	10	Additional FMSiS assessment
SEEDA Grant	10	Late request to provide statutory certification
Interserve Corporate	10	Replaces Elections
Stroke Care Grant	10	Late request to provide statutory certification
Improvement Grants	2	Original days allocations insufficient for audit area- extended scope
Data Centre	7	Replaces E-Payments
SSCO Wexham	7	Late request to provide statutory certification
Audit Days Deleted		
Workforce Planning	10	Covered by External Audit- avoidance of duplication
MALTS	12	Requested delay by Deputy Director of Finance as MALTS not yet in place
Elections	10	Delayed to post-elections, replaced by Interserve Corporate
Transition Planning	10	Audited in the previous year and satisfactory assurance provided
Emergency Planning	10	Area not yet ready to be audited
Nursing Homes	10	Covered as part of Placement Budgets
Consumer Protection Support	10	No separately auditable area
E Payments	10	Replaced by Data Centre Audit
Homecare & Operating System	3	Days applied to IT Audits
Net change in Quarter Four	**-9**	

(NB: All other amendments have been reported at previous Audit Committees)

Table Two- Comparison of Original Allocation and Use of Resources–to 31 March 2010

	ANNUAL AUDIT PLAN ALLOCATION – ORIGINAL (Days)	ANNUAL AUDIT PLAN ALLOCATION – LATEST (Days)	ACTUAL USED TO END OF QUARTER 4 (Days)
PLANNED AUDITS			
Fundamental (Core) Systems Audits	392	401	391
Non-Core Systems Audits	743	734	702
IT Audit	74	75	75
TOTAL PLANNED AUDITS:	**1209**	**1210**	**1168**
OTHER AUDIT WORK			
Old Year Audits	10	10	11
Follow Ups	40	40	94
Contingency Audits	42	42	42
Investigations	40	65	85
TOTAL OTHER AUDIT WORK	**132**	**157**	**232**
TOTAL AUDIT DAYS	**1341**	**1367**	**1400**
OTHER CHARGEABLE			
Chargeable Management	324	324	295
TOTAL CHARGEABLE DAYS	**324**	**324**	**295**
AUDIT MANAGEMENT & ADMIN			
Non Chargeable Management	76	50	45
Management Information/Admin	121	121	108
TOTAL MANAGEMENT & ADMIN	**197**	**171**	**153**
LEAVE & TRAINING			
Statutory Leave	80	80	84
Annual Leave	309	309	259
Special Leave	145	145	133
Sick Absence	80	80	269
Professional Training	124	124	7
TOTAL LEAVE & TRAINING	**738**	**738**	**752**
TOTAL STAFF DAYS	**2600**	**2600**	**2600**

Section Two- Key Performance Indicators for the Quarter Ending 31st March 2010

The following table details the Internal Audit Service performance for the year to date measured against the key performance indicators. Progress continues to be positive with all key performance indicators achieving, or exceeding, the original target.

No.	Key Performance Indicator	Target	Quarter Four 2009/2010	2009/10 Year to Date
1	The overall percentage of recommendations agreed	100%	100%	100%
2	Percentage of agreed recommendations outstanding*	N/A	31% (11/35)	56% (63/112)
3	Proportion of planned audit work completed	90%	96%	96%
4	Average customer satisfaction score (measured by survey) (4=Good, 3=Satisfactory, 2=Poor, 1=Unsatisfactory)	3.0	4.0	4.0

* NB: statistics of recommendations implemented are based on a six month follow up review after the issue of a final report. Also, please note that some recommendations may not have been due for implementation within six months of the issue of the final report. For details, of outstanding recommendations, please see Section Four- Recommendations Not Implemented.

