

**TO: GOVERNANCE AND AUDIT COMMITTEE**  
**24 June 2020**

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**INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2019/20**  
**(Head of Audit and Risk Management)**

**1. PURPOSE OF REPORT**

- 1.1 Under the Public Sector Internal Audit Standards, the Head of Audit is required to deliver an annual internal audit opinion. This is timed to inform review of the Annual Governance Statement (AGS).

**2. RECOMMENDATION**

- 2.1 The Governance and Audit Committee note the Head of Audit and Risk Management's Annual Report setting out the Head of Internal Audit's Opinion for 2019/20.**

**3. REASONS FOR RECOMMENDATION**

- 3.1 To support assurances set out in the Annual Governance Statement and ensure compliance with the Public Sector Internal Audit Standards.

**4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 The Committee could choose not to receive the Head of Audit and Risk Management's Annual Report setting out the Head of Internal Audit's Opinion but would then not be aware of the relevant assurances from Internal Audit supporting the Annual Governance Statement and would not be complying with the Public Sector Internal Audit Standards.

**5. SUPPORTING INFORMATION**

- 5.1 The Council is required under the Accounts and Audit (Amendment)(England) Regulations to "undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control".
- 5.2 The Public Sector Internal Audit Standards applicable to local government require the Head of Internal Audit to provide a written report to those charged with governance timed to support the Annual Governance Statement. This report should include an overall opinion on the adequacy of the control environment, a summary of the work that supports the opinion and a statement on conformance with the Public Sector Internal Audit Standards (PSIAS).
- 5.3 The attached report sets out the Head of Internal Audit's Opinion for 2019/20 summarising the results and conclusions of Internal Audit's work for 2019/20 and a statement on compliance with PSIAS. No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give that assurance. This opinion can, therefore, only provide reasonable and not absolute assurance based on the work undertaken and areas audited.

## **6. ADVICE FROM STATUTORY OFFICERS**

### **6.1 Director of Finance**

There are no financial implications arising from this report. The work of Internal Audit is key to providing assurance about the effectiveness of the Council's internal control environment.

### **6.2 Borough Solicitor**

The report has helped inform the contents of the Annual Governance Statement prepared by the Borough Solicitor which is included as a separate item on the agenda.”

### **6.3 Equalities Impact Assessment**

Not applicable.

### **6.4 Strategic Risk Management Issues**

The Head of Internal Audit's Annual Report provides her opinion on the control environment in place at the Council. Internal control is based upon an ongoing process designed to identify and prioritise risks and to evaluate the likelihood of those risks being realised and the impact should they arise. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate risk of failure altogether.

## **7 CONSULTATION**

7.1 Not applicable.

### **Contact for further information**

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### **Doc. Ref**

Accounts and Audit Regulations

Public Sector Internal Audit Standards

**BRACKNELL FOREST**

**HEAD OF AUDIT AND RISK  
MANAGEMENT'S ANNUAL REPORT**

**June 2020**

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## 1.BACKGROUND

The Council is required under the Accounts and Audit (Amendment) (England) Regulations to “undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control.”

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide a written report to those charged with governance timed to support the Annual Governance Statement.

## 2. PURPOSE AND SCOPE OF THE HEAD OF INTERNAL AUDIT'S ANNUAL REPORT

The Head of Internal Audit's annual report

- Includes an opinion on the overall adequacy and effectiveness of the organisation's control environment;
- Discloses any qualifications to that opinion together with the reasons for that qualification;
- Presents a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance bodies;
- Draws attention to any issues the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement;
- Compares the work actually undertaken with the work that was planned and summarises the performance of the internal audit function against its performance measures and targets; and
- Comments on compliance with Public Sector Internal Audit Standards and communicates the results of the internal audit quality assurance programme.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate risk of failure altogether. No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give that assurance. This statement and opinion can, therefore, only provide reasonable and not absolute assurance. Internal control is based upon an ongoing process designed to identify and prioritise risks and to evaluate the likelihood of those risks being realised and the impact should they arise.

### 3. HEAD OF INTERNAL AUDIT OPINION 2019/20 AND KEY HEADLINES

#### HEAD OF AUDIT AND RISK MANAGEMENT'S OPINION

*Based on internal audit work undertaken, the Head of Audit and Risk management is able to conclude there are **adequate** arrangements in place for risk management and corporate governance.*

*There has been real improvement in the control environment during 2019/20 following the Corporate Management Team's clear focus on addressing issues highlighted in 2018/19. Significant weaknesses were found to exist in a much reduced number of audits in 2019/20 compared with 2018/19. However, where follow up 2018/19 limited assurance audit reports were able to be completed, the significant control issues identified in the previous year and reported in the Head of Audit and Risk Management's opinion for 2018/19 were still present in 50% of cases. In many areas, the audits established that considerable work had already been undertaken to identify and start implementing a strategy to address weaknesses which had resulted in good progress having been made. However, senior managers have acknowledged that these will take more time to resolve. In other cases, we noted that real progress was being made and the levels of exceptions and non-compliance were reducing although still unacceptably high.*

*Due to pressure from COVID-19, some service areas were unable to accommodate scheduled audits in the latter part of the final quarter. This was exacerbated by delays in delivery by the main contractor for internal audit services. Internal Audit was, as a result of these factors, unable to access three service areas and two schools scheduled in quarter 4 for follow up of 2018/19 limited assurance reports to establish if significant weaknesses previously found in these areas had been addressed. Towards the end of the final quarter, audits had to be carried out remotely and in two cases remote working arrangements also affected access to systems with the result that testing could not be carried out as planned.*

*While acknowledging that improvements have been made, the Head of Audit and Risk Management's overall conclusion is that due to the above factors, only **Limited Assurance** can be given that the framework of internal control was adequate during 2019/20. The direction of travel is positive and if this is sustained, she would expect to be in a position to give a more favourable opinion in 2020/21.*

#### CONFORMANCE WITH PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

Based on the independent external assessment undertaken in March 2016 and update of the internal assessment as set out in Section 6.1, the Head of Audit and Risk Management can confirm that Bracknell Forest internal audit conforms with PSIAS requirements. The Head of Audit and Risk Management can confirm organisational independence of internal audit activity and absence of impairment to objectivity or independence during 2019/20 with the exception of some access limitations noted in the Opinion section above.

