



Internal Audit Progress Report Accounts & Audit Committee (November 2022)

Pendle Borough Council

Contents

1 Introduction

2 Key Messages for Accounts & Audit Committee Attention

Appendix A: Contract Performance

Appendix B: Performance Indicators

Appendix C: Follow up of previous audit recommendations

Appendix D: Assurance Definitions and Risk Classifications

Your Team

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Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards.

1 Introduction

This report provides an update to the Accounts & Audit Committee in respect of the closure of the Internal Audit Plan for 2021/22 and against the Internal Audit Plan for 2022/23 and brings to your attention matters relevant to your responsibilities as members of the Accounts & Audit Committee.

This progress report provides a summary of Internal Audit activity and complies with the requirements of the Public Sector Internal Audit Standards.

Comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition a consolidated follow up position is reported on a periodic basis to the Accounts & Audit Committee. This progress report covers the period 1 July to 10 November 2022.

2 Executive Summary

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

2021/22 Audit Reviews	<p>The following reviews have been finalised:</p> <ul style="list-style-type: none">• Emergency Preparedness (Limited assurance)• Joint Ventures (Substantial assurance)• Housing Benefits (Substantial assurance)• Council Tax & NNDR (Substantial assurance)• Key Financial Controls (Moderate assurance) <p>The following reviews are at draft report stage:</p> <ul style="list-style-type: none">• Leisure Trust (report being drafted)
2022/23 Audit Reviews	<p>Work on delivery of the 2022/23 internal audit plan continues. We will keep the 2022/23 audit plan under review throughout the year to ensure it continues to reflect the risk profile of the Council.</p> <p>The following reviews are in progress:</p> <ul style="list-style-type: none">• Risk Management (fieldwork)• Payroll (fieldwork)• IT Critical application Payroll (fieldwork)• Budgetary control (fieldwork)• Procurement (fieldwork)• Treasury Management (fieldwork) <p>Since the previous Audit Committee we have also attended the Council's Corporate Governance Steering Group and will attend these meetings going forward.</p> <p>Appendix A provides an overview of the delivery of your Head of Internal Audit Opinion for 2022/23.</p> <p>Appendix B provides information on Internal Audit performance.</p>

Follow Up	<p>A summary of the current status of follow-up activity is included in Appendix C, however, we would draw the committee's attention to the following:</p> <p>There are 10 high priority recommendations outstanding, these relate to the following areas:</p> <ul style="list-style-type: none">• Debtors and Income Collection – there is one high priority recommendation outstanding relating to putting in place and reviewing Accounts Receivable procedure notes.• ICT Strategy – there are four high priority recommendations outstanding relating to areas such as backup, retention and archiving enhancements, reviewing the Business Continuity and IT Disaster Recovery plan and reviewing the security arrangements. MIAA is currently obtaining an update on these recommendations.• Cyber Security – there is one high priority recommendation outstanding relating to improving controls for user management. A revised date of 31 December 2022 has been provided.• Disability Facilities Grant - there is one high priority recommendation outstanding relating to update of the Housing Renewals policy.• Emergency Preparedness – there are three high priority recommendations outstanding relating to developing an annual plan of emergency planning exercises, providing staff training on emergency preparedness and putting in place reporting and governance oversight. These recommendations are not yet due for implementation.
Audit Plan Changes	<p>Accounts & Audit Committee approval will be requested for any amendments to the original plan and highlighted separately below to facilitate the monitoring process.</p> <p>We received a request to delay the Corporate Peer review to quarter 4 as work on this area is still being progressed by the Council. We request the Accounts and Audit Committee approval for this change to timing.</p>
MIAA Quality of Service Indicators	<p>MIAA operate systems to ISO Quality Standards. Public Sector Internal Audit Standards (PSIAS) require MIAA to 'develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity.' This programme must include internal and external assessments.</p> <p>External assessments must be conducted at least once every five years. Our last external assessment was completed in 2020 and concluded MIAA fully complies with PSIAS (as previously reported to Audit Committee).</p> <p>We also undertake regular internal assessments to ensure our ongoing compliance with requirements. We have recently completed our annual self-assessment of compliance with PSIAS and can confirm full compliance with PSIAS.</p>

Insights

Collaborative Masterclass Events

- [Digital as Disrupter \(24th November 2022\)](#)
- [The Psychology of Leading High Performance Teams \(8th December 2022\)](#)
- [Leading for Social Justice and Health Equality \(2nd February 2023\)](#)

Appendix A: Contract Performance

The Public Sector Internal Audit Standards (PSIAS) state that ‘The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.’

