

WEST LINDSEY DISTRICT COUNCIL

Follow Up

Final Internal Audit Report: 2.25/26

22 August 2025

This report is solely for the use of the persons to whom it is addressed.

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.



OUTCOME OVERVIEW

Background:

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

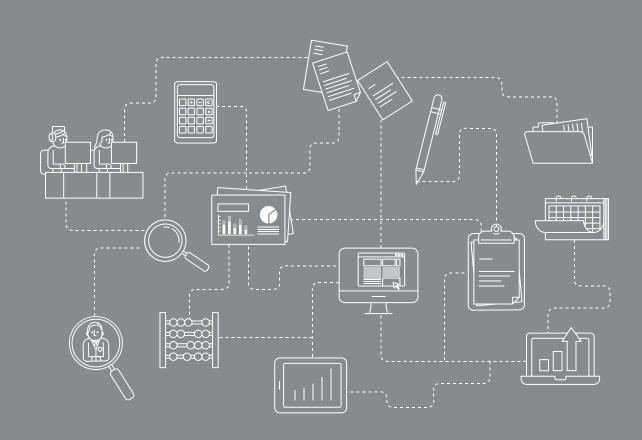
- Equality Impact Assessment Audit;
- Staff Appraisal Process (3.24/25);
- Purchasing and Creditors (5.24/25);
- Complaints Handling (Standards Regime) (6.24/25);
- Project and Programme Management (7.24/25); and
- Procurement (8.24/25).

The focus of this review was to provide assurance over the progress made against previously agreed management actions. We have considered a total of 12 actions, consisting of six low priority actions and six 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 eight actions had been implemented, and the remaining four actions were not implemented.

Progress on Actions

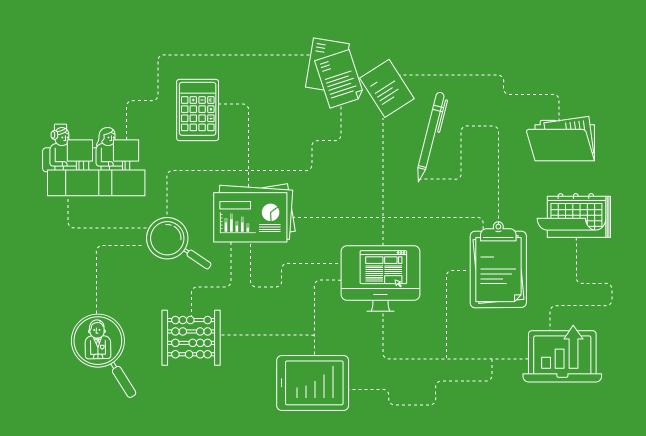


SUMMARY OF PROGRESS ON ACTIONS

The following table includes details of the status of each management action:

Implementation status by review	Number of actions agreed	Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Confirmation as completed or no longer necessary (1)+(4)
Equality Impact Assessment Audit	1	1	0	0	0	1
Staff Appraisal Process (3.24/25)	1	1	0	0	0	1
Purchasing and Creditors (5.24/25)	3	2	0	1	0	2
Complaints Handling (Standards Regime) (6.24/25)	3	3	0	0	0	3
Project and Programme Management (7.24/25)	3	0	0	3	0	0
Procurement (8.24/25)	1	1	0	0	0	1
Total	12	8 (67%)	0 (0%)	4 (33%)	0 (0%)	8 (67%)

Findings and Actions



FINDINGS AND ACTIONS

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded.
5	The action is no longer applicable.

Assignment:	Project and Programme Management (7.24/25)				
Original management action /	The PMO/QA Team will introduce spot checks on a sample or projects to confirm that they have followed each stage of the Project Management Framework and that the project objectives and milestones are being achieved in line with the targets set. Client Comment:				
priority	Additions will be made to the Council's Quality Assurance framework to ensure periodic reviews of a sample of project across the council's programme. This work is to be factored into the work plan of the Change Team with oversight given to associated Programme Boards and Portfolio Board. Priority: Low				
Findings Summary	On correspondence with the Change, Programme and Performance Manager, we were advised that the Council are currently carrying out a review of all contracts and projects in place prior to the local government reorganisation. The Change, Programme and Performance Manager further advised that the PM and QA Teams intend to implement regular spot checks on samples of projects after they have confirmed which projects they intend to proceed with. Thus we concluded overall that this action has not been implemented.				
	3: The action has not been implemented				
Management		Responsible	Date:	Priority:	
Action 1	have followed each stage of the Project Management Framework and that the project objectives and milestones are being achieved in line with the targets set.	Owner: Change, Programme and Performance Manager	31 December 2025	Low	