## SUMMARY OF 2019/20 AUDIT OUTCOMES

2019/2020 ASSURANCE LEVELS	NUMBER OF AUDITS	% AGE CHANGE SINCE 2018/19		2018/19 ASSURANCE LEVELS	NUMBER OF AUDITS
Good	6	↑	100%	Significant	0
Adequate	28	↓	7%	Satisfactory	30
Partial	9	↓	47%	Limited	19
Inadequate	1			No Assurance	0
No assurance	0	↔	0%	<b>Total for Audits with an Opinion</b>	49
<b>Total for Audits with an Opinion</b>	44			Follow Up Memos with Priority 1 Recommendation and no Opinion	5
Memos and reports with Major Recommendation and no Opinion	6	↑	20%	Other Follow Up Memos/ Reports with no Opinion	1
Other Follow Up Memos/ Reports with no Opinion	9	↑	800%	<b>Total Audits</b>	55
<b>Total Audits</b>	59			Grant Certifications	5
Grant Certifications	4	↓	20%		

### DEFINITIONS FOR ASSURANCE OPINION LEVELS AND RECOMMENDATION PRIORITIES

Since 1st April 2019 we have been categorising our audit opinions according to our assessment of the controls in place and the level of compliance with these controls as follows:

	Good - There is a sound system of internal control designed to achieve the objectives of the system/process and manage the risks to the achievement of objectives and this is being complied with. Recommendations will only be of low priority.
	Adequate - there is basically a sound system of control but there are some areas of minor weakness and/or some areas of non-compliance which put the system/process objectives at risk. Recommendations will only be low or moderate in priority.
	Partial - there are areas of weakness and/or non-compliance with control which put the system/process objectives at risk and undermine the system's overall integrity. Recommendations may include major recommendations but could only include critical priority recommendations if mitigated by significant strengths elsewhere.
	Inadequate - controls are weak across a number areas of the control environment

	and/or not complied with putting the system/process objectives at significant risk. Recommendations will include major and/or critical recommendations
	None - There is no control framework in place and management is inadequate leaving the system open to risk of significant error or fraud.

We now categorise our recommendations according to their level of priority as set out below:

	Critical - Critical and urgent in that failure to address the risk could lead to factors such as significant financial loss, significant fraud, serious safeguarding breach, critical loss of service, critical information loss, failure of major projects, intense political or media scrutiny. Remedial action must be taken immediately.
	Major - failure to address issues identified by the audit could have significant impact such as high financial loss, safeguarding breach, significant disruption to services, major information loss, significant reputational damage or adverse scrutiny by external agencies. Remedial action to be taken urgently.
	Moderate - failure to address issues identified by the audit could lead to moderate risk factors materialising such as medium financial loss, fraud, short term disruption to non-core activities, scrutiny by internal committees, limited reputational damage from unfavourable media coverage. Prompt specific remedial should be taken.
	Low - failure to address issues identified by the audit could lead to low level risks materialising such as minor errors in system operations or processes, minor delays without impact on service or small financial loss. Remedial action is required.

We formerly categorised our audit opinion according to the following:

	Significant - there is a sound system of internal controls to meet the system objectives and manage risks and testing performed indicates that controls tested are consistently complied with
	Satisfactory - there is basically a sound system of internal controls to manage risk although there are some minor weaknesses in controls and/or there is evidence that the level of non-compliance may put some minor systems objectives at risk
	Limited - there are some weaknesses in the adequacy of the internal control system and management of risks which put the systems objectives at risk and/or the level of compliance or non-compliance puts some of the systems objectives at risk.
	No assurance - control is weak and management of risks is inadequate leaving the system open to significant error or abuse and/or there is significant non-compliance with basic controls.

We previously categorised our recommendations according to their level of priority as per the following.

	Priority 1- Fundamental weakness in the design of controls or consistent non-compliance with controls that puts the achievement of systems objectives at risk.
	Priority 2 - Weakness in the design of controls or inconsistency in compliance with controls puts the achievement of systems objectives at risk.
	Priority 3- Recommended best practice to improve overall control.

## 4. INTERNAL CONTROL

#### **4.1 Corporate Management Team Action to Address Significant Control Weaknesses**

The Corporate Management Team (CMT) reviewed in detail the 2018/19 audit reports with a limited assurance opinion and/ or priority 1 recommendations with the Head of Audit and Risk Management to identify any key, recurring common themes arising from these audit reviews for corporate focus. The common themes identified as requiring focus were:

- debt management;
- completion of statutory annual reviews /other internal reviews or visits;
- third party financial monitoring;
- contract management; and
- review and update of guidance/policies/procedures.

CMT revisited the 2019/20 Audit Plan specifically to confirm it addressed the common themes. The Director: Finance made presentations to the Senior Leadership Group and Managers' Forum meetings to ensure the findings of the Head of Audit's 2018/19 Annual Report were widely understood and being acted upon highlight the context for Internal Audit's work.

A number of specific actions were also agreed to address identified areas of weakness and bolster the resilience of Internal Audit arrangements, including;

- Appointment of a new Credit Controller to help manage debt across the Council
- Regular inclusion of Internal Audit progress updates on Departmental Management Team meeting agendas
- Appointment of an additional in-house Internal Audit resource, to reduce reliance on external contractors
- A working group to review actions already taken and identify other approaches that could help address continuing weaknesses in the area of expenses and purchase cards.

#### **4.2 Delivery of the Internal Audit Plan 2019/20**

The resources available for internal audit are finite and not all areas can be covered every year. Therefore, internal audit resources are allocated using a risk-based approach. The Internal Audit Plan for 2019/20 was considered and approved by the Governance and Audit Committee on 28<sup>th</sup> March 2019. The delivery of the individual audits in the Internal Audit Plan for 2019/20 was mainly undertaken by Mazars Public Sector Internal Audit Limited with five audits being undertaken jointly with the in-house team. Ten IT audit reviews were delivered by TIAA. Four grant claims were audited in house and 9 audits and 1 grant audit were undertaken by Wokingham Borough Council's Internal Audit teams under an agreement under S113 of the Local Government Act 1972 which permits local authorities to provide staffing resources to other authorities.

Some alterations were made to the original plan during the year in response to information gained during the year. These are clearly shown in Appendix 1.

