SLOUGH BOROUGH COUNCIL

Internal Audit Progress Report – 2022/23

For the Audit and Corporate Governance
Committee meeting on 19 July 2023

RSM

1   KEY MESSAGES

This section provides an update on the key messages relating to the progress of the 2022/23 and internal audit plan, which was approved by the Audit and Corporate Governance Committee (ACGC).

2022/23 Internal Audit Plan

We have issued **nine final reports** since the March 2023 ACGC meeting. Of these:

- one resulted in a 'Minimal' (negative) assurance opinion,
- four resulted in a 'Partial' (negative) assurance opinion,
- one resulted in a 'Little Progress' (negative) assurance opinion,
- one resulted in a 'Reasonable Progress' (positive) assurance opinion,
- two were 'Advisory' reviews (one where the full scope of work could not be completed).

There are currently a further **six reviews issued in draft** (a number of which are negative opinions at draft stage). We are waiting for management responses to these before they can be finalised and presented to the Committee. **[To note]**

2023/24 Internal Audit Plan

RSM have been commissioned to deliver six reviews in quarter one of the 2023/24 internal audit plan. This item is being covered by an update from the Council's Head of Internal Audit for 2023/24 so we will not duplicate the update in this paper. **[To note]**

2022/23 Head of Internal Audit Opinion

We have issued 20 final reports to date in 2022/23, 18 of which have impacted our year end opinion. We have also issued six additional reports, and some of these with negative opinions where we have found weaknesses to be present (some from prior years) and these have also impacted our 2022/23 opinion. We have provided further updates to the S151 Officer (and previously to the lead Finance Commissioner) and we are presenting another qualified (negative) head of internal audit year end opinion for 2022/23. We will continue to provide updates to the S151 Officer and Head of Internal Audit through our weekly update reports and regular meetings. **[To note]**

The Committee need to continue to carefully monitor the progress made by Officers to implement the management actions agreed from all previous and current years internal audit reviews. The Committee also need to review progress of the time taken to finalise reports. **[To note]**

2   INTRODUCTION

This report provides a summary update on progress against the 2022/23 plan. The report is based on the position as at the 30th June 2023.

2022/23 Internal Audit Plan

The Internal Audit Plan for 2022/23 was presented to the ACGC initially on the 1st March 2022, and a revised plan was subsequently approved on the 28th July 2022. Since the last update provided in March 2023, the following nine reports have been finalised:

- Adult Social Care Transformation – Advisory
- Treasury Management – Partial Assurance
- Delegated Authorities – Partial Assurance
- Whistleblowing – Advisory (full scope of work could not be completed)
- Rent Accounts Recovery Full Follow Up – Little Progress
- Business Rates Full Follow Up – Reasonable Progress
- Temporary Accommodation – Minimal Assurance
- Housing Management – Health and Safety (Gas, Electrical and Legionella) – Partial Assurance
- Payroll (including associated Financial Controls) – Partial Assurance

There are six reports at the draft report stage, with three having been outstanding for a number of months and we are awaiting responses from Officers (the majority of which have resulted in negative opinions, at the draft report stage). Three reports have been issued in draft more recently. We have not had management responses to any of these reports since the issue or re-issue date:

- Budget Setting and Budgetary Control – Issued 26 August 2022, revised draft issued 2 February 2023
- Creditors – Issued 9 February 2023, revised draft issued 1 March 2023
- Debtors Management – issued 30 March 2023
- Follow Up Q2 – issued 25 May 2023
- Rent Accounts – issued 12 June 2023
- Capital Expenditure – issued 16 June 2023

3   OTHER MATTERS

3.1 Changes to the plan

There have been no changes to the 2022/23 Internal Audit Plan since the March meeting of the Committee.

