

Joint Audit and Governance Committee



Report of Interim Internal Audit Manager

Author: Richard Green

Telephone: 01235 422430

Textphone: 18001 01235 422430

E-mail: richard.green@southandvale.gov.uk

SODC cabinet member responsible: Councillor Leigh Rawlins

Tel: 01189 722565

E-mail: leigh.rawlins@southoxon.gov.uk

VWHDC cabinet member responsible: Councillor Andy Crawford

Telephone: 01235 772134

E-mail: andy.crawford@whitehorsedc.gov.uk

To: Joint Audit and Governance Committee

DATE: 28 September 2021

Internal Audit – Progress Update Recommendations Implementation–

Recommendation(s)

- (a) That members note the content of the report
- (b) Review and agree to the actions and recommendations made

Purpose of Report

1. The purpose of this report is to provide an update on the progress with the Implementation of audit recommendations to date.
2. The contact officer for this report is Richard Green, Interim Internal Audit Manager for South Oxfordshire District Council (SODC) and Vale of White Horse District Council (VWHDC), telephone 01235 422430.

Strategic Objectives

3. Delivery of an effective internal audit function will support the councils in meeting their strategic objectives.

Background

4. Internal Audit have utilised a database to record and monitor recommendations made in each report. The database sends out automated reminders to relevant responsible officers based on dates of implementation. Officers should update relevant fields with narrative and any revised dates so that the internal audit team can review and amend the status as appropriate.
5. An exercise has been carried out to review the database and examine the status of recommendations that remained “open” for several years.

Work Performed and Findings

6. A report was run against the database to extract all recommendations from 2013/2014 onwards. By downloading this into a spreadsheet the data was able to be analysed by year, rating and audit.
7. The initial report gave a total of 1253 recommendations made since 2013/2014 with 526 still open as at April 2021 shown in tables below.
8. On reviewing the open recommendations, it became clear that many should in fact have been closed, but the system and approach using e-mails and responsible officer (and auditors) had allowed them to be missed. For some the responsible officers had changed posts or left, so that the e-mails hadn't had the desired impact or response. Similarly, there had been changes in the Internal Audit Team so that responses and feedback was missed.
9. A number of recommendations were found to have been restated in following audits and reports but the previous recommendations remained open. Changes to the internal audit personnel also meant that similar recommendations that had previously been made were not closed off or removed from the database.

Analysis

10. The original extract from the database gave the following figures

Total recommendations made by year

	Total	High	Medium	Low
2013/14	72	4	38	30
2014/15	113	22	33	58
2015/16	267	46	128	93
2016/17	160	47	71	42
2017/18	148	11	61	76
Sub Total	760	130	331	299
2018/19	160	31	61	68
2019/20	210	32	106	72
2020/21	123	17	68	38
Sub Total	493	80	235	178
Overall Totals	1253	210	566	477

Initial open recommendations by year

	Total	High	Medium	Low
2013/14	3		1	2
2014/15	7	4	3	
2015/16	48	9	35	4
2016/17	40	18	16	6
2017/18	39	1	10	28
Sub Total	137	32	65	40
2018/19	90	13	37	40
2019/20	176	30	90	56
2020/21	123	17	60	35
Sub Total	389	60	187	131
Overall Totals	526	92	252	171

11. After the recommendations were revised and closed where appropriate the open recommendations are now

	Total	High	Medium	Low
2013/14	2		1	1
2014/15	1		1	
2015/16	21	8	11	2
2016/17	6	3	2	1
2017/18	5		1	4
Sub Total	35	11	16	8
2018/19	66	10	28	28
2019/20	109	16	56	37
2020/21	112	17	60	35
Sub Total	287	43	144	100
Overall Totals	322	54	160	108

12. For the years 2013 to 2018 there were 760 recommendations raised of which were initially 137 remained open. After this review there are only 35 recommendations that remain outstanding of which 11 are rated as high risk. These eleven are shown at Appendix 1.
13. These recommendations should have been followed up and actions taken previously but due to the various reasons mentioned above they were not.
14. Rather than raise the recommendations with the current managers (some of whom have since taken over and may be unaware of the recommendations or issues raised) we seek approval to write them off. We will of course retain them separately for consideration at any future audits. This will allow the database to be cleansed and for better use of the details going forward.
15. For the period 2018 to 2020 a total of 493 recommendations were raised with 206 closed and 287 remaining open.