Section Three- Summary of Audit Reports Issued in Quarter Four 2009/10

	Quarter Four 2009/10	Total 2009/10
Full Assurance	0	0
Satisfactory Assurance	39	61
Limited Assurance	30	35
No Assurance	0	1

The table below provides a summary of the Internal Audit reports issued in Quarter Four:

Quarter Four Reports Issued:	Days Planned	Actual	Assurance	Status
Slough BC Software Licensing	8	8	Limited	Draft
Social Care Debt Management	15	21	Limited	Draft
Careline	10	8	Satisfactory	Final
Cippenham Nursery School	5	7	Satisfactory	Final
St Josephs Catholic High School	10	11	Limited	Final
Stroke Care Grant	10	6	Satisfactory	Final
Pensions	10	10	Satisfactory	Final
VAT	10	10	Limited	Final
Financial Planning	15	15	Satisfactory	Draft
Budgetary Control	15	15	Satisfactory	Draft
Creditors	15	15	Satisfactory	Final
Payroll	15	15	Limited	Final
Petty Cash & Imprest Systems	10	12	Satisfactory	Final
Grant Reviews	15	15	Satisfactory	Final
Investigations Unit	10	5	Satisfactory	Final
other Project Work	20	20	Satisfactory	Final
Partnership Working	10	13	Limited	Final

Service Planning	15	15	Satisfactory	Draft
Pro-active anti-fraud	12	3	Satisfactory	Final
IT Inventory - asset tagging	10	8	Limited	Final
Khalsa primary	10	10	Limited	Final
IQRA	10	11	N/a	Final
Montem Primary	6	7	Limited	Final
Community Services Facilities Property Management	10	13	Satisfactory	Draft
Accord Partnership Agreement	18	15	Satisfactory	Final
Car Parks Monitoring & Control	15	15	Limited	Final
Improvement grants	7	18	Limited	Final
Housing Advice & Homelessness (including Temporary Accommodation)	8	8	Limited	Draft
Partnership Interserve	12	23	Satisfactory	Draft
PFS Housing Management	10	10	Satisfactory	Draft
PFS Creditors	10	10	Satisfactory	Final
Leaseholder Charges	10	10	Limited	Draft
PFS VAT	7	7	Satisfactory	Final
FMSiS Management	10	10	Satisfactory	Final
SEEDA Grant	10	7	Satisfactory	Final
Registrars	10	13	Satisfactory	Final
IT Business Continuity & Disaster Recovery	9	9	Limited	Draft
Homecare & Operating System	3	3	N/a	Final
IT Procurement / Acquisition	7	7	Satisfactory	Draft
Treasury	15	15	Satisfactory	Final
Capital Finance	10	10	Satisfactory	Draft
Debtors	15	10	Limited	Draft
Cashiers	10	10	Satisfactory	Final
General Ledger	15	15	Satisfactory	Draft
Procurement	10	10	Satisfactory	Final
NNDR	12	12	Satisfactory	Draft
Council Tax & Housing Benefits	18	16	Limited	Draft
Project Management Methodology	15	12	Satisfactory	Draft
LAA	50	15	Satisfactory	Final

Performance Management	15	15	Satisfactory	Draft
Data Quality (non IT)	10	10	Limited	Draft
Corporate Governance	15	15	Satisfactory	Draft
Risk Management	15	15	Satisfactory	Draft
National Fraud Initiative	20	11	N/a	Final
Pertemps	10	5	Limited	Draft
Foxborough School	5	7	Limited	Final
Slough Grammar School	10	5	Satisfactory	Final
Wexham School	10	6	Limited	Final
Early Years Childcare Grant	10	14	Satisfactory	Draft
Placement Budgets (Nursing Homes & Residential)	15	15	Limited	Final
Fostering	10	10	Limited	Draft
Parlaunt Park Primary School	10	7	Limited	Final
SSCO Wexham School	7	7	Satisfactory	Final
Leisure Management	15	15	Satisfactory	Final
PFS Corporate Governance & Risk Management	10	10	Limited	Final
PFS Rents	15	15	Limited	Draft
Council Tax Billing & Collection	15	15	Satisfactory	Draft
Business Continuity	9	9	Limited	Final
Interserve Corporate	10	10	Limited	Draft
IT Support Contracts	8	8	Limited	Draft
IT Data Backup	7	7	Limited	Draft
Data Quality IT	10	10	Limited	Draft

