

Appendix A – Audit Summaries

Street Environment Contract (fieldwork Quarter 3 2023/24)

Audit opinion	Substantial
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The objective of this audit was to review the effectiveness of the controls in place to govern and monitor the Street Environment Contract with the provider, to ensure the service is delivered to expected standard and at the agreed cost.

It is positive to report that we found the controls over the Street Environment Contract were robust in design and working effectively. This is reflected through no findings raised in the report.

Our review found that the following controls are in place and working well:

- There is an up to date signed contract which includes a clear governance structure, performance monitoring arrangements and KPIs.
- Monitoring of performance against the delivery targets set within the contract is carried out.
- There is a process for managing non-compliance within the contract and issues of supplier failure.
- Contract costs are monitored in detail and any variance is identified and investigated.
- Invoices are supported by evidence and appropriately approved.
- Inflation pressures are effectively managed to minimise impact on the Council's budget and MTFS as far as possible.
- Business continuity procedures are in place and a different scenario is tested by the contractor annually.

We raised no recommendations in this review.

Parking Income (fieldwork Quarters 2 and 3 2023/24)

Audit opinion	Reasonable
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The overall objective of the audit was to review the effectiveness of controls over the adequacy of identification, monitoring and accounting of Parking Income to confirm charges applied are in accordance with those approved by the Council, and monies due are promptly received and banked.

We identified areas of good practice and sound controls:

- The Parking Services contract covers key areas of service delivery and performance is measured by 92 KPIs which are regularly monitored with a summary reported to Members annually.

- Our sample of parking income was banked completely and timely and reconciliation reports agreed to the Council's finance system.
- Cancelled PCNs were adequately supported by documentation for the cancellation and there was evidence of attempts to recover open PCNs.

The key issue arising was that:

- Testing of the cashless revenue reconciliation identified that there were no second checks or spot checks by a manager on the validity of the refunds authorised by Parking Officers.

We raised one Priority 2 recommendation to address this issue and a further two Priority 3 recommendations for good practice.

Recommendation	Priority	Recommendation accepted?
Monies due and reconciliations - refunds	2	Yes
Monies due and reconciliations – independent checking of reconciliations	3	Yes
Policies and procedures	3	Yes

Homes for Ukraine (fieldwork Quarter 3 2023/24)

Audit opinion	Reasonable
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The objective of the audit was to review the effectiveness of the controls over the Council's approach to the Homes for Ukraine scheme and the mitigation of associated risks.

We identified good practice and sound controls during the review:

- Updates are reported to the Executive quarterly and the Chief Executive monthly.
- The weekly Ukraine Support Hub makes a significant contribution to support and settle Ukrainians and their hosts.
- For our sample, a welcome visit had taken place after the guest arrived at the host property and the questions asked aligned to those on the government website.
- DBS checks had been completed for all members of the host household over 16 years old.
- A home assessment test was completed before the guest moved into the property.
- There is adequate separation of duties and an appropriate level of authorisation for the payment process.
- Assistance was offered to any guest that needed to be rematched or rehoused.

The key issues arising were that:

- There was no guidance on whether homes should be reassessed if the elapsed time between the home assessment and moving in date exceeded a threshold. There is also no timescale for carrying out a welcome visit after a guest has moved into a property. Four visits out of our sample of 10 had been made over nine working days after the team had become aware that the guest had moved into the property.
- In comparison to four other Local Authorities, Bromley's home assessment form was not as detailed or specific on safety issues.
- Follow up visits (six months after placement start) were inconsistent and the information recorded was sometimes incomplete.
- We noted that on the home assessment and welcome visit forms completed for our sample, no answers had been provided to some of the questions. Some of the answers provided were also more subjective than factual and objective.

We raised four Priority 2 recommendations to address these issues.

Recommendation	Priority	Recommendation accepted?
Length of time between the home assessment and guest moving into the property for a welcome visit	2	Yes
Home assessment form	2	Yes
Follow up welfare and safeguarding visits	2	Yes
Incomplete information obtained from home assessment and welcome visits	2	Yes

Health and Safety (H&S) Framework – Environment and Public Protection (fieldwork Quarter 3 2023/24)

Audit opinion	Reasonable
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The objective of the audit was to review the assurance framework in place to ensure Health and Safety (H&S) risks are managed and mitigated.

We identified good practice and sound controls during the review:

- The quarterly H&S Board is well chaired, minuted and allowed a forum to cascade H&S issues across the department and to/from Corporate H&S.
- The two departmental risk registers include a specific H&S risk with adequate mitigating controls.
- The monitoring and management of the H&S elements of the Waste Contract evidenced a comprehensive approach to performance monitoring, liaison with

the contractor, clarity of roles and responsibilities and reporting which are commensurate with the high levels of inherent risk.

