

SUBJECT:	INTERNAL AUDIT Progress Report for 3 Months into 2022/23
DIRECTORATE:	Resources
MEETING:	Governance & Audit Committee
DATE:	8th September 2022
DIVISION/WARDS AFFECTED:	All

1. PURPOSE

To consider the adequacy of the internal control environment within the Council based on the outcomes of audit reviews and subsequent opinions issued to the 30th June 2022.

To consider the performance of the Internal Audit Section over the first 3 months of the current financial year.

2. RECOMMENDATION(S)

That the Committee note the audit opinions issued.

That the Committee note the progress made by the Section towards meeting the 2022/23 Operational Audit Plan and the Section's performance indicators at the 3 month stage of the financial year.

3. KEY ISSUES

- 3.1 As reported previously to Audit Committee, the Internal Audit staff were redeployed to support the 'test trace protect' initiative, business support grants process and undertake counter fraud checks from March 2020 as a result of the national pandemic, Covid-19. Therefore there are no year on year comparison figures for the Team's performance.
- 3.2 One member of the team has been seconded out of the team to support the Covid-19 business grants administration.
- 3.3 Although audit work has started in line with the 2022/23 agreed audit plan, approved by the Governance & Audit Committee in July 2022, the majority of site visits were still on hold in Q1 due to Covid-19 restrictions

- 3.4 This report gives brief details of the work undertaken in the year to date. The report also gives details of the Section's performance indicators for the 3 months to 30th June 2022.
- 3.5 The Public Sector Internal Audit Standards came into force in April 2013 (updated March 2017) which the Internal Audit team needs to demonstrate it is compliant with; these replaced the former Code of Practice for Internal Audit within Local Government.
- 3.6 A requirement of the PSIAS is for the Internal Audit team to be externally assessed once every five years to ensure compliance with these Standards. The Welsh Chief Auditors' Group proposed an option of a peer review in order to meet the requirements of this external assessment, which has been agreed by respective S 151 Officers of local authorities in Wales. Monmouthshire's peer review took place during 2017/18 with the outcome being that the team is generally compliant; no significant areas of non compliance. The next review will be due in 2023
- 3.7 The year end opinion for 2022/23 will be based on the audit work undertaken during the year, cumulative audit knowledge from previous years on key financial systems along with any assurance gained from other parties where relevant.

4. REASONS

- 4.1 Since the start of the financial year, the Internal Audit Section has completed 6 audit jobs to draft stage from its 2022/23 Operational Audit Plan; 2 of these being opinion related and are shown in the table at Appendix 1. The team was operating without an Audit Manager and a Senior Auditor in Q1.
- 4.2 In relation to the normal audit opinion related reports, 2 had been issued in draft by the end of the 1st Quarter; PTU Maintenance follow up (Substantial Assurance) and Food Procurement follow up (Considerable Assurance).
- 4.3 Work has been undertaken on the progress of the implementation of Internal Audit Recommendations from previously issued audit reports along with the provision of financial advice across directorates. Progress will be reported to the Governance and Audit Committee and the Strategic Leadership team (SLT) later in the year for consideration and timely action.
- 4.4 Other audit work in line with the plan has started and site visits have recommenced. Follow up audits of MonLife tourist sites have not yet been undertaken as many of these are seasonal and managers have not had the opportunity of embedding previous audit recommendations following Covid-19.

- 4.5 The definitions of the four internal audit opinions and the finding ratings used by the Section are provided at Appendix 2 for Members' information.
- 4.6 Finalisation work from 2021/22 continued; of the 8 reviews at draft report stage at 31 March 2022, 7 have subsequently been finalised. Audit Management are working on finalising all 2021/22 reports by 30th September 2022.
- 4.7 There has been minimal work undertaken on special investigations during 2022/23 so far by the team.
- 4.8 Appendix 3 of the report gives details of the Section's performance indicators as at 30th June 2022.
- 4.9 11% of the 2022/23 Audit Plan has been completed as at 30th June 2022.
- 4.10 The team has not started the year with a full complement of staff in the team due to unfilled vacancies. These posts will be advertised in Q2.
- 4.11 The team co-ordinates the administration of the National Fraud Initiative (NFI) data sets on behalf of the Council.

5. SERVICE MANAGEMENT RESPONSIBILITIES

- 5.1 Heads of Service and service managers are responsible for addressing any weaknesses identified in internal systems and demonstrate this by including their management responses within the audit reports. When management agree the audit action plans they are accepting responsibility for addressing the issues identified within the agreed timescales.
- 5.2 Ultimately, managers within MCC are responsible for maintaining adequate internal controls within the systems they operate and for ensuring compliance with Council policies and procedures. All reports, once finalised, are sent to the respective Chief Officers and Heads of Service for information and appropriate action where necessary.

6. FOLLOW UP AUDIT REVIEWS

- 6.1 Where 'Limited Assurance' opinions are issued, they are followed up within a twelve month timescale to ensure that the agreed actions have been taken by management and that the internal control systems are

improved. These will be reported separately to the Governance and Audit Committee.

