



Internal Audit Progress Report

1st May – 31st July 2024

1. Internal Audit Annual Plan

1.1 Internal Audit produced a risk-based Audit Plan for 2024/25 and presented it to the Audit Committee at its meeting on 12th March 2024. The plan is included at **Appendix A**. As highlighted at the last Audit Committee meeting, two audits have been transferred from the 2023-24 audit plan to quarter 4 of the 2024-25 audit plan as follows:

- Building Control – provide assurance after changes in regulations around payments and inspection visits.
- Health and Safety compliance - review key aspects of statutory compliance with the Council’s operational property estate managed by Facilities Management.

1.2 Those audits in the 2023-24 audit plan, where the final audit reports have not yet been issued, have been brought into the 2024-25 audit plan and the current position is noted on Appendix A. One audit has been removed from the 2023-24 audit plan. This was a corporate audit on contract management. A comprehensive review of procurement governance has been undertaken across all directorates which has included the procurement tendering process, managing suppliers’ performance against contract requirements and conducting timely and efficient planning for expiring contracts. The corporate audit was no longer required as the procurement governance audit included all areas identified for the review.

2. Audit work undertaken during the period resulting in an assurance opinion

2.1 Internal Audit provides an opinion on the control environment for 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**. Fourteen audits have been finalised since the last Audit Committee.

3. Details of other Internal Audit activities undertaken not resulting in an assurance opinion

3.1 The table below sets out the work undertaken where we have not issued an audit report with an opinion. This highlights the range of activities that we have also undertaken in the period.

Audit Work Completed	Details of Work Undertaken, and Assurance Provided
Supporting Families April-June grant	<p>Testing on a representative sample of 10% of results to verify:-</p> <p>(i) Families’ eligibility for the programme, and that</p> <p>(ii) Progress measures have been achieved.</p> <p>In each case tested, appropriate supporting evidence has been verified with reference to the Department for Levelling Up, Housing & Communities National Supporting Families Outcome Framework.</p>

Bus Service Operators Grant	Grant claim validation to give assurance that the funds have been spent in accordance with those intended.
Contain Outbreak Management Fund	Grant claim validation to give assurance that the funds have been spent in accordance with those intended.
Housing Compensation Vouchers	Review of information supplied to the Compensation Complaints Panel. Assurance that figures relating to housing, were complete, accurate, justified and authorised.
Customer Services Efficiency Group	Participation in this group helps to ensure audit are informed of the latest areas the Group are working on, and where audit may wish to focus on at an early stage before changes to systems or ways of working are implemented.
Corporate Information Governance Group	Audit participation as a check and challenge member of the group which has an information assurance role on behalf of the Council.
Audit Queries and Advice	We have received and responded to a number of queries and requests for advice from directorates and service areas. We have also provided information to directorates of frauds in other Local Authorities as a proactive measure (Finance - direct debit fraud and creditor fraud; schools where a scammer had extracted banking information from a business manager, and Housing - housing tenancy fraud).

4. Anti-fraud and corruption work and investigations

- 4.1 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. There is currently one investigation ongoing, and one investigation report has been issued since the last committee meeting. A summary of this is set out in **Appendix F**.
- 4.2 The Anti-Fraud and Corruption Policy and Strategy has been refreshed and an assessment has been undertaken against best practice. This is a separate item on the Audit Committee agenda.
- 4.3 Government have released the draft data specifications for the National Fraud Initiative (NFI) to all participants. Internal Audit have contacted all relevant staff within the Council to request that they supply the data sets for Rotherham as at 30th September. Internal Audit will then quality check the data and upload to the NFI portal to meet the deadline.

5. Data analytics

- 5.1 Internal Audit are starting the journey with enhanced data analytics. This work will allow the introduction of an agile form of auditing, in conjunction with the audit plan. The potential benefits that data analytics will bring will be a wider scope of assurance within defined audits in the audit plan, use in proactive counter fraud work, and with development, continuous auditing in some areas.
- 5.2 A menu of approaches and software will be required. The starting point is with a level of skills and expertise on MS Excel which will be enhanced.

- 5.3 Detailed specifications will be developed to enable access to data in the most efficient and complete way, following assistance from colleagues in Digital Services. The aim wherever possible is to use any existing reports and data sets after the completion of independent verification and quality checks.
- 5.4 Two areas are currently being trialled, one linked to an audit within the audit plan, and another as part of the counter fraud proactive work. An update on this work will be provided in the next Audit Committee Progress Report.