We identified an issue related to the collection and reporting of H&S data:

- Online inspection forms would benefit from revision and update. We could not reconcile the accident/incident report for Place generated from Corporate H&S and the Board minutes showed a lack of clarity regarding the use of accident forms to be returned to Corporate H&S. Board minutes also highlighted that it was not clear if the system used by Highways to record H&S inspection data was being collected, collated or reported.

We also raised four good practice recommendations. These related to training logs, representation at the H&S Board, annual check of contractors' policy documents and ownership and oversight of the H&S Executive findings at the Central Depot.

In total, we raised one Priority 2 recommendation and four Priority 3 recommendations as below.

Recommendation	Priority	Recommendation accepted?
Collection, collation and distribution of H&S data	2	Yes
H&S training logs – Neighbourhood Management	3	Yes
E&PP H&S Board	3	Yes
Indemnity clause and supporting documentation	3	Yes
Ownership and delivery of H&S Executive findings	3	Yes

Community Safety (fieldwork Quarter 3 2023/24)

Audit Opinion	Reasonable
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The overall objective of the audit was to review the adequacy and effectiveness of the Council's arrangements to discharge its duties under the Crime & Disorder Act 1998.

We identified good practice and sound controls during the review:

- Partners of the Safer Bromley Partnership Board (SBPB) were supportive of the Chair and her team. Partners recognised the collaborative way of working, which was valued.
- The team has put in place plans for the new Community Safety Strategy for 2024-27 and are consulting on the proposed priority areas. This has been highlighted during a workshop for all Safer Bromley Partnership Board (SBPB) partners, Councillors and officers.
- Partners and officers highlighted the good levels of communication inside and outside the Board and also that actions of the Board were usually delivered by the next meeting.

The key issues arising were that:

- The Constitution and the Terms of Reference of the SBPB had not been reviewed recently and do not reflect current roles or structure, the status of published minutes and how the Board feeds into other meetings.
- Performance measures have not been in place to assess delivery of the four priorities detailed within the Community Safety Strategy 2020-23 and there are gaps in information available to residents on the Bromley website.
- Procedures and other documents were found to be in need of reviewing and updating to reflect the current processes, structure and terminology.
- There is a risk that Anti-Social Behaviour (ASB), Noise and Nuisance complaints could be incorrectly classified on initial triage and there are insufficient controls to detect and rectify this at later stages.
- There are data quality issues regarding the numbers of cases currently showing as 'open' on the case management system.

We raised five Priority 2 recommendations and one Priority 3 recommendation to address these issues.

Recommendation	Priority	Recommendation accepted?
Safer Bromley Partnership Board	2	Yes
Community Safety Strategy	2	Yes
Procedures, Documents & Process Maps	2	Yes
Anti-Social Behaviour & Safer Communities Team	2	Yes
Management Information System	2	Yes
Funding For Project	3	Yes

Property Services Facilities Management Contract Monitoring (fieldwork Quarters 2 & 3 2023/24)

Audit Opinion	Limited
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The overall objective of the audit was to assess the adequacy and effectiveness of internal controls regarding contract management practices within the Facilities Management team, which forms part of Property Services.

We sampled five Facilities Management contracts. Four of these were the highest value contracts and one was a low value contract.

We found the following areas of sound controls:

- Contracts and service agreements outlined the Council's and contractors' roles and responsibilities.
- Contract details, such as commencement and expiration dates, as well as total contract value, had been outlined correctly within the Council's contracts register.
- Contract specifications outlined the specific services to be delivered – including locations and frequency of service provision. The service specifications also provided details on the precise methodology for completing work. They outlined the Council's expectations regarding service standards and the completed work quality.

The key issues arising were that:

- Key Performance Indicators outlined within the contracts had not been reported for four of the sampled contracts.
- The Council does not produce detailed management information to maintain effective oversight over budgetary performance per contractor or to justify budgetary over/under spends.
- There is no detailed asset list outlining all equipment under the FM remit and their respective servicing / inspection dates.
- The Council does not have a post-inspection process whereby the quality of work is regularly reviewed and scrutinised.
- Our testing identified instances related to two contractors where payments were inconsistent with the contractual payment terms.

We raised six Priority 2 recommendations to address these issues.

Recommendation	Priority	Recommendation accepted?
Performance Monitoring	2	Yes
Budget Monitoring	2	Yes
Oversight – Quality of service delivery	2	Yes
Asset Register	2	Yes
Understanding Existing Facilities Management Contracts	2	Yes
Payments	2	Yes

Discharge to Assess (D2A), including audit follow up (fieldwork Q2 – 4 2023/24)

Audit opinion	Limited
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The overall objective of the audit was to review Discharge to Assess (D2A) arrangements to ensure efficiency, best outcomes for the client and best use of Council funds. We issued the final report in December 2023 and have undertaken some follow up work in January and February 2024 to ascertain progress against the Priority 1 recommendations raised.

