Audit, Standards and Governance Committee

THE INTERNAL AUDIT PROGRESS REPORT

	Councillor C. A. Hotham						
	Yes						
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Shared S	ervice						
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	All Wards						
d	No						
(S)	Good Governance & Risk						
	Management underpins all the						
	Strategic Purposes.						
Non-Key Decision							
If you have any questions about this report, please contact the report author in							
advance of the meeting.							
	Shared S Contact e d (s)						

1. <u>RECOMMENDATIONS</u>

The Audit, Standards and Governance Committee recommend:-

1) the report is noted.

2. BACKGROUND

The involvement of Member's in progress monitoring is considered 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 1st April 2023 to 31st January 2024.

Summary Dashboard 2023/24:		
Total reviews planned for 2023/24	12 (minimum)
Reviews finalised to date for 2023/24:	4	
Assurance of 'moderate' or below:	0	
Reviews awaiting final sign off:	2	
Reviews ongoing:	9	
Reviews to commence (Q4):	1	
'High' Priority recommendations reported 2023	/24:	0
Satisfied 'High' priority recommendations to da	te:	N/a
Plan delivery to January 2024 (days):	56%	
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Since the last progress report presented to the Committee, 2 reports are at clearance/draft report stage and nine 2023/24 reviews are in progress.

Follow Up outcomes are reported in Appendices 4 and 5 and by exception.

Audit, Standards and Governance Committee

All 'limited' or below assurance reviews go before Corporate Management Team for full consideration.

2022/23 AUDITS

The review at draft report or clearance stage is:

• ICT Cyber Security

As the above is classified as 'on going' the assurance and outcome of the review will be reported at Committee on completion.

2023/24 AUDITS to 31st January 2024

A rolling programme of testing has taken place during quarters 1 to 3 for Debtors, Creditors and Payroll. The results will be reported during quarter 4.

Critical review audits are designed to add value to an evolving Service area. Depending on the transformation that a Service is experiencing at the time of a scheduled review a decision is made regarding the audit approach. Where there is significant change taking place due to transformation, restructuring, significant legislative updates or a comparison required a critical review approach will be used. To assist the service area to move forwards challenge areas will be identified using audit review techniques. The percentage of critical reviews will be confirmed as part of the overall outturn figure for the audit programme. The outturn from the reviews will be reported in summary format as part of the regular reporting.

Internal Audit are continuing to consider new processes emerging from the 'new norm' working arrangements that have been necessary to continue to provide Bromsgrove residents with services post pandemic. Plan flexibility is required to include and provide assurance on potential areas of change. Follow up reviews are an integral part of the audit process. There is a rolling programme of review that is undertaken to ensure that there is progress with the implementation of the agreed action plans (Appendix 4). The outcomes of the follow up reviews are reported in full (Appendix 5) so the general direction of travel and the risk exposure can be considered by Committee. An escalation process involving CMT and SMT is in place to ensure more effective use of resource regarding follow up to reduce the number of revisits necessary to confirm the recommendations have been satisfied.

3.4 AUDIT DAYS

Appendix 1 provides a summary of delivery. At the 31st January 2024 a total of 115 days had been delivered against an overall target of 209 days for the year. Whilst the number of days delivered is behind profile, all except one assignment is in progress and resources are being reviewed and prioritised to ensure that the audit plan is delivered and that the annual assurance opinion on the Council's

Audit, Standards and Governance Committee

7th March 2024

internal control, risk management and governance arrangements is provided. Delivery of days has been behind this year as a result of staff turnover in the service.

The new Head of Service is now in post and following a review of the structure recruitment will shortly commence for two senior auditor positions. An interim auditor role has been extended to support completion of the 2023/24 internal audit plan. As is common in the sector, some time will be required in April and May to complete and finalise the current year's work.

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 appraisal'
- 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 coordination of uploads.
- Investigations

National Fraud Initiative

3.6 National Fraud Initiative data was uploaded in December 2023 and January 2024. The results from the 2022/23 uploads are currently being investigated by the various Service areas who are working through them and taking appropriate action. WIASS continue to provide advice and assistance regarding the process.

<u>Monitoring</u>

3.7 To ensure the delivery of the 2023/24 plan and any revision required there continues to be close and continual monitoring of the plan delivery, forecasted requirements of resource -v - actual delivery, and where necessary, additional resource will be secured to assist with the overall Service demands. Changes to the plan will be discussed with the s151 Officer and reported to Committee.

Audit, Standards and Governance Committee

4. **FINANCIAL IMPLICATIONS**

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

5. <u>LEGAL IMPLICATIONS</u>

5.1 The Council is required under Regulation 6 of the Accounts and Audit Regulations 2018 to "maintain in accordance with proper practices an adequate and effective system of internal audit of its accounting records and of its system of internal control".