6. Internal Audit performance indicators

- 6.1 As discussed in previous committee meetings, a review of performance indicators for the Internal Audit Service was included in the Quality Assurance and Improvement Plan as being an area for review.
- 6.2 The audit standards state that there should be a comprehensive set of targets which between them encompass all significant internal audit activities which includes obtaining stakeholder feedback. There are no mandatory performance indicators that internal audit should report upon.
- 6.3 The new Global Standards requirements require that:-
- The Chief Audit Executive (CAE) (the Head of Internal Audit at RMBC) must develop objectives to evaluate the internal audit function's performance. The CAE must consider the input and expectations of the board (the Audit Committee at RMBC) and senior management (Senior Leadership Team at RMBC) when developing the performance objectives
 - The CAE must develop a performance measurement methodology to assess progress toward achieving the functions objectives and to promote the continuous improvement of the internal audit function
 - When assessing the internal audit function's performance, the CAE must solicit feedback from the board and senior management as appropriate
 - The CAE must develop an action plan to address issues and opportunities for improvement
- 6.4 The review of current performance indicators and changes proposed are included at **Appendix C** and are summarised as follows;-

6.4.1 Draft reports issued within 15 working days of fieldwork being completed

Retain this indicator. This is considered to be a good indicator of how promptly the audit report has been compiled following the completion of audit testing and is important to ensure that any actions identified are highlighted to management in a timely manner. **Appendix C.**

6.4.2 (New) Final reports issued within 5 working days of customer response, target 90%

This will measure the timeliness between receiving final comments from the draft report and the issue of the final report. This is important to ensure that the final report is issued on a timely basis so that audit findings remain relevant and that the service can begin implementation of any action plans promptly. **Appendix C.**

6.4.3 Audits completed within planned time

Retain this indicator. This is considered to be a good indicator of performance in completing the audit work to the agreed time budget. Failure to achieve audits to planned timescales will increase the risk of failing to complete the wider assurance plan. **Appendix C.**

6.4.4 (Removal) Chargeable time / available time

Time available for completion of audits is calculated when the audit plan is produced. This is based on an estimation of the time auditors are available to work on audits and investigatory work, and excludes time for example for training and development, annual leave, estimation for sickness during the year etc. A better indicator of productivity is audit plan achievement over the year, and the value added by audits performed. Progress against the plan is already reported on a quarterly basis to the audit committee by the inclusion of Appendix A, which highlights the position of each audit, by directorate / crosscutting area. A table at **Appendix C** now shows the progress of the internal audit plan delivery analysed by the number of plan assignments by assurance type. These are assignments where a report is expected to be produced or where we are certifying grant claims. It does not include any consultative work, such as attending boards, that is reported in the other assurance work at Section 3.1.

Value added by the audit is measured through the client satisfaction questionnaires that are issued following every final audit report.

6.4.5 Client Satisfaction Survey responses – retain and enhance current reporting

More detailed information in the form of a graph, rather than a percentage satisfaction figure that currently used is proposed. This is more open and transparent and should help to highlight where any improvements in the audit process are required. This will be accompanied by any comments where written, as was previously the case. Please see **Appendix D.**

6.5.6 Quality Assurance and Improvement Plan

This has been historically reported to committee on an annual basis. The action plan itself and progress against it will now be reported during each quarterly progress report on **Appendix E**.

7. Management Response to Audit Reports

- 7.1 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, Chief Executive and the Leader.
- 7.2 Confirmation of implementation of audit recommendations is sought from service managers when the implementation date is reached. This is an automated reminder from the audit system, with alerts being sent out a week before the due date to the responsible manager and Head of Service. Overdue alerts are sent out weekly, copied into the Assistant and Strategic Director. Managers should access the audit system and provide an update on the action – either implemented (with evidence) or deferred.
- 7.3 Summary reports of outstanding actions are produced monthly and distributed to Strategic Directors. The status of all open recommendations is tabulated below:

	Recommendation Priority			Total as of 31 July 2024	Total Deferred
	High	Medium	Low		
Directorate					
Adults, Housing and Public Health		4	3	7	
Assistant Chief Executive			5	5	
Children and Young People	1	1		2	
Finance and Customer Services	5	4	8	17	2
Regeneration and Environment	3	3	18	24	
Total	9	12	34	55	2

8. Internal Audit Standards Update

- 8.1 On the 9 January 2024 new Global Internal Audit Standards (GIAS) were issued, which the Institute of Internal Auditors (IIA) has determined will become globally effective from 9 January 2025. They will then replace the International Professional Practice Framework, the mandatory elements of which are the basis for the current UK Public Sector Internal Auditing Standards (the PSIAS).
- 8.2 The PSIAS are issued under the authority of the Relevant Internal Audit Standard Setters (RIASS) and determine what standards or other requirements

are applicable to the practice of internal auditing in central government, local government and the health sector across the UK.