D2A processes enable clients to be discharged from hospital with temporary non-chargeable care arrangements. Clients are then assessed in the community and should be moved onto chargeable care and support arrangements, if the assessment concludes that care services are required.

The D2A service starts with processes owned and delivered by the Local Care Partnership. Our review encompassed the point of referral to the Adult Social Care (ASC) Hospital Team through to the draft Support Plan and referral to the Brokerage Team.

At the point of our original fieldwork, we identified the following three key areas for management attention:

- There was no Operations Service budget monitoring of D2A expenditure, nominated budget holder or responsibility for actual spend. There was also no process to identify, review and resolve high spend, long term D2A cases. Clients should be moved to chargeable services within six weeks but there was no clarity or formal process for the transfer of D2A cases that had exceeded this timescale. There was also no priority set to refer Financial Assessment requests in a timely manner to achieve client contributions where applicable.
- The Adult Social Care (ASC) Operating Procedures for D2A did not reflect actual service delivery. Key areas of the service were not included or were misrepresented.
- The weekly management information reports for D2A did not include adequate information for the responsible ASC officers to make informed decisions regarding the service, identify log jams and pressure points or represent the service at the Strategic and Operational SPA Interface Boards with health colleagues.

In addition to the above, we raised a Priority 2 recommendation regarding inconsistencies, anomalies and omissions with data input, dates and record keeping.

Management responded immediately to our findings and began implementing a detailed action plan to rectify the issues above. Consequently, we undertook an early follow-up to establish the progress that had been made. As at 8 March 2024, we found that significant progress had been made against all recommendations and consider that all are now partially implemented. Specifically, we found that:

- The Assistant Director Operations is the nominated budget holder and leads on financial management of the D2A service. A monthly Finance meeting has been scheduled to consider new finance reports which show expenditure at client level for D2A services. The fortnightly report produced by the Service Accountant also sets out the financial forecast for the service. The six week threshold is now being monitored and there is greater clarity around the roles of officers involved in the process. The number of D2A cases exceeding six weeks had remained at around 70 cases for some time but dropped to 45 for week ending 25/2/24 and 29 for week ending 3/3/24. Testing identified that there are still process issues to resolve around ending a D2A service and transferring to a chargeable service line. We have provided further advice to the service on this.
- Operating Procedures have been revised, but at the time of follow up these were still in draft and had yet to be finalised and rolled out. We understand they will be finalised in March 2024 and we will follow up again in September to ensure that they are fully implemented and embedded.
- There is a fortnightly Performance Review meeting. D2A cases exceeding six weeks are a standing item on the agenda and teams are asked for a status and progress update on each case. New performance information has been designed to include in the weekly system reports. However, at the time of our follow-up this performance information had not been consistently produced and disseminated. It was not clear that the responsibility to complete, monitor and act on the data had been assigned. We understand that performance officers are now working on this data and we will follow up again in September to ensure that information is routinely produced and reviewed.

The table below summarises the original recommendations made and the outcomes of our follow up. We will follow up this audit again in September 2024.

Recommendation	Priority	Recommendation accepted?	Recommendation implemented?
Financial Management and Budget Monitoring	1	Yes	Partial
Operational Procedures	1	Yes	Partial
Performance Monitoring and LAS Reporting	1	Yes	Partial
Consistency and Accuracy of LAS record keeping	2	Yes	TBC

SEND Transport Provider Payments (fieldwork Q4 2023/24)

Audit opinion	NA
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This was a short probity review of a sample of SEND Transport invoices to ensure that payments had been made accurately and in accordance with agreed rates. We reviewed a small sample of 15 payments between December 2022 and November 2023 across a range of clients and providers. We found that the payments aligned to the underlying records and no issues were identified.

Disabled Facilities Capital Grant (DFG) Determination 2022-23 [31/6092] - £2,442,564

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant conditions have been met.
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Based on discussions with officers and a review of the records held, we have gained reasonable assurance that the conditions of the grant determination have been met for the £2,131,348 spent within the 2022-23 Financial Year. Work continues, with the remainder of the funding carried forward to, and spent during the 2023-24 Financial Year.

Based on discussions with officers and a review of the records held, we made three recommendations to improve the control environment. These recommendations do not materially affect compliance with the grant conditions but would enable a greater degree of assurance over the process.

Recommendation	Priority	Recommendation accepted?
Recovery of overpayment	Advisory	Yes
Segregation and Authorisation	Advisory	Yes
Clarity of roles and responsibilities	Advisory	Yes