6. STRATEGIC PURPOSES - IMPLICATIONS

Relevant Strategic Purpose

6.1 Good governance along with risk management underpin all the Corporate strategic purposes. This report provides an independent assurance over certain aspects of the Council's operations.

Climate Change Implications

6.2 The actions proposed do not have a direct impact on climate change implications.

7. OTHER IMPLICATIONS

Equalities and Diversity Implications

7.1 There are no implications arising out of this report.

Operational Implications

7.2 There are no new operational implications arising from this report.

8. <u>RISK MANAGEMENT</u>

- 8.1 The main risks associated with the details included in this report are to:
 - Insufficiently complete the planned programme of audit work within the financial year leading to an inability to produce an annual opinion; and,
 - a continuous provision of an internal audit service is not maintained.

Audit, Standards and Governance Committee

9. APPENDICES and BACKGROUND PAPERS

Appendix 1 ~ 2023/24 Internal Audit Plan summary of delivery

Appendix 2 ~ 2023/24 Plan progress

Appendix 3 ~ Finalised audit reports including definitions.

Appendix 4 ~ Follow Up Programme Overview

Appendix 5 ~ Follow Up Reports recently issued

Audit, Standards and Governance Committee

7th March 2024

APPENDIX 1

Delivery against Internal Audit Plan for 2023/24 <u>1st April 2023 to 31st January 2024</u>

Audit Area	2023/24 Plan Days	Days used to 31 st January 2024
Core Financial Systems (see note 1)	51	24
Corporate Audits	76	45
Other Systems Audits (see note 2)	54	32
SUB TOTAL	181	101
Audit Management Meetings/		
Corporate Meetings / Reading/		
Annual Plans, Reports and Audit Committee Support	28	14
Other chargeable (see note 3)	0	0

Other chargeable (see note 3)	0	0
SUB TOTAL	28	14
TOTAL	209	115

Audit days used are rounded to the nearest whole.

Note 1: Core Financial Systems are audited predominantly in quarters 3 and 4 to maximise the assurance provided for Annual Governance Statement and Statement of Accounts but not interfere with year-end. A rolling programme continues regarding Debtors, Creditors and Payroll to maximise coverage and sample size. The overall results will be reported during Q4.

Note 2: Several budgets in this section are 'on demand' (e.g. consultancy, investigations) so the requirements can fluctuate throughout the quarters potentially resulting in unallocated days.

Note 3: 'Other chargeable' days equate to times where there has been, for example, significant disruption to the IT provision resulting in lost productivity.

7th March 2024

APPENDIX 2

2023/24 Internal Audit Plan

Audit Area	Corporate Link	Risk Register Reference	Proposed Resource 2023/24	Indicative Planned Qtr.	Progress To Date
FINANCIAL					
Debtors (note 1)	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	14*	3 to 4	In progress Rolling programme
Main Ledger/Budget Monitor/Bank Rec (note 1)	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	17*	4	In progress
Creditors (note 1)	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	14*	3 to 4	In progress Rolling programme
Treasury Management Enabling		COR17 - Resolution of the approved Budget Position in both Councils	6*	2	In progress
Council Tax	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	-	1 to 3	Deferred to 2024/25
Benefits	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	-	1 to 3	Deferred to 2024/25
NNDR	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	-	1 to 3	Deferred to 2024/25
Sub TOTAL			51		
CORPORATE					

Audit, Standards and Governance Committee

7th March 2024

Audit Area	Corporate Link	Risk Register Reference	Proposed Resource 2023/24	Indicative Planned Qtr.	Progress To Date
IT Audit	Fundamental to strategic purpose delivery	COR18 – Protection from Cyber Attack	15*	3 - 4	In progress
Corporate anti-fraud and corruption	Fundamental to strategic purpose delivery	COR – Cost of Living	5*	3	In progress
Procurement and Contract Management (Note 2)	Fundamental to strategic purpose delivery	COR16 – Management of Contracts & S151 request	8*	4	In progress
Corporate Data Quality and Usage (Critical Friend)	Fundamental to strategic purpose delivery	S151 request	10*	4	
Projects – Levelling Up	Fundamental to strategic purpose delivery	COR22 - Delivery of Levelling up, Towns Fund and UK Shared Prosperity Fund work & S151 request	8*	2	In progress
Grants (Various incl. Disabled Facilities Grants)	Enabling	COR17 - Resolution of the approved Budget Position in both Councils	10	1 to 4	In progress
Sub TOTAL			76		
Worcester Regulatory Services					
New system	Statutory and Regulatory Requirement	COR15 – Impact to changes in Partner Funding Arrangements	12	3	In progress
Sub TOTAL			12		
Service Delivery					
Human Resources					

