



WEST LINDSEY DISTRICT COUNCIL

Internal Audit Progress Report

10 June 2025

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KEY MESSAGES

The internal audit plan for 2024/25 was approved by the Governance and Audit Committee at the 16 April 2024 meeting. This report provides an update on progress against the plan and summarises the results of our work to date.



We have issued two final reports as final as part of the internal audit plan since the Governance and Audit Committee meeting in April 2025. These are Combined Assurance (10.24/25) and Follow Up Visit 2 (11.24/25).

- Details of the progress made against the internal audit plan are included at Appendix A. [\[To note\]](#)
- Fieldwork dates have been agreed with management for all of the internal audits scheduled for 2025/26 (excluding ICT Audit which needs to be agreed with our Technology Risk Assurance colleagues) to ensure that all fieldwork will be completed by the end of the year, and our Head of Internal Audit Opinion can be provided at the first meeting of the 2026/27 financial year. Details are included in Appendix B. [\[To note\]](#)
- All internal audits for 2024/25 have now been completed and as such, the annual report is being presented to this committee as a separate agenda item. [\[To note\]](#)

Appendices

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APPENDIX A: PROGRESS AGAINST THE INTERNAL AUDIT PLAN 2024/25

Assignment	Status / Opinion issued	Actions agreed				Target Governance and Audit Committee meeting	Actual Governance and Audit Committee meeting
		Advisory	Low	Medium	High		
IT Operations	Final Report Issued / Reasonable Assurance	0	2	3	0	September 2024	September 2024
Follow Up 1	Final Report Issued / Reasonable Progress	0	8	0	0	September 2024	September 2024
Staff Appraisal Process	Final Report Issued / Reasonable Assurance	0	3	2	0	November 2024	November 2024
Risk Management	Final Report Issued / Reasonable Assurance	2	6	3	0	November 2024	November 2024
Purchasing and Creditors	Final Report Issued / Substantial Assurance	0	4	0	0	November 2024	January 2025
Complaints Handling	Final Report Issued / Reasonable Assurance	0	4	2	0	January 2025	January 2025
Project and Programme Management	Final Report Issued / Substantial Assurance	0	2	1	0	January 2025	April 2025
Procurement	Final Report Issued / Reasonable Assurance	0	1	2	0	January 2025	April 2025
Combined Assurance	Final Report Issued / No Opinion	-	-	-	-	January 2025 ¹	June 2025
Customer Experience Strategy	Final Report Issued / Substantial Assurance	1	0	0	0	March 2025	April 2025
Emergency Planning / BCP	Audit moved to 2025/26 internal audit plan	-	-	-	-	April 2025	N/A
Follow Up 2	Final Report Issued / Reasonable Progress	0	6	5	0	April 2025	June 2025

¹ This audit was delayed from November 2024 to January 2025 to allow for an approach to be agreed between RSM and the Management Team.

APPENDIX B: PROGRESS AGAINST THE INTERNAL AUDIT PLAN 2025/26

Assignment	Status / Opinion issued	Actions agreed				Target Governance and Audit Committee meeting	Actual Governance and Audit Committee meeting
		Advisory	Low	Medium	High		
Fraud Risk Assessment - Follow Up	Fieldwork underway					July 2025	
ICT Audit	Fieldwork date to be agreed					September 2025	
Follow Up 1	Fieldwork commencing 1 July 2025					September 2025	
Members Onboarding and Training	Fieldwork commencing 15 September 2025					November 2025	
Grant Funding and Grant Management	Fieldwork commencing 15 September 2025					November 2025	
Financial Resilience and Scrutiny	Fieldwork commencing 3 November 2025					January 2026	
Procurement	Fieldwork commencing 1 December 2025					January 2026	
HR System Readiness	Fieldwork commencing 1 December 2025					January 2026	
Combined Assurance	Fieldwork commencing 1 December 2025					January 2026	
Planning Enforcement	Fieldwork commencing 5 January 2026					March 2026	
Emergency Planning / BCP	Fieldwork commencing 26 January 2026					May 2026	
Climate Change Strategy	Fieldwork commencing February 2026					May 2026	
Follow Up 2	Fieldwork commencing 9 March 2026					May 2026	