Assignment:	Project and Programme (7.24/25)				
Original management action /	The purpose of the fortnightly QA update report detailing the progress made against each project will be revisited and consideration given to changing the frequency of reporting as well as reporting on progress of projects in line with their assesses banding. Client Comment:				
priority	Frequency of QA updates will be reviewed as part of the wider review of the Quality Assuration 2025.	ance framework in Marc	ch 2025 with the aim to im	plement from April	
	Priority: Low				
Findings Summary	The Change, Programme and Performance Manager advised on correspondence that the Council have not yet considered the purpose and frequency of QA update reporting, or reporting on the progress of projects in line with their assesses banding. The Change, Programme and Performance Manager advised that the Council intend to reconsider the reporting processes currently in place after the local government reorganisation to adapt to the updated governance structure. Thus we agreed that the action has not been implemented.				
	3: This action has not been implemented				
Management	The purpose of the fortnightly QA update report detailing the progress made against each	Responsible	Date:	Priority:	
Action 2	project will be revisited and consideration given to changing the frequency of reporting as well as reporting on progress of projects in line with their assesses banding.	Owner:	31 December 2025	Low	
	won as reporting on progress or projects in line with their assesses banding.	Change, Programme and Performance Manager			

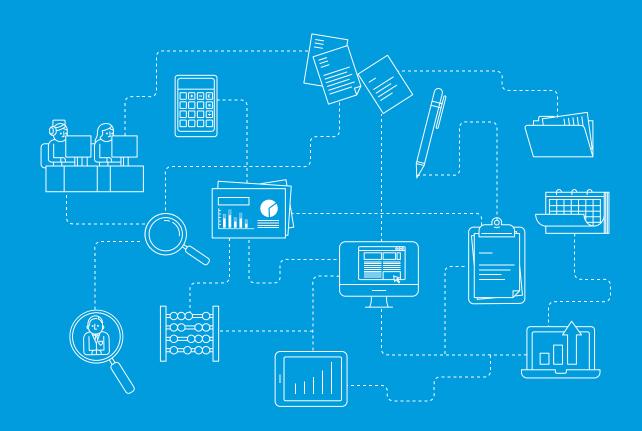
Assignment:	Project and Programme (7.24/25)
management action / priority	A high level update will be provided to the Council on at least a quarterly basis detailing the progress being made against the larger projects. Client Comment:
	Further work is required to inform members of the progress of projects that the authority is delivering; the RAG rating and supporting narratives can be used in this communication. The Change Management Team will develop an approach, with consultation from Management Team and Committee Chairman, with the aim to develop the format and implement in Q1 2025-26.
	Priority: Medium
Findings Summary	The Change, Programme and Performance Manager advised that this action has not been implemented, and that the Council purport to provide a high level update detailing the progress being made against larger projects after the local government reorganisation has taken place. Therefore, we agreed that the action has not yet been implemented. 3: This action has not been implemented

Assignment:	Project and Programme (7.24/25)			
_	A high level update will be provided to the Council on at least a quarterly basis detailing the		Date:	Priority:
Action 3	progress being made against the larger projects.	Owner: Change, Programme	31 December 2025	Medium
		and Performance		
		Manager		

Assignment:	Purchasing and Creditors (5.24/25)				
Original	The Council will document their approval limits for each role in the Council within the Cor	nstitution.			
management action / priority	Priority: Low				
Findings Summary	On obtaining and reviewing the Constitution published in March 2025, we found that it does not detail the full approval limits for approving purchases such as that Budget Managers can approve up to £25,000 or Assistant Directors can approve purchases valued up to £50,000. As the approval limits are not detailed in the Constitution there is a risk that members of staff are unaware of the approval limits for different levels of staff. The Director of Finance and Assets stated that the Council intend to update the Constitution to reflect the authorisation limits in Spring 2026, thus we agreed that the action has not been implemented.				
	3: This action has not been implemented				
Management Action 4	The Council will document their approval limits for each role in the Council within the	Responsible	Date:	Priority:	
Action 4	Constitution.	Owner:	30 May 2026	Low	
		Director of Finance and Assets			

Appendices





APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment.

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high priority actions	Consideration of medium priority actions	Consideration of low priority actions
Good	75% +	None outstanding.	None outstanding.	All low actions outstanding are in the process of being implemented.
Reasonable	51 – 75%	None outstanding.	75% of medium actions made are in the process of being implemented.	75% of low actions made are in the process of being implemented.
Little	30 – 50%	All high actions outstanding are in the process of being implemented.	50% of medium actions made are in the process of being implemented.	50% of low actions made are in the process of being implemented.
Poor	< 30%	Unsatisfactory progress has been made to implement high priority actions.	Unsatisfactory progress has been made to implement medium actions.	Unsatisfactory progress has been made to implement low actions.

