## Southern Internal

Audit Partnership
Assurance through excellence and innovation

# HART DISTRICT COUNCIL <br> INTERNAL AUDIT PROGRESS REPORT - SEPTEMBER 2023 

## 1. Role of Internal Audit

The requirement for an internal audit function in local government is detailed within the Accounts and Audit (England) Regulations 2015, which states that a relevant body must:
'Undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.'

The standards for 'proper practices' are laid down in the Public Sector Internal Audit Standards [the Standards - updated 2017].
The role of internal audit is best summarised through its definition within the Standards, as an:
'Independent, objective assurance and consulting activity designed to add value and improve an organisations' 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'.

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisations' objectives.

## 2. Purpose of report

In accordance with proper internal audit practices (Public Sector Internal Audit Standards), and the Internal Audit Charter the Chief Internal Auditor is required to provide a written status report to 'Senior Management' and 'the Board', summarising:

- The status of 'live' internal audit reports;
- an update on progress against the annual audit plan;
- a summary of internal audit performance, planning and resourcing issues; and
- a summary of significant issues that impact on the Chief Internal Auditor's annual opinion.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of risk management control and governance designed to support the achievement of management objectives of the service area under review. Assurance opinions are categorised as follows:

Substantial A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

Reasonable There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

Limited Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

No Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

## 3. Performance dashboard



*Results are the outcomes of a Partnership wide survey undertaken in April 2023.

Compliance with Public Sector Internal Audit Standards
An 'External Quality Assessment' of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2020. The report concluded:
'The mandatory elements of the IPPF include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles. It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles.

We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN). We are pleased to report that SIAP conform with all relevant, associated elements.'
4. Analysis of 'Live’ audit reviews

| Audit Review | Report Date | Audit Sponsor | Assurance Opinion | Total Management Action(s) | Not Accepted | Not Yet Due | Complete | Overdue |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  | L | M | H |
| Safeguarding | Aug 23 | Community | Reasonable | 15 |  | 5 | 7 |  | 1 | 2 |
| Total |  |  |  |  |  |  |  | 1 | 1 | 2 |

## Audit Sponsor

| Chief Executive Daryl Phillips |  |  |
| :---: | :---: | :---: |
| Executive Director of Community Services Kirsty Jenkins | Executive Director of Corporate Services Graeme Clark | Executive Director of Place Services <br> Mark Jaggard |

## 5. Executive Summaries of reports published concluding a 'Limited' or 'No' assurance opinion

There have been no limited assurance opinions issued.

## 6. Planning \& Resourcing

The internal audit plan for 2023-24 was presented to and agreed by the Senior Leadership Team and the Audit Committee in March 2023. The audit plan remains fluid to provide a responsive service that reacts to the changing needs of the Council. Progress against the plan is detailed within section 7.

## 7. Rolling Work Programme

| Audit Review | Sponsor | Scoping | ToR | Fieldwork | Draft <br> Report | Final Report | Assurance Opinion | Comment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2022/23 |  |  |  |  |  |  |  |  |
| IT Controls | Corporate | - | - | - | - |  |  | With S151 |
| Procurement | Corporate | - | - | - | - |  |  | With S151 |
| Planning Performance | Place | - | - | - | - |  |  | With S151 |
| 2023/24 |  |  |  |  |  |  |  |  |
| Information Governance | Corporate | $\checkmark$ | $\checkmark$ | $\checkmark$ | Oct 23 |  |  |  |
| Risk Management | Corporate |  |  |  |  |  |  | Q3 |
| Programme \& Project Management | Corporate | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |  |  |  |
| HR - Workforce Strategy | Corporate | $\checkmark$ | $\checkmark$ | $\checkmark$ | Sep 23 |  |  |  |
| Savings Realisation | Corporate | $\checkmark$ |  |  |  |  |  |  |
| Decision Making | Corporate | $\checkmark$ |  |  |  |  |  |  |
| National Fraud Initiative | Corporate | $\checkmark$ | $\checkmark$ |  |  |  |  |  |
| Payment Card Industry Standards | Corporate |  |  |  |  |  |  | Q4 |
| Cyber - Staff Training \& Awareness | Corporate | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |  |  |  |
| Vulnerability Management | Corporate | $\checkmark$ |  |  |  |  |  |  |
| Accounts Receivable \& Debt Management | Corporate | $\checkmark$ |  |  |  |  |  |  |
| Housing Benefits | Corporate |  |  |  |  |  |  | Q4 |
| Climate Change | Corporate |  |  |  |  |  |  | Q3 |
| Safeguarding | Community | $\checkmark$ | $\checkmark$ | $\checkmark$ | Jul 23 | Aug 23 | Reasonable |  |


