

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

Report to Audit & Accounts Committee

26 October 2018

TITLE:	2018/19 Internal Audit Periodic Report April to September 2018
PORTFOLIO HOLDER:	Councillor Sybil Ralphs - Council Leader SMDC
CONTACT OFFICER:	John Leak - Internal Audit Manager
WARDS INVOLVED:	Non-Specific

Appendices Attached – Appendix 1 Audit Reports Issued Between 1st April and 30th September 2018

Appendix 2 Internal Audit 2018/19 Progress Information as at 30th September 2018

Appendix 3 2017/18 Audit Recommendations Implementation

1. Reason for the Report

- 1.1 The Accounts and Audit Regulations 2015 requires the Council to “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 or guidance”. In accordance with the Public Sector Internal Audit Standards, the Audit Manager must report periodically to the Audit Committee on the internal audit activity’s performance relative to its plan.

2. Recommendation

- 2.1 That the committee note the progress information contained within this report.

3. Executive Summary

- 3.1 The purpose of this report is to summarise current year performance information for the Council’s Internal Audit service for the 2018/19 financial year. This includes a breakdown of audits in progress and completed to date, the number and classification of recommendations made, agreed and where applicable, implemented by management.

3.2 All audit recommendations have been agreed, and to date 100% of 2018/19 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit are satisfied that they will be resolved in an appropriate manner and they will continue to monitor such cases. It should be noted that it is the responsibility of relevant Managers to implement agreed recommendations.

4. **How this report links to Corporate Priorities**

4.1 The assurance provided by the work of Internal Audit informs the Annual Governance Statement and therefore helps to confirm effective use of financial and other resources to ensure value for money.

5. **Alternative Options**

5.1 There are no options to consider.

ANDREW P STOKES
Executive Director (Transformation) and Chief Finance Officer

Web Links and Background Papers	Location	Contact details
None	N/A	John Leak Audit Manager john.leak@staffs Moorlands.gov.uk

6. Detail

6.1 Introduction

6.1.1 The purpose of this report is to summarise current year performance information for the Council's Internal Audit service for the 2018/19 financial year. This includes a breakdown of audits in progress and completed to date, the number and classification of recommendations made, agreed and where applicable, implemented by management.

6.1.2 The work of the internal audit service is primarily based upon an annual risk assessed audit plan, which for the financial year 2018/19 was agreed by this Committee at the 25th May 2018 meeting. The Internal Audit service also carry out work outside of the audit plan for which a contingency is usually built in. This unplanned work consists mainly of internal control consultancy work and special investigations into suspected fraud and irregularity.

6.2 Audits Reports Issued & Status of Agreed Recommendations

6.2.1 A summary of the Audit Reports issued during the period 1st April to 30th September 2018 is shown in the table below. Further details of these audits outlining key issues and strengths and improvements are shown in **Appendix 1**.

Service	Audit	Recommendations			Assurance
		High Risk	Medium Risk	Low Risk	
Environmental Services	Pest Control & Animal Welfare	0	1	7	Satisfactory
Finance & Procurement	VAT	0	1	7	Satisfactory
Assets	Commercial Properties	0	1	10	Satisfactory
Organisational Development & Transformation	Media & Communications	0	1	7	Satisfactory
Organisational Development & Transformation	Transparency Code 2015	0	0	2	Satisfactory
Operational Services	Leisure Contract Management	0	2	6	Satisfactory

6.2.2 A further breakdown of all of the audits in progress and completed during the current financial year including the current status of audit recommendations is detailed in **Appendix 2**. All audit recommendations have been agreed, and to date 100% of 2018/19 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit are satisfied that they will be resolved in an appropriate manner and they will continue to monitor such cases. It should be

noted that it is the responsibility of relevant Managers to implement agreed recommendations.

6.2.3 Members will note that in addition to every individual audit recommendation being allocated a risk, every audit completed has been given an ‘assurance opinion’ based upon Internal Audit’s assessment of the internal control environment. These assurance opinions inform the annual audit opinion on the overall adequacy and effectiveness of the Council’s internal control environment. The control levels are defined as follows:

Control Level	Definition
Substantial	There is a robust framework of controls designed to achieve the objectives and controls are consistently applied.
Satisfactory	There is a sufficient framework of controls which for the most part, are consistently applied. However, weakness in the design or inconsistent application of controls within a few areas put achievement of particular objectives at risk.
Limited	Weaknesses in the system or the level of non compliance with controls in a number of areas are such to put the system objectives at risk.
Unsatisfactory	There is a significant breakdown in the framework of controls, which leaves the system open to significant abuse or error.

6.2.4 **Appendix 3** is a summary of recommendations made in the previous financial year 2017/18 implemented to date. This information will keep Members informed of progress made to ensure that all previous year audit recommendations are implemented. Due dates for implementation of some previous year recommendations will fall into 2018/19 and beyond depending on when the audit was carried out so this appendix will show when those recommendations become due for implementation. In due course, all recommendations will fall due and it will be possible to clearly identify which recommendations have not been implemented.

6.2.5 To date 100% of 2017/18 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit are satisfied that they will be resolved in an appropriate manner and they will continue to monitor such cases. It should be noted that it is the responsibility of relevant Managers to implement agreed recommendations.

6.3 Audits In Progress

6.3.1 The status of audits that are currently in progress is shown in the table below.

Service	Audit	Status
Environmental Services	Housing Agency	Audit complete. Quality control stage.
Visitor Services	Markets	Audit complete. Quality control stage.

Service	Audit	Status
Democratic & Community Services	Community Safety	Audit in Progress.
Customer Services	On-line Payment & Misc Income	Audit in Progress.
Legal & Election Services	Electoral Registration	Audit in Progress.
Development Services	Building Control	Audit in Progress.
Democratic & Community Services	Ethical & Corporate Governance	Audit in Progress.
Democratic & Community Services	Enforcement	Audit in Progress.

6.4 Progress against Audit Plan

6.4.1 The current year to date has seen steady progress against planned audits and all of the audits in progress or nearing completion as detailed in 6.3 above will be completed soon. It is anticipated at this stage that a satisfactory year end position will be achieved.

6.4.2 Current key progress information is summarised in the following table, excluding unplanned work unless otherwise stated:

Summary Progress Information to 30th September 2018	
Percentage of Audit Plan completed / substantially completed	24%
Percentage of Audit Plan In Progress	16%
Number of recommendations made (including unplanned work)	45
Percentage of recommendations agreed with Service Managers (including unplanned work)	100%
Percentage of recommendations implemented within agreed timescale (including unplanned work)	100%

6.4.3 Should recommendations have not been agreed, compensating controls exist or service managers have accepted the risk / inefficiency of the current system for the benefit of service delivery.