- 8.3 The RIASS have agreed to use the new GIAS as the basis for internal auditing for the UK Public Sector and have asked the UK Public Sector Internal Auditing Standards Advisory Board (IASAB) to carry out a review of the new standards with a view to identifying and producing any sector specific interpretations or other material needed to make them suitable for UK public sector use. The IASAB plans to issue consultation material by September 2024 at the latest, with a consultation period of at least 8 weeks. Subject to approval by the RIASS, the final material for application in the UK public sector and guidance on transition will be issued later in 2024 to allow sufficient time for preparation for implementation.
- 8.4 The effective date of the new material developed by IASAB will be 1 April 2025, to align with requirements for annual opinions and other relevant aspects of UK public sector governance which line up with the financial year. Until then, the existing PSIAS based on the old International Professional Practices Framework will continue to apply.
- 8.5 CIPFA is producing a Code of Practice for the Governance of Internal Audit in UK local government which will also be consulted upon in September. This will interpret the 'essential conditions' that underpin the Principles and Standards in Domain III (Governing) in a way that makes sense for local government bodies. This will provide direction to those responsible for the governance of internal audit and will be a 'roadmap' for heads of internal audit in local government.
- 8.6 In accordance with PSIAS and new Global Internal Audit Standards, Internal Audit Services will require an external assessment against the standards every five years. For Rotherham this falls due during the 2025-26 financial year. A report will be brought to a future Audit Committee setting out the options available, and the preferred option for discussion and agreement by the Audit Committee.

Internal Audit Plan 2024/25

Adult Care, Housing and Public Health					
No.	Risk Register Ref	Title	Brief Description	Current Position/ Outcome	Days
A	ACHPH R9 H R12	2023-24 Health and Safety legislation and corporate responsibilities for Council Homes	To review compliance with Health and Safety regulations with regard to smoke and carbon monoxide alarms.	Draft	1
B		2023-24 Homes England	Review of grant funding drawdowns after new processes have been implemented.	Draft	1
1	ACHPH-R33 H-R18 HR25	Review of gas servicing water/legionella compliance in council tenanted properties	Cyclical review of key areas of health and safety compliance to give assurance on the Consumer Standards 2023.	Q4	10
2	ACHPH-R33 H-R18 HR25	Review of lift servicing compliance in council tenanted properties	Cyclical review of key areas of health and safety compliance to give assurance on the Consumer Standards 2023.	Q3/4	10
3	ACHPH-R31 H-R11	Temporary Accommodation Management	This will include reviewing controls over the initial triage and acceptance into temporary accommodation and 'move on' actions.	Q2 / Q3	15
4	ACHPH-R36 H-R21	Repairs and Maintenance Contract	Assurance on the performance monitoring of the contract including identification and escalation of issues.	Scoping	20
5	ACI-R4	Safeguarding	A review of the processes for the receipt, triage and investigation of safeguarding enquiries from all sources including home care support.	Q3 / Q4	20
6	ACSC-R18 &19	Contract monitoring including contract concerns.	Contract monitoring processes including the contract concerns processes and visits to care homes by staff. Effective liaison with the CQC regarding any adverse inspections.	Q3	20
7	ACSC – R21	Customer Pathway audit	Decision making pathways for care package approval. Review to assess whether they are clear & applied consistently.	Q3	20
8	ACI-R4	Waiting Lists	This will include a review of the use of triage tools.	Scoping	15
9	ACI-R22	Community Dols	To provide assurance on the management of DoLS cases following the increase in demand.	Q3	15
10		Drug and Alcohol partnership working arrangements	Review of drug and alcohol working partnerships including needs assessment and plans.	Q3	10
Total number of days					157

