

## **Council Report**

Audit Committee Meeting – 15<sup>th</sup> March 2022.

## **Title**

Internal Audit Progress Report for the period 1<sup>st</sup> December 2021 to 28<sup>th</sup> February 2022.

## **Is this a Key Decision and has it been included on the Forward Plan?**

No.

## **Strategic Director Approving Submission of the Report**

Judith Badger, Strategic Director, Finance and Customer Services.

## **Report Author(s)**

David Webster, Head of Internal Audit

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## **Ward(s) Affected**

All wards.

## **Report Summary**

This Progress Report provides the committee with an up to date position on the Internal Audit Plan, a summary of Internal Audit work completed during the period 1<sup>st</sup> December 2021 to 28<sup>th</sup> February 2022 and the key issues that have arisen from it, and the status of actions arising from audits. It also provides information regarding the performance of the Internal Audit function during the period.

## **Recommendations**

The Audit Committee is asked to:

- 1) Note the Internal Audit work undertaken since the last Audit Committee, 1<sup>st</sup> December 2021 to 28<sup>th</sup> February 2022, and the key issues that have arisen from it.
- 2) Note the information contained regarding the performance of Internal Audit and the actions being taken by management in respect of their performance.

## **List of Appendices Included**

Appendix A – Internal Audit Plan 2021/22

Appendix B – Summary of work completed since the last meeting

Appendix C – Responsive Audit Work

Appendix D – Internal Audit Performance Indicators

## **Background Papers**

Public Sector Internal Audit Standards and Associated Local Government Application Note.

Accounts and Audit (England) Regulations 2015.

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**  
No.

**Council Approval Required**  
No.

**Exempt from the Press and Public**  
Yes – partially exempt.

*An exemption is sought for Appendix C under Paragraph 7 (Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime).*

# Internal Audit Progress Report for the period 1<sup>st</sup> December 2021 to 28<sup>th</sup> February 2022

## 1. Background

- 1.1 CIPFA guidance for Audit Committees in Local Authorities gives the Audit Committee a clear role in supporting the effectiveness of the internal audit process. This role is reflected in the Terms of Reference of the committee. To fulfil this role the committee receives updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work. In addition, it receives information on performance relative to the audit plan.
- 1.2 Public Sector Internal Audit Standards require that the Head of Internal Audit reports periodically to the Audit Committee. This is reflected in the Audit Charter which provides for Progress Reports to be presented to the Audit Committee regarding the audit plan and progress against it; resource requirements; the results of audit activities; the tracking of audit recommendations; and the performance of the audit team.
- 1.3 This report includes the position up to the end of February on the completion of the annual plan for 2021/22, the reports finalised in December, January and February, performance indicators for the team and the current outstanding actions from audit reports.

## 2. Key Issues

### 2.1 Internal Audit Annual Plan

Internal Audit produced a risk based Annual Audit Plan for 2021/22 and presented it to the Audit Committee at its meeting on 23<sup>rd</sup> March 2021. Work is continuing on this plan. The current position with regards to the plan is given in **Appendix A**. In the year to date the department has delivered 911 days of productive work, showing it is on target for the year as a whole.

### 2.2 Audit Work Undertaken During the Period

Internal Audit provides an opinion on the control environment for all systems or services which are subject to audit review. These are taken into consideration when forming our overall annual opinion on the Council's control environment. There are four possible levels of assurance for any area under examination, these being "Substantial Assurance", "Reasonable Assurance" "Partial Assurance" and "No Assurance". Audit opinions and a brief summary of all audit work concluded since the last Audit Committee are set out in **Appendix B**. Eleven audits have been finalised since the last Audit Committee, including one with partial Assurance – Leavers.

- 2.3 In addition to the planned audit assurance work, Internal Audit also carries out unplanned responsive work and investigations into any allegations of fraud, corruption or other irregularity. One investigation report has been issued, and is summarised in **Appendix C**.

## 2.4 Internal Audit Performance Indicators

Internal Audit's performance against a number of indicators is summarised in **Appendix D**. Target Performance for the completion of audits within planned time and feedback from audit clients were achieved, and targets for the issue of reports and for chargeable time were almost achieved in December - February. As part of the process for producing a Service Plan, targets are being re-examined for the new financial year. The appendix also includes comments received from audit clients during the last three months.

## 2.5 Management Response to Audit Reports

Following the completion of audit work, draft reports are sent to or discussed with the responsible managers to obtain their agreement to the report and commitment to the implementation of recommendations. This results in the production of agreed action plans, containing details of implementation dates and the officers responsible for delivery. Draft reports are copied to the relevant Head of Service and Assistant Director and final reports are also sent to the Strategic Director.