### **4.3 Significant Control Weaknesses**

In forming her annual opinion, the Head of Audit and Risk Management is required to comment on the adequacy of the internal control environment, which includes consideration of risk or governance issues and control weaknesses identified. The table below summarises the findings on the audits where significant issues were found during 2019/20:

	<b>2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES</b>	<b>RATING</b>
<b>COUNCIL WIDE</b>		
<ul style="list-style-type: none"> <li>● Purchase Cards</li> </ul>	<p>Also limited in 2018/19. Four major recommendations were raised in respect of weaknesses in compliance with approval processes, inadequate processes to identify card holders in schools who have left school employment, lack of supporting information for transactions and splitting transactions to circumnavigate delegation limits. CMT has also agreed to set up a working group to review actions already taken and identify other approaches that could help address these continuing weaknesses, including supporting the Director: Finance to withdraw individual cards if agreed procedures are not being followed. It is intended that moving forward Internal Audit will carry out regular sample spot checks and report non-compliance to senior managers. The findings of the audit should be considered in the context of the level of purchase card expenditure for the Council which was £224k for the 12 months to December 2019.</p>	<b>INADEQUATE</b>
<ul style="list-style-type: none"> <li>● Officers Expenses</li> </ul>	<p>Also limited in 2018/19, 2017/18 and 2016/17). Two major recommendations were raised in respect of lack of explanation and/or receipts to support expenditure and system weaknesses in the treatment of VAT for expense transactions. It is intended that moving forward Internal Audit will carry out regular sample spot checks and report non-compliance to senior managers. CMT has also agreed to set up a working group to review actions already taken and identify other approaches that could help address these continuing weaknesses.</p>	<b>PARTIAL</b>

	2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES	RATING
<b>COUNCIL WIDE</b>		
<ul style="list-style-type: none"> <li>Debt Management</li> </ul>	Also limited in 2018/19. The audit has identified that progress is being made since the appointment of a Credit Controller who has made considerable headway in raising the profile of debt management within service areas. However, service areas are still largely responsible for the actual pursuit of debts and hence the actual process of chasing debts is outside of her control and is dependent on the priority that service areas give to this. A review of arrangements in specific areas is being undertaken by the Director: Finance.	<b>PARTIAL</b>
<b>DELIVERY</b>		
<ul style="list-style-type: none"> <li>Car Parks</li> </ul>	Follow Up Memo. Also limited in 2017/18) One priority one recommendation on income reconciliations had not been addressed and a further major recommendation was raised.	<b>NO OPINION BUT MAJOR RECOMMENDATION(S) RAISED</b>
<ul style="list-style-type: none"> <li>ICT Continuity Management-Gap Analysis</li> </ul>	This has no opinion but 1 critical recommendation was raised around Portman Close access to the secondary server site together with 9 major recommendations.	<b>NO OPINION BUT CRITICAL AND MAJOR RECOMMENDATION(S) RAISED</b>
<ul style="list-style-type: none"> <li>Cyber Security</li> </ul>	Follow Up Memo. Also limited in 2018/19 One major recommendation was raised on documenting the recovery processes for the VOIP telephone system.	<b>NO OPINION BUT MAJOR RECOMMENDATION(S) RAISED</b>
<b>FINANCE</b>		
<ul style="list-style-type: none"> <li>Agresso IT System</li> </ul>	Two major recommendations were raised relating to the absence of a Data Protection Impact Assessment (DPIA) and overdue review of the support agreement. Audit have been advised that the support agreement has now been reviewed and is considered to be fit for purpose and a DPIA will now be produced. The opinion also reflects ongoing issues around the system covered by recommendations in previous creditors and officers' expenses' audit reports.	<b>PARTIAL</b>
<b>PLACE PLANNING AND REGENERATION</b>		

	2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES	RATING
<b>COUNCIL WIDE</b>		
<ul style="list-style-type: none"> <li>Ringway Street Lighting</li> </ul>	One major recommendation was raised around numerous issues found in the pain/gain calculations.	<b>PARTIAL</b>
<b>PEOPLE</b>		
<ul style="list-style-type: none"> <li>Disabled Facilities Grants</li> </ul>	One major recommendation was raised due to procurement weaknesses. Audit have been advised that action is being taken to raise awareness with staff and undertake random supervisory checks on procurements.	<b>PARTIAL</b>
<ul style="list-style-type: none"> <li>Forestcare</li> </ul>	Follow Up Memo. Also limited in 2018/19 and 2017/18) A major recommendation was raised to in respect of the ongoing review of the viability of contracts and determining and implementing the appropriate action in each case. It is now acknowledged that there is now a clear strategy and process in place to do this but it will take some time to progress this.	<b>NO OPINION BUT MAJOR RECOMMENDATION(S) RAISED</b>
<ul style="list-style-type: none"> <li>Social Care Pathway</li> </ul>	Follow Up Memo. Also limited in 2017/18) A major recommendation was raised to address the number of outstanding statutory annual reviews which have been reduced considerably but still remain high.	<b>NO OPINION BUT MAJOR RECOMMENDATION(S) RAISED</b>
<ul style="list-style-type: none"> <li>Public Health</li> </ul>	Discussions with the Public Health Consultant and Finance Business Partner confirmed that the unspent grant monies identified at the 2018/19 audits have still not been utilised and plans on how to spend the unspent monies have yet to be finalised.	<b>NO OPINION BUT MAJOR RECOMMENDATION OUTSTANDING RAISED</b>
<ul style="list-style-type: none"> <li>Loans for Housing Rents and Deposits</li> </ul>	Also limited in 2018/19. The latest audit identified that there were still weaknesses in arrangements for pursuing and recovering debts from loan recipients. It should be noted that the number of loans given in the second half of 2019/20 reduced considerably and no new loans have been given in 2020/21 as assistance to avoid homelessness is now being through alternative means. However, there is still a need to identify debt on outstanding loan that is recoverable and improve controls to focus on pursuing this debt.	<b>PARTIAL</b>

	2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES	RATING
<b>COUNCIL WIDE</b>		
<ul style="list-style-type: none"> <li>Deprivation of Liberties</li> </ul>	The audit identified significant levels of backlog in meeting the statutory 21 day deadline. An Adequate opinion would not normally be given with this level of exceptions but the audit established that Bracknell Forest's performance is in line with other authorities across the country with only 22% of cases nationally meeting the 21 day target in 2018/19 and hence an Adequate opinion was given.	<b>ADEQUATE</b>
<b>SCHOOL GOVERNING BODIES</b>		
<ul style="list-style-type: none"> <li>School C</li> </ul>	Two major recommendations were raised in relation DBS checks for governors and frequency of budget monitoring by governors.	<b>PARTIAL</b>
<ul style="list-style-type: none"> <li>School H</li> </ul>	Two major recommendations were raised in relation to expenditure authorisation procedures and delegation and the absence of insurance for third party hirers.	<b>PARTIAL</b>
<ul style="list-style-type: none"> <li>School J</li> </ul>	One major recommendation was raised in respect of controls over purchase cards.	<b>PARTIAL</b>

