



HARBOROUGH DISTRICT COUNCIL

INTERNAL AUDIT UPDATE

NOVEMBER 2017



Date: 15th November 2017

Introduction

- 1.1 LGSS provides the internal audit service for Harborough District Council and has been commissioned to provide 235 audit days to deliver the 2017/18 Annual Audit Plan and undertake other work commissioned by the Council.
- 1.2 The Public Sector Internal Audit Standards (the Standards) require the Governance and Audit Committee to scrutinise the performance of the Internal Audit Team and to satisfy itself that it is receiving appropriate assurance about the controls put in place by management to address identified risks to the Council. This report aims to provide the committee with details on progress made in delivering planned work, the key findings of audit assignments completed since the last committee meeting, updates on the implementation of actions arising from audit reports and an overview of the performance of the Consortium.

Performance

2.1 Delivery of the Audit Plan for 2017/18

LGSS has been set the objective of delivering at least 90% of the Internal Audit plans for 2017/18 to draft report stage by the end of March 2018.

At the date of writing 50% of the plan is at report stage - four reports have been finalised and three are currently in draft awaiting a management response. Fieldwork is underway on a further two assignments (14%) and the Audit Planning Record has been issued for one other assignment which will commence once agreed by management.

Progress on individual assignments is shown in **Table 1**.

2.2 Delivery within budget

Internal Audit is on target to deliver the audit plan within the 235 days budget. Any overruns on individual assignments are managed within the overall budget.

2.3 Client satisfaction

Customer satisfaction questionnaires are issued on completion of audits. At the time of reporting, five questionnaires had been returned with scores of 'Good' or 'Outstanding'. A summary of the responses is provided in **table 2**.

2.4 Productivity

As at the latest possible date for reporting purposes, current members of the audit team have been delivering 93% productivity against the target of 90%.

Commented [TC1]: Latest figure is for wk26

2.5 Outstanding audit recommendations

Since the last Governance and Audit Committee meeting, 13 actions arising from Internal Audit reports have been implemented.

At the date of reporting, there are 22 agreed management actions which are due but yet to be confirmed as implemented.

An analysis of the implementation of actions is provided in **Table 3**. Full details of all high and medium priority recommendations overdue for more than three months are provided in **Appendix B**.

2.6 **Emerging issues**

Copies of all Internal Audit reports are provided to the Chairman of the Governance and Audit Committee when finalised and presented to the next available committee meeting.

Since the last Governance and Audit Committee meeting, one Internal Audit report has been finalised. A full copy of the audit report is provided in **Appendix C**.

Table 1 - Progress against 2017/18 Internal Audit Plan

Assignment	Assurance sought	Budget days	Actual days	Status	Planned start	Assurance Rating	Comments
Governance and Counter Fraud							
Counter Fraud & Ethical Governance	Review of the Council's counter fraud arrangements and compliance with best practice in relation to fraud prevention and detection and ethical governance (including whistleblowing, gifts & hospitality and declaration of officer interests). To include review of Local Code of Governance. To provide independent, objective assurance on these areas and support annual opinion.	11	8.7	Draft Report issued	N/A		
Data Management & CCTV	To provide assurance over the Council's procedures and controls to ensure data is held, handled and disposed of in a secure manner and in compliance with the Data Protection Act and any data loss incidents are suitably reported and acted upon. To include a review of the management of the Council's CCTV network and compliance with regulations.	22	17.8	Draft Report Issued	N/A		
Pro-active Counter Fraud work	To support the Council's management in embedding and publicising the Counter Fraud policies and procedures - awareness campaigns/review of policies/pro-active cyber security work, as required.	5	0	Not started	TBA		
Key Corporate Controls and Policies							
Financial System Key Controls	To provide assurance over the design and compliance with key controls within the Council's financial systems. Undertaken on an annual basis, with a cyclical approach to testing. To provide s151 assurances.	30	0	Not started	Q4		

Assignment	Assurance sought	Budget days	Actual days	Status	Planned start	Assurance Rating	Comments
Business Continuity Management and IT Disaster Recovery	To review the Council's business continuity arrangements and plans for in house IT Disaster Recovery. To provide assurance that in the event of an unplanned incident/cyber-attack, the Council could maintain an appropriate level of continuous service delivery, minimise costs and damage and whether plans would be accessible and fit for purpose to re-establish normal service levels.	15	0	Not started	Q4		
Procurement Compliance	To provide assurance over compliance with Contract Procedure Rules on the procurement of goods and services across the Council. To inform annual assurance opinion in relation to value for money and counter fraud.	7	0	Not started	Q3		
Health and Safety	To provide assurance that the Council, as an employer, is operating in accordance with health and safety regulations and legislative requirements.	12	15.7	Final report issued	N/A	Environment: Satisfactory Compliance: Satisfactory Impact: Moderate	See appendix C
Corporate Objective: To provide public services which are effective and deliver value for money							
Data Quality	To review whether the data collected to monitor the performance of the Council is suitably targeted and meaningful and to provide assurance over whether the data reported is complete, accurate and reliable.	15	18	Final report issued	N/A	Environment: Good Compliance: Satisfactory Impact: Minor	Presented to Governance & Audit Committee 20 th September 2017
Absence Management – Follow up	To follow up on implementation of the actions agreed to address the weaknesses in the control framework identified by the Internal Audit review in 2016/17. To provide assurance over the embedding of improvements and the effectiveness in practice.	7	0	Not started	Q4		