Confirmation of implementation of audit recommendations is sought from service managers when the implementation date is reached. This is automated, with alerts being sent out a week before the due date to the Responsible Manager and Head of Service, and overdue alerts sent out weekly, copied into the Assistant and Strategic Director. Managers should enter the system and provide an update on the action – either implemented or deferred.

Summary reports of outstanding actions are produced monthly and distributed to Strategic Directors. There are now no overdue outstanding actions.

## 3. Options considered and recommended proposal

- 3.1 This report is presented to enable the Audit Committee to fulfil its responsibility for overseeing the work of Internal Audit. It provides a summary of Internal Audit work completed and the key issues arising from it for the period from 1<sup>st</sup> December 2021 to 28<sup>th</sup> February 2022 and information about the performance of the Internal Audit function during this period.

## 4. Consultation on proposal

- 4.1 The Internal Audit plan was produced after consultation with management teams. All Internal Audit reports referred to in this report have been discussed and agreed with management in the respective service areas.

## 5. Timetable and Accountability for Implementing this Decision

- 5.1 The Audit Committee is asked to receive this report at its 15<sup>th</sup> March 2022 meeting.

## 6. Financial and Procurement Advice and Implications

- 6.1 There are no direct financial or procurement implications arising from this report. The budget for the Internal Audit function is contained within the budget for the Finance and Customer Services Directorate.

## **7. Legal Advice and Implications**

- 7.1 The provision of Internal Audit is a statutory requirement for all local authorities that is set out in the Accounts and Audit (England) Regulations 2015. These state:

*“A relevant authority must 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.”*

- 7.2 Internal Audit also has a role in helping the Council to fulfil its responsibilities under s.151 of the Local Government Act 1972, which are:

*“each local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”*

## **8. Human Resources Advice and Implications**

- 8.1 There are no direct Human Resources implications arising from this report.

## **9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 This document includes a report of progress against delivery of the Internal Audit Plan. A significant proportion of the Plan is devoted to the examination of risks facing Children and Young People’s Services and Adult Social Care.

## **10. Equalities and Human Rights Advice and Implications**

- 10.1 There are no direct Equalities and Human Rights Implications arising from this report.

## **11. Implications for CO2 Emissions and Climate Change**

- 11.1 There are no direct CO2 and Climate Change implications arising from the report.

## **12. Implications for Partners**

- 12.1 Internal Audit is an integral part of the Council’s Governance Framework, which is wholly related to the achievement of the Council’s objectives, including those set out in the Council Plan.

## **13. Risks and Mitigation**

- 13.1 An effective Internal Audit Department helps to minimise the Council’s exposure to risk.

## **14. Accountable Officer**

David Webster, Head of Internal Audit.  
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Internal Audit Plan 2021-22

<b>ASSISTANT CHIEF EXECUTIVE</b>					
<b>Audit</b>	<b>Risk Register and Rating</b>	<b>Audit Classification</b>	<b>Auditable Area</b>	<b>Number of days</b>	<b>Planned Quarter</b>
Payroll	Directorate Risk ACX20	Fundamental System	Fundamental system. Ongoing review of system and to provide assurances on procedures for carrying out reconciliations and error resolution and prevention.	35	WIP
Risk Management		Risk Based	Review of the effectiveness of risk management.	10	4
HR Policies		Risk Based	Review of policies and procedures to provide assurances that they are fit for purpose.	10	WIP
Performance Management		Risk Based	Review of policies and procedures in place to gain assurances on the accuracy of performance management measurements reported.	15	DEF
Members Allowances		Risk Based	Review of allowances paid to members following May 21 Borough Elections, including a follow-up of 2020/21 audit actions.	10	FINAL
Establishment Control		Risk Based	Follow-up of 19/20 Audit	5	FINAL
Give As You Earn Payroll Deductions		System Based	Review of processes for staff donations to charities made by deductions from Payroll	10	FINAL
<b>Total Planned Days – Assistant Chief Executive</b>				<b>95</b>	