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Assistant Chief Executive					
No.	Risk Register Ref	Title	Brief Description	Current Position/ Outcome	Days
1	ACX 32 HR07	Workforce plan (including a focus on workforce engagement)	Review the council's response to the 2023 employee opinion survey including the communication, support and challenge given to services. A wider review of workforce priorities will also be included.	Q2&3	15
2	ACX20 HR01 HR05	Payroll	Specific coverage to be agreed.	Q4	20
3	HR12	HR Policies - Recruitment (pre-employment checks including DBS)	Review compliance across the council with the pre-employment checks. Assurance that all staff requiring a DBS check have been identified and renewals are completed in accordance with the policy. Disclosures are appropriately reviewed and actioned.	Fieldwork	20
4	ACX 33	Equalities Standard	Compliance with Equalities Framework.	Q3	10
Total number of days					65
Childrens and Young People's Service					
No.	Risk Register Ref	Title	Brief Description	Current Position/ Outcome	Days
C	CYPS03	2023-24 Special Education Needs and Disability (SEND)	Review of Education, Health and Care Plans (EHCP) across all the domains, including Health and Social Care Partners.	Testing	3
1	CYPS06 CPQ42	Looked After Children (LAC) Sufficiency	A review of progress with the LAC Sufficiency Strategy. This would include specific areas where management have requested assurance (TBC).	Q4	20
2		S17 payments and reduction in cash payments project	Review of the need, authorisation and delivery of the S17 funds to clients and compliance with the policy.	Q3	15
3	CSC 06	Unaccompanied Asylum Seeking Children Follow Up	Follow up of possible partial assurance review.	Q2	5

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4	CSC 08	Joint Funding of Care Packages Follow Up	Follow up of partial assurance review.	Q2	5
5	E116	SEND Sufficiency	A review of the progress with the SEND sufficiency Strategy. This would include specific areas where management have requested assurance (TBC).	Q2	20
6		Schools Assurance	Approach to be determined but will include at least one audit visit to a school.	Q3-4	30
Total number of days					98

Finance and Customer Services					
No.	Risk Register Ref	Title	Brief Description	Current Position Outcome	Days
D		2023-24 Procurement Governance & Contract Renewals and Expiry	Review procurement procedures and assess Directorate adherence to them. To include, where applicable, a review of Directorate procedures and compliance with procedures for planning for renewing contracts, in line with Cabinet Office Best Practice.	Draft	2
E		2023-24 Capital Programme	Review the updated capital procedures and provide assurance that they are being complied with and that expenditure is appropriately approved, controlled and monitored.	Testing	3
F		2023-24 Land Terrier	Review of the registration of Council land	Draft	1
G		2023-24 Governance	Review of the operation of processes around decision-making within the Council.	Testing	2
H		2023-24 Asset management - Acquisitions	Provide assurance on the end to end management of properties once acquired by the Council.	Testing	4
1		Cash and banking system and reconciliations	Review the timeliness and accuracy of cash and bank reconciliations and key controls. Review the effectiveness of the project management of the switchover of the banking provider.	Q3/Q4	15
2		Purchasing Cards	Assurance regarding compliance with the system controls and confirmation regarding appropriateness of expenditure and that this is supported with receipts.	Q4	10
3		Revenues and Benefits Business Continuity and Disaster Recovery Plan	Review of the robustness of the business continuity arrangements and the disaster recovery plan in the event of an IT failure.	Q3/Q4	15

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4	FCS 6	Litigation Service	Review of the Legal support provided to Adult Care and Child Protection.	Q4	15
5	FCS15	Record of Processing Activities	Assurance on the arrangements for information security and management (specifically ROPA).	Q3	15
6		IT Governance Strategies & Policies	Governance arrangements surrounding the IT strategies & policies.	Q3	15
7		Reprographics	Review of reprographics expenditure and assurances regarding value for money.	Q4	5
8	Salford ANA	IT Business Continuity / Disaster Recovery	Assurance on IT business continuity and disaster recovery arrangements.	Fieldwork	10
9	Salford ANA	Application Management (HR/iTrent)	Review of maintenance & support controls, access control management, system availability etc.	Q4	10
10	PRT 38 RE 25	Fire Safety Follow Up	Follow up of partial audit opinion.	Q2/3	5
11	PRT 39 RE 26	Building Security Follow Up	Follow up of partial audit opinion. This will also include a review of ID card issuing / cancelling and the building security arrangements once the NHS have moved into Riverside House.	Q3/4	15
12	PRT 10	Review of lift servicing compliance across corporate landlord properties (and any LEA schools if applicable)	Cyclical review of key areas of health and safety to give assurance on compliance with health and safety legislation.	Q2/3	10
13	PRT 10	Review of gas servicing compliance across corporate landlord properties (and LEA schools)	Cyclical review of key areas of health and safety to give assurance on compliance with health and safety legislation.	Q2	10
14	PRT 44	Catering	Traded services and contract management review. Scope to be confirmed.	Q3-4	20
15	PRT 10	Health and Safety property compliance (Deferral from the 2023/24 Audit Plan)	Review key aspects of statutory compliance with the Council's operational property estate managed by Facilities Management.	Q4	10
16		Asset Management Estimates and Capital Programme Follow Up	Follow up of partial audit opinion.	Q4	10
Total number of days					202

