

GOVERNANCE AND AUDIT COMMITTEE

Date of Meeting	Wednesday, 22 nd March 2023
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 the 2022/23 audit plan; 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	<p>Since the last report on progress to committee in January, there has been one Amber Red / Some Assurance report. Appendix D details the Amber Red report. Copies of all final reports are available for members if they wish to see them.</p>
1.05	<p>The automated tracking of actions is completed through the use of 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.</p> <p>At the last committee in January, 58 actions were overdue. This has slightly reduced to 51 for this reporting period and represents 45% (54% in previous reporting period) of all live actions, seven are High priority actions and 21 Medium priority actions. Overall 112 actions are live, detailed in Appendix E</p> <p>Appendix G lists 3 high and 12 medium actions that are older than six months from the original due date.</p>
1.06	<p>Appendix H shows the status of current investigations into alleged fraud, irregularities or concerns raised. There are two ongoing investigations.</p>
1.07	<p>Appendix I shows the range of performance indicators for the department.</p> <p>There has been some movement in performance. This is mainly due to the reliance on services to return agreed actions or questionnaires. We will continue to monitor the impact this has.</p>
1.08	<p>Appendix J shows the current position for the 2022/23 Audit Plan, 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.</p>
1.09	<p>Since the last report to the Committee in January there has been a request for some additional work. This is detailed in Appendix I and below:</p> <ul style="list-style-type: none"> • Review of Multiple Grievances (P&R) • Investigating Officer Work x 2 (under the Disciplinary Policy) (Various Portfolios) • Buckley 20 mph Consultation review (S&T) • Procurement and Contract Management (S&T)
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 Since January 2023</p> <p>Appendix C Audit Assurance Summary</p> <p>Appendix D Amber Red Assurance Reports</p> <p>Appendix E Action Tracking – Portfolio Statistics</p> <p>Appendix F High & Medium Overdue Actions (including actions older than 6 months if overdue)</p> <p>Appendix G Actions older than six months from original due date and not overdue</p> <p>Appendix H Investigation Update</p> <p>Appendix I Performance Indicators</p> <p>Appendix J Operational Plan and 2022/23</p>

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>Internal Audit: Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.</p> <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>

