

BROMSGROVE DISTRICT COUNCIL

AUDIT BOARD

Date 21st March 2011

2010/11 INTERNAL AUDIT PERFORMANCE AND WORKLOAD

Relevant Portfolio Holder	Councillor Geoff Denaro Portfolio Holder for Finance
Relevant Head of Service	Jayne Pickering Executive Director Finance & Corporate Resources
Key Decision / Non-Key Decision	

1. SUMMARY OF PROPOSALS

1.1 To present:

- A summary of the current performance and workload of the Internal Audit Section.

2. RECOMMENDATION

2.1 That the Audit Board considers and approves:

- Current status and work completed in the 2010/11 Audit Plan up to 28 February 2011.
- Current Performance Indicator statistics.
- Amendments to the section's standard documentation.

3. BACKGROUND

3.1 The Council is required under Regulation 6 of the Accounts and Audit Regulations 2003 (as amended 2006) to "maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control".

3.2 To aid compliance with the regulation, the CIPFA Code of Practice for Internal Audit in Local Government in the United Kingdom 2006 details that "Internal Audit work should be planned, controlled and recorded in order to determine priorities, establish and achieve objectives and ensure the effective and efficient use of audit resources".

3.3 A revised three year plan was approved by the Audit Board at its meeting of 28th September 2009. The purpose of the three year plan is to ensure that all of the Council's key systems are audited at least once every three years, thus providing assurance that the Council's systems are operating as intended.

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- 3.4 The annual plan for 2010/11 is the second year of the three year plan. In accordance with best practice, each year the three year plan should be subject to review to ensure that identified changes, for example, external influences, risk score and process re-engineering, are taken into consideration within the current year's annual plan.
- 3.5 The 2010/11 Internal Audit Plan will aid the effectiveness of the Internal Audit function and ensure that:
- Internal Audit assists the Authority in meeting its objectives by reviewing the high risk areas, systems and processes.
 - Audit plan delivery is monitored on a weekly basis, appropriate action is taken and performance reports are issued on a regular basis.
 - The key financial systems are reviewed annually, enabling the Authority's external auditors to place reliance on the work completed by Internal Audit.
 - An opinion can be formed on the adequacy of the Authority's system of internal control, which feeds into the Annual Governance Statement in the statement of accounts.
- 3.6 The WETT Internal Audit Shared Service came into effect on 1st June 2010. Accordingly, the plan for 2010/11 was compiled in accordance with the WETT Business Case and a number of proposed amendments were approved by the Audit Board on the 27th September 2010 with further amendments on the 13th December 2010. The Internal Audit Shared Service is introducing for all its member authorities a risk based assessment that will assist in the compilation of future internal audit plans.
- 3.7 Following the Audit Board meeting on the 25th April 2006, a number of standard agenda items and topics were agreed. This report includes information on the following areas:
- Audit Plan – Current Status.
 - Audit Work Completed since the previous Audit Board meeting.
 - Performance Indicator statistics.
 - New or updated audit documents.

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4. KEY ISSUES

2009/10 Audit Plan – current status

4.1 The 2009/10 Audit Plan Procurement Final Report has been finalised.

2010/11 Audit Plan – current status

The 2010/11 Audit Plan Debtors Report has been finalised. The Creditors remains with management before it to can be finalised.

Other audits currently progressing include Council Tax, Non Domestic Rates, Benefits, and a joint audit with Redditch Borough Council on Governance.

Further audits that are due to start or have recently started are Regulatory Services and Treasury Management.

4.2 There are four performance indicators for Internal Audit:

- Actual time compared with planned time,
- Percentage of productive time,
- Number of jobs planned for the year actually finished,
- Number of customer surveys returned that scored the service as 'good'.

The first two performance indicators are monitored and reported quarterly and the latter two indicators will be measured and reported annually.

