Internal Audit Progress Report Accounts & Audit Committee (26th January 2021)

Pendle Borough Council



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1. Introduction

This progress report provides an update to the Accounts & Audit Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2020/21 and to support the Head of Internal Audit Opinion. A consolidated follow up position is reported on a periodic basis to the Accounts & Audit Committee.

2. Head of Internal audit Opinion Delivery

We are continuing to engage with you on a regular basis on the risks and issues they are facing and the assurances needed for year-end commitments. The focus remains on the delivery of the Head of Internal Audit Opinion (HOIAO). To deliver the HOAIO, we will form our opinion based on an assessment of:

- The organisation's Risk Management;
- Core and mandated reviews, including follow up; and
- A range of individual risk based assurance reviews reported in the year.

If, however, due to circumstances beyond our control we are unable to achieve sufficient depth or coverage, we may need to caveat opinions and explain the impact of this and what will be done to retrieve the position in future. This is in accordance with the guidance issued by the Internal Audit Standards Advisory Board (May 2020) regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic and was summarised in our Q1 and Q2 Audit Committee progress reports. All our work continues to be delivered in full compliance with the PSIAS.

3. Conformance with the Public Sector Internal Audit Standards during the pandemic

MIAA has recently been assessed against the requirements of the Public Sector Internal Audit Standards, an external quality assessment process which is required to be undertaken every 5 years.

The assessment was completed by an assessor from the Chartered Institute of Public Finance and Accountancy (CIPFA) and involved review of key documents and processes and interviews with a range of staff and a sample of key stakeholders (supplemented by a survey of wider key stakeholders).

We were assessed as being fully compliant with all standards, with the overall conclusion that "It is our opinion that MIAA fully conforms to the requirements of the Public Sector Internal Audit Standards".

The full report has been shared with the Accounts & Audit Committee Chair and Chief Executive and is available on request to all members.

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4. Key Messages for Accounts & Audit Committee Attention

Since the last meeting of the Accounts & Audit Committee, there has been the focus on the following areas:

| Revised Risk Assessment 2020/21 Plan Reviews | The impact on the organisation of COVID-19 has required us to review your internal audit risk assessment and plan for 2020/21. We will continue to communicate with you on a regular basis to ensure the focus remains on the delivery of your Head of Internal Audit Opinion. Since the last meeting of the Accounts & Audit Committee, the following reports have been finalised or in progress: | | |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | Treasury Management (final report – substantial assurance); Client function – Contract Management (final report – substantial assurance); Payroll & Establishment (draft report); Corporate Health & Safety (draft report); Risk Management (fieldwork in progress); Key Financial Systems (scheduled for February 2021); GDPR (fieldwork in progress); and Elections/ Electoral Register (planning). | | |
| | The following reviews have been finalised (demonstrating the completeness of the 2019/20 plan): Remote Working – Substantial Assurance; Main Accounting System – Substantial Assurance; and NNDR – Substantial Assurance. | | |
| Follow Up Position | The current follow up position is reported on page 6 of this report. MIAA will undertake the follow up and ascertain the implementation status of all agreed recommendations. | | |
| Request for Audit Plan Changes | Accounts & Audit Committee approval will be requested for any amendments to the original plan and highlighted separately below to facilitate the monitoring process. There are no current proposals to amend the approved audit plan. | | |



| Advisory and Support Role | We have represented the Council at the Lancashire Head of Audit Group and will be hosting the next meeting scheduled for the 6 th March 2021. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Events: | Collaborative Masterclass | | |
| Events in 2020 are being held as webinars Please speak to your Engagement Manager for further details or go to: https://www.miaa.nhs.uk/events | Strengthening collaborative relationships with others (22nd January 2021) What have we learnt about mental health during the pandemic? (5th March 2021) Inspiring you and your organisation to greater health and wellbeing (26th March 2021) | | |



Follow Up Recommendations

Objective: To provide a combined update to the Accounts & Audit Committee meeting of the progress made in the implementation of recommendations for the organisation. The table below summarises the progress made in implementing the recommendations due for implementation.

| Audit Report | Actions Ready for Review | | Not Implemented | Partially Implemented | Implemented | Superseded |
|------------------------------------------------|--------------------------|------------|--------------------|--------------------------|-------------|------------|
| | Priority 1 | Priority 2 | | 1 | 1 | 1 |
| Corporate ¹ | 10 | 8 | - | 15 | 3 | - |
| Democratic & Legal | - | 2 | - | 1 | 1 | - |
| Economic Development & Tourism | - | - | - | - | - | - |
| Engineering & Special Projects ² | - | 1 | - | 1 | - | - |
| Environmental Health ² | - | 2 | - | 2 | - | - |
| Executive Policy Unit | - | - | - | - | - | - |
| Housing Regeneration services | - | 4 | - | 4 | - | - |
| Human Resources ² | - | 7 | - | 7 | - | - |
| ICT ² | 1 | 2 | - | 3 | - | - |



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| Waste Management ² | - | 1 | - | 1 | - | - |
|------------------------------------------|----|----|---|----|---|---|
| Planning & Building Control ² | - | 4 | - | 4 | - | - |
| Property Services ² | - | 1 | - | 1 | - | - |
| Total | 11 | 32 | - | 39 | 4 | - |

¹The key financial system and GDPR recommendations raised by MIAA will be followed up as part of the annual assessment.