Recommended Actions

16. It is recommended that the Joint Audit and Governance Committee approve the following action:
 - the remaining open recommendations for the audits prior to 2017/2018 are removed from the database but are retained on a separate record for reference in any similar future audits. This will allow the database to be more accurate.
 - Managers will be reminded of the need to update the recommendations as necessary.
 - The Internal audit team to monitor and use reports from the database to identify and follow up outstanding recommendations on a regular basis.

Financial Implications

17. There are no direct financial implications arising from this report.

Legal Implications

18. There are no direct legal implications arising from this report.

Climate & ecological implications

19. There are no climate & ecological implications attached to this report

Risks

20. None identified

Other Implications

21. None

Recommendations proposed for closing off the database										Appendix 1		
Rec ID	Audit Name	Audit Year	Head of Service	Service Manager	Recommendation Name	Recommendation	Rationale	Risk Rating	Management Response	Implementation date	Officer Responsible	Auditor Responsible
381	Partnership Performance Monitoring	2015/2016	Andrew Down (Head of HR, IT & Technical Services)	Sally Truman (Policy, Partnership & Engagement Manager)	1. Partnership guidance	<p>a) The council's partnership guidance should be updated, implemented and shared across all council services.</p> <p>b) The revised partnership guidance should have the following areas added to the guidance:</p> <p>i. Introduction which includes framework, purpose and structure</p> <p>ii. Benefits and risks of partnership working</p> <p>iii. The formal/informal partnership definitions</p> <p>iv. Risk assessment procedure of partnerships</p> <p>v. Tools for evaluating partnership resource requirements</p> <p>vi. Key council roles and responsibilities</p> <p>vii. Governance framework</p> <p>viii. Partnership agreement template</p> <p>ix. Partnerships checklist</p> <p>x. Risk register template</p> <p>xi. Case studies</p> <p>xii. Further resources of help</p> <p>xiii. Where to go for further information.</p> <p>xiv. Information that should be reported regularly to the council's nominated partnerships officer.</p> <p>c) Partnerships that are not in line with the council's objective should be investigated further to evaluate whether or not the partnership should be discontinued.</p> <p>d) There should be sufficient evidence to show that the guidance is:</p> <p>i. suitably agreed and</p>	<p>Best Practice</p> <p>A uniform rationale is in place for defining, identifying, managing and evaluating partnerships to ensure they are in-line with the council's priorities, are consistent and have adequate resources.</p> <p>Findings</p> <p>A partnership guidance document titled 'Best practice guide to partnership working' for SODC and VWHDC had not been piloted when it was originally compiled in 2009. The guidance does not clearly state how the partnerships should support the council's strategic priorities. It was also identified that the council's two partnerships selected by internal audit for testing conform to the majority but not all of the 'best practice guide to partnership working'. For example, there were no signed partnership agreements retained in the partnerships tested.</p> <p>There is no clear definition to distinguish formal and informal partnerships in the</p>	High	<p>Recommendation is Agreed in principle</p> <p>Since the original 2010 audit and follow up audit in 2012 were carried out, and in response to the statutory changes in relation to partnership working on a strategic level, the way in which the council manages partnerships has changed. Management is now delegated to individual heads of service/service managers, the number of partnerships the council is involved in has reduced considerably and there is no longer a need for an extensive corporate co-ordination role.</p> <p>It is the responsibility of individual heads of service to ensure that partnerships their teams are involved in are in line with council objectives, have clear governance and reporting structures in place, and that any risks for the council are managed appropriately.</p> <p>T</p>	30/06/2016	Sally Truman (Policy, Partnership & Engagement Manager)	Nilesh Parmar