Audit, Standards and Governance Committee

7th March 2024

Audit Area	Corporate Link	Risk Register Reference		Proposed Resource 2023/24	Indicative Planned Qtr.	Progress To Date
Organisational Processes	Fundamental to strategic purpose delivery	COR19 – Adequate Workforce Planning & S151		5	3	In progress
Sub TOTAL				5		
Advisory, Consultancy & Contingency	Operational support	N/a	N/a	10	1 - 4	Ongoing
Fraud & Investigations incl. NFI	Operational support	N/a	N/a	10	1 - 4	Ongoing
Completion of prior year's audits	Operational support	N/a	N/a	8	1	Ongoing
Report Follow Up (all areas)	Operational support	N/a	N/a	10	1 - 4	Ongoing
Statement of Internal Control	Operational support	N/a	N/a	4*	1&4	
Sub TOTAL				42		
Audit Management Meetings	Operational support	N/a	N/a			
Corporate Meetings / Reading	Operational support	N/a	N/a	28		
Annual Plans, Reports & Committee Support	Operational support	N/a	N/a	20		Ongoing
Sub TOTAL				28]
TOTAL CHARGEABLE				209		

Audit, Standards and Governance Committee

Explanatory Notes:

*As part of the increasing joint and shared service working between Bromsgrove District Council and Redditch Borough Council the audit budgets and areas will feature in both internal audit plans and be consolidated to deliver a single piece of work covering both Councils. Where practically possible the days will be split equally between the plans. Weighting will, however, be applied if it is considered the focus of the work will major on one Council. The customer journey will be considered overall as part of the service audits.

Note 1: Ongoing risk with financial system therefore audit budgets maintained. Note 2: Procurement – ensuring embedding continues.

Audit, Governance & Standards Committee

7th March 2024

APPENDIX 3

There are no finalised audit reports since the January 2024 meeting.

Appendices A & B are indicated below and can be applied to all finalised reports for reference.

Appendix A

Definition of Audit Opinion Levels of Assurance

Opinion	Definition
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Audit, Governance & Standards Committee

7th March 2024

Appendix B

Definition of Priority of Recommendations

Priority	Definition
н	Fundamental control weaknesses that present a significant material risk to the function or system objectives and requires immediate attention by Senior Management.
м	Other control weaknesses where there are some controls in place but there are issues with parts of the control that need to be addressed by Management within the area of review.
L	Issues of best practise where some improvement can be made.

Audit, Governance & Standards Committee

7th March 2024

Overview of 2023/24 Follow Up Programme

	Year of Review	Review Area	Assurance	Follow Up Position	Indicative Dat Follow Up		Position and Conclusion
BDC	21/22	Procurement	Limited	2 nd	May-23	Q1	All points implemented – Report - Appendix 5 No further action required
BDC	21/22	General Data Protection Regulation	Moderate	2 nd	Jul-23	Q2	1 recommendation implemented and 2 partially implemented. Further follow up to be arranged and linked to GIS/Gazetteer Phase 1.
BDC	22/23	GIS/Gazetteer Phase 1	Critical Review	1 st	Jul-23	Q2	To be arranged and linked to the General data Protection regulation.
BDC	22/23	Accounts Payable	Moderate	1 st	Nov-23	Q3	To be included in 23/24 Audit
BDC	22/23	IT Review	Moderate	1 st	Jan-24	Q4	To be included in 23/24 Audit
BDC	22/23	Treasury Management	Significant	1 st	Jul-23	Q2	To be included in 23/24 Audit
BDC	22/23	Accounts Receivable	Limited	1 st	Sep-24	Q2	To be included in 23/24 Audit
BDC	22/23	Council Tax	Moderate	1 st	Sep-24	Q2	To be included in 24/25 Audit
BDC	22/23	National Non- Domestic rates	Significant	1 st	Sep-24	Q2	To be included in 24/25 Audit

Appendix 4

Audit, Governance & Standards Committee

7th March 2024

	Year of Review	Review Area	Assurance	Follow Up Position	Indicative Dat Follow Up		Position and Conclusion
BDC	22/23	Benefits	Significant	1 st	Nov-23	Q3	To be included in 24/25 Audit
BDC	22/23	Workshop Licensing Compliance	Critical Friend	1 st	Dec-23	Q3	To be arranged
BDC	22/23	Fuel Usage and Efficiency	Moderate	2 nd	Aug-23	Q2	To be arranged
BDC	22/23	WRS- Animal License Activity	Critical Friend	1 st	Sept-23	Q2	To be arranged

Note:

There are no exceptions to report.

2023/24 Review areas will be added to the table when them become due for a follow up visit.

Audit, Governance & Standards Committee

7th March 2024

Follow Up Reports

Appendix 5

None to report.