

Report of the Head of Internal Audit

**Internal Audit Follow Up Report**

**Summary**

1. This is the biannual report to the committee setting out progress made by council departments in implementing actions agreed as part of internal audit work.

**Background**

2. Where weaknesses in systems are found by internal audit, the auditors discuss and agree a set of actions to address the problem with the responsible manager. The agreed actions include target dates for issues to be dealt with. The auditors then carry out follow up work to check that the issue has been resolved once these target dates are reached. The follow up work is carried out through a combination of questionnaires completed by responsible managers, risk assessment, and by further detailed review by the auditors where necessary. Where managers have not taken the action they agreed to, issues are escalated to more senior managers, the Governance, Risk and Assurance Group (GRAG) and ultimately may be referred to the Audit and Governance Committee.
3. A summary of the findings from follow up work is presented to this committee twice a year with the last report being presented in May 2017.

**Consultation**

4. Details of the findings of follow up work are discussed with the relevant service managers and chief officers.

## Follow up of internal audit agreed actions

5. A total of 67 actions have been followed up since the last report to this committee in May 2017. A summary of the priority of these actions is included in figure 1, below.

*Figure 1: actions followed up as part of the current review*

Priority of actions*	Number of actions followed up
1	0
2	21
3	46
<b>Total</b>	<b>67</b>

\* The priorities run from 1 (high risk issue) to 3 (lower risk)

6. Figure 2 below provides an analysis of the actions which have been followed up, by directorate.

*Figure 2: actions followed up by directorate*

	Priority of actions			
	CCS	EP	CEC	HHASC
1 (High)	0	0	0	0
2 (Medium)	13	6	2	0
3 (Low)	27	0	19	0
<b>Total</b>	<b>40</b>	<b>6</b>	<b>21</b>	<b>0</b>

7. Of the 67 agreed actions 55 (82%) had been satisfactorily implemented and 4 (6%) were no longer needed<sup>1</sup>.
8. In a further 8 cases (12%) the action had not been implemented by the target date, but a revised date was agreed. This is done where the delay in addressing an issue will not lead to unacceptable exposure to risk and where, for example, the delays are unavoidable (e.g. due to unexpected difficulties or where actions are dependent on new systems being implemented). These actions will be followed up after the revised target date and if necessary they will be raised with senior managers in accordance with the escalation procedure. Figure 3 below shows the priority of these actions.

<sup>1</sup> For example because of other changes to procedures or because the service has ended or changed significantly.

*Figure 3: priorities of actions with revised implementation dates*

<b>Priority of actions</b>				
	CCS	EP	CEC	HHASC
1 (High)	0	0	0	0
2 (Medium)	1	0	0	0
3 (Low)	3	0	4	0
<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>

9. One P2 action had an implementation date revised by more than six months during the period. Further details are included in annex 1.

### **Conclusions**

10. The follow up testing undertaken confirms that in general good progress has been made by council departments to rectify weaknesses in control identified through internal audit work. This is an ongoing process and progress in implementing agreed actions will continue to be monitored and reported as required through the escalation procedure. There are no specific issues that need to be brought to the attention of the Audit and Governance Committee at this time.

### **Options**

11. Not relevant for the purpose of the report.

### **Analysis**

12. Not relevant for the purpose of the report.

### **Corporate Priorities**

13. This report contributes to the council's overall aims and priorities by helping to ensure probity, integrity and honesty in everything we do. It also contributes to all the improving organisation effectiveness priorities.

## **Implications**

14. There are no implications to this report in relation to:
  - Finance
  - Human Resources (HR)
  - Equalities
  - Legal
  - Crime and Disorder
  - Information Technology (IT)
  - Property
  - Risk Management
  
15. The council will fail to properly comply with Public Sector Internal Audit Standards (PSIAS) if it does not establish procedures to follow up on audit recommendations and report progress to the appropriate officers and members.

## **Recommendations**

16. Members of the Audit and Governance Committee are asked to:
  - consider the progress made in implementing internal audit agreed actions as reported above (paragraphs 5 – 10)

### Reason

*To enable Members to fulfil their role in providing independent assurance on the council's control environment.*

## Contact Details

**Author:**

Max Thomas  
Head of Internal Audit  
Veritau Ltd  
Telephone: 01904 552940

**Chief Officer Responsible for the report:**

Ian Floyd  
Director of Customer and Corporate Services  
Telephone: 01904 551100

**Report  
Approved**



**Date** 11/09/17

## Specialist Implications Officers

Not applicable

**Wards Affected:** Not applicable

**All**

**For further information please contact the author of the report**

## Background Papers:

None

## Annexes

Annex 1 – Priority 1 and 2 actions with implementation dates revised by more than six months.