

Internal Audit Progress Report – November 2023

The Head of Internal Audit is required to provide a written status report to Senior

Management and Members, summarising internal audit activity.



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Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:

> 'Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards and guidance.'

The standards for 'proper practices'; are laid down in the Public Sector Internal Audit Standards [the Standards -updated 2017].

The role of internal audit is best summarised through its definition within the Standards, as an:

'Independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes'.

The District Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the District Council that these arrangements are in place and operating effectively. The District Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation's objectives.

The Purpose of the Report

In accordance with the proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter, the Head of Internal Audit is required to provide a written status report to Senior Management and Members summarising:

- the status of live internal audit reports.
- an update on progress against the internal audit plan.
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact of the Head of Internal Audits annual opinion.

Assurance opinions are categorised as follows:

- Substantial A reliable system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
- Adequate There is a generally reliable system of governance, risk management and control in place. Some issues of non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

- Limited 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 Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control are inadequate to effectively manage risks in the achievement of the objectives for the area audited.

Performance Dashboard

Figure 1

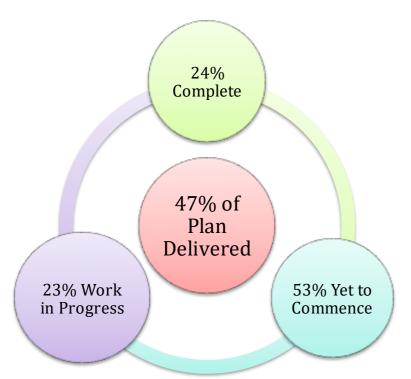


Figure 1 shows the completion of the internal audit plan to date. As quarter 1 focused on internal staff training, we will deliver the audit plan across the remaining 9 months. Our expected progress as at 31 October would be 44% of plan delivered (this includes both completed audits & work in progress). Agreed fieldwork start dates are in place for the remaining audits inline with both our resources and management availability. Adhering to these dates will allow our audit plan to be delivered by 31 March.

Figure 2 shows the feedback received for the work completed. There is an expectation that all clients will provide feedback on their audit experience with the team. The results of audit feedback will be used by managers in developing team and individual improvements as well as to inform training requirements and quality learning across the entire audit team.

We have received feedback for two completed audits, Equality & Diversity and Key Project – Refurbishment of Saxilby Footbridge. This is shown below.

Figure 2



Update on Internal Audit Activity

Since our last progress report in September 2023, we have agreed our audit schedule with Management Team and our resources are in place to deliver the remainder of the audit plan. We have been successful in filling our vacant Senior Auditor positions. To support timely delivery of the Council's Internal Audit plan across the remainder of the year, we will also be utilising some external resource. As part of our resource planning, we regularly and closely monitor progress with delivery so that we can assure Management & Members of our ability to deliver the plan in real time. Further details can be found in the Planning & Resourcing section of this report.

Completed

We have issued one audit report during this period:

Key Project – Refurbishment of Saxilby Footbridge – Adequate Assurance

The summary of key observations is provided in the Executive Summary section of this report.

In Progress

We have three audits in progress:

ICT – Cyber security ICT- Incident Management Procurement

Combined Assurance

Annually we undertake our combined assurance work, where we identify and map the main sources and types of assurance across the Council and coordinate them to best effect. The outcome of this work is a Combined Assurance map and a Combined Assurance report. The map supports the development of the Internal Audit plan as well as being a key management tool. The Combined Assurance report will be reported to Governance & Audit Committee at a future meeting.

Analysis of Audit Reviews

The table below shows the audits completed since April 2023 along with details of the actions. One action is overdue; however significant work has been undertaken towards completing this. This action relates to bi-monthly reporting of Council Tax accounts on hold to ensure debt is being pursued. Although this is yet to be in place, the team have undertaken a full review of all accounts on hold and bi monthly reporting will commence from 1 December. A detailed update can be found in Appendix 2.

| Audit Review | Report Date | Audit Sponsor | Assurance Opinion | Total Management Actions | Not Accepted | Not Yet Due | Completed | Over | erdue | |
|--------------------------|----------------|---|----------------------|--------------------------------|-----------------|----------------|-----------|------|--------|--|
| 2022/23 | | | | | | | | High | Medium | |
| ICT Patch Management | Apr-23 | Director Change Management & Regulatory Services | High | 0 | 0 | 0 | 0 | 0 | 0 | |
| ICT Asset Management | Apr-23 | Director Change Management & Regulatory Services | Substantial | 8 | 0 | 5 | 3 | 0 | 0 | |
| Risk Management | Apr-23 | Director of Corporate Services | Substantial | 5 | 0 | 1 | 4 | 0 | 0 | |
| Key Control testing | May-23 | Director of Corporate Services | Substantial | 5 | 0 | 0 | 4 | 0 | 1 | |
| Key Project - CRM System | May-23 | Director Change Management & Regulatory Services | Consultancy | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL | | | | | | | | 0 | 1 | |