The following changes were previously agreed to the 2022/23 plan:

Note	Auditable area	Reason for change
1	Delegated Authorities	Extra work requested by the commissioners in November 2022, commenced December 2022 and complete.
2	Payroll and HR Interface	We have been advised that the Payroll and HR Interface audit is no longer a priority. We have agreed with the S151 Officer to replace this audit with a review of Payments to Temporary and Agency Staff given some of the issues identified with both the Matrix audit (minimal assurance) and Payroll (partial assurance) opinions.
3	Leavers Processes	Extra piece of work requested by the commissioners in August 2022. Work commenced end of August and is complete.
4	Multiple Audits	We have at the request of various officers within the Council, pushed back the timing of some audits, to aid the Council in dealing with the impacts of the S114 notice and the restructure.
5	Cyber Essentials	We were advised that very little progress has been made to implement previously agreed management actions and the current cyber specialists has very recently resigned so the audit cannot be accommodated in 2022/23 and will be deferred to 2023/24. We have agreed that the budget from this audit will be used for the additional Delegated Authorities review.
6	Assets	This review is now going to form part of the 2023/24 audit plan. We were advised that actions have not been implemented from the 2021/22 review. We have agreed with the S151 Officer to use this budget for the additional work and testing required on the MTFS, Budget Setting and Control and Adult Social care reports.

Note	Auditable area	Reason for change
7	Rent Accounts	Management have requested a delay to this review from to April 2023 which has have agreed to, but this report will still contribute to the 2022/23 opinion.

3.2 Impact of findings to date on the 2022/23-year end opinion

The Committee should note that the assurances given in our audit assignments are included within our Annual Assurance Report. In particular, the Committee should note that any negative assurance opinions will be noted in the annual report and may result in a qualified or negative annual opinion (this includes follow up reviews, assurance opinions and advisory reviews with any significant weaknesses).

To date we have issued a total of 21 final reports and six are in draft. From the 21 final reports, 17 with negative assurance opinions (including three 'little progress' follow up reviews), two positive follow up reviews and two further advisory reviews, two of which had significant issues identified. All of the negative assurance reviews and negative follow up reviews have impacted our year end opinion. We have also issued a number of negative opinions in the draft reports issued (year to date) that have not yet been finalised. We will continue to provide further updates to the S151 officer and new Head of Internal Audit at our regular meetings. Our annual report was produced by the end of May 2023 and was updated in June 2023. It includes all of the details on our opinion.

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams. The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department. This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

External reviews of quality

One of the key measures of quality is an independent third-party assessment and, as a firm we are required to conform to the requirements of the International Professional Practices Framework (IPPF) published by the Global IIA. Under the Standards, internal audit services are required to have an external quality assessment (EQA) every five years. The RSM UK Risk Assurance service line commissioned an external independent review of our internal audit services in 2021, to provide assurance as to whether our approach continues to meet the requirements.

The external review concluded that RSM 'generally conforms to the requirements of the IIA Standards' and that 'RSM IA also generally conforms with the other Professional Standards and the IIA Code of Ethics. There were no instances of non-conformance with any of the Professional Standards'.

The rating of 'generally conforms' is the highest rating that can be achieved, in line with the IIA's EQA assessment model.

APPENDIX A - KEY FINDINGS FROM FINALISED 2022/23 INTERNAL AUDIT REPORTS

Detailed below are the High and Medium Priority Management Actions from negative opinion reports i.e. **Partial or Minimal Assurance reports** (or **Poor or Little progress** for follow up reports) and any **advisory reviews where significant issues were identified** (in the exception format previously agreed by the Committee):

Treasury Management (15.22/23)	Minimal assurance ← Partial assurance Reasonable assurance → Substantial assurance − | +	**1 High** **5 Medium** **1 Low**

Conclusion

Our review has identified some positives relating to the treasury management framework, namely that a TMS has been prepared and approved, that treasury activity is being conducted with agreed institutions and counterparties, and that a cashflow forecast has been prepared and is being regular updated.

However, our audit has still identified a number of weaknesses in relation to the Council's treasury management function. Sample testing found no authorisations were required prior to investments, and that there were miscalculations for interest payable for matured loans.

No evidence of reconciliations was provided, whilst further work was required for Councillor training and the introduction of internal reporting. We have also identified issues relating to the Treasury Manual, updating the bank mandate, approval requests (for investments and loans), the loans authorisation process, and reporting to Cabinet.