4.3 The table below details planned time compared with actual time recorded from 1 April 2010 to 28 February 2011.

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	Revised Plan (days)	Actual (days) (rounded)	% used	Comments
Chargeable Days (operational) days:				
Completion of 09/10 audit work	44	43	97%	Completion of 2009/2010 audit work in Q1
Audit reviews	184	73	40%	Includes all reviews; fundamentals, corporate.
Risk Management	80	79	99%	Risk Management
Follow up checks (Agreed Action Tracker process)	20	23	115%	
Consultancy	14	12	86%	
External Audit	2	1	50%	
Audit reviews contingency	5	1	20%	
Management	48	103	215%	WETT, Mngt Staff Forums & Team Mtgs, WIASS support (40 days)
Sub-totals	397	335	84%	(Actual / Plan Days)
Non-Chargeable (non-operational) days:				
Management & Administration	46	43	93%	Appraisals, Corporate Initiatives, Audit Group Mtgs, System issues, Administration & Audit Timesheets, WIASS support (5 days), system issues & upgrades.
Leave/approved absences	82	68	83%	General seminars & training
Professional Training	30	25	83%	
Sub-totals	158	136	86%	(Actual / Plan Days)
Total	555	467	84%	(Actual / Plan Days)
	Planned		Actual	
Percentage of operational days: (benchmark 65%)	72%		72%	

The performance against the two key performance indicators against which we report quarterly; actual time compared with planned time and percentage of productive time indicates that the latter is on target, the former is a bit behind target (we would have expected to have completed 92% of the plan at the end of Feb).

The variances to expectation as indicated above show only 40% of time on audit reviews when we are 11 months into the year and the management budget currently at 215%. The reasons for the variances include:

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- Significant study leave which was not accounted for in the original 2010/11 plan;
- The ongoing Worcestershire Internal Audit Shared Service restructuring programme which has significantly impacted the ongoing audit plan delivery;
- Reallocation of a Bromsgrove District Council internal auditor for five weeks;
- Significant time has been placed in the 'management' budget for coaching, supervision, review of audit work and other operational activity and not raised against the 'Audit Review' budget.

Consequently, the time allocation budgets as shown above need to be considered together and as a whole rather than isolated individual budgets.

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New or updated Audit documents

4.4 There are no new or updated Internal Audit documents to report, however, there is ongoing business transformation which will culminate in revised audit documentation.

Recommendations Tracker

4.5 This is a separate report.

5. FINANCIAL IMPLICATIONS

5.1 None.

6. LEGAL IMPLICATIONS

6.1 The Council is required under Regulation 6 of the Accounts and Audit Regulations 2003 (as amended 2006) to “maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with the proper internal audit practices”.

7. POLICY IMPLICATIONS

7.1 None.

8. COUNCIL OBJECTIVES

8.1 Council Objective 02: Improvement.

9. RISK MANAGEMENT INCLUDING HEALTH & SAFETY CONSIDERATIONS

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

- Non-compliance with statutory requirements.
- Ineffective Internal Audit service.
- Lack of an effective internal control environment.

9.2 These risks are being managed as follows:

- Risk Register: Financial Services
- Key Objective Ref No: 3
- Key Objective: Efficient and effective Internal Audit service

10. CUSTOMER IMPLICATIONS

10.1 The internal control and assurance framework ensures that the services delivered by the Council to the customer are undertaken with a robust and effective framework of processes and procedures.

11. EQUALITIES AND DIVERSITY IMPLICATIONS

11.1 None as a direct result of this report.

12. VALUE FOR MONEY IMPLICATIONS, PROCUREMENT AND ASSET MANAGEMENT

12.1 A robust internal control environment ensures that Value for Money is delivered in the service provision across the Council.

13. CLIMATE CHANGE, CARBON IMPLICATIONS AND BIODIVERSITY

13.1 Climate Change is included as a risk to be managed on the Corporate and service area risk registers.

14. HUMAN RESOURCES IMPLICATIONS

14.1 None.

15. GOVERNANCE/PERFORMANCE MANAGEMENT IMPLICATIONS

15.1 Effective governance process.

16. COMMUNITY SAFETY IMPLICATIONS INCLUDING SECTION 17 OF CRIME AND DISORDER ACT 1998

16.1 None.

17. HEALTH INEQUALITIES IMPLICATIONS

17.1 None.

18. LESSONS LEARNT

18.1 Nothing to report for this Board.

19. COMMUNITY AND STAKEHOLDER ENGAGEMENT

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19.1 None as a direct result of this report.

20. OTHERS CONSULTED ON THE REPORT

Portfolio Holder	No
Chief Executive	No
Executive Director (S151 Officer)	Yes
Executive Director – Leisure, Cultural, Environmental and Community Services	No
Executive Director – Planning & Regeneration, Regulatory and Housing Services	No
Director of Policy, Performance and Partnerships	No
Head of Finance and Resources	No
Head of Legal, Equalities & Democratic Services	No
Corporate Procurement Team	No

21. WARDS AFFECTED

All Wards.

22. APPENDICES

None

23. BACKGROUND PAPERS

None.

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