#### **4.4 Follow up of Previous Limited Assurance Opinions**

The Internal Audit procedure is for areas given a limited assurance opinion to be re-audited in the following year. The table below provides an update on the audit position on these:

AUDITS WHERE SIGNIFICANT ISSUES HAVE BEEN IDENTIFIED IN PREVIOUS YEARS	CURRENT AUDIT POSITION
<b>COUNCIL WIDE</b>	
<ul style="list-style-type: none"> <li>Officers Expenses</li> </ul>	Re-audited in quarter 3 and a <b>partial</b> assurance was concluded. <b>See 4.3.</b>
<ul style="list-style-type: none"> <li>Debt Management</li> </ul>	Re-audited in quarter 3 and a <b>partial</b> assurance was concluded. <b>See 4.3.</b>
<ul style="list-style-type: none"> <li>Purchase Cards</li> </ul>	Re-audited in quarter 3 and <b>inadequate</b> assurance was concluded. <b>See 4.3</b>

<ul style="list-style-type: none"> <li>● Absence Management</li> </ul>	Re-audited in quarter 4 and adequate assurance was concluded.
<ul style="list-style-type: none"> <li>● Social Media</li> </ul>	Follow up completed in quarter 3 and all recommendations had been implemented
<b>PEOPLE</b>	
<ul style="list-style-type: none"> <li>● Personal Education Plans (Follow Up Memo. Also limited in 2017/18)</li> </ul>	Followed up in quarter 3 and all recommendations had been implemented
<ul style="list-style-type: none"> <li>● Forestcare (Follow Up Memo. Also limited in 2017/18)</li> </ul>	Follow up completed in quarter 4 and a <b>major recommendation</b> was raised. <b>See 4.3.</b>
<ul style="list-style-type: none"> <li>● Adult Social Care Pathway (Qtr 4 2017/18 Audit)</li> </ul>	Follow up completed in quarter 4 and a <b>major recommendation</b> was raised. <b>See 4.3.</b>
<ul style="list-style-type: none"> <li>● Loans for Housing Rents and Deposits</li> </ul>	Re-audited in quarter 4 and a <b>partial</b> opinion has been given. <b>See 4.3.</b>
<ul style="list-style-type: none"> <li>● Adults Residential Care</li> </ul>	This was deferred to quarter 4 at the request of the service area and the follow up was to be included as part of the Contracts audit. Due to COVID-19 the service area was unable to accommodate the audit. A written update has been provided but it is <b>unclear if the key issues have been addressed.</b>
<ul style="list-style-type: none"> <li>● Direct Payments</li> </ul>	Followed up in quarter 3 and one low and two moderate recommendations were raised. Weaknesses were still identified in completion of annual reviews that were raised separately as responsibility for these rests outside of the Direct Payments Team.
<ul style="list-style-type: none"> <li>● Public Health</li> </ul>	Actions to address the significant weakness were discussed with officers and it was concluded that <b>progress had not been made to address the key issue</b> found at the 2018/19 audit. <b>See 4.3</b>
<ul style="list-style-type: none"> <li>● Domiciliary Care</li> </ul>	This was deferred to quarter 4 at the request of the service area and the follow up was to

	be included as part of the Contracts audit. The service area is no longer able to accommodate the audit at this time but a written update has been given. <b>It would appear that neither of the two priority 1 recommendations have been addressed</b> as yet but are expected to be part of future commissioning.
<b>DELIVERY</b>	
<ul style="list-style-type: none"> <li>● Car Parks</li> </ul>	Followed up in quarter 3 and a <b>major recommendation</b> was raised. <b>See 4.3</b>
<ul style="list-style-type: none"> <li>● Cyber Security (Also Limited Assurance in 2017/18)</li> </ul>	Followed up in quarter 3 and a <b>major recommendation</b> was raised. <b>See 4.3</b>
<ul style="list-style-type: none"> <li>● IT Asset Management (Also Limited Assurance in 2015/16)</li> </ul>	Follow up completed in quarter 3 and all recommendations had been implemented
<ul style="list-style-type: none"> <li>● Enterprise Agreement</li> </ul>	Follow up completed in quarter 3 and all recommendations had been implemented
<ul style="list-style-type: none"> <li>● Home to School Transport</li> </ul>	Followed up in quarter 1 and a major recommendation was raised. This was followed up again at the year end and evidence has now been obtained that this has now been addressed.
<b>FINANCE</b>	
<ul style="list-style-type: none"> <li>● Business Rates (Also Limited Assurance in 2017/18)</li> </ul>	The audit was delayed by the internal audit contractor and then a full audit could not be completed due to workloads in Revenues on BID, annual billing and subsequently COVID 19 grant payments. Evidence has been provided to demonstrate that the priority 1 recommendation on write off approval has been implemented but we were <b>unable to confirm that the priority 1 recommendation on inspections had been addressed.</b>
<ul style="list-style-type: none"> <li>● Council Tax (Also Limited Assurance in</li> </ul>	The audit was delayed by the internal audit contractor and

2017/18)	then a full audit could not be completed due to workloads in Revenues on BID, annual billing and subsequently COVID 19 grant payments. However, evidence has been provided to demonstrate that the priority 1 recommendation on write off approval has been implemented
<ul style="list-style-type: none"> <li>• Creditors System (Also limited in 2017/18, 2016/17, 2015/16 and 2014/15)</li> </ul>	Re-audited in quarter 4 and an adequate opinion was given and one moderate recommendation raised.
<b>PLACE, PLANNING AND REGENERATION/FINANCE</b>	
<ul style="list-style-type: none"> <li>• CIL/S106</li> </ul>	Followed up in quarter 3 and three recommendations relating to Finance, one of which was priority one, had only been partially implemented. Further recommendations have been raised which have now been followed up again in March 2020 and one moderate recommendation has been raised recommendation

<b>SCHOOL GOVERNING BODIES</b>	
<ul style="list-style-type: none"> <li>• School A (Also Limited Assurance in 2017/18)</li> </ul>	We have been <b>unable to proceed with this audits</b> which had been schedule for late quarter 4 due to the COVID-19 lockdown.
<ul style="list-style-type: none"> <li>• School L (Also Limited Assurance in 2017/18)</li> </ul>	We have been <b>unable to proceed with this audits</b> which had been schedule for late quarter 4 due to the COVID-19 lockdown.

