

GOVERNANCE AND AUDIT COMMITTEE

Date of Meeting	Wednesday, 10 th April 2024
Report Subject	Internal Audit Progress Report
Report Author	Internal Audit, Performance and Risk Manager
Type of Report	Assurance

EXECUTIVE SUMMARY

Internal Audit produces a progress report for the Governance and Audit Committee every quarter. This shows the position of the team against the plan, changes to the plan, final reports issued, action tracking, performance indicators and current investigations. This meets the requirements of the Public Sector Internal Audit Standards and, also enables the Committee to fulfil the Terms of Reference with regards to Internal Audit. The current progress report is attached.

RECOMMENDATIONS

1	To consider and accept the report.
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REPORT DETAILS

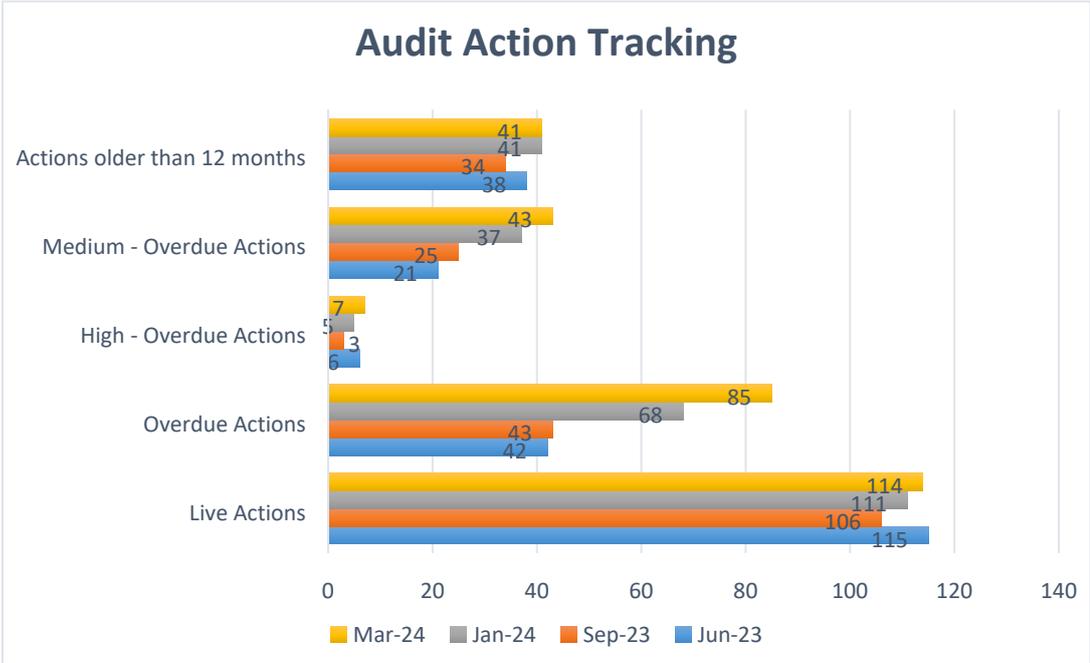
1.00	EXPLAINING THE INTERNAL AUDIT PROGRESS REPORT
1.01	Internal Audit gives a progress report to the Governance and Audit Committee every quarter as part of the usual reporting process. The report is divided into several parts.
1.02	The level of audit assurance for standard audit reviews is detailed within Appendix A. All reports finalised since the last committee meeting are shown in Appendix B.
1.03	Appendix C provides an oversight to Governance & Audit Committee on the cumulative assurance for 2023/24; however, it should be noted this will be fluid. A footnote has been included to list those reports issued with a Red / Amber Red assurance opinion.

1.04 Since the last progress report to committee there has been two Amber Red / Some Assurance reports (Corporate Credit Cards and Declaration of Interests). Appendix D details the Amber Red reports. Copies of all final reports are available for members if they wish to see them.

1.05 Appendix E details the Red / Limited assurance report issue since the last committee meeting. This report relates to Deferred Charges and Management of Residential Care Liabilities for Social Service. This appendix provides detailed findings, management actions and a comprehensive update of the subsequent work undertaken by the service to address the issues. The Service Manager will also provide a further update at Committee.

1.06 The automated tracking of actions is completed using the integrated audit software. All actions are tracked automatically, and the system allows Managers and Chief Officers to monitor their own teams' outstanding actions and confirm they are being implemented.

Below is a summary of audit actions tracked since April 2023.



Overall, the number of live actions remains relatively constant, however the number of overdue actions has increased during this reporting period, partly due to the financial year end being used as a due date. Further analysis of overdue actions is detailed in Appendix F.

Following discussions at the Governance and Audit Committee Self-Assessment workshop, Appendix G now only shows those High priority actions which are overdue and Appendix H lists those High priority actions that are older than six months from the original due date and not overdue.

1.07 Appendix I shows the status of current investigations into alleged fraud, irregularities or concerns raised. There are no ongoing investigations at this time.

1.08	<p>Appendix J shows the range of performance indicators for the department.</p> <p>Overall performance remains positive within the team. There are two PIs off target.</p> <ul style="list-style-type: none"> • Days from end of fieldwork to debrief meeting. • Number of client questionnaires returned.
1.09	<p>Appendix K shows the current position for the 2023/24 Audit Plans, the plan is a flexible plan and continues to be reviewed on a regular basis and reprioritised to accommodate any new requests for work and/or to respond to emerging issues and available resources. Since the last report to committee, the plan has needed to be updated to defer some audits due to a reduction in resources due to vacancy. Movement within the plan is detailed within Appendix J however in summary the following changes have been made:</p> <p>Deferred Audits</p> <ul style="list-style-type: none"> • Section 106 Agreements • Consultancy Support - Voice of One Child • In House Children's Home - Ty Nyth • Assets Infrastructure (CiPFA Code)

2.00	RESOURCE IMPLICATIONS
2.01	None.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	None required.

4.00	RISK MANAGEMENT
4.01	The work of Internal Audit provides assurance to the Council that adequate and effective controls are in place to mitigate risks.

5.00	APPENDICES
5.01	<p>Appendix A Levels of Audit Assurance</p> <p>Appendix B Final Reports Issued</p> <p>Appendix C Audit Assurance Summary 2023/24</p> <p>Appendix D Amber Red Assurance Reports</p> <p>Appendix E Red Assurance Report</p> <p>Appendix F Action Tracking – Portfolio Statistics</p> <p>Appendix G High Overdue Actions (including actions older than 6 months if overdue)</p> <p>Appendix H Actions older than six months from original due date and not</p>

	<p>overdue</p> <p>Appendix I Investigation Update</p> <p>Appendix J Performance Indicators</p> <p>Appendix K Operational Plan and 2023/24</p>
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6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Contact Officer: Lisa Brownbill, Internal Audit, Performance and Risk Manager</p> <p>Telephone: 01352 702231</p> <p>E-mail: Lisa.brownbill@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	<p>Audit Wales: works to support the Auditor General as the public sector watchdog for Wales. They aim to ensure that the people of Wales know whether public money is being managed wisely and that public bodies in Wales understand how to improve outcomes.</p> <p>Corporate Governance: the system by which local authorities direct and control their functions and relate to their communities. It is founded on the basic principles of openness and inclusivity, integrity, and accountability together with the overarching concept of leadership. It is an inter-related system that brings together the underlying set of legislative requirements, governance principles and management processes.</p> <p>Operational Plan: the annual plan of work for the Internal Audit team.</p>