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Regeneration and Environment					
No.	Risk Register Ref	Title	Brief Description	Current Position/ Outcome	Days
I		2023-24 Childrens Capital of Culture	To provide assurance on the governance arrangements and compliance with FPPR's for expenditure incurred to date on the Children's Capital of Culture.	Draft	1
1	RE52 CST9	Tree Service Review	Review of the implementation of the actions following the 2023-24 audit, to ensure that controls are embedded and they are being complied with.	Q3	10
2		Trading Standards Follow Up	Follow up of no assurance audit opinion.	Q2	5
3	RE56	Hellaby Stores Follow Up	Follow up of partial audit opinion.	Substantial	5
4		CCTV Review	Follow up of recommendations.	Fieldwork	15
5	R&E 9 CSS28	Home to school transport	Provide assurance on the effectiveness of the home to school transport service.	Q3	15
6		Music Service	Review of financial controls including receipt, recording and reconciliation.	Q3	5
7	CSS 24	Hand Arm Vibration Follow up review	Follow up review to determine implementation of actions.	Substantial	5
8	CSS 14	Waste operations health and safety	Compliance of vehicle crews with health and safety requirements.	Q4	10
9		Building Control (Deferred from 2023-34 audit plan)	Provide assurance after changes in regulations around payments and inspection visits.	Q4	10
10	RE51 PRT53	Highway structures	Assurance regarding compliance with the inspection regime and a review of the adequacy of the follow up process where issues have been identified.	Q4	15
Total number of days					96

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Corporate Coverage				
No.	Title	Brief Description	Current Position/ Outcome	Days
1	Cash Controls	Review to identify the controls in place over the use of cash authority wide, to include the receipting, recording and the value being held, including a review of the safe limits.	Q4	15
2	Sundry Debtors	Cross directorate review of implementation of recommendations. This will identify if authority wide debt has reduced and confirm if action is being taken to proactively reduce debt.	Q4	15
3	Health and Safety	Review directorates implementation of the Council's Health and Safety policy and the support provided by Health and Safety.	Scoping	15
4	Social Value	Compliance with the Social Value Policy regarding obtaining quotes from suppliers.	Q2	10
5	Independent review of grants	Independent examination of accounts and / or assurance that the grant claim has been spent in accordance with the grant determination.	Q1-4	52
6	Follow Ups	Time set aside for the follow up of any partial or no assurance opinions completed within the year.		10
7	Project Boards and groups	Internal Audit attendance at project boards or groups to give advice on internal controls. Initially this will include the new financial system project group, Customer Services Efficiency Board and EDRMS Governance Group (Housing).	Q1-4	20
8	Data analytics development	Time set aside to develop a Data Analytics Strategy and introduce a workplan.	Q1-4	20
9	Contingency	Time set aside for audit review of any new and emerging risks, unplanned work identified as being required during the year.		40

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Anti-Fraud and Corruption and Anti Money Laundering				
No.	Title	Brief Description	Current Position	Days
1	Investigations	Time set aside for investigation of whistleblowing and other referrals received.	Q1-4	140
2	Anti-Fraud and Corruption Policy Updates	Review and update of Anti Fraud and Corruption Policies <ul style="list-style-type: none"> • Anti-Money Laundering (AML) Policy • Anti-Fraud and Corruption Policy and assessment against best practice 	Q2&3	15
3	Anti-Fraud and Corruption Proactive Work	Risk-based work to prevent and detect fraud including:- <ul style="list-style-type: none"> • Review and investigation of NFI matches • Awareness raising and communication of fraud risks and internal reporting arrangements • Proactive exercise using data analytics to identify/detect fraud 	Q1-4	40
4	Anti Money Laundering Assurances	Testing on key systems/controls to gain assurance on Anti Money Laundering arrangements (Right to Buy, land and property and refunds to customers).	Q3	15
Total number of days				425
Overall Plan Total				1045 days