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						<p>authorised;</p> <p>ii. regularly reviewed and updated by the relevant officer;</p> <p>iii. available to all relevant internal and external stakeholders;</p> <p>iv. clear in requiring identification of how partnerships can support the council's strategic priorities.</p> <p>e) An appropriate action plan template should be added to the partnership guidance to ensure that the council's governance arrangements for partnerships are benchmarked accordingly and measured against best practice on a regular basis.</p> <p>f) The council should provide training to partnership lead officers on what constitutes a strategic outcome so that they can be identified and evidenced in individual partnerships.</p>	<p>council and there is no documented guidance or procedure for informal partnerships. The partnership guidance has not been allocated to an officer to ensure that it is reviewed and kept up to date.</p> <p>There is no evidence of a benchmarking exercise for partnerships.</p> <p>There is no clear outline documented in the guidance of how partnerships need to evidence their agreed outcomes are being achieved and monitored adequately.</p> <p>Risk The partnership guidance may not be fit for purpose. Council employees may also enter into partnerships that are not in line with the council priorities. Partnerships may be conducted inconsistently.</p>					

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382	Partnerships performance monitoring	2015/2016	Andrew Down (Head of HR, IT & Technical Services)	Sally Truman (Policy, Partnership & Engagement Manager)	2. Partnerships register	<p>he council should implement a central register of all partnerships that the council is involved in and make this available to internal and external stakeholders.</p> <p>b) The central register should ensure that all partnerships are recorded, monitored, updated and controlled sufficiently by an officer assigned as responsible for maintaining the register.</p> <p>c) The central register should include the following details:</p> <ul style="list-style-type: none"> i. date partnership was added to register, ii. name of the partnership, iii. type of partnership (formal or informal) iv. lead officer, v. council service/section, vi. number/name of other partners, vii. purpose of partnership, viii. date of last annual return, ix. date partnership ends, x. key objectives, xi. resource requirements, xii. number of meetings per year. 	<p>Best Practice</p> <p>The council can adequately monitor all partnerships centrally.</p> <p>Findings Internal audit identified that there is currently no central register or a mechanism in place to ensure that all partnerships are captured or listed.</p> <p>Risk</p> <p>Officers and councillors not aware of the council's participation in its partnerships leading to potential opportunities being missed and actions being uncoordinated or contradictory.</p>	High	<p>Recommendation is Agreed</p> <p>We will develop a central register of partnerships to be published on the intranet (with relevant partnerships published to the website), and this will be updated annually.</p>	31/03/2016	Sally Truman (Policy, Partnership & Engagement Manager)	Nilesh Parmar

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397	HR Recruitment	2015/2016	Adrianna Partridge (Interim Head of Corporate Services)	Adrianna Partridge (Interim Head of Corporate Services)	4. Disclosure Barring Service (DBS) checks	DBS checks and disclosures should be undertaken for all posts that require a one in a timely manner. Internal audit would also recommend that is undertaken prior to the commencement of their employment.	Best PracticeAll posts that are deemed to warrant a DBS check is undertaken in a timely manner and prior to commencement of their employment. F	High	Recommendation is Agreed in PrincipleThe HR business support team will ensure that: 2 they review the recruitment process to make sure there are no gaps in the procedure 2 they check lettings and housing needs team have all received DBS checks, and carry out any which are missing.Casual assistant duty manager - leisure centre:I do not agree that a DBS check is required for the casual assistant duty manager, whose role at the Beacon Leisure Centre does not meet the eligibility criteria.Accelerated housing and development manager:This role is a strategic one and does not involve frequent interaction with children or vulnerable adults. A meeting with a community group is not an activity which needs a DBS check. The role is not eligible for a DBS check and I do not agree this part of the recommendation.Management response: Head of HR, IT and Technical Services	31/07/2016	Marcia Slater (Business Support Manager)	Fiona Kaluza