Investment Authorisation

Surplus cash is identified for investing daily, with investments made with approved institutions and counterparties per the TMS. For a sample of five money market investments, we were unable to confirm decisions to invest had been approved prior to agreement with brokers, with limited guidance relating to this within the guidance documents. We were advised by the Financial Accountant (Treasury) that investment orders are placed without management approval, with approval to pay amounts only obtained afterwards (when the Council is liable). Without ensuring considerations and approvals are agreed and clearly defined, there is a risk that the Council is liable for making investments that are not deemed appropriate and in contrast with the TMS. **(Medium)**

Matured Loans – Interest Payable

As loans mature, records are updated on the Logotech system accordingly and repayments are made via CHAPS payments. Repayments include principal loan amounts and interest payable. From a sample of 10 matured loans (loans received by the Council which were due to be repaid), we identified two instances whereby interest paid had been incorrectly calculated (based on loan periods of 365 rather than 364 days), resulting in overpayments totalling £54.25. Where interest payable is miscalculated, there is a risk that the Council overpays on the maturity of loans, resulting in financial loss. **(Medium)**

Reconciliations

There are a number of reconciliations relating to treasury management, including for Logotech, control accounts, general ledger, bank account and interest (owed / received). We were not provided with evidence that reconciliations relating to treasury were being completed, with the Finance Manager – Treasury & Pensions advising that these were delayed. Without reconciliations being completed, there is a risk that discrepancies are not identified and resolved in a timely manner or at all, which could result in financial loss or have value for money implications. **(High)**

Councillor Training

A training programme has been developed for members, which covers finances and treasury management. We obtained evidence that Local Government finance training had been administered in April 2022, which was attended by 23 of 42 Councillors (55 per cent). We noted that the training was general in nature, with references only to the treasury cycle and the requirement of members to approve the TMS. Without sufficient training (including understanding reported information and how treasury management impacts the Council), information relating to treasury may not be suitably reviewed and scrutinised. **(Medium)**
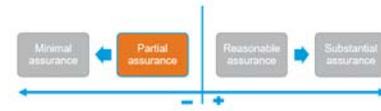
Internal Reporting

There is currently no forum for internally reporting and discussion / scrutiny of treasury management activity, with the previous Treasury Management Board last meeting in June 2020. Over the course of our review, we obtained a draft monthly treasury report that had been prepared by the Finance Manager – Treasury & Pensions, however, the content or intended use of this had not been agreed. Without regular internal reporting, there is a risk operational treasury activity is not adequately scrutinised. **(Medium)**

1	The Council will agree, and then define within applicable guidance documents, whether authorisation should be obtained prior to making investments.	Medium	31 October 2023	Jacqui Mundy, Finance Manager, Treasury and Pensions
2	Following the identification of loans due to mature, the Treasury team will reconcile interest payable to broker confirmations to ensure amounts have been correctly calculated.	Medium	30 September 2023	Jacqui Mundy, Finance Manager, Treasury and Pensions

| 3	Monthly reconciliations relating to treasury functions and transactions will be prepared and checked in a timely manner. This will include retrospective reconciliations as well as for future months. Supporting evidence shall continue to be stored centrally and will be readily available to all relevant users.	High	30 September 2023	Jacqui Mundy, Finance Manager, Treasury and Pensions
4	As part of future training sessions for Councillors, there will be specific coverage of treasury management. This will include understanding reported information and how treasury management impacts the Council. Training attendance will also be monitored to ensure a sufficient number of Councillors attend.	Medium	31 March 2024	Jacqui Mundy, Finance Manager, Treasury and Pensions
5	The expected content of the monthly treasury management activity reports for the Director of Finance, which will include updated cashflow forecast positions, will be agreed. The arrangements for reviewing and discussing the reports will also be agreed.	Medium	31 December 2023	Jacqui Mundy, Finance Manager, Treasury and Pensions

Delegated Authorities (21.22/23)		1 High 8 Medium 0 Low

Conclusion

This review has identified a number of areas where improvement is required and where weaknesses exist with regards to delegated authorities. These related to a lack of clarity in relation to expected procedures and the consistency of their application. It is noted that where delegations within our sample testing had been implemented (completed), we identified no apparent significant deviation from the approval granted by Cabinet. This should be caveated by another finding, wherein we identified the broadness of delegations often made it difficult to identify specifics, which in turn limits the ability to sufficiently assign ownership, record, monitor and receive assurance. We have also identified issues relating to the maintenance of a central record for delegations, retention of records to evidence consultations with Lead Members, reporting of significant updates / progress to Cabinet (including the use of the significant decisions process), assurance reporting to Cabinet regarding the implementation of delegations and transfer of delegations as part of handovers where there is a turnover in staff. Our findings have been impacted by the availability of evidence, however it is noted that most evidence for delegations involving HB Law could be provided. The findings namely relate to the availability of evidence that should be held within the Council and / or processes that should be undertaken by the Council.