Limited assurance opinions have been issued in the following areas in Quarter Four:

Audit	Report Status	Total Number of Recommendations	Areas of Significant Control Weakness	Other Comments
Software Licensing	Draft	7	- Omissions from the software inventory; and - Six medium risk recommendations.	The realignment of support services will further improve the control environment
Social Care Debt Management	Draft	5	- Regular review of the CWB debt recovery policy for social care debts; - Adherence to standard debt recovery procedures with CWB, GBE and ECS; - Completion of income reconciliations; - Regular completion of write-offs within CWB; and - One Low recommendation.	The realignment of support services will further improve the control environment
St Joseph's Catholic Primary School	Final	19	- Failure to review Governing Body roles and responsibilities since 2006/07; - Level of delegated authority to the Headteacher is set higher than required; - No assessment undertaken by the GB to support the SIC; - Requirement to declare conflicts of interest is not a standing agenda item; - No whistle blowing policy in place; - Failure to complete a financial competencies self-assessment by Governors; - Failure to complete a financial competencies self-assessment by staff; - Staff with financial management responsibilities have not completed a declaration of interests form; - Failure to complete a School Development Plan for 2009/10; - Lack of management trail for one cheque payment made; - Seven Medium recommendations; and	NB: The School was assessed for accreditation and issued with a Pass in 2006/07 and reassessed in 2009/10, resulting in a Fail.

			• Two Low recommendations.	
VAT	Final	5	• Failure to check purchase invoices against the Accounts Payable System; • Two Medium recommendations; and • Two Low recommendations.	The realignment of support services will further improve the control environment
Payroll	Final	10	• Implementing a procedure for the completion of pre-employment checks for staff within Schools (Asylum & Immigration Act, 1996); • Six medium recommendations; and • Three Low recommendations.	The realignment of support services will further improve the control environment
Partnership Working	Final	10	• Maintenance of a Partnerships Register and identification of a responsible Officer; • Defining the purpose and expectations of partnership arrangements; • Maintenance of partnership risk registers (E-Government); • Maintenance of exit strategies within partnerships (E-Government); • Maintenance of action plans to monitor goals and targets within Partnerships; • Approval of the establishment of partnership arrangements (Car Parking); • Monitoring of governance arrangements within partnerships; • Three Medium recommendations; and • Two Low recommendations.	Control weaknesses identified within this area have been highlighted in both the 2008/09 and 2009/10 Annual Governance Statement.
IT Inventory- Asset Tagging	Final	3	• No finalised IT asset tagging policy in place; • Failure to maintain the IT asset database to reflect disposals; and • No periodic check between the asset database and the physical assets is completed.	The realignment of support services will further improve the control environment

Khalsa Primary School	Final	17	• The School is not registered under the Data Protection Act; • Conflict of Interests and Adherence to tendering procedures-Governor business; • No completed Controls self-assessment in the last twelve months; • Failure to complete the Governors checklist prior to signing the SIC; • FMSiS assessment document not signed by the Chair of Governors; • Failure to complete a declaration of interests form; • Nine Medium recommendations; and • Two Low recommendations.	This was the first review under the FMSiS assessment process- the standard for accreditation was not achieved. This School will be subject to follow up in 2010/11 and reassessment in 2012/13.
Montem Primary School	Final	8	• Reviewing the appropriateness of limits of delegated authority-significantly higher than best practice; • Six Medium recommendations; and • One Low recommendation.	N/A
Car Parks Monitoring & Control	Final	2	• Authorisation and maintaining evidence of contract amendments; and • Completion of reconciliations.	N/A
Improvement Grants	Final	7	• Monitoring budget under spends in grant usage; • Four medium recommendations; and • Two Low recommendations.	N/A
Housing Advice & Homelessness (including Temporary Accommodation)	Draft	5	• Purchasing in line with Council Financial Procedure Rules; • Three Medium recommendations; and • One Low recommendation.	N/A
People First- Leaseholder Charges	Draft	3	• Compliance with statutory consultation periods on major works; and	Recommendations are currently being followed up during