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452	Project Management	2015/2016	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	2. Project Management Toolkit	A full review and relaunch of the councils' project management toolkit should be undertaken.	<p>Best Practice Any guidance or framework must be regularly reviewed and amended to ensure it is fit for purpose.</p> <p>Findings There is no evidence of the project management toolkit having been reviewed since it was launched in 2012, despite the expectation that it would be reviewed after six months. A review now is important as the following improvements have been identified:</p> <ul style="list-style-type: none"> ∫ Definition of level of project could be improved. ∫ Guidance on intranet to be correctly hyperlinked. ∫ Include the requirement for Terms of Reference for each project board. ∫ Options appraisals to be conducted by procurement for all projects involving any procurement. ∫ Use of dedicated project software that can respond to task dependencies and change, as well identifying the critical path. ∫ Include in the project 	High	<p>Recommendation is Agreed</p> <p>This work forms part of the Project Management Software and Systems Project that commences on 3 May 2016. It completes in mid-September and will lead to a growth bid for the resources needed to ensure project management is instilled as an essential discipline.</p> <p>Management response: Anna Robinson, strategic director</p> <p>Management response: Anna Robinson, strategic director</p>	01/04/2017	Sandra Wildern (Team Leader Building Control)	Sandy Bayley

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							<p>reports delays, reasons for them, amended dates, remedial action.</p> <p>¿ Follow up on previous overdue actions to ensure completed.</p> <p>¿ Consistent approach to recording risks in the risk register.</p> <p>Risk</p> <p>Failure to ensure a current and consistent approach will lead to inconsistencies between projects and local practices developing, in turn leading to poor decision making, poor governance, financial and reputational loss.</p>					

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454	Project Management	2015/2016	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	4. Project register	A review of the projects register is undertaken immediately, and the correct status of project and project managers recorded. Furthermore a system of regular reviews be introduced to ensure the currency is retained.	Best PracticeAll approved projects should be recorded on a central projects register with relevant details and be updated regularly to ensure it is current. FindingsThe council maintains a register of all projects in progress. This showed 87 projects of which 56 should have been completed by the time of this review. Furthermore of the 87 projects there were 16 with named project managers who had left the employment of the council. RiskFailure to ensure the project register is accurate and current will lead to a lack of oversight on projects and resource decisions being based on inaccurate information.	High	Recommendation is AgreedHeads of service, overseen by the corporate management team will ensure the project register is updated, all cancelled projects removed, all columns correctly completed and a quarterly review system put in placeManagement response: Anna Robinson, strategic director	31/07/2016	Sandra Wildern (Team Leader Building Control)	Sandy Bayley

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455	Project Management	2015/2016	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	5. Authorisation of projects	All current projects should be reviewed to ensure they have been correctly approved, and obtain retrospective approval if necessary. Furthermore all future projects should be approved in accordance with the methodology.	Best PracticeTo authorise all projects in accordance with the published and approved project management methodology.Findings A sample of ten projects were reviewed. ζ One project the information was refused by the Project Manager, so no evidence of authorisation (SVAAP).ζ One incomplete business case (not yet a live project) so no evidence of authorisation (Berinsfield collocation).ζ One project with no project business case (there is a powerpoint but this is not a business case or completed or authorisation). (GWP)ζ One project not started despite being recorded on project register as underway, so no authorisation (Ridgeway Leisure Facility)ζ One rejected by cabinet (Mobile working).ζ Two correctly authorised. (Broadway seating and Didcot Leisure Facility)ζ One project approved, but there is no evidence of a	High	Recommendation is AgreedAll project business cases will be brought up to date and correct records maintained. Corporate Management Team will review the position in July.Management response: Anna Robinson, strategic director	31/07/2016	Sandra Wildern (Team Leader Building Control)	Sandy Bayley