APPENDIX B: OTHER MATTERS

Quality assurance and continual improvement

To ensure that RSM remains compliant with the PSIAS framework we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

As part of the Quality Assessment and Improvement Programme, none of your files were selected for Internal Quality Monitoring programme during 2024/25. From the results of the reviews undertaken across our client base, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

In addition to this, any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments is also taken into consideration to continually improve the service we provide and inform any training requirements.

Post assignment surveys

We are committed to delivering an excellent client experience every time we work with you. Your feedback helps us to improve the quality of the service we deliver to you. Following the completion of each product, we include a link to a brief survey in each report we issue.

APPENDIX C: KEY PERFORMANCE INDICATORS

	Delivery			Quality		
	Target	Actual	Notes*	Target	Actual	Notes*
Audits commenced in line with original timescales*	Yes	Yes	Conformance with PSIAS	Yes	Yes	
Draft reports issued within 10 days of debrief meeting	10 working days	<i>5 working days (average)</i>	Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit	Yes	Yes	
Management responses received within 10 days of draft report	10 working days	<i>15 working days (average)</i>	Response time for all general enquiries for assistance	2 working days	<i>2 working days</i>	
Final report issued within 3 days of management response	3 working days	<i>2 working days (average)</i>	Response for emergencies and potential fraud	1 working day	<i>N/A</i>	

Notes

This takes into account changes agreed by management and the Governance and Audit Committee during the year. Through employing an agile or a flexible approach to our service delivery we are able to respond to your assurance needs.

FOR FURTHER INFORMATION CONTACT

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of West Lindsey District Council, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

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OUTCOME OVERVIEW – COMBINED ASSURANCE

Background:

Combined assurance is a structured means of identifying and mapping the main sources and types of assurance in the Council and coordinating them to best effect. This is done using the 3 lines model. Internal Audit have co-ordinated the process and compiled the information and provided constructive challenge over the process, however, it is important to note that the assurances are managements opinion.

It enhances risk management by providing an effective and efficient framework of sufficient, regular and reliable evidence of assurance on organisational stewardship and management of major risks to the Council’s success.

The overall assurance of activities has been compiled and the direction of travel from 2023/24 to 2024/25 is shown in the graphic below. The following sections detail those which are amber or red and provide a narrative on the reasons and action being taken. It is important to note that the number of elements in each assurance map has changed with some being added or removed, and as such this does have an impact on overall percentages in these areas.

	Overall Assurance – Direction of travel from 2023/24 to 2024/25
<p>Red</p> <p>High impact on resources, significant costs high impact on service delivery.</p>	Down from 1% to 0%
<p>Amber</p> <p>Medium- or short-term impact on resources, costs covered within existing financial plans, low impact on service delivery.</p>	Down from 34% to 29%
<p>Green</p> <p>Monitor and be aware, activity to mitigate risk within existing service delivery plans.</p>	Up from 65% to 71%

OUTCOME OVERVIEW – FOLLOW UP VISIT 2

Background:

We have undertaken a review to follow up on progress made to implement the previously agreed management actions from the following audits:

- IT Operations (1.24/25);
- Follow Up (2.24/25);
- Staff Appraisal Process (3.24/25);
- Risk Management (4.24/25);
- Purchasing and Creditors (5.24/25); and
- Complaints Handling (6.24/25).

The focus of this review was to provide assurance over the progress made against previously agreed management actions. We have considered a total of 27 actions, consisting of 19 low priority actions and eight medium priority actions. These actions were all originally due for implementation at the time of the audit.

Headline findings:

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion The Council has demonstrated **reasonable progress** in implementing agreed management actions. Of the actions considered, testing found that 16 actions had been implemented or superseded, two actions had been partly implemented and the remaining nine actions were not implemented.

We have agreed new management actions which are detailed in section two of this report.