			• Two Medium recommendations.	the 2010/11 Due Diligence work in respect of People First.
IT Business Continuity & Disaster Recovery	Draft	7	• Review of current DR strategy; and • Four Medium recommendations.	The realignment of support services will further improve the control environment
Debtors	Draft	5	• Developing procedures for the collection of aged debts; • The timely chasing of debts; • Reconciliation of payments received against the system; • Completion of write-offs within CWB; and • One Medium recommendation.	The realignment of support services will further improve the control environment
Council Tax & Housing Benefits	Draft	4	• Secondary review of the year-end reconciliation between the Housing Benefits system to the General Ledger; • Full completion of reconciliation between Academy and Oracle year-end reconciliation and the investigation of any discrepancies; and • One Medium recommendation.	This area is being followed up within the current Internal Audit work being undertaken for People First prior to transfer.
Data Quality (IT & Non-IT)	Draft	5	• Development of a corporate policy/ strategy on Data Quality; and • Four Medium recommendations.	The realignment of support services will further improve the control environment
Pertemps	Draft	5	• Timely distribution of monthly invoice details; • Approval of invoices; • Authorised invoice amendments; • Maintenance and recording of invoice details; and • Identification of a Lead Officer for the monitoring of the contract.	The realignment of support services will further improve the control environment

Foxborough School	Final	8	• A financial update report to the Governors following the last audit • Use of petty cash for staff expenses reimbursement • The Statement of Internal Control (SIC) and the Governing Body Controls self-assessment to support the SIC • The Bank Reconciliation process • Use and recording of manual cheques • The purchase order process • Invoice payments • Use of petty cash for staff expense reimbursements	NB: F.S was assessed for accreditation under FMSiS in 2008/09- an opinion of No Assurance was issued. Significant progress has been made but further work is required before accreditation can be provided.
Wexham School	Final	24	• Governing Body involvement in the financial management of the School- approval of the budget/ review of budget reports; • Updating the bank mandate- one signatory; • 90% of purchases were made without a purchase order; • No Governing Body assessment of the internal control environment for the SIC; • Seventeen Medium recommendations; and • Three Low recommendations.	This School will be reassessed in 2012/13.
Placement Budgets (Nursing Homes Placement & Residential)	Final	7	• Completion of the six weekly review; • Approval of Care Plans; and • Five Medium recommendations.	N/A
Fostering	Draft	9	• Maintenance of standard file documentation- e.g. home visits/ induction/ annual review; • Full completion of placement forms; • Completion of annual review and unannounced visits; and	N/A

			• Six Medium recommendations.	
Parlaunt Primary School	Final	25	• Defining Governing Body roles and responsibilities; • Discussion and agreement of the Statement of Internal Control by the Governing Body; • Annual completion of Governor declarations of interests; • Declarations of interests to be added as a standing agenda item; • Failure to complete financial competency self-assessments; • Incorporation of budgetary requirements/ resource implications into the School Development Plan; • Update and review of School Financial Regulations; • Regular completion and review of bank reconciliations by the Headteacher; • 31% of invoices with no purchase order raised as required; • No annual control self-assessment undertaken by the Governing Body annually; • Twelve Medium recommendations; and • Three Low recommendations.	This was the first review under the FMSiS assessment process- the standard for accreditation was not achieved. This School will be subject to follow up in 2010/11 and reassessment in 2012/13.
PFS Corporate Governance & Risk Management	Final	11	• Completion of Service Level risk registers; • Eight Medium recommendations; and • Two Low recommendations.	Action taken against implementation of the recommendations is currently being followed up as part of the 2010/11 Due Diligence work.
PFS Rents	Draft	8	• Authorisation of write-offs in line with the approved Scheme of Delegation; • Six Medium recommendations (three of which concern reconciliations of the rents system; and • One Low recommendation.	Action taken against implementation of the recommendations is currently being

