

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL

Audit & Accounts Committee

2 August 2024

TITLE:	2024/25 Internal Audit Periodic Report June 2024 to July 2024
PORTFOLIO HOLDER:	Councillor Chris Wood - Portfolio Holder for Finance
CONTACT OFFICER:	John Leak - Head of Audit
WARDS INVOLVED:	Non-Specific

**Appendices Attached – Appendix 1 Audit Reports Issued Between 1st June
2024 and 31st July 2024
Appendix 2 Internal Audit 2024/25 Progress
Information as at 31st July 2024
Appendix 3 2023/24 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 notes the progress information contained within this report.

3. Executive Summary

- 3.1 The purpose of this report is to summarise performance information for the Council’s Internal Audit service for the 2024/25 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 no 2024/25 audit recommendations are due to be implemented yet. 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
Chief Executive

**Web Links and
Background Papers**

None

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6. Detail

6.1 Introduction

6.1.1 The purpose of this report is to summarise performance information for the Council's Internal Audit service for the 2024/25 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 2024/25 was agreed by this Committee at the 7th June 2024 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 June 2024 to 31st July 2024 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	
Service Commissioning	AES Contract Management	0	4	9	Satisfactory
Finance	Capital Accounting	0	0	0	Substantial
Democratic Services	Equalities & Diversity	0	3	10	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 no 2024/25 audit recommendations are due to be implemented yet. 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 Councillors 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 2023/24 implemented to date. This information will keep Councillors 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 2024/25 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 95% of 2023/24 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
Assets	Alliance Norse Contract Management	Audit Complete. Management Response.
Finance	Expenses & Employee Vehicle Schemes	Audit Complete. Quality Control Stage.
OD & Transformation	Cyber Risk & IT Security - Identify	Audit in Progress.
Democratic Services	Corporate Governance	Audit in Progress.
Customer Services	Customer Feedback	Audit in Progress.

6.4 Progress against Audit Plan

6.4.1 The 2024/25 financial year 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.

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

Summary Progress Information to 31st July 2024	
Percentage of Audit Plan completed / substantially completed	14%
Percentage of Audit Plan In Progress	11%
Number of recommendations made (including unplanned work)	26
Percentage of recommendations agreed with Service Managers (including unplanned work)	100%
Percentage of recommendations implemented within agreed timescale (including unplanned work)	N/A

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.