#### **4.5 Follow up of Audit Recommendations**

Two further follow up exercises have been completed in November 2019 and May 2020 on audits where a satisfactory opinion was given to identify progress on implementation of agreed recommendations. This was based on management being asked to provide feedback on the status of recommendations and the outcome is set out in Appendix 2. This identified in November that for 2018/19 audits, out of 106 priority 2 recommendations, 58 were implemented and 39 were in progress and 25 out of 30 priority 3 recommendations were either implemented or in progress. For 2019/20 audits, the May update established that out of 27 moderate

recommendations and 26 low priority recommendations, 15 and 14 had been completed respectively.

## 5. REVIEW OF EFFECTIVENESS OF INTERNAL AUDIT

### **5.1 Compliance with Public Sector Internal Audit Standards**

The Public Sector Internal Audit Standards (PSIAS) came into effect on 1 April 2013. These standards provide a consistent framework for all internal audit services in the public sector across the UK. There is a requirement in the Standards for the Head of Audit and Risk Management to report on conformance with the PSIAS in her annual report based on the outcome of internal and external assessment of compliance. PSIAS Standard 1312 states that *“External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation...”*

The external assessment of Bracknell Forest Council’s internal audit services was carried out in March 2016 when the conclusion was that internal audit at Bracknell Forest Council generally conforms with the Public Sector Internal Audit Standards with a high level of compliance. In addition, the Council’s main internal audit contractor, Mazars engaged consultants to carry out an external assessment of their own compliance with PSIAS in November 2016 which similarly identified a high level of compliance with the Standards.

An internal assessment which confirmed the Council’s continuing compliance with PSIAS was carried out by the by the Head of Audit and Risk Management in May 2020.

### **5.2 Summary of Internal Audit Performance**

	Client Questionnaires		Draft Report Produced within 15 Days of Exit meeting
	Received	Satisfactory	
<b>2018/19</b>	20	100%	70%
<b>2019/20</b>	24	92%	39%

### **5.3 Feedback from Client Quality Questionnaires**

The overall response from client questionnaires for 2019/20 was positive with only two auditees saying the audits were unsatisfactory. In one case the auditees gave an unsatisfactory assessment on the delays during the audit and in the second case the reasons given were delays on the audits and lack of understanding by the auditor. Action had already been taken to ensure that this auditor will not be working on any further Bracknell Forest audits.

## **5.4 Performance Against Key Indicator**

Whilst giving a satisfactory assessment, a number of other auditees commented on the delays in receiving audit reports. This is consistent with internal audit providers meeting the key performance target to deliver the first draft report within 15 days of the exit meeting (in accordance with performance indicators set out in our contractual arrangements) in only 39% of cases. Up to 31 December, performance was moderately better and was met in 46% of cases. It should be noted that in quarter 4 by delays were exacerbated by the COVID-19 lockdown which added various complications to the audit process. A strategy has now been agreed to address poor delivery by contractors and improve performance.

## **6. EXTERNAL INSPECTIONS**

In accordance with Public Sector Internal audit Standards the Head of Audit and Risk Management is required to consider the outcome of the external inspections and assessments to inform the development and ongoing review of the Internal Audit Plan for the current and future years and assess if there are any issues relating to the control environment which need to be taken into account in drawing up the annual Head of Internal Audit Opinion. The findings of the various assessments considered when finalising the Head of Internal Audit Opinion for 2019/20 are as follows:

- **External Auditors' Annual Audit Letter 2018/19.** The Annual Audit Letter 2018/19 from Ernst and Young was presented to the Governance and Audit Committee on 29<sup>th</sup> January 2020. Ernst and Young issued an unqualified audit opinion for the year ended 31 March 2019. They also issued an unqualified opinion on whether the Council had put in place proper arrangements for securing economy, efficiency and effectiveness.
- **Care Quality Commission (CQC) Inspections.** CQC inspections of New Hope and Forestcare in May 2019 and February 2020 both resulted in overall ratings of "Good".
- **School Financial Value Standard.** The schools financial value standard (SFVS) is a mandatory requirement for local authority (LA) maintained schools in managing their finances and to give assurance that they have secure financial management in place. It is primarily a tool for governing bodies. The standard consists of 29 questions which governing bodies or management committees should formally discuss annually with the head teacher and senior staff. Schools are required to complete the checklist and arrange for this to be signed by the Chair of Governors by 31st March each year. During the COVID 19 lockdown presented a significant challenge to schools. However, Education Finance were able to confirm that all schools were able to provide a submission by 30<sup>th</sup> April.

## 7. RISK MANAGEMENT

During 2019/20 the Strategic Risk Register was updated and considered by the Strategic Risk Management Group on a quarterly basis and reviewed and approved three times by the Corporate Management Team which owns the Register. The Register was also reviewed three times by the Governance and Audit Committee and feedback provided. A further development during 2019/20 was to introduce deep dive reviews on individual risks in the Strategic Risk Register at CMT and the Governance and Audit Committee. Four risks were subject to deep dive review in September 2019 and January 2020. Actions to address strategic risks were updated and monitored during 2019/20. In addition to daily risk management monitoring of COVID-19 by the Corporate Management Team, an overarching risk was developed to highlight the issues arising from COVID-19 and the actions being taken to respond and mitigate this. This was regularly reviewed and updated by the Corporate Management Team initially on a weekly basis.

Project managers are required to maintain separate risk registers for all major projects and programmes. There is a process for recording and monitoring significant operational risks through directorate risk registers that are reviewed on a quarterly basis and these are used to inform the Strategic Risk Register. During 2019/20, the People directorate completed development of their risk register amalgamating the risks from the previous ASCHH and CYPL risk registers.

In January 2020, an independent external review of risk management arrangements was undertaken by a risk management consultant. This reviewed the Risk Management Strategy, arrangements for maintaining and monitoring the Strategic Risk Register and directorate risk registers and the Risk Management Toolkit. The independent consultant concluded that these were compliant with good practice and proportionate for the size of the organisation. The consultant noted that they would be signposting other authorities to templates developed at Bracknell Forest which they considered to be exemplary models of risk register templates and complimented the Council on identifying its risk appetite in the form of target scores for each risk as many councils have yet to do this. The deep dives on individual strategic risks were also seen as good practice.