Below sets out the overview of delivery for your Head of Internal Audit Opinion for 2022/23:

HOIA Opinion Area	Status	Assurance Level
Core/ Mandated Assurances		
Risk Management	Fieldwork (initially delayed at request of Council)	
Key Financial Controls	Q4	
Council Tax & NNDR	Q4	
Housing Benefits	Q4	
Risk Based Assurances		
Nelson Town Deal	Q3	
Corporate Peer Review	Q1 – start of review delayed by Council to Q4	
Grants	Q3 – days to be used to review grant claims	N/A
Budgetary Controls	Fieldwork in progress	
Procurement	Fieldwork in progress	
Treasury Management	Fieldwork in progress	
Payroll	Fieldwork in progress	
Critical application – Payroll system	Fieldwork in progress	
2021/22 reviews (to be reflected in 2022/23 HOIA)		
Key Financial Systems	Final report issued	Moderate
Housing Benefits	Final report issued	Substantial
Council tax and NNDR	Final report issued	Substantial
Leisure Trust	Draft report stage	

Follow Up

HOIA Opinion Area	Status	Assurance Level
Qtr 1	Complete	N/A
Qtr 2	Complete	N/A
Qtr 3	In progress	N/A
Qtr 4	Qtr 4	N/A

Management

Head of Internal Audit Opinion/ Annual Report	Ongoing	N/A
Planning & Management		
Reporting & Meetings		
Contingency		

Appendix B: Performance Indicators

The primary measure of your internal auditor's performance is the outputs deriving from work undertaken. The following provides performance indicator information to support the Committee in assessing the performance of Internal Audit.

Element	Reporting Regularity	Status	Summary
Delivery of the Head of Internal Audit Opinion (Progress against Plan)	Each Audit Committee	Green	There is ongoing engagement and communications regarding delivery of key reviews to support the Head of Internal Audit Opinion.
Issue a Client Satisfaction Questionnaire following completion of every audit.	Each Audit Assignment	Green	Questionnaire issued with each audit report.
Percentage of recommendations raised which are agreed	Each Audit Committee	Green	Actions agreed by the Council on all recommendations raised.
Qualified Staff	Annual	Green	MIAA have a highly qualified and diverse workforce which includes 75% qualified staff. The Senior Team delivering the Internal Audit Service to the Council are CCAB/IIA qualified.
Quality	Annual	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. MIAA conforms with the Public Sector Internal Audit Code of Ethics.

Appendix C: Follow up of previous audit recommendations

Follow Ups

AUDIT TITLE (YEAR)	NO OF RECS MADE	ASSURANCE LEVEL	PROGRESS ON IMPLEMENTATION				OUTSTANDING RECOMMENDATIONS			
			✓/S	P	X/ FUIP	Not due	C	H	M	L
Pest Control (2019/20)	1	Substantial	-	1	-	-	-	-	1	-
Main Accounting System (2020/21)	8	Limited	8	-	-	-	-	-	-	-
Debtors & Income Collection (2020/21)	3	Moderate	-	3	-	-	-	1	2	-
Creditors & Purchasing (2020/21)	9	Limited	9	-	-	-	-	-	-	-
Housing Benefits (2020/21)	5	Substantial	5	-	-	-	-	-	-	-
Client Function (2020/21)	6	Substantial	5	1	-	-	-	-	1	-
Risk Management (2021/22)	6	Moderate	4	2	-	-	-	-	1	1
ICT Strategy (2021/22)	5	Limited	-	-	5	-	-	4	1	-
Cyber Security Remote working (2021/22)	5	Moderate	-	5	-	-	-	1	4	-
Disabilities Facilities Grant (2021/22)	5	Moderate	-	2	3	-	-	1	3	1
Land Charges (2021/22)	3	Substantial	-	-	3	-	-	-	3	-
Conflicts of Interest (2021/22)	11*	N/A	-	-	-	11*	-	-	-	-
Insurance (2021/22)	3	Substantial	3	-	-	-	-	-	-	-
Client Function – Liberata (2021/22)	4	Substantial	3	1	-	-	-	-	1	-

AUDIT TITLE (YEAR)	NO OF RECS MADE	ASSURANCE LEVEL	PROGRESS ON IMPLEMENTATION				OUTSTANDING RECOMMENDATIONS			
			✓/S	P	X/ FUIP	Not due	C	H	M	L
Joint Ventures (2021/22)	5	Substantial	2	-	-	3	-	-	3	-
Emergency Preparedness (2021/22)	6	Limited	2	-	-	4	-	3	1	-
Totals	85	-	41	15	11	18	-	10	21	2

*Conflicts of interest recommendations were not risk rated.

Key to recommendations:

✓/S Implemented or Superseded

P Partially implemented/recommendation in progress

X/FUIP Recommendation not implemented or follow up in progress by MIAA

ND Not due for follow up

C Critical priority recommendation

H High priority recommendation

M Medium priority recommendation

L Low priority recommendation

Appendix D: Assurance Definitions and Risk Classifications

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.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
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.
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.
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.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function, or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> the efficient and effective use of resources the safeguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations.
High	Control weakness that has or could have a significant impact upon the achievement of key system, function, or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> 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.
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.