| Audit Review | Report Date | Audit Sponsor | Assurance Opinion | Total Management Actions | Not Accepted | Not Yet Due | Completed | Overdue | | | |
|---|----------------|--|----------------------|--------------------------------|-----------------|----------------|-----------|---------|--------|-----|----------|
| 2023/24 | | | | | | | | High | Medium | Low | Critical |
| Equality Impact Assessments | Jul-23 | Assistant Director People & Democratic | Adequate | 11 | 0 | 8 | 3 | 0 | 0 | 0 | 0 |
| Key Project – Refurbishment of Saxilby Footbridge | Oct- 23 | Director Planning, Regeneration & Communities | Adequate | 12 | 0 | 12 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | | | | | | | | 0 | 0 | 0 | 0 |

The table below shows the actions remaining to be implemented from reports issued prior to April 2023. No actions are overdue and 5 actions are not yet due to be completed.

| Audit Review | Report Date | Audit Sponsor | Assurance Opinion | Total Management Actions | Not Accepted | Not Yet Due | Completed | Overdue | |
|-----------------------------|----------------|---|----------------------|--------------------------------|-----------------|----------------|-----------|---------|--------|
| | | | | | | | | High | Medium |
| 2020/21 ICT Email Security | 02/02/2021 | Director Change Management & Regulatory Services | Substantial | 6 | 0 | 0 | 6 | 0 | 0 |
| 2021/22 Key Control testing | 22/08/2022 | Director of Corporate Services | Substantial | 5 | 0 | 2 | 3 | 0 | 0 |
| 2021/22 Carbon Management | 18/05/2022 | Head of Policy & Strategy | Substantial | 1 | 0 | 0 | 1 | 0 | 0 |
| 2022/23 Contract Management | 21/12/2022 | Management Team | Substantial | 4 | 0 | 3 | 1 | 0 | 0 |
| TOTAL | | | | | | | | 0 | 0 |

Executive Summaries of 'Limited' or 'No' Assurance Opinions

There have been no reports issued during this period with a Limited or No Assurance Opinion.

Executive Summaries of 'Substantial' or 'Adequate' Assurance Opinions

The table below provides a summary of the substantial or adequate assurance reports published since the last progress report.

| Audit Sponsor | Assurance Opinion | | Management Actions | | | | | | |
|-------------------------|--------------------------------------|------------------------|---------------------------|-------------------------|-----------------------------|--|--|--|--|
| Director Planning, | Adequate | Low | Medium | High | Critical | | | | |
| Regeneration & | Adequate | 4 | 8 | 0 | 0 | | | | |
| Communities | | | | | | | | | |
| Summary of Key Obs | servations: | | I | | | | | | |
| As part of the Interna | l Audit plan for 2023/24, audit h | nave undertaken a rev | iew of the Kev Proiect - | - Refurbishment of Sax | xilby Footbridge in order | | | | |
| • | it effective arrangements, syste | | | | | | | | |
| | | | | | | | | | |
| The review found that | clear governance and manage | ment processes are in | place and the Council h | nas ensured that the h | neritage of the bridge | | | | |
| remains unharmed. T | here is a framework in place to | support the effective | delivery of Projects acro | oss the Council, howev | ver further work is require | | | | |
| to ensure full consiste | ency of application, understandin | ng of roles and respor | nsibilities, compliance a | nd completion of proje | ect documentation at the | | | | |
| relevant stages. | | | | | | | | | |
| While the Project Tea | m had clear lines of reporting w | within the project the | programme undate ren | orts to the Land Prope | erty and Growth | | | | |
| • | ortfolio Boards provide limited | | | • • | • | | | | |
| - | of detailed key project data wil | - | | | - | | | | |
| | lecisions in relation to the project | | Teneetivery monitoring | | interige and being able to | | | | |
| | | | | | | | | | |
| Although the project | forecasts an overspend and the | bridge is due to be re | turned later than plann | ed, this was primarily | due to unforeseen repair | | | | |
| | | | | | | | | | |
| identified during the v | works undertaken and a protrac | ted tender process fo | llowing a lack of supplie | r interest, rather thar | n a lack of governance or | | | | |

The new Project Office approach introduced in mid-2023 will provide closer collaboration between the Project team and Project Office. This should improve the quality of project documentation, enhance oversight and transparency and support effective decision making.