1	The content of delegations will be recorded in concise and measurable wording, so as to ensure the specifics of tasks / action to be completed and outcomes representing success is clear.	Medium	30 June 2023	Stephen Taylor, Monitoring Officer
2	A central record will be prepared and used to record all delegations agreed by Cabinet.	High	30 June 2023	Nicholas Pontone, Democratic Services Lead
3	The responsibility for receiving and monitoring the central record for delegations will be assigned to an appropriate forum.	Medium	31 July 2023	Stephen Taylor, Monitoring Officer
4	Lead officers will be reminded of their responsibility to retain records of consultations with relevant Lead Members as part of delegations. Confirmation of consultations will be included within significant decision forms (action five).	Medium	31 May 2023	Stephen Taylor, Monitoring Officer

5	A review to assess the feasibility and practicalities of a feedback process should be undertaken.	Medium	31 July 2023	Stephen Taylor, Monitoring Officer
6	Lead officers for delegations (delegated authority officers) will be advised of their duties and reporting requirements once delegations are agreed. (Linked to Action 3)	Medium	30 April 2023	Stephen Taylor, Monitoring Officer
7	Upon the completion of delegations, assurance will be reported to Cabinet Members (Linked to Action 4)	Medium	31 May 2023	Stephen Taylor, Monitoring Officer
8	As part of monitoring the central record for delegations (action three), lead officers assigned to delegations will be reviewed to ensure these remain appropriate and current. Ownership will be reassigned as required.	Medium	31 July 2023	Stephen Taylor, Monitoring Officer
9	Formal procedures for handing over delegations will be agreed, where it is identified that ownership of delegations is to be reassigned. (Linked to Action 3)	Medium	31 July 2023	Stephen Taylor, Monitoring Officer
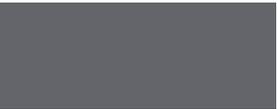
Whistleblowing (20.22/23)	Advisory – but full scope of work could not be completed.	0 High
		3 Medium
		2 Low

Conclusion

Overall, our review has found that the Council has demonstrated progress in improving its whistleblowing practices. This has included increased communications and the agreement of reporting arrangements and evidence of initial inquiries being completed for concerns raised. We have, however, identified issues with the completion of mandatory whistleblowing training by staff, as well as the internal staff survey, which remained in draft at the time of our audit.

It should be noted that we have been unable to fully review the Council's investigation processes, given there were only three cases to be tested, none of which proceeded to the formal investigation stage in the past 12 months. We have also only been able to confirm that reporting arrangements have been recently agreed (rather than that these have been occurring in 2022/23) and were requested not to complete a staff survey. **Limitations to reflect these points have therefore been added to the scope.**

Given the impact of these limitations on our testing, and that the areas where we have limitations were linked to issues previously identified as part of the Whistleblowing 2021/22 review (and previous audits), we have not issued a formal assurance opinion and completed this an advisory piece of work. We have however agreed three medium and two low priority management actions.

Whistleblowing Training Compliance

'Whistleblowing with Confidence' is a mandatory training module for all staff at the Council (albeit currently this is namely for permanent staff, with temporary and contractor staff often not assigned). Through review of a training compliance report, we identified 73 per cent of staff assigned to the module had completed this (the same completion rate as identified in 2021/22). Completion for 25 per cent was overdue, 84 per cent of which was overdue by more than 120 working days. Whilst we confirmed monthly non-compliance reports had been issued, we found this was inconsistent owing to other focusses of both the Workforce Development Team and the wider Council.

Without ensuring whistleblowing training is completed, there is a risk staff are unaware of procedures and as such do not raise concerns. **(Medium)**

Temporary / Contractor Staff Training

Given the mandatory nature of whistleblowing training, temporary and contractor staff are expected to complete this (in addition to permanent staff). As part of our 2020/21 and 2021/22 reviews, we identified issues with assigning this mandatory training to such staff. At the time of testing, a process had not yet been introduced to assign whistleblowing training to temporary / contractor employees, despite increased levels of such staff at the Council (for example, more than 40 new temporary / contractor staff joined the Council in November 2022 alone). Without this, there is a risk that temporary / contractor staff are unaware of reporting processes, decreasing the likelihood whistleblowing concerns are raised. **(Medium)**