<b>ADULT CARE HOUSING AND PUBLIC HEALTH</b>					
<b>Audit</b>	<b>Risk Register and Rating</b>	<b>Audit Classification</b>	<b>Auditable Area</b>	<b>Number of days</b>	<b>Planned Quarter</b>
Liberty Protection Safeguards	Strategic Risk SLT22 ACS22	Risk Based	Review of compliance with new legislative changes and requirements. Detailed scope to be agreed in Q3 / Q4 after new procedures have been embedded.	10	DRAFT
Public Health		Risk Based	Scope to be agreed for a review of elements from the What Good Looks Like (WGLL) Programme.	10	DRAFT
Homecare and Support Delivery Model	Directorate Risk PH16	Risk Based	Review new delivery model to ensure services are being delivered to vulnerable people on date of contract implementation.	15	FINAL
Direct Payments		Risk Based	Review the updated policies and procedures and ensure that all previous Internal Audit recommendations, covering this service, have been addressed and incorporated into these policies and procedures.	5	FINAL
Repairs & Maintenance Contract	Housing Services Risk No.8	Risk Based	Review and provide assurance on the new repairs and maintenance contract; and ensure that previous Internal Audit recommendations have been addressed within the new contract.	20	FINAL
Housing Rents		System Based	Audit examines key areas within the system on a cyclical basis.	10	WIP
Rothercare Service		Risk Based	Support Housing's internal review of systems and operations of Rothercare and Assistive Technology	20	WIP
Homelessness	Housing Options Risk 18	Risk Based	Review of findings from Housing's internal review of processes.	10	FINAL
Transition from Children's Care to Adult Care		Follow up	Follow up of review in 2020/21	5	DEF
Learning Disabilities		Risk Based	Review the changes to the service to provide assurance that they have	15	FINAL

			achieved the stated objectives in the realignment of services across day centres.		
<b>Total Planned Days – Adult Care and Housing</b>				<b>120</b>	

<b>CHILDREN AND YOUNG PEOPLES SERVICE</b>					
<b>Audit</b>	<b>Risk Register and Rating</b>	<b>Audit Classification</b>	<b>Auditable Area</b>	<b>Number of days</b>	<b>Planned Quarter</b>
Early Years Education	ES6	Risk Based	Review of policies and procedures to ensure compliance with statutory duties. Detailed scope and brief to be agreed with CYPS Management prior to commencement of audit.	20	FINAL
School Exclusions		Risk Based	Review the Council's procedures in respect of permanent exclusions to ensure compliance with statutory requirements	15	4
Schools CRSA and Themed Audits		Risk Based	Reviews based on the results of the schools' Control and Risk Self-Assessment. Includes School Visits.	30	FINAL
Special Education Needs and Disability	CYPS03	Risk Based	Review of the management of SEND requirements. Detailed scope and brief to be agreed with CYPS Management prior to commencement of audit.	20	4
LAC Sufficiency (Children's Homes)	CPQ42	Risk Based	To provide an independent risk based review on progress with the LAC Sufficiency Strategy. This review can be used to support any further project changes and provide independent assurance on any changes in delivery post Covid.	15	4
Rating of Schools	ES2 / ES14	Risk Based	Review of the arrangements to ensure maintained schools are rated highly.	10	WIP
Fostering and Adoption Allowances		Follow up	Follow up of review in 2020/21	5	FINAL
Payments and Allowances		Risk Based	Review the processes and procedures for payments to providers of services to looked after children.	10	FINAL
<b>Total planned days - Children and Young People's Services</b>				<b>125</b>	

<b><u>FINANCE AND CUSTOMER SERVICES</u></b>					
<b><u>Finance</u></b>					
<b>Audit</b>	<b>Risk Register and Rating</b>	<b>Audit Classification</b>	<b>Auditable Area</b>	<b>Number of days</b>	<b>Planned Quarter</b>
Annual Governance Statement		Risk Based	Review of the process for the production of the AGS.	10	4
NNDR		Systems Based	Fundamental system. Previously no concerns, audit resources to examine changes to the system.	10	WIP
Debtors		Systems Based	Assess the degree of compliance with Finance Procedures by Directorates.	15	FINAL
Capital Procedures		Risk Based	Review the updated capital procedures and provide assurance that they are being complied with and that expenditure is appropriately approved, controlled and monitored.	15	WIP
Social Values		Risk Based	Review of compliance with Social Value policy requirements for procurement and provide assurances that controls are in place to ensure the policy is embedded.	15	FINAL
Procurement Governance	Operational Risk	Risk Based	Review procurement procedures and assess Directorate adherence to them.	20	DEF
IR35 Anti-Avoidance Tax Legislation		Risk Based	Review procedures and provide an assurance on compliance with IR35 legislation	15	FINAL
<b><u>Customer Information &amp; Digital Services</u></b>					
Cyber Attacks	Directorate Risk FCS14	Risk Based	Provide assurance on how the Council manages the risk of threats from cyber-attack in terms of preventative & reactive measures.	10	WIP
Physical Security of servers / data		Risk Based	Provide assurance that the Councils server / data areas are secure and resilient to withstand physical & environmental attack.	10	FINAL
Hardware Asset Management		Risk Based	Confirm the adequacy of arrangements for managing the issue of new IT equipment (laptops) and any items that are returned and overall stock	15	FINAL