				followed up as part of the 2010/11 Due Diligence work.
Business Continuity	Final	12	• 12 Medium recommendations, including: • Establishing a BCP Working Group; • Consistency of BCP's Council-wide; • Completion of a Corporate BCP; • Compiling a master list of key contacts; • Availability of BCP's on the intranet; • Provision of BCP training; • Testing of BCP's; and • Liaison with key partners and suppliers.	This report has been discussed and agreed at CMT level; additional funding has been allocated to this area to commission an external review and implement a standard framework Council-wide.
Interserve Corporate	Draft	13	• Monitoring the use/ assurance over sub-contractor work; • Maintenance of an up to date schedule of rates; • Nine Medium recommendations; and • Two Low recommendations.	The realignment of support services will further improve the control environment
IT Support Contracts	Draft	2	• Inclusion of performance targets within support contracts; and • Monitoring adherence to SLA's- in particular continuous improvement.	The realignment of support services will further improve the control environment
IT Data Backup	Draft	5	• Interim arrangements for the backup of the new SAN 2; and • Four Medium recommendations.	The realignment of support services will further improve the control environment

Section Four- Recommendations Not Implemented

In Quarter Four of 2009/10, 35 medium and significant risk recommendations were followed up; of these recommendations, eleven remain outstanding. The following table outlines the outstanding recommendations:

Audit	Year	Outstanding Recommendations
Debtors	2008/09	➢ Write offs should be processed on a regular basis in accordance with the authorisation procedures. The amount written off should be monitored as a percentage of gross debt (Significant) ➢ Responsibility should be assigned for the monitoring and recovery of overdue debts to Officers other than those responsible for income collection. Progress against collection targets should also be monitored by management including the amount outstanding (Medium). ➢ Regular review of local procedure notes should take place with date and version controls applied (Medium)
Creditors	2008/09	➢ A further memo or other appropriate form of communication should be circulated to relevant officers regarding the requirement to forward invoices for payment in a timely way (Medium) ➢ Guidance on the Oracle system for officers throughout the Council to follow when making a payment need (Medium)
NNDR	2008/09	➢ Management should ensure that the monthly reconciliation of the General Ledger and the total amount updating the NNDR accounts is carried out promptly (Medium) ➢ Management should ensure that the reconciliation of valuation office's total rateable value and the total rateable value on NNDR is documented (Medium). ➢ Management should ensure that a monthly reconciliation is made of the total NNDR refunds and the NNDR refunds shown the General Ledger (Medium). ➢ NNDR procedure notes should be written to supplement the user manuals (Medium).
Council Tax Billing &	2008/09	➢ Reports should be checked and acted upon regularly to ensure that the suspense account is cleared (Medium) ➢ The decision to discontinue monthly reconciliations should be ratified by management and reconciliation

Collection		should be carried out independently (Medium).

As agreed by members, where recommendations or actions have not implemented recommendations the responsible Officers may be given an opportunity to explain why at the following Audit Committee.

Section Five- Audit Reports experiencing Delay in Implementation

Outstanding Follow ups

Audit no and title	Department name	Final report issued	Follow-up Due
N/A- There are no outstanding follow ups.	N/A	N/A	N/A

Note: Follow up of recommendations is carried out with every audit and/or after 6 months.

Outstanding Drafts

Audit title	Department name	Draft sent	Contact name
N/A	N/A	N/A	N/A

There are no draft reports for which we are awaiting a response outside of the agreed timescales.

Section Six- Position on Contingency Audits and Irregularity Reviews up to 31st March 2010

The below highlights where further action has been taken since previous Audit Committee reporting:

Housing Management Information System

Internal Audit work is ongoing with significant issues highlighted in this area. As part of the Internal Audit Due Diligence work surrounding the People First transfer, work is being undertaken concerning the reconciliation of housing property numbers and system details. This work will be reported to the next Audit Committee.

Cash Theft from Planning Reception

A police investigation is underway further to receipt of a report of £450 of missing cash from the planning reception safe; June 2010. Internal Audit assistance will be provided to the Lead Investigating Officer and further details will be provided to the next Audit Committee.