During 2019/20, a review of the Council's business continuity arrangements was undertaken by external consultants as part of a wider review of arrangements across the authorities in the shared service for Emergency Planning hosted by West Berkshire Council. Following this, Business continuity leads were identified across the Council and a programme of actions for improvements were identified which are currently being implemented. This has been delayed as resources have been diverted due to COVID-19.

At the start of 2019/20, an internal audit of GDPR compliance highlighted the need for improvement in our information management arrangements. Considerable progress has been made during the year and a follow up audit concluded that the gaps in compliance had been addressed. The Information Management Group has been reframed to focus on the strategic direction for information management at the Council. A strategy has been agreed to decentralise much of the operational work of

the Information Security Officers whose function moving forward will be focused on g maintaining and updating policies, providing legal support and advice and collating management information for example on information security incidents investigated by information security champions within each area. A consensual inspection by the Information Commissioner took place at the end of May and will provide a valuable independent view of the Council's arrangements.

## 8. CORPORATE GOVERNANCE

During 2019/20, the Annual Governance Statement was produced by Legal Services and an action plan to address governance weaknesses was developed.

A number of audits carried out under the 2019/20 Audit Plan included elements of governance such as the audits of GDPR compliance, officers' expenses, ICT Continuity and alternative delivery models. In addition, an advisory gap analysis on governance under the revised structure was also completed in late 2018/19 and reported in 2019/20.

## 9. FRAUD AND IRREGULARITY

### **9.1 National Fraud Initiative (NFI)**

The NFI is a biennial data matching exercise first introduced in 1996 and conducted by the Audit Commission to assist in the prevention and detection of fraud and error in public bodies. Bracknell Forest Council is obliged to participate in this. The core mandatory data for submission in the autumn of 2018 is:

- payroll
- pensions
- trade creditors
- housing waiting lists
- housing benefits (provided by the DWP)
- council tax reduction scheme
- council tax (required annually)
- electoral register (required annually)
- private supported care home residents

- transport passes and permits (including residents' parking, blue badges and concessionary travel)
- licences – market trader/operator, taxi driver and personal licences to supply alcohol
- personal budget (direct payments)

NFI matches have generated £8,555.20 of overall savings. This value is made up of three cases:

- There was an overpayment of £2075.20 arising from a Housing Benefits to Student Loans match. This essentially means an individual was claiming Housing Benefits when their student loan eligibility means they are ineligible for the such benefits. This has resulted in a Housing Benefit and Council Tax Reduction (CRT) overpayment. The individual has been contacted and the overpayment is in the process of being recovered.
- The other two cases relate to the waiting list to Housing Benefits claimants match category which picks up individuals registered on our waiting list who are using a different address to the Housing Benefits system and this may suggest possibly undisclosed changes in this person's circumstances. In both these cases the correspondence was sent to the applicants querying the position but no responses were received. As a result, the housing register application has been closed for these two people. The value placed on this is £6,480 (£3,240 per applicant).

## **9.2 Benefits Investigations**

On 1st December 2014, the Council's Benefit Fraud Investigation Officers transferred to the Single Fraud Investigation Service (SFIS) within the Department for Work and Pensions (DWP) as part of the national government programme of centralising the investigation of welfare benefit fraud. The Welfare Service passes cases of overpayments in excess of £3k and cases where fraud is suspected to SFIS for investigation. Members of the public are directed to contact the DWP directly where fraud is suspected and so SFIS refers further fraud information requests where fraud has been reported from another source. During the period 1 April 2019 to 31 March 2020 there were 59 referrals to SFIS. We have so far been notified of 1 administrative penalty relating to these cases. During the financial year 2018/19, 55 cases were referred and the Welfare Service have been notified of 6 administrative penalties by SFIS. Fraud investigations by DWP have been suspended since March due to COVID-19 and their staff being seconded to universal credit claim processing which will have contributed there being no further administration penalties or prosecutions for either this year or the previous year since the last update on benefits investigations in January 2020.

From 1st April 2014, if a claimant is notified that they have been overpaid Housing Benefit by £250 or more, which must have occurred wholly after 1st October 2012, Bracknell Forest Borough Council has been able to impose a set Civil Penalty of £50. The £50 Civil Penalty applies if benefit is overpaid because the claimant negligently gave incorrect information and didn't take reasonable steps to correct

their mistake or failed to tell the Council about a change or failed to give them information without a reasonable excuse. Between 1 April 2019 and 31 March 2020 the service has applied 40 Civil Penalties. From April 2016 Bracknell Forest Council has applied penalties of £70 in respect of Council Tax. Between 1 April 2019 and 31 March 2020 the service has applied 6 Council Tax Penalties.

Since January 2018 the DWP no longer issue mandatory referrals for Real Time Information (RTI) system for Housing Benefit to detect undeclared income. This has been replaced by the Verify Earnings and Pensions (VEP) Alerts service which provides local authorities with the capability to prevent fraud and error arising through real time identification of changes in income. The service provides Alerts to users to prompt them to access the service when there is a change in the claimants or partner's employment or pension. The DWP commenced the roll out to Local Authorities from May 2018 with Bracknell Forest Council using the service from October 2018. Between 1 April 2019 and 31 March 2020, 879 changes of circumstances to Housing Benefit were recorded as actioned due to VEP of which approximately 61.9% resulted in a decrease to Housing Benefit, and approximately 25.8% resulted in an increase to Housing Benefit.

### **9.3 Single Person Discount**

During Quarter 3, the Revenues Team engaged external consultants to carry out a data matching exercise to identify potential mis-claiming of Council Tax Single Person Discount (SPD). This is now complete. A total of 640 SPDs have been removed as a result of the review, comprising of 207 CTR cases and 433 Non-CTR cases generating additional revenue of £263k

### **9.4 Counter Fraud Training**

During 2019/20 three fraud awareness sessions were held which were open to all staff around the Council and one session focusing on schools was delivered for bursars. These sessions were delivered by Reading Borough Council's Corporate Investigation Team. Further sessions are planned for 2020/21.