APPENDIX B: ACTIONS COMPLETED OR SUPERSEDED

From the testing conducted during this review we have found the following actions to have been fully implemented or superseded.

Assignment title	Management actions
Assignment: Complaints Handling (Standards	Implemented (Medium)
Regime) (6.24/25)	Management will investigate and identify whether timeframes in the complaints handling process or processes to complete responses need amending to ensure that complaints are being adhered to in a realistic timeframe.
	Implemented (Low)
	The Council will review the complaints handling process for District Councillors and Parish Councillors and consider implementing an expected time frame for sending an outcome letter to the subject member and complainant.
	Implemented (Medium)
	The Council are to investigate and if necessary, implement a formal timescale extension process where they are unable to meet the 20-day timescale for consultation. Where an extension is necessary, notification is made to the complainant.
Equality Impact Assessment Audit	Implemented (Medium)
	The recommendations have been included to document and agree a time frame for resolution. 1.1. EIA training is developed to ensure full awareness of the Equality and Diversity Strategy and the process required for completion of EIAs. 1.2 Targeted EIA training is delivered to the Management Team and wider management in line with the annual Equality, Diversity and Inclusion Report. 1.3 The action plan is updated to include the additional actions and timeframes from this audit along with those already identified by the Council.
Assignment: Procurement (8.24/25)	Implemented (Medium)
	Management will ensure all contracts are recorded on the contract register on a timely basis.
Assignment: Purchasing and Creditors	Implemented (Low)
(5.24/25)	When supplier bank details changes are received, the Council will confirm this via phone call.
	Implemented (Low)
	The Council will update their supplier details changes procedure to ensure that all supplier details changes (including address and phone numbers) are independently verified.
Assignment: Staff Appraisal Process (3.24/25)	Implemented (Medium)
	Management will consider reporting on the staff appraisal process for oversight, including elements such as: • Completion status: Appraisal completion rate; outstanding/incomplete appraisals; completion deadlines;

Assignment title	Management actions
	Performance Trends: i.e. Departmental / Team;
	• Promotions; or
	• Employee engagement and feedback.

APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The internal audit assignment has been scoped to provide assurance on how West Lindsey District Council, manages the following area:

Objective of the area under review

To meet internal auditing standards and to provide management with on-going assurance regarding implementation of management actions / recommendations.

When planning the audit, the following areas for consideration and limitations were agreed:

Areas for consideration:

- This review will examine the extent to which agreed management actions have been implemented in relation to the following assignment reports:
 - Equality Impact Assessment Audit;
 - Staff Appraisal Process (3.24/25);
 - Purchasing and Creditors (5.24/25);
 - Complaints Handling (6.24/25);
 - o Project and Programme Management (7.24/25); and
 - o Procurement (8.24/25).
- Testing will be performed as appropriate to confirm the implementation of agreed actions to manage risks identified as part of the initial fieldwork.
- Focus will be given to those management actions categorised as high and medium priority.
- Management assurances will be obtained for those management actions classified as low priority.

Limitations to the scope of the audit assignment:

- The review only covers the management actions stated and will not review the whole control framework. We are not providing assurance on the entire risk and control framework of the individual areas.
- We will provide assurance as to the implementation of recommendations arising from the assignments listed and any outstanding actions from prior years.
- Conclusions will be based on our assessments made through discussions with managers responsible for the implementation of management actions and where necessary evidence which demonstrates implementation.

- The level of implementation may be informed by sample testing.
- Further management actions may be raised based on sample testing. Where samples are required, records will be selected by the auditor from the time period.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Our work will not provide an absolute assurance that material errors, loss or fraud do not exist.

Debrief held	17 July 2025	Internal audit Contacts	Rob Barnett, Head of Internal Audit	
Draft report issued	18 July 2025		Aaron Macdonald, Managing Consultant	
Responses received	22 August 2025		Hannah Walker, Consultant	
Final report issued	22 August 2025	Client sponsor	Katy Allen, Corporate Governance Officer	
	-		Lisa Langdon, Assistant Director People and	Democratic Services
		Distribution	Katy Allen, Corporate Governance Officer	
			Lisa Langdon, Assistant Director People and D	Democratic Services

We are committed to delivering an excellent client experience every time we work with you. If you have any comments or suggestions on the quality of our service and would be happy to complete a short feedback questionnaire, please contact your RSM client manager or email admin.south.rm@rsmuk.com

FOR FURTHER INFORMATION CONTACT

Rob Barnett, Head of Internal Audit

Aaron Macdonald, Managing Consultant

Email: Robert.Barnett@rsmuk.com

Email: Aaron.Macdonald@rsmuk.com

rsmuk.com

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.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.