7. RESOURCE IMPLICATIONS

None.

8. CONSULTEES

Deputy Chief Executive / Chief Officer Resources

Results of Consultation:

N/A

9. BACKGROUND PAPERS

Operational Audit Plan 2022/23

10. AUTHORS AND CONTACT DETAILS

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AUDIT COMMITTEE SEPTEMBER 2022

INTERNAL AUDIT SECTION PROGRESS REPORT 2022/23 – 3 MONTHS

APPENDIX 1

Internal Audit reviews from the 2022/23 Operational Audit Plan where fieldwork has been completed and/or final reports issued since 1/4/22 are listed in the table below.

Internal Control Opinions give the auditor's overall conclusion on the control environment operating in each system/establishment under review. Opinions range from Substantial Assurance through to Limited Assurance.

Draft issued indicates that a draft report has been issued and a response is awaited from the client before the report can be finalised.

Status of reports as at 30th June 2022

Internal Audit Services - Management Information for 2022/23 – Quarter 1

Opinion Summary	
Substantial	1
Considerable	1
Reasonable	0
Limited	0
Total	2

Job number	Directorate	Service	Job Name	Opinion Work (Y/N)	Risk Rating / Priority	Final / Draft	Opinion given
P2223-08	Resources	Commercial, Property, Fleet, Facilities	PTU Maintenance Follow Up	Y	High	Draft	Substantial
P2223-42	Enterprise	Enterprise and Community Animation	Food Procurement Follow Up	Y	High	Draft	Considerable

Non – opinion / Added Value Audit Work

Job number	Directorate	Service	Job Name
P2223-10	Resources	Resources General	Audit Advice
P2223-27	Children & Young People	CYP General	Audit Advice
P2223-37	Social Care & Health	SCH & Safeguarding General	Audit Advice
P2223-48	Enterprise	Enterprise General	Audit advice

APPENDIX 2

Internal Audit Opinions

Each report contains an opinion which is an overall assessment of the control environment reviewed.

SUBSTANTIAL	Substantial level of assurance. Very well controlled, with numerous strengths identified and any risks being less significant in nature.
CONSIDERABLE	Considerable level of assurance Generally well controlled, although some risks identified which should be addressed.
REASONABLE	Reasonable level of assurance. Adequately controlled, although risks identified which could compromise the overall control environment. Improvements required.
LIMITED	Limited level of assurance. Poorly controlled, with unacceptable levels of risk. Fundamental improvements required urgently.

The table below summarises the finding ratings used during our audits:

RATING	RISK DESCRIPTION	IMPACT
1	Significant	(Significant) – Major / unacceptable risk identified. Risks exist which could impact on the key business objectives. Immediate action required to address risks.
2	Moderate	(Important) – Risk identified that requires attention. Risks identified which are not business critical but which require management attention as soon as possible.
3	Minor	(Minimal) – Low risk partially mitigated but should still be addressed. Audit comments highlight a suggestion or idea that management may want to consider.
4	Strength	(No risk) – Good operational practices confirmed. Well controlled processes delivering a sound internal control framework.

For grant claim audits:

Unqualified opinion - the terms and conditions of the grant were generally complied with;

Qualified opinion - the terms and conditions of the grant were not fully complied with; the identified breaches of terms and conditions will be reported to the grantor and internally to relevant Head of Service/Chief Officer.

AUDIT COMMITTEE SEPTEMBER 2022

INTERNAL AUDIT SECTION PROGRESS REPORT 2022/23 – 3 MONTHS

APPENDIX 3

Performance Indicators

N / A – not available

	2021/22	Q1	Q2	Q3	Q4	Target
1	Percentage of planned audits completed	11%	28%	40%	82%	80% pa
2	Average no. of days from audit closing meeting to issue of a draft report	9 days	5 days	6 days	6 days	15 days
3	Average no. of days from receipt of response to draft report to issue of the final report	3 days	4 days	4 days	5 days	10 days
4	Percentage of recommendations made that were accepted by the clients	97%	97%	98%	99%	95%
5	Percentage of clients at least 'satisfied' by audit process	100%	100%	100%	100%	95%
6	Percentage of directly chargeable time (actual v planned)	77%	90%	72%	74%	60%
7	Number of special investigations	1	1	1	1	

	2022/23	Q1	Q2	Q3	Q4	Target
1	Percentage of planned audits completed	11%				10% in Q1 80% pa
2	Average no. of days from audit closing meeting to issue of a draft report	14 days				15 days
3	Average no. of days from receipt of response to draft report to issue of the final report	30 days				10 days
4	Percentage of recommendations made that were accepted by the clients	90%				95%
5	Percentage of clients at least 'satisfied' by audit process	N/A				95%
6	Percentage of directly chargeable time (actual v planned)	68%				60%
7	Number of special investigations	0				