	Staff Survey			
	As part of our Whistleblowing 2021/22 review, we issued a staff survey to gauge opinions on the Council's whistleblowing culture. A number of negative responses were provided, notably 89 per cent of respondents not feeling confident in how concerns would be handled if raised. At the time of our 2022/23 review, the Council had committed to issuing another staff survey, however, we were unable to review this as this was in the early draft stages. Without obtaining feedback from staff on whistleblowing practices and culture, there is a risk that the Council cannot action improvements in this regard and be satisfied that staff have full confidence in the new arrangements. **(Medium)**			
1	Non-compliance reports will be issued on a monthly basis, for further dissemination within directorates. Line managers will review and follow up upon non-compliance (either via the issued reports or by accessing these themselves) as part of six-weekly one-to-one meetings.	Medium	31 May 2023	Edwin Fernandes, Workforce Development Team
2	Staff appointments via matrix (temporary and contractor staff) will be reported to the Workforce Development Team. The team will create Cornerstone accounts and assign mandatory training modules (including whistleblowing) to such staff.	Medium	31 May 2023	Edwin Fernandes, Workforce Development Team
3	The staff survey will capture staff views on whistleblowing, including how this can be improved. Feedback will be used to identify specific improvement points to be actioned.	Medium	31 July 2023	Sarah Hayward, Executive Director, Strategy and Improvement
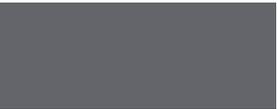
Rent Accounts Recovery – Full Follow Up (16.22/23)	Little Progress	1 High
		4 Medium
		3 Low

Conclusion

Slough Borough Council has demonstrated **little progress (negative opinion)** in implementing the agreed management actions.

We found that progress in implementing management actions arising from the Rent Arrears Recovery Report from 2021/22 has been impacted by both the delays in rolling out the new housing system, Northgate, and the problems experienced with the system since its implementation. The Northgate system was initially planned for roll out in August 2022 and this was subsequently delayed to October 2022 where there were already anticipated problems with the system, in part due to a lack of an adequate testing phase.

We understand that since roll out, the team have been unable to report from the system and obtain performance statistics in addition to the system not allowing recovery and other letters/correspondence to be generated and recommended action lists to be produced. This has resulted in staff having to access the previous system, Capita, following its closure, and this we are advised has impacted the team's performance. It was also set out in a narrative report that there have been problems with the allocation of direct debits and associated processes, with utilising contact addresses, with processing of lettings and voids, transfer of rents, and refunds, as well as processing of housing benefits.

The Section 151 Officer has been updated on the problems with the system. The project is being transitioned to the control of the Chief Information Officer and the ICT&D Team. The CIO informed us that a series of workshops are being planned for January 2023 to transition the project and options are being considered for exposing all remaining issues and risks more transparently.

We consider that management may wish to consider escalating the risk to the corporate risk register.

As a result of this, management actions relating to performance reporting have not been taken forward, so we cannot provide a positive assurance opinion in relation to the progress made against the previously agreed management actions. We have increased the priority of some of the management actions as a consequence of the fallings with the system currently in use and the risks this is exposing the Council to.

| 1 | The contents of the Rent Recovery Income Management Procedure will be subject to review to ensure information is accurate in light of changes to processes, the staff/teams involved and the new housing system. Once reviewed, the procedure will be approved for use, shared with relevant staff and made accessible via the shared drive. Reviews will occur on an annual basis as per the stated review interval. | Medium | August 2023 | Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges |

2	We will ensure the Former Tenants Procedures is updated to reflect key processes and responsibilities with regards to the new housing system, Northgate, is subject to approval and review periodically, and communicated to staff once finalised.	Medium	August 2023	Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges
3	We will clearly define the performance reporting mechanism and process for reporting on Housing Services performance on a regular basis.	Medium	March 2023	Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges
4	An action plan will be put in place and monitored in order to resolve the problems and known issues surrounding the new Housing System. This will set out clear activities, responsible officers, and deadlines. We will additionally consider escalation of risks to the corporate risk register.	High	June 2023	Baljit Shari, Interim Housing Project Manager
5	Key performance indicators will be reported through to a designated forum to establish regular, timely and effective oversight of performance.	Medium	March 2023	Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges

Business Rates Full Follow Up (18.22/23)	Reasonable Assurance	0 High 2 Medium 0 Low

Conclusion

Slough Borough Council has demonstrated **reasonable progress** in implementing the agreed management actions.