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 Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
Adult Care, Housing and Public Health				
LGA Peer Review	Review the robustness of the response to the findings of the LGA Peer Review (December 2023) and action plan.	July	Substantial	None identified.
Assistant Chief Executive				
Establishment Controls	To review the effectiveness of the controls in place to ensure the posts on the HR system are adequately managed. Focussing on the management of vacancies and their disestablishment, and the match between HR and Finance establishment structures.	July	Reasonable	<p>Errors identified by managers on the establishment are appearing on consecutive establishment sign off reports. There is no quality assurance check performed on the submitted returns.</p> <p>The agreed action is to flag any consecutive ‘error’ sign offs (based on manager) in the final establishment sign-off report to Heads of Service, Assistant Directors & Strategic Directors. HR Business Partners to take report to DLTs to remind members of the need to take action for any ‘errors’, non-completed returns, and to ensure the quality of completion.</p> <p>Establishment data held by HR and Finance is not aligned with each other.</p> <p>The action agreed was that as part of the annual budget setting process an additional review and</p>

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Audit Area	Assurance Objective	Final Report Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
				feedback process should be undertaken to ensure any errors on the establishment are notified to the service manager for amendment and to the HR Service Centre to support the necessary adjustments. A tracker will be set up to ensure all finance teams have undertaken this process annually.
Children and Young Peoples Services				
Commissioning Services	Review the work undertaken by the Commissioning Service to procure children in care placements, where providers are off framework or untendered, to gain assurance that appropriate controls are in place to mitigate financial and reputational risks to the Council	May	Reasonable	Not every placement had a corresponding signed IPA with the provider. The service has agreed to undertake a full review of IPA status's to be completed and a process for ensuring all future IPAs is fully completed to be established. Placement approval forms, Panel Meeting minutes and IPA's were not attached to a child's record in the LCS software. All forms and minutes will be attached to a child's record and this will be reviewed on a sample basis every six months.
School Themed Audits	To provide assurance that three key areas identified via analysis of the Control Risk Self-Assessment returns in 2023/24 have adequate controls in place to mitigate against identified risks.	May	Reasonable	Missing or inaccurate inventory lists and lack of inventory checks being undertaken. Dissemination of the school's behaviour policy to parents should be undertaken on an annual basis and pupils' views should be obtained in relation to suspension events. The findings from the audits will be fed back to schools with further support from CYPS if required.
Early Help Provision	To review the effectiveness of the Council's Early Help provision and provide assurance that the	June	Substantial	No recommendations were raised.

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Audit Area	Assurance Objective	Final Report Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
	Supporting Families 'Payment by Results' (PbR) funding can be met despite the challenging, sustained outcomes in place.			
Finance and Customer Services				
Creditors – Faster Payments	To provide assurance on the operation of procedures for faster payments.	May	Reasonable	A number of low priority recommendations were raised regarding the completeness of procedures and the faster payments request form, periodic review of the amounts, volume and type of faster payments and review of arrangements for including faster payments in the Transparency Reports where relevant.
Housing NEC (IT System Audit)	<ol style="list-style-type: none"> 1. Maintenance & support controls - To confirm that contracts are in place and that the application was being monitored and managed effectively. 2. Application access controls - To ensure that appropriate and effective processes and controls are in place for the management and administration of users and access levels. 3. Audit trails management - To assess the extent of any monitoring of users 	July	Reasonable	The highest priority recommendation was that RMBC should contact NEC to verify whether a Service Organisational Control (SOC) report, or equivalent, is produced by either themselves or their hosting partner. In the absence of a SOC report RMBC should identify the key processes that they require assurance over and determine the level of reporting required to provide that assurance. Once assurance reports are received any issues detailed should be discussed with NEC to confirm whether there has been an impact on the service provided. Where an impact is identified NEC should be requested to provide evidence that the appropriate steps have been taken to address the underlying cause and to determine whether additional checks may need to be undertaken within the Council to mitigate the potential risk.

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Audit Area	Assurance Objective	Final Report Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
	<p>accessing the system, particularly in relation to users with high level access, such as System Administrators and Database Administrators.</p> <p>4. System availability and continuity - To assess the processes in place to manage and monitor system performance, availability and capacity, and to ensure adequate backup and recovery procedures are in place and have been tested regularly.</p>			<p>The agreed action was to identify and if exist, obtain/request SOC reports from NEC and ensure they form part of NEC service review process.</p>
<p>Asset Management Estimates and Capital Programme</p>	<p>The overall objective of the audit was to provide assurance on the accuracy of valuations, calculated as estimates for capital schemes that are to be included on the Capital Programme, to ensure that final costs do not excessively exceed the original estimates.</p>	<p>July</p>	<p>Partial</p>	<p>Client contracts are not in place for internal clients, clients are not providing the correct information for accurate estimates to be provided and are using out of date or inaccurate estimates for project costs. It is not always clear from the documentation where the cost information has been obtained.</p> <p>Documentation will be introduced/enhanced including a contract with all service clients, a stage 1 outline brief that will provide for an initial estimate, a formal quote template indicating any mitigation or risk as well as clarity on fees and other costs associated with the project and documents will provide costs in detail at an appropriate time.</p>