### **9.5 Potential Irregularities**

During 2019/20, a small element of the Internal Audit budget was set aside for purchasing investigation services from Reading Borough Council's Corporate Investigation Team. This has been used to support the Housing and Welfare team to investigate potential cases of mis-claiming discretionary payments, benefits and housing applications. Through this work the Council has been able to identify abuse resulting in actions to stop ineligible discretionary payments, remove ineligible individuals from the housing list and work with one of the housing associations to investigate potential fraudulent occupation of one of their properties by a Bracknell resident.

A business case has now been agreed to pilot additional funding for this and other counter fraud investigation in 2020/21.

APPENDIX 1

2018/19 AUDITS

\* Draft report produced within 15 working days of exit meeting to discuss audit findings

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level			Recommendations Priority			Status
				Significant	Satisfactory	Limited	1	2	3	
<b>COUNCIL WIDE</b> Governance Under the New Structure	29/3/19	27/6/19	X	N/A – Memo. No opinion given				10		Final

2019/20 AUDITS

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
<b>COUNCIL WIDE</b> Officer Expenses (Ltd 2018/19)	10/6/19	12/8/19	✓			✓			2	5		Final
Debt Management Including the Accounts Receivable Team (Joint audit Ltd 2018/19)	3/2/20	o/s	X			✓			2	4	2	Draft Issued
Purchase Cards (Ltd 2018/19)	26/9/19	5/12/19	X				✓		4	3		Final
Absence Management – (Ltd 2018/19)	13/1/20	26/5/20	X		✓	8						Draft Issued
Procurement	1/8/19	6/1/20	X		✓				1	5	1	Final
Risk Management	12/12/19	29/1/20	✓	N/A- presentation to Strategic Risk Management Group and memo								Final
Revenue	7/10/19	22/1/20	X		✓					3	1	Final

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Budgeting/Transformation savings												
Alternative Delivery Models Governance	22/10/19	16/12/19	X	N/A advisory review setting on best practice governance for alternative delivery models								Final
<b>IT AUDIT</b> Social Media Follow Up (Ltd 2018/19)	12/11/19	22/11/19	✓	N/A Follow up with no opinion								"D". Final
Cyber liability Follow Up (Ltd 18/19)	16/10/19	29/11/19	X	N/A Follow up with no opinion					1	4	1	Final
IT asset management (Ltd 18/19)	26/9/19	24/10/19	✓	N/A Follow up with no opinion								Final
Enterprise Agreement Follow Up (Ltd 18/19)	15/10/19	28/11/19	X	N/A Follow Up. Incorporated into the Enterprise Programme review report								Final
Enterprise Programme (365 Project) Review	15/10/19	28/11/19	X		✓				Final		4	Final
Remote Access VPN Solution	16/10/19	29/11/19	X		✓					2	4	D". Final
ICT Continuity Management	27/1/20	25/2/20	✓	N/A- Gap analysis report with no opinion				1	9	6		Draft issued
GDPR	6/6/19	19/7/19	✓				✓ superseded		12	10	2	Final
GDPR Follow Up			✓		✓				1			Draft issued
Agresso IT system	13/5/19	19/7/19	✓			✓			2	4	1	Final
Emergency Duty Service IT system												Deferred to 2020/21
<b>GRANTS</b> Troubled Families - June	18/6/19	27/6/19	N/A – Grant certification									Certified
Troubled Families - September	19/9/19	23/9/19	N/A – Grant certification									Certified
Troubled Families – December												Cancelled by Early

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
												Years. To be merged into March claim
Troubled Families – March	1/3/20	3/4/20		N/A – Grant certification								Certified
Bus Operators Grant	2/7/19	3/7/19		N/A – Grant certification								Certified
Integrated Transport Grant	20/8/19	24/9/19		N/A – Grant certification								Certified
<b>FINANCE AUDIT</b> Main Accounting and Reconciliations	17/9/19	20/11/19	X		✓					6		Final
Treasury Management	15/5/19	10/7/19	X		✓					2		Final
Payroll	11/11/19	10/3/20	X		✓					6		Final
Cash Management	29/7/19	12/8/19	✓		✓					1		Final
Council Tax- Follow Up	9/12/19											Unable to progress as intended but evidence provided that the previous priority 1 issue had been addressed.
Business Rates- Follow Up	8/12/19											Unable to progress as intended but evidence provided that one of

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
												the two previous priority 1 issues had been addressed.
Creditors	10/2/20	27/3/20	✓		✓					1		Final
CIL/S106 Follow Up (Ltd 2018/19)	15/7/19	28/10/19	X	N/A -follow up without an opinion superseded						3		Final
CIL/S106 Second Follow Up			✓	N/A -follow up without an opinion						1		Final
<b>PLACE, PLANNING, AND REGENERATION</b> Ringway contract – street lighting	30/11/20	3/3/20	X			✓			1	1	1	Final
Public Transport	15/7/19	25/9/19	X		✓					5		Final
The Look Out	30/9/19	6/1/20	X		✓					3	1	Final
Highways Network Management	8/7/19	2/8/19	✓		✓					3		Final
<b>ORGANISATIONAL DEVELOPMENT, TRANSFORMATION AND HUMAN RESOURCES</b> Pre-Employment Checks Including DBS	8/11/19		X	✓							!	Final
<b>DELIVERY</b> Libraries including use of volunteers –joint audit	3/12/19	27/3/20	X		✓					5		Final
Car Parks Follow Up (Ltd 2017/18)	4/11/19	26/11/19	✓	N/A – follow up memo. No opinion given					1	1		Final

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Electoral Registration	21/10/19	13/11/19	✓	✓							4	Final
Registrars	8/7/19	22/8/19	✓	✓							2	Final
Members Expenses and Governance Declarations	2/12/19	27/1/20	✓	✓								Final
Waste Collection-management of Suez	16/9/19	31/10/19	X	✓							2	Final
Home to School Transport Follow Up (Ltd 16/18, 17/18, 18/19)	8/7/19	31/7/19	✓	N/A – follow up memo. No opinion given					1			Final
<b>PEOPLE</b> Contracts governance and monitoring in adults and children												Deferred to 2020/21 at service are request
Hospital Discharge and Reablement	5/8/19	21/10/19	X		✓					4	2	Final
Blue Badges	14/10/19	19/12/20	X		✓					1		Final
Continuing Care												Audit cancelled. To be audited in 2020/21
Deprivation of Liberties	27/1/20	9/3/20	✓		✓					3	1	Final
Social Care Pathway Follow up (Ltd 2017/18)	9/3/20	18/5/20	X		N/A – follow up memo. No opinion given					1	4	Draft issued
Domiciliary Care Follow up (Ltd 2018/19)												Unable to access due to COVID 19. Written