Our follow up testing has confirmed that both high priority management actions have been fully implemented, as have two of the three medium priority management actions.

The implementation dates for the two low priority management had not yet been reached, however, we confirmed management plans to implement the management actions by the required deadlines. The medium priority management action not implemented relates to the completion of inspections for empty properties which we confirmed has not been progressed. We found that a spot check on the completion of inspection cards in Academy has not been introduced since the previous audit and additional guidance has not been documented. In addition, our sample testing of 10 empty properties showed that none had been inspected during 2022 when there is a requirement for two inspections to be completed per year. If vacant properties are not routinely inspected, there is a risk that ratepayers may be receiving relief where a property is occupied, and they are liable for business rates.

We have agreed two medium priority management actions to address this area of concern.

1	We will ensure that vacant properties are being inspected at least twice per year, with a periodic spot check process implemented to ensure that inspection cards are being appropriately completed and properties are being inspected at the expected frequency on a sample basis.	High	1 April 2023	Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges
2	We will provide training to inspections officers to ensure that fully understand the requirements regarding inspections and the management and administration of this process in Academy. This will include introducing additional formal guidance.	Medium	1 April 2023	Andy Jeffs, Interim Head of Transactions Revenues, Benefits and Charges
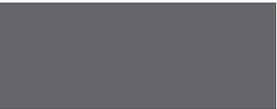
Temporary Accommodation (11.22/23)	Minimal assurance ⬅ Partial assurance ⎸ Reasonable assurance ➡ Substantial assurance	5 High 10 Medium 2 Low

Conclusion

Our audit has again identified significant issues within the TA function, a number of which that have not been addressed from previous years audits (including 2020/21 and 2021/22). It should, however, be noted that many of the issues are underpinned by the resource challenges within both the TA and Housing Demand Teams, the ongoing migration to the NEC system and the increasing demand on the service with respect to the number of homelessness applications made. The increasing demand in the service is represented by the increase of households in TA from 433 in October 2021 to 650 in October 2022, with estimations that this will exceed 800 over the next 12 months. It should also be noted that the Council was aware of many of these issues prior to the audit.

We noted that the Council is lacking in strategic guidance with respect to the outdated Housing Strategy (2016-2021), moving households out of TA and the diversification of accommodation providers. We also found weaknesses with regards to performance monitoring and reporting, as well as TA rent arrears.

Our testing was restricted by the failure to provide evidence over the course of our fieldwork, given the operational workload of officers. This has meant that compliance with regards to the processes for allocations, contact with households, homelessness decisions, license breaches / notices to quit and safety assurances from private TA providers could not be tested. There are various potential significant risks in these areas if adequate arrangements are not in place. Issues were identified and actions agreed in relation to each of these as part of the 2021/22 review, with findings including applicants remaining in TA between 3-9 years (96 identified), increasing rent arrears, delays in homelessness decisions (impacting compliance with the Housing Act 1996) and limited assurance regarding minimum safety requirements of accommodations managed by external providers (including gas, electric and fire safety). Given the lack of evidence and testing, we have been unable to confirm if any improvement has been made in the 2022/23 audit.

Housing System

The previous Housing system (Capita) was replaced by Slough Housing (NEC) in quarter three of 2022/23. However, at the time of our review NEC was not yet fully functional for homelessness and TA services, whilst performance reporting was also limited. Without a functioning system, there is an increased risk that suitable evidence and records cannot be maintained, as was evidenced by difficulties in obtaining reports for our testing. There is also a risk that performance reporting and decision making is impacted by system issues, which could impact homeless applicants and result in financial implications for the Council. **(High)**

Housing Strategy and Homelessness Strategy

As part of the 2020/21 and 2021/22 reviews, we identified that the Council's Housing Strategy (2016-2021) was in the process of being updated. At the time of this review, this strategy was out of date. Although not yet out of date, the Homelessness Strategy (2019-2024) is impacted by the Housing Strategy. The most recent update (Q4) provided to the Audit and Corporate Governance Committee (March 2023) stated that the strategy was "currently being drafted" and that this would be prepared by December 2023 (although the previous Q3 update had stated a December 2022 date). We

were not provided with evidence to identify this progress despite this being requested. Without appropriate strategies for housing and homelessness, there is a risk that relevant objectives are not agreed or achieved. **(High)**