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Audit Area	Assurance Objective	Final Report Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
Regeneration and Environment				
Housing Rents	To assess the adequacy of the internal control arrangements to provide an assurance that the Council is complying with the Housing Regulators Rent Standards.	May	Substantial	Two minor areas for improvement were highlighted. A quarterly review will be undertaken comparing rents from the housing system to the finance calculations at the start of the rent year to identify any target rent calculation errors. Information on the Governments rent formula and the rent arrears policies will be uploaded onto the council website.
Hand Arm Vibration Follow Up	To assess the degree of implementation of agreed actions arising from the previous audit report (issued December 2023)	June	Substantial	HAV exposure data was not always recorded correctly on the HAV monitoring spreadsheets. A communication will be sent to managers/supervisors to ensure monitoring the data will identify whether all data is recorded correctly. In addition, digital solutions for this will be explored.
Trading Standards	The overall objective of the audit was to assess the adequacy of the internal control arrangements surrounding the operation of trading standards.	June	No	Recording of property seizures and disposals required strengthening. 3 rd party release/handover forms need to be completed when handing over evidence in all cases. 6 monthly inventory checks should be completed in accordance with the procedure. Some evidence bags were not sealed. Where any are found to be open two officers should verify the contents and report any discrepancies immediately to management. Storeroom access and security required an immediate review. A review of the handling of photographic evidence was required. The service has taken prompt action in many of the areas of weakness found by the audit. A follow up audit will be undertaken in quarter 2 to assess the progress made.

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Audit Area	Assurance Objective	Final Report Issued	Overall Audit Opinion	Summary of Significant Issues Identified / Recommendations
Hellaby Stores Follow Up	The overall objective of the audit was to assess the degree of implementation of agreed actions arising from the previous audit report (issued July 2023)	June	Substantial	No recommendations were raised.
Vehicle Operators Licence	To review the management of the Council's Vehicle Operators Licence against regulatory requirements and best practice.	July	Substantial	No recommendations were raised.
Green Spaces	Review the health and safety controls around green spaces.	July	Reasonable	No quality assurance checks were being completed on risk assessments, errors and omissions were identified in some risk assessments, some required reviewing/updating and there was insufficient evidence that they had been communicated to staff. There was unclear and inconsistent inspection records and inspections were not being recorded on the health and safety site checks spreadsheet.

Rating	Definition
Substantial Assurance	Substantial assurance that the system of internal control is designed to achieve the service's objectives and this minimises risk. The controls tested are being consistently and effectively applied. Recommendations, if any, are of an advisory nature to further strengthen control arrangements.
Reasonable Assurance	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 low risk. There are some areas where controls are not consistently and effectively applied and / or are not sufficiently developed. Recommendations are no greater than medium priority.
Partial Assurance	Partial assurance where weaknesses in the design or application of controls put the achievement of the service's objectives at a medium risk in a significant proportion of the areas reviewed.

Appendix B

Rating	Definition
	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 and medium priority matters.
No Assurance	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 high level of risk. There is significant non-compliance with basic controls which leaves the system open to error and / or abuse. Recommendations will include high priority matters and may also include medium priority matters.