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
												update provided.
ASC Residential care contracts Follow up (Ltd 2018/19)												Unable to access due to COVID 19. Written update provided.
Direct payments Follow up (Ltd 2018/19)	16/9/19	24/9/19	✓	N/A – follow up memo. No opinion given						2	1	Final
CSC Residential Contracts	24/6/19	11/7/19	✓		✓					2	1	Final
Parenting assessments under FSM												Audit cancelled. To be audited in 2020/21
Multi Agency Strategy Meetings	5/9/19	23/10/19	✓		✓					3	1	Final
Fostering reviews	2/3/20	13/5/20	X									Draft in for client-side review
Forestcare Follow Up (Ltd 2017/18 and 2018/19)	16/3/20	22/5/20	X	N/A – follow up memo. No opinion given					1	2	2	Final
Housing Benefit and Council Tax Reduction	20/1/20	2/4/20	X	✓							4	Final
Housing Rents and Deposits Re-Audit joint audit (Ltd 2018/19)	27/1/20	23/4/20	X			✓						Draft for discussion Issued and now

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
												being redrafted
Homelessness												Audit cancelled. To be audited in 2020/21
Disabled Facilities Grants	22/7/19	9/8/19	✓						1	2	1	Final Additional audit in lieu of above cancelled audit.
Nursery places	3/6/19	11/7/19	✓		✓					2	1	Final
Public Health Follow Up (Ltd 18/19)	5/5/20	5/5/20	N/A	N/A – follow up discussions. No opinion given								Final
SEN	23/9/19	19/12/19	X		✓					2		“D”. Final
PEP Follow up (Ltd 2017/18 and 2018/19)	July 2019	24/10/19	X	N/A – follow up memo. No opinion given								Final
Services to Schools												Audit cancelled. To be audited in 2020/21
<b>SCHOOLS</b> School A (follow up -Ltd 2017/18 and 2018/19)												Audit cancelled. To be audited in 2020/21
School B (School limited in 2016/17)	17/6/19	11/7/19	✓		✓					4	1	Final
School C (due 2018/19 but deferred)	5/6/19	7/8/19	X						2	8	1	Final

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendations Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
School D	1/7/19	7/8/19	X		✓					1	2	Final
School E	21/10/19	6/2/20	X		✓					6		Final
School F												Audit cancelled. To be audited in 2020/21
School G	12/11/19	3/2/20	X		✓					5	1	Final
School H	9/12/19	25/3/20	X			✓			2	4		Draft issued
School I	8/1/20	2/4/20	X		✓					5	1	Draft issued
School J	28/11/19	5/3/20	X			✓			1	6	1	Final
School K	20/11/19	11/2/20	X		✓					4		Final
School L (follow up -Ltd 2017/18 and 2018/19)												Audit cancelled. To be audited in 2020/21
<b>THEMED SCHOOL AUDITS</b> Safeguarding/Governance												Audit cancelled

## FOLLOW UP OF AUDITS WITH A SATISFACTORY/ADEQUATE OPINION

## 2018/19 AUDITS

AUDIT	Recommendations Priority			Outcome
	1	2	3	
<b>COUNCIL WIDE</b> Apprenticeships Levy	0	1	1	Implemented
<b>DELIVERY</b> Minor Capital Works	0	1	1	Priority 3 rec implemented. Priority 2 considered by management but not regarded as appropriate
Construction and Maintenance	0	2	0	Implemented
Leisure Contract Management	0	4	0	Implemented
<b>DELIVERY IT AUDIT</b> IT Helpdesk	0	3	2	Four implemented and one priority one rec ongoing
<b>PLACE, PLANNING AND REGENERATION</b> Concessionary Fares	0	7	2	All implemented except rec 4 (priority 2) which is likely to be addressed as part of a wider review.
Highways Adoptions	0	7	0	Four are implemented and three are in progress.
Development Controls	0	5	1	Priority three and three priority 2 recommendations implemented. Two priority 2 recommendations in progress.
Land charges	0	3	3	All implemented except for one priority 2 which is dependent on action by another team
<b>PEOPLE</b> Financial Assessments	0	8	2	All implemented except for a priority 2 rec on policies and procedures which is ongoing. These will be aligned with the procedures in Commissioning
Allowances for Fostering, Adoption and Special Guardianships	0	2	2	Implemented
The Rise	0	4	0	Two implemented and two in progress
<b>PEOPLE IT AUDITS</b> GIS system	0	3	8	One priority 3 and one priority 2 rec implemented. Two are not due yet. No action taken yet on the rest of the recommendations.
My Benefits	0	0	1	Not implemented. Now to be actioned
<b>SCHOOLS</b> School M-	0	10	0	No response on progress received
School N -	0	12	1	Eight priority 2 recs implemented and 4 in progress. Priority level 3 rec implemented
School O	1	3	0	Implemented
Total Followed Up	1	77	27	

## 2019/20 AUDITS

AUDIT	Critical	Major	Mod	Low	Outcome
<b>FINANCE</b> Treasury Management	0	0	2	0	Implemented
<b>PLACE PLANNING AND REGENERATION</b> Highways Network Management	0	0	3	0	The two agreed recommendations have been implemented
Public Transport	0	0	5	2	Three moderate and 1 low recommendations implemented The other 3 are on hold due to the transformation review
<b>DELIVERY</b> Waste Collection-	0	0	0	2	Implemented
Electoral Registration	0	0	0	4	Three implemented and 1 in progress
Registrars			0	4	Implemented
<b>DELIVERY- IT AUDITS</b> Remote Access VPN Solution			2	4	Two moderate and two low priority recommendations have been completed and two low priority recommendations are ongoing.
Enterprise Programme (365 Project)			0	4	One recommendation has been implemented, two will be actioned by the end of June and one is expected to be actioned by the end of August.
<b>PEOPLE</b> Direct payments			2	1	The low priority recommendations is completed and the two moderate recommendations are in progress
Nursery Places			2	1	Low priority recommendation implemented and the procedures have been developed which are now being implemented for the two moderate recommendations.
FSM Strategy Meetings			3	1	One moderate recommendation implemented. Three are ongoing..
Hospital Discharge and Reablement			4	2	Two moderate recommendations implemented and the rest are ongoing
<b>SCHOOLS</b> School B	0	0	4	1	Implemented
Total Followed Up	0	0	27	26	