<i>Assignment</i>	<i>Assurance sought</i>	<i>Budget days</i>	<i>Actual days</i>	<i>Status</i>	<i>Planned start</i>	<i>Assurance Rating</i>	<i>Comments</i>
Corporate Objective: To support the vulnerable in the community where they live							
Housing Options and Homelessness	To provide assurance that there are adequate processes and controls in place to ensure that housing and homelessness applications are treated in accordance with established local policies and national legislation.	15	16.8	Final report issued	N/A	Environment: Good Compliance: Substantial Impact: Minor	Presented to Governance & Audit Committee 20th September 2017
Lifeline Service (consultancy)	To provide independent consultancy work to support the options appraisal and decision making process on the future of the service in 2017.	10	8.5	Draft Report Issued	N/A		
Corporate Objective: Working with communities to develop places in which to live and be happy							
Leisure Services Project	To engage with the project and issue reports at key stages – including assurance over the management of risks, consultation and communications, procurement, use of resources and plans and governance and decision making.	15	1.6	Fieldwork underway	N/A		
Local Plan Project	To continue to engage with, and review, the project throughout the key stages of its lifecycle. To provide assurance over the effective management of the project and its risks and the actions being taken to ensure challenging milestones are delivered. Work commenced in 2016/17.	12	1.7	Fieldwork underway	N/A		
Constitutional Planning Delegations	To provide independent assurance over the number of cases affected by recent issues identified with compliance with delegations on planning decisions and compliance with other delegations within the Planning service, on a sample basis.	5	6.1	Final memo issued	N/A	N/A – this was a data validation audit rather than a controls assurance audit.	

<i>Assignment</i>	<i>Assurance sought</i>	<i>Budget days</i>	<i>Actual days</i>	<i>Status</i>	<i>Planned start</i>	<i>Assurance Rating</i>	<i>Comments</i>
Other support							
Client Management and Support		33	10.7				
Consortium Management		21	6.5				
TOTAL		235	112.1	47.7%			

Notes

At the completion of each assignment the Auditor will report on the level of assurance that can be taken from the work undertaken and the findings of that work. The table below provides an explanation of the various assurance statements that Members might expect to receive.

Compliance Assurances			
Level		Control environment assurance	Compliance assurance
Substantial	●	There are minimal control weaknesses that present very low risk to the control environment.	The control environment has substantially operated as intended although some minor errors have been detected.
Good	●	There are minor control weaknesses that present low risk to the control environment.	The control environment has largely operated as intended although some errors have been detected.
Satisfactory	●	There are some control weaknesses that present a medium risk to the control environment.	The control environment has mainly operated as intended although errors have been detected.
Limited	●	There are significant control weaknesses that present a high risk to the control environment.	The control environment has not operated as intended. Significant errors have been detected.
No	●	There are fundamental control weaknesses that present an unacceptable level of risk to the control environment.	The control environment has fundamentally broken down and is open to significant error or abuse.

Organisational Impact		
Level		Definition
Major	●	The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole.
Moderate	●	The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole.
Minor	●	The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole.

Table 2: Customer Satisfaction

At the completion of each assignment, the Auditor issues a Customer Satisfaction Questionnaire to each client with whom there was a significant engagement during the assignment. The standard CSQ asks for the client’s opinion of four key aspects of the assignment. The responses received in the year to date are set out below.

Aspects of Audit Assignments	N/A	Outstanding	Good	Satisfactory	Poor
Design of Assignment	0	0	5	0	0
Communication during Assignments	0	3	2	0	0
Quality of Reporting	0	0	5	0	0
Quality of Recommendations	0	0	5	0	0
Total	0	3	17	0	0

Table 3: Implementation of Audit Recommendations

	'High/Urgent' priority recommendations		'Medium/Important' priority recommendations		'Low/Standard' priority recommendations		Total	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
Actions due and implemented since last Committee meeting	1	50%	4	27%	8	44%	13	37%
Actions due within last 3 months, but <u>not implemented</u>	0	-	2	13%	3	17%	5	14%
Actions due <u>over 3 months</u> ago, but <u>not implemented</u>	1	50%	9	60%	7	39%	17	49%
Totals	2	100%	15	100%	18	100%	35	100%

Limitations and Responsibilities

Limitations inherent to the internal auditor's work

LGSS Internal Audit is undertaking a programme of work agreed by the Council's senior managers and approved by the Governance & Audit Committee subject to the limitations outlined below.

Opinion

Each audit assignment undertaken addresses the control objectives agreed with the relevant, responsible managers.

There might be weaknesses in the system of internal control that the consortium are not aware of because they did not form part of the programme of work; were excluded from the scope of individual internal assignments; or were not brought to Internal Audit's attention. As a consequence, the Governance & Audit Committee should be aware that the audit opinion for each assignment might have differed if the scope of individual assignments was extended or other relevant matters were brought to Internal Audit's attention.

Internal control

Internal control systems identified during audit assignments, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgement in decision making; human error; control processes being deliberately circumvented by employees and others; management overriding controls; and unforeseeable circumstances.

Future periods

The assessment of each audit area is relevant to the time that the audit was completed in. In other words, it is a snapshot of the control environment at that time. This evaluation of effectiveness may not be relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulatory requirements or other factors; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management; internal control and governance; and for the prevention or detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Internal Audit endeavours to plan its work so that there is a reasonable expectation that significant control weaknesses will be detected. If weaknesses are detected additional work is undertaken to identify any consequent fraud or irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and its work should not be relied upon to disclose all fraud or other irregularities that might exist.