TA Rent Arrears

TA rent arrears are recovered using a five-step approach. We found that based on the information available, levels of both current and former TA tenant arrears had increased. At 31 October 2021, TA current arrears totalled £183,340 and TA former arrears totalled £553,557. At October 2022, current arrears had increased to £499,529, whilst former arrears had increased to £611,072 as at May 2022. We were advised by the Housing Recovery Lead that the service was still catching up on arrears recovery, which had been impacted by resources and the NEC system. Without suitable recovery for TA rent arrears, there is a risk that the level of rent arrears continues to increase. **(High)**

Health and Safety – Private Providers

Annual compliance statements are returned by private providers of TA. As part of the 2021/22 review, we found issues with the retention of statements for providers, the recentness of statements and further safety assurances. We were unable to complete testing of safety assurances for private providers as evidence was not provided. As such, there is a risk that the Council cannot be assured private accommodation used for TA is safe. **(High)**

TA Households

As part of the 2021/22 review, we found that the Council was not efficiently moving households out of TA. There was also no strategy in place to progress households from TA. We were advised by the Group Manager – Accommodation that this continued to be an issue, demonstrated by the increase of households in TA from 433 (October 2021) to 650 (October 2022). There was an expectation that the total number could reach 800 in the next 12 months. Without a strategy, there is a risk that the Council is not efficiently moving households out of TA, in turn reducing the availability of accommodation for new applicants. **(High)**

Staffing Resource

Following the Council restructure (effective April 2021), the TA team was reduced in numbers and temporary staff were required to maintain the service. A management action was agreed as part of the 2021/22 review to prepare a business case for additional resources. Over the course of our review, we noted that the service continued to be under significant pressure, and that adequate staffing resources were not in place, although informal discussions had occurred to address this. This was demonstrated by the limited engagement and provision of audit evidence, given that the team was inundated with service-related work. Without sufficient TA staff, there is a risk that the service underperforms and is not able to fully carry out expected duties. **(Medium)**

A similar management action was agreed as part of the 2021/22 review regarding additional resources for the Housing Demand team, where it was identified that the team had been reduced in number and was failing to achieve targets (notably the timeliness of homelessness decisions). We were advised that this continued to be an issue within the service. Without sufficient Housing Demand staff, there is a risk that homelessness decisions are not made in a timely manner. There is therefore an increased potential that ineligible households remain in TA, impacting the availability of accommodation for new applicants. **(Medium)**

Once teams have sufficient staffing resources, there will be a requirement to provide appropriate training. Without this, there is a risk that inappropriate actions are taken as part of the assessment and allocation processes. This risk is increased given the new housing system and demand on services. **(Medium)**

Allocations

The Housing Demand team undertakes an initial assessment to determine whether the Council has an interim duty to accommodate. If so, cases are forwarded to the TA team to identify suitable accommodation. Whilst we sought to test adherence with expected procedures, evidence was not provided to select samples. As such, we cannot provide assurance in this regard. There is therefore a risk that accommodation is not being allocated in a fair manner, and that the Council has insufficient records. **(Medium)**

Contact with Households

There is an expectation that once accommodated, the TA team makes periodic contact with households. Through discussion with the Group Manager – Accommodation, we were advised that formal contact was not being made, owing to the prioritisation of other workload in light of resource constraints. Where there is limited contact with households in TA, there is a risk that tenant issues and concerns are unresolved. This may impact living conditions and the Council's reputation. **(Medium)**

Homelessness Decisions

As per the Housing Act, the Council has 56 days to make homelessness decisions. For positive decisions, the TA team completes reassessments of current accommodation for suitability and seeks permanent accommodation. For negative decisions, households are requested to vacant accommodations. We were unable to complete testing of homelessness decisions as evidence was not provided. Where the Council cannot take assurance over homelessness decisions, there is a risk that such decisions are untimely, impacting reassessments (positive) and evictions (negative). **(Medium x2)**

Notices to Quit (NTQs)

NTQs are issued where licenses are breached, following the sending of warnings. We were unable to complete testing of NTQs as evidence was not provided. Where the process for issuing NTQs is inconsistent and / or inappropriate, there are risks relating to repeat offences, delays in evictions and unavailability of accommodation. **(Medium)**