			management.		
Vulnerability Management (Salford)		Risk Based	Confirm that vulnerabilities in the IT 'estate' are effectively managed in a timely & controlled manner.	10	WIP
Network Management (Salford)		Risk Based	Provide assurance that the Council's IT infrastructure (network, server and storage) is robust, fit for purpose, secure & resilient.	10	DRAFT
Customer Services & Efficiency Programme Board		Advisory	Audit contribution to projects designed to increase efficiency.	30	WIP
<b><u>Legal Services</u></b>					
Adult Care Protection Legal Support		Risk Based	Provision of effective Adult Care Protection legal support to Adult Care, Housing and Public Health Services.	10	DEF
Whistleblowing		Risk Based	Provide assurance that reported cases are investigated and there is supporting evidence to justify the investigations overall findings.	15	FINAL
Contract Sealing		Risk Based	Partial Assurance level reported in 2021 audit review, follow up audit to ensure agreed actions are in the process of, or have been, implemented.	5	FINAL
Right to Buy		Risk Based	Review of Right to Buy procedures from receiving instructions to completion of sales to highlight any delays in the processes and reduce risk of complaints.	10	WIP
<b>Total Planned Days – Finance and Customer Services</b>				<b>205</b>	

<b><u>REGENERATION AND ENVIRONMENT</u></b>
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Audit	Risk Register and Rating	Audit Classification	Auditable Area	Number of days	Planned Quarter
Property Estate Management	Strategic Risk SLT27 / Directorate Risk R&E13	Risk Based	Review Health & Safety arrangements in management of property estate & follow-up previous audit actions from 20/21 audit.	10	DRAFT
Enforcement	Directorate Risk R&E2	Risk Based	Ensure the arrangements around community-based enforcement and environmental health meet statutory requirements.	10	WIP
Historic Sites	Directorate Risk R&E8 / Operational Risk CST15	Risk Based	Review the adequacy of arrangements for the management of the health & safety programme for maintenance of the Council's historic sites.	10	FINAL
Building Security	Directorate Risk R&E26 /Operational Risk PRT39	Risk Based	Ensure adequate building security arrangements are in place across the property estate. To include follow-up of agreed actions relating to security at Hellaby Depot.	15	WIP
Private Rented Housing		Risk Based	Review policies & procedures and gain assurance that the Council is compliant with regulations surrounding selective licensing and administration of the scheme	10	WIP
Household Waste Recycling Centres		Risk Based	Seek assurance adequate contract management arrangements are in place & operating effectively.	10	WIP
Catering / Cleaning (Facilities Services)		Risk Based	Review adequacy of health & safety arrangements around catering & cleaning and that appropriate PAT testing is in place.	15	WIP
Home to School Transport		Follow up	Follow up of review in 2020/21	5	FINAL
S106 & Community Infrastructure Levy		Follow-up	Follow-up of review in 2020/21	5	FINAL
<b>Total Planned Days – Regeneration and Environment</b>				<b>90</b>	

<b><u>OTHER</u></b>	<b>Provision</b>	<b>Days Used</b>
Follow Up reviews	20	20
Grants	50	57
Provision for investigations	100	128
Pro-active fraud	30	24
Contingency	90	56
Covid – grant work	75	22
<b>Other Work Total</b>	<b>365</b>	<b>307</b>
<b>Overall Plan Total</b>	<b>1000</b>	

## Summary of Audit Work Completed since the last meeting

Note:- Internal Audit uses an Executive Summary and reporting structure which gives four levels of overall assurance for areas under examination. Within each area audited an overall assurance opinion is assessed as being either “Substantial Assurance”, Reasonable Assurance”, “Partial Assurance” or “No Assurance”, taking into account the results of all the risks assessed.