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							<p>project business case. (Vale Go Active & Get Healthy 2014/15) &</p> <p>One project with project business case but no authorisation. (WCH Marketing Plan (Beacon)) The remaining project did not engage with the audit process. (Fate of Crowmarsh Gifford) Risk Failure to ensure all projects are appropriately authorised, could result in uncontrolled projects and resources used inappropriately, which can lead to financial and reputational loss.</p>					

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456	Project Management	2015/2016	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	6. Review of projects	Recommendation All current projects should be reviewed to ensure they are subject to the appropriate scrutiny. Furthermore all future projects should be scrutinised in accordance with the methodology.	Best Practice To review all stages of all projects contemporaneously in accordance with the published and approved project management methodology. Findings The Great Western Park sports facilities project identified a number of concerns as follows: <ul style="list-style-type: none"> • Project business case is not in format prescribed by the toolkit. (style and content) • No evidence of project approval. • Project sponsor has left the council and not been replaced on the project, so there is no project sponsor. • No evidence of a project board. • No evidence of Terms of Reference (ToR) for the absent project board. • No documented project plan. • No evidence of monitoring by the project sponsor. Risk Failure to ensure the project is reviewed in accordance with the published and approved methodology, can result in delays, project creep and both financial and reputational loss.	High	Recommendation is Agreed New projects commencing after 1 April 2016 will have to comply with the project methodology's review and scrutiny requirements. Heads of service are responsible for ensuring their projects comply with the review and scrutiny requirements. They will report to Corporate Management Team in July to verify that the review and scrutiny arrangements have been complied with. Internal audit will carry out a spot check in August to test the verifications. Management response: Anna Robinson, strategic director	31/07/2016	Sandra Wildern (Team Leader Building Control)	Sandy Bayley

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458	Project Management	2015/2016	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	8. Project terms of reference	<p>1) Amend the guidance in the toolkit to include the requirement for project boards to have complete ToR, containing the following components.</p> <ul style="list-style-type: none"> ζ Introduction ζ Who has authorised the creation of this Board (the full council), confirmation that they have the power to create this board, and whether or not they have the authority to call upon outside expert opinion. ζ Membership ζ This should detail by name and job title all the members, appoint the chair and deputy chair, and who will record the minutes. ζ Attendance ζ What will be the quorum, both in numbers and specific attendees. ζ Frequency of meetings ζ How many meetings per year, or during the life of the project, the timings of them, and frequency. ζ Calling of meeting ζ These should be in accordance with the constitution of the council including notice period, and submission of documents date. ζ Remit ζ Why does the board exist, what are its powers, what decisions can it make/recommend. ζ Reporting ζ What is the timescale for producing the minutes/circulating minutes. ζ Limitations of authority ζ Any restrictions placed upon the project board. <p>2) Amend the Didcot Leisure Facility ToR to reflect the requirements above and the suspension of the project.</p> <p>3) Ensure all projects are reviewed to ensure ToR are in place and are effective and robust for all current project.</p>	<p>Best Practice</p> <p>All committees, boards and groups that are formed, should have clear and detailed terms of reference (ToR) in place, which should be regularly reviewed to ensure they remain fit for purpose.</p> <p>Findings</p> <p>The project management toolkit does not have guidance on the requirement for drafting and implementing ToR for project boards. From the sample of ten projects reviewed only one project, the Didcot Leisure Facility project, had ToR for the project board in place, but these are not robust or effective as they lack a number of vital components and need redesigning.</p> <p>Risk</p> <p>Failure to ensure robust and comprehensive ToR are in place and ensuring they are current and match what the board are doing, demonstrate poor project governance, which could lead to financial and reputational loss.</p>	High	<p>Recommendation is Agreed but implementation deferred</p> <p>Heads of service to review all current projects in their areas and ensure they comply with the current project management toolkit. As the PM system is about to undergo a comprehensive review it isn't expedient, given current work pressures, to make piecemeal amendments to the toolkit. However, heads of service must ensure that the guidance in the toolkit is adhered to on all projects.</p> <p>Management response: Anna Robinson, strategic director</p>	31/07/2016	Sandra Wildern (Team Leader Building Control)	Sandy Bayley