A number of recommendations were made to strengthen the processes in place, which included: -

- Details and justification are provided in the update reports where a red or an amber RAG status has been identified for both financial and delivery progress
- The Project Delivery Plan is updated with the required project data, regularly reviewed for completeness and accuracy
- Quality Assurance is undertaken on the project by the Project Office team including stage documentation prior to submission
- The Project Management Framework is updated to incorporate the new approach of the Project Office and this is implemented for the remainder of the project
- All project documentation should be stored within the Project Office Hub
- Seek legal advice as to the ownership of the Footbridge so that the implications are fully understood and an informed decision around its ownership can be made by the Council

Planning and Resourcing

The table below shares an update on the delivery programme for the Council's audits. This will include audit assignments from 2022/23 and 2023/2024. The report will hold a maximum of two years of internal audit work to allow the progress and delivery to be monitored. As there has been a change to the assurance ratings applied to assurance work from 2023/2024, the equivalent updated rating has been included for 2022/2023.

For the remaining Q3 & Q4 audits, we have provided intended fieldwork start dates to support Members in their monitoring of delivery. *Please* note that these are intended start dates but could be subject to change if unforeseen circumstances arise.

Key to the colour coded table

Green – Complete, Amber- In Progress

Work Plan

| Audit Review | Audit Sponsor | Scoping | Audit Objective | Fieldwork | Draft Report | Final Report | Assurance Opinion / Equivalent |
|--------------------------|--|---------|--------------------|-----------|-----------------|--------------|--------------------------------------|
| ASSURANCE WORK 2022/2023 | | | | | | | |
| ICT Patch Management | Director Change Management & Regulatory Services | ~ | ~ | ~ | 13/01/23 | 12/04/23 | High |
| ICT Asset Management | Director Change Management & Regulatory Services | ~ | ~ | ~ | 01/04/23 | 06/04/23 | Substantial |
| Key Control testing | Director of Corporate Services | ~ | ~ | ~ | 19/05/23 | 22/05/23 | Substantial |
| Key Project – CRM System | Director Change Management & Regulatory Services | ~ | ~ | ~ | 04/05/23 | 22/05/23 | Consultancy |

| Audit Review | Audit Sponsor | Scoping | Audit Objective | Fieldwork Commences | Draft Report | Final Report | Assurance Opinion or Equivalent |
|---|---|---------|--------------------|------------------------|-----------------|--------------|---------------------------------------|
| ASSURANCE WORK 2023/2024 | | | | (W/C) | | | |
| Equality Impact Assessments | Assistant Director People & Democratic | ~ | ~ | 16/06/23 | 25/07/23 | 02/08/23 | Adequate |
| Key Project Review – Refurbishment of Saxilby Footbridge | Director Planning, Regeneration & Communities | ✓ | ✓ | 25/09/23 | 25/10/23 | 08/11/23 | Adequate |
| ICT Cyber Security | Director Change Management & Regulatory Services | ~ | ✓ | 25/09/23 | 31/10/23 | твс | ТВС |
| Combined Assurance | Director Corporate Services | ~ | ~ | 28/11/23 | | | |
| Procurement | Director Commercial & Operational Services | ✓ | ~ | 20/11/23 | | | |
| ICT Incident Management | Director Change Management & Regulatory Services | ✓ | ~ | 04/12/23 | | | |
| Key Control testing | Director Corporate Services | | | 29/01/23 | | | |
| Levelling Up Fund Phase 2 | Director Planning, Regeneration & Communities | | | 08/01/23 | | | |
| Performance Management | Director Change Management, ICT & Regulatory Services | | | 08/01/23 | | | |
| Safeguarding Policy | Assistant Director People & Democratic | | | 29/01/23 | | | |

Appendix 1

Overdue Critical or High priority actions

There are no overdue Critical or High priority actions to report during this period.

Overdue Medium and Low priority actions

| Audit Review | Audit | Priority | Agreed Action | Owner | Original | Current | Comments |
|--------------|-------------|----------|--------------------------------|----------|----------|----------|---|
| | Sponsor | | | | Due Date | Due Date | |
| WLDC 2022/23 | Director of | Medium | All accounts on hold will be | Revenues | 30/06/23 | 31/10/23 | All accounts on hold have |
| Key Control | Corporate | | reviewed on a bi-monthly basis | Manager | | | been reviewed to identify |
| Testing | Services | | to ensure debt is being | | | | any with an outstanding |
| | | | pursued. | | | | balance and an old date. A |
| | | | | | | | weekly review report has |
| | | | | | | | also been produced. |
| | | | | | | | A bi-monthly report will be produced from 1 December which will ensure no accounts are missed moving forward. |
| | | | | | | | Revised Date 31 December 23 |