Audit Area	Assurance Objective	Final Report to man't	Overall Audit Opinion	Summary of Significant Issues
<b>Assistant Chief Executive</b>				
Leavers	To review the adequacy of the controls around leavers and confirm that procedures are complied with.	11.1.22	Partial Assurance	Controls needed to be improved to ensure the return of IT and other equipment and ID badges when people leave. Exit interviews were not always recorded.
<b>Adult Care, Housing and Public Health</b>				
Direct Payments Follow Up	To provide assurance that the actions from the previous audit had been implemented.	5.1.22	Substantial Assurance	All actions had been completed, one minor recommendation was made.
Learning Disabilities	To review the realignment of the service across day centres	1.2.22	Substantial Assurance	The changes had been made successfully.
Homelessness	To review compliance with the requirements of the Homeless Reduction Act 2017.	3.2.22	Substantial Assurance	The Council's Homeless Reduction strategy and procedures were found to comply with the Act.
Home Care and Support Services Model	To review the Home Care and Support Services Model to ensure services are being delivered to vulnerable people.	17.2.22	Reasonable Assurance	Recommendations were made to improve performance monitoring of the new processes.
<b>Children and Young People's Services</b>				
Payments and	To review the processes and	3.12.21	Reasonable	Recommendations were made to reduce overpayments

Audit Area	Assurance Objective	Final Report to man't	Overall Audit Opinion	Summary of Significant Issues
Allowances	procedures for payments to providers of services for looked after children, specifically overpayments and their recovery.		Assurance	and improve the processes for recovery and the reporting of write-offs.
<b>Finance and Customer Services</b>				
Restart Grants	To confirm that the grant conditions of the Restart Grant Scheme had been complied with.	17.12.21	Substantial Assurance	The review found that the processes for grant payments were well controlled.
IR35 Anti-Avoidance Tax Legislation	To review the adequacy of arrangements to comply with HMRC IR35 Regulations	21.12.21	Reasonable Assurance	Recommendations were made to make managers aware of the requirements and ensure assessments are documented.
Whistleblowing	To provide assurance that whistleblowing arrangements are effective and reported cases are investigated thoroughly.	17.2.22	Substantial Assurance	The arrangements were effective. Minor recommendations were made to improve procedures.
<b>Regeneration and Environment</b>				
Historic Sites	To review the management of the health and safety programme for maintenance of the Council's historic sites.	31.1.22	Reasonable Assurance	Recommendations were made to improve the recording of site visits and restoration work.
Home to School Transport Follow Up	To provide assurance that the actions from the previous audit had been implemented.	5.1.22	Reasonable Assurance	All actions had been completed, recommendations were made to further improve controls.

## Definitions

Rating	Definition
Substantial Assurance	<p>Substantial assurance that the system of internal control is designed to achieve the service's objectives and this minimises risk.</p> <p>The controls tested are being consistently and effectively applied. Recommendations, if any, are of an advisory nature (1 star) to further strengthen control arrangements.</p>
Reasonable Assurance	<p>Reasonable assurance that the system of internal control is designed to achieve the service's objectives and minimise risk. However, some weaknesses in the design or inconsistent application of controls put the achievement of some objectives at risk.</p> <p>There are some areas where controls are not consistently and effectively applied and / or are not sufficiently developed. Recommendations are no greater than medium (2 star) priority.</p>
Partial Assurance	<p>Partial assurance where weaknesses in the design or application of controls put the achievement of the service's objectives at risk in a significant proportion of the areas reviewed.</p> <p>There are significant numbers of areas where controls are not consistently and effectively applied and / or are not sufficiently developed. Recommendations may include high priority (3 star) and medium priority (2 star) matters.</p>
No Assurance	<p>Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes service objectives to an unacceptable level of risk.</p> <p>There is significant non-compliance with basic controls which leaves the system open to error and / or abuse. Recommendations will include high priority (3 star) matters and may also include medium priority (2 star) matters.</p>

## Appendix D

### Internal Audit Performance Indicators

Performance Indicator	Target	Mar 2021	Apr to May 2021	Jun to Aug 2021	Sep to Oct 2021	Nov 2021	Dec to Feb 2022
Draft reports issued within 15 working days of field work being completed.	90%	86%	100%	83%	83%	100%	82%
Chargeable Time / Available Time.	80%	75%	80%	84%	78%	78%	78%
Audits completed within planned time	90%	86%	100%	92%	100%	100%	100%
Client Satisfaction Survey.	100%	100%	100%	100%	100%	n/a	100%

#### Comments received in the Client Satisfaction Surveys

*I can use the recommendations to hold officers to account, I was able to provide feedback on the findings, I was able to agree/disagree with the recommendations.*

*The audit report is a useful marker to formally close down the project activity related to this piece of transformation. The discussion point raised within the report further strengthens improvement activity already in process - so again reassuring to have an impartial view on this from the audit process.*

*Excellent two way communication to understand the context and landscape resulting from the pandemic and the impact on the progress against the ambitions contained within the Home Care and Support Service specification.*

*Done Professionally.*