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516	Building Control	2016/2017	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	Personal protective equipment risk assessment	A personal protective equipment risk assessment form should be completed to ensure that the surveyors have the appropriate equipment for all types of situations when undertaking on-site inspections, and is reviewed on an annual basis.	Best PracticeA personal protective equipment risk assessment has been completed and is reviewed on an annual basis.FindingsThe councils have a personal protective equipment (PPE) policy in place that expects teams that require PPE to complete a PPE risk assessment. From conversations, it was established that a PPE risk assessment has not been undertaken, so internal audit cannot place reliance that the PPE given to the building control surveyors is sufficient for all types of scenarios the surveyors might face when undertaking on-site inspections.RiskIf a personal protective equipment risk assessment is not completed, there is a risk of building control surveyors not being equipped appropriately to protect them from all possible scenarios resulting in non-compliance with the Health and Safety at Work Act 1974.	High	Recommendation is Agreed in PrincipleA spreadsheet has been in place for the last 3 years which shows who has equipment and date it was issued. This is monitored annually, every January, and new equipment ordered as required.Management response Team leader building control	31/01/2017	Sandra Wildern (Team Leader Building Control)	Nilesh Parmar

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517	Building Control	2016/2017	Adrian Duffield (Head of Planning)	Sandra Wildern (Team Leader Building Control)	Customer feedback	The process of issuing customer feedback forms should be started up again to ascertain from the customer how satisfied they are with the service provided. The privacy notice should also be included onto the feedback, if obtaining personal information, i.e. sex, race, etc.	<p>Best Practice</p> <p>Customer feedback forms are issued to customer along with the building regulations certificate.</p> <p>Findings</p> <p>Customer feedback forms are no longer issued to customers after the building regulation certificates have been issued. It is noted that the feedback form used to be sent out with the building regulation certificates, but was stopped due to the fire at Crowmarsh offices and did not start up again.</p> <p>Risk</p> <p>If customer feedback is not sought, there is a risk of the building control team being complacent and the service not improving resulting in a possible decrease in market position.</p>	High	<p>Recommendation is Agreed in Principle</p> <p>Feedback does come from user groups, and customers also email any comments they have about the service. The market share is looked at every month to check where we stand. I will look into a customer feedback form next year.</p> <p>Management response: Team Leader Building Control</p>	30/04/2017	Sandra Wildern (Team Leader Building Control)	Nilesh Parmar

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587	Environmental Protection	2016/2017	Liz Hayden (Interim Head of Service)	Ian Matten (Interim Head of Waste, Leisure, Parks and Environmental Health)	8b. Total Pest Control (TPC) contract	8b) The TPC contract should be added to the council's contract register published on the council's website.	Best Practice Contracts for services provided to the council are current, appropriately documented and recorded on the council's contracts register. Findings Internal audit noted that the TPC contract went to tender in 2016 and this process was administered by the council's procurement department. Sufficient evidence was provided to internal audit to show that from the 5 companies that produced quotes for the service, TPC was the best option. It was also noted that the new contract held on file was a template version and not the complete and signed version. The legal department also confirmed that they were not informed of the new contract as they only held a copy of the temporary contract that was drawn up for the period May 2009 to October 2010 in the contracts database. Further review identified that the contract for provision of the pest control service is not	High	Recommendation is Agreed The contract will be added to the council's contracts register. Management response: Environmental Protection Manager	31/07/2017	Simon Hill (Team Leader (Environmental Protection))	Fiona Kaluza

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							included within the council's contracts register which is publicised on its website. Risk If a signed contract agreement is not obtained then the contractor is under no legally binding obligation to provide the service which may have a negative impact to the council's finances and reputation.					