²waiting supporting evidence.



Appendix A: Contract Performance

The primary measure of your internal auditor's performance is the outputs deriving from work undertaken. For 2020/21, we will be fulfilling our mission in a range of different ways that will enable us to provide sufficient assurance to support audit opinions, the Head of Internal Audit Opinion and the Annual Governance Statement.

The plan has been discussed with lead officers to determine the appropriate timing of individual work-streams to accommodate Council priorities, availability, mandatory requirements and external audit views.

General Performance Indicators

The following provides some general performance indicator information to support the Committee in assessing the performance of Internal Audit.

| Element | Status | Summary |
|---------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Delivery of the Head of Internal Audit Opinion | Green | There is ongoing engagement and communications regarding delivery of key reviews to support the Head of Internal Audit Opinion. |
| Timeliness | Green | Reviews are in progress. |
| Qualified Staff | Green | MIAA Audit Staff consist of: 65% Qualified (CCAB, IIA etc.) 35% Part Qualified. |
| Quality | Green | MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards. |



Overview of the Head of Internal Audit Opinion Delivery

As set out in Section 1, due to the pandemic, Internal Audit will be fulfilling its mission in a range of different ways. Below sets outs the overview of delivery for your Head of Internal Audit Opinion for 2020/21:

| Head of Internal Audit Area | Status | Assurance Level | | |
|----------------------------------------------------------|-----------------------|-----------------|--|--|
| Governance, Democratic Governance & Strategic Priorities | | | | |
| Client Function | Final Report | Substantial | | |
| Risk Management | Fieldwork in progress | | | |
| Annual Report | Q4 | | | |
| Core System/ Mandated Reviews | 1 | 1 | | |
| Payroll & Establishment | Draft Report | | | |
| Creditors & Purchasing | Q4 | | | |
| Main Accounting System | Q4 | | | |
| Collection of Income & Reconciliations | Q4 | | | |
| Service Delivery | 1 | 1 | | |
| Treasury Management | Final Report | Substantial | | |
| Corporate Health & Safety | Draft Report | | | |
| Elections/ Electoral Register | Fieldwork in progress | | | |
| GDPR | Fieldwork in progress | | | |
| Housing Benefits | Q4 | | | |
| Council Tax | Q4 | | | |
| NNDR | Q4 | | | |
| 2019/20 Reviews | 1 | 1 | | |
| NNDR | Final Report | Substantial | | |
| Remote Working | Final Report | Substantial | | |
| Main Accounting System | Final Report | Substantial | | |
| Follow Up | | | | |
| Q2 | Completed | N/A | | |
| Q4 | Scheduled April 2021 | N/A | | |

If due to circumstances beyond our control we are unable to achieve sufficient depth or coverage, we may need to caveat opinions and explain the impact of this and what will be done to retrieve the position in future.



Appendix B: Critical/ High Risk Recommendations

There are no critical and/ or high risk recommendations to bring to the Committee's attention.



Appendix C: Assurance Definitions and Risk Classifications

| MIAA Definitions | | Pendle Borough Council Definitions | | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|--|
| Level of Assurance | Description | Level of Assurance | Description | |
| High | There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed. | Full | There is a sound system of internal control designed to achieve the system's objectives. | |
| Substantial | There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently. | | While there is a basically sound system of control, | |
| Moderate | There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk. | Substantial | there are weaknesses which may put the system objectives at risk. | |
| Limited | There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk. | Limited | Weaknesses in the system of internal controls are such as to put the system objectives at risk. | |
| No | There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives. | None | There is either very weak or no control leaving the system open to significant error or abuse. | |



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| MIAA Definitions | | Pendle Borough Council Definitions | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|
| Risk Rating | Assessment Rationale | | Assessment Rationale |
| Critical | the sateguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations. Control weakness that has or could have a significant impact upon the achievement of key system, function or process | | Major issues that we consider need to be brought to the attention of senior management. |
| MediumControl weakness that:• has a low impact on the achievement of the key system, function or process objectives;• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low. | | Priority 2 | Important issues which should be addressed by management in their areas of responsibility. |
| Low Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control. | | Priority 3 | Minor issues which provide scope for operational improvement. |