| Audit Review | Sponsor | Scoping | ToR | Fieldwork | Draft <br> Report | Final <br> Report | Assurance <br> Opinion |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Licencing | Place | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |  |  |
| S106 Developer Contributions | Place |  |  |  |  |  |  |
| Waste \& Recycling | Corporate |  |  |  |  |  |  |
| Legal Services | Corporate | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |  |  |

## 8. Adjustments to the Internal Audit Plan

| Plan Variations 2023/24 |  |  |  |
| :--- | :--- | :--- | :---: |
| Additions to the plan | N/A | Explanation |  |
|  |  | - |  |
| Deletions from the plan | N/A | Explanation |  |
|  | - |  |  |

## Overdue ‘High Priority’ Management Actions

## Safeguarding - Reasonable

## Observation:

Safeguarding training is mandatory for all staff every two years. Outside of this, a Quick Guide session should be delivered within six weeks of new starters commencing work at the council to ensure some knowledge of safeguarding, it's processes and policies are shared. Analysis was conducted on training records and staff data which found 37 out of 126 current officers ( $29 \%$ ) did not attend full training (of which 27 were not found on the training list). Risk: If staff and council members aren't receiving safeguarding training, then it exposes the council to possible safeguarding issues being missed or not acted on

| Management Action | Original <br> Due <br> Date | Revised <br> Due Date | Latest Service Update |
| :--- | :--- | :--- | :--- |
| Meet with HR to ensure that process for New Starters and <br> Induction guidance to all Managers advises the need to provide at <br> least the Quick Safeguarding Training within 6 weeks of start of <br> employment. | $31 / 08 / 23$ | $31 / 10 / 23$ | This has not taken place and has a revised completion date of <br> $31 / 10 / 2023$. |

## Safeguarding - Reasonable

## Observation:

Discussions and on screen sharing with the Designated Safeguarding Lead found that accurate and timely notifications of new starters are not always received from HR , which can lead to delays in providing training.

The DSL has advised that HR is more proactive since the function has been in-sourced, but it was evident that without the reports being regularly provided there are no additional methods for prompts to deliver training. There is currently no formal process for updating on new starters and leavers and expectations around timelines for initial training to be delivered.
Risk: Without accurate and routine reporting from HR safeguarding training cannot be delivered within the compliant timelines

| Management Action | Original <br> Due <br> Date | Revised <br> Due Date | Latest Service Update |
| :--- | :--- | :--- | :--- |
| Meet with Data Governance Officer and IT Manager to discuss best <br> practice for recording and monitoring other statutory training e.g., <br> Cyber Safety and GDPR to see if process can be further automated <br> or improved. | $31 / 08 / 23$ | $15 / 11 / 23$ | This has not taken place and has a revised completion date of <br> $15 / 11 / 2023$ |

Overdue ‘Low \& Medium Priority’ Management Actions (October 2023)

| Audit Review | Report Date | Opinion | Priority |  | Due Date | Revised Due |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Low | Medium |  |  |
| Safeguarding | Aug 23 | Reasonable |  | 1 | 31/08/23 | 02/11/23 |
| Total |  |  | 1 | 1 |  |  |