Internal Audit Performance Dashboard

Key performance indicators

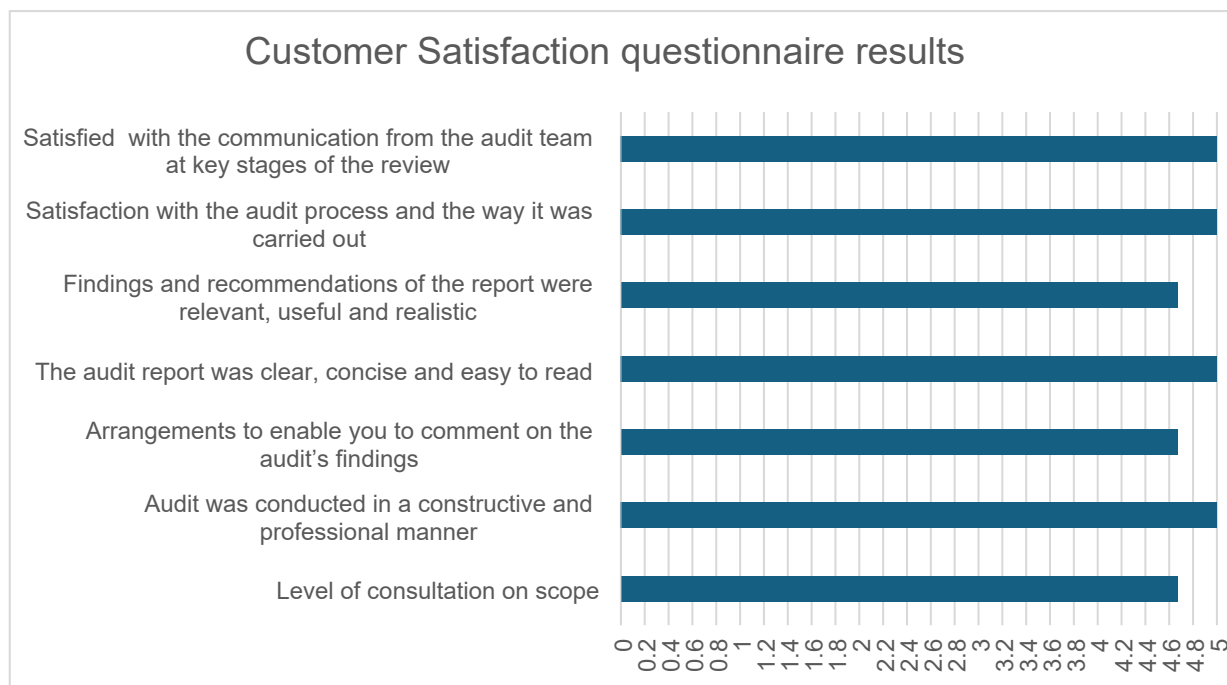
Performance Indicator	Target	April - July
Draft reports issued within 15 working days of field work being completed	90%	100%
Final reports issued within 5 working days of customer response to the draft report	90%	94%
Audits completed within planned time	90%	67%

Audit plan progress

Assurance Type	2024/25 Plan assignments	Completed	In progress	Not started
Adult Care, Housing and Public Health	10	0	2	8
Assistant Chief Executive	4	0	1	3
Childrens and Young People	6	0	0	6
Finance, Customer Services	16	0	1	15
Regeneration and Environment	10	2	1	7
Crosscutting	4	0	1	3
Grants	12	3	1	8

Customer Satisfaction Questionnaires

3 questionnaires were received during the period. The graph below illustrates the average responses to each question on a scale of 1-5, 5 being the highest level of satisfaction.



“The report was clear and written jargon free. The recommendations are clear. The author of the audit was always available to answer any questions.”

“The auditor was open and honest with us throughout and communicated her needs so we could support and provide what she needed. A very transparent and positive process!”

“As I am not a regular user of Pentana it can be a challenge to navigate. The report's author supported me with clear instructions on how to complete my actions. Others would find this useful.”

“Overall consistency leading to positive recommendations to improve the service.”

Appendix E

Quality Assurance and Improvement Programme Action Plan		
Action	Position statement	Target completion date
Further enhance the use of data analytics.	<p>This action is underway with a review of alternative sources of data analytics software and training sessions planned.</p> <p>2 areas are being trialled.</p>	<p>Strategy in place by March 2025.</p> <p>Completion of 2 trial areas by March 2025.</p> <p>Further ongoing development of the strategy to continue in 2025-26.</p>
Complete skills and competency assessments as part of the PDR process.	A training and development plan for the Internal Audit Service will be produced which will identify any audit specific training needs and how these will be addressed.	<p>March 2025 although this will be an annual/rolling plan.</p> <p>The 2024/25 plan will be updated throughout 2024 to ensure that any service wide training identified as part of the revised annual performance development review process can be identified and included.</p>
Review the need for assurance mapping, to improve audit planning.	This will be reviewed in 2024-25 where Cipfa's detailed assurance framework guide 2024 (yet to be issued) will be used to take forwards this development.	March 2025 to link in with submission of Audit Plan to the March Audit Committee.
A review of KPI's will be undertaken, benchmarking with other authorities and having due regard to best practice.	This will be undertaken during Q2-3 in readiness for the September Audit Committee progress report.	Complete pending discussion at this Audit Committee.
Undertake a self-assessment against the new Global Internal Audit Standards and develop an action plan to capture any areas that need to be enhanced.	<p>To be undertaken by December 2024 taking into consideration the public sector consultation material that should be issued by September 2024.</p> <p>To undertake an options appraisal to present to the Audit Committee for the required External Assessment which is due in November 2025.</p>	<p>December 2024.</p> <p>Options appraisal to be presented to a future Audit Committee.</p>