Reporting

As part of the 2020/21 and 2021/22 reviews, we identified that suitable performance reporting and monitoring was not occurring relative to TA. We were advised that a decision was taken to cease performance reporting from the Capita system in June 2022. However, owing to NEC system issues this had resulted in limited performance reporting to February 2023 for services, including TA. Corrective action was ongoing at the time of our review, with a contractor hired in February 2023 to prepare reports, and data extracted to retrospectively report on TA rent arrears for December 2022 and January 2023. Despite this, without sufficient performance reporting and monitoring, there is a risk that underperformance is not being identified and rectified. **(Medium)**

	Private Sector Providers			
	A management action was agreed as part of the 2021/22 to develop a diversification strategy focussing on engagement with private rented accommodation providers. We were advised by the Group Manager – Accommodation that progress had not been made in this regard, given the level of service demand and staffing resources. Using the information available, we identified that there were 93 Council-owned accommodations, indicating that the remainder of households were housed in private accommodation. Without a diversification strategy, there is a risk of significant disruption to service provision should providers withdraw services. **(Medium)**			
1	The Council will review and approve the request for additional resources within the TA team.	Medium	31 January 2024	Caroline Bartos, Group Manager - Accommodation
2	The Council will review and approve the request for additional resources within the Homelessness team.	Medium	30 November 2023	Caroline Bartos, Group Manager - Accommodation
3	Once teams and sufficient staff are in place, training will be provided regarding the expectations for homelessness and TA processes.	Medium	31 January 2024	Caroline Bartos, Group Manager - Accommodation
	SBC Response *Business case for additional staff has been submitted and approved. In the process of recruiting the following temporary staff for the TA team/Allocations Team: 1 Senior TA Officer; 1 TA Officer; and 1 Allocations Manager. The Allocations Manager will be responsible for managing both the TA team and Allocations Service.* *Even though under the structure for the section, TA Officers sit under Housing Demand, the Temp Allocation Manager will manage the TA Officers as well as the Allocations Team. The Social Lettings Officers will move under the supervision of a Temporary Housing Demand Manager (yet to be recruited). All Allocation of property be it TA or permanent should be managed by the same manager. Social lettings will be managed within Housing Demand in order to assist with prevention of homelessness.* *Once staff are in place we will work towards the following objectives: procurement of additional non hotel nightly paid accommodation; closer monitoring of TA rent accounts to reduce TA arrears; and closer supervision on necessary repairs to TA stock.* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
4	The Council will develop an action plan identifying all system issues relative to TA. This action plan will also include action to be taken, responsible staff and implementation timeframes.	High	30 November 2023	Ian Blake, Special Projects Manager
	SBC Response:			

	We are currently in the process of transferring housing register cases from Capita to NEC and assessing new applications which are received on a daily basis. We have acquired an additional team of 6 officers (3/4 weeks ago) who have all nearly completed relevant training to transfer applications from Capita to NEC, they will also assist the Allocations Officers in assessing the new paper applications which we have received in the meantime since October when Capita switched to view only. *Not having a functioning housing register is impacting our ability to allocate accommodation from TA to permanent accommodation and free up much needed accommodation as well as give housing register applicants a more realistic picture in relation to waiting times on the housing register.* *Capita is available on view only, the information dates back to October 2022 and there are plans to shut Capita down altogether. We require a live system during the transition of applications to NEC. This will be beneficial for issuing information on waiting times and the allocation of permanent accommodation (relieving TA), providing reports etc* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
5	In line with current plans, the Council will ensure that an up-to-date Housing Strategy and Homelessness Strategy is created. Additionally, progress against the action plan will be periodically monitored by an appropriate forum.	High	31 October 2023	Chris Stratford, Director of Housing
	SBC Response: *We haven't discussed this yet. There are fundamental issues to resolve first (e.g. tackling the backlog in Complaints and enquiries, backlog in homeless enquiries/applications and transferring/ updating and approving all housing register applications on to NEC, rent arrears in TA etc).*			
6	The TA Team will ensure that all documentation relating to the TA allocation (including spot placements) processes are retained via DIP.	Medium	31 March 2024	Caroline Bartos, Group Manager - Accommodation
	SBC Response: *All TA paperwork/documentation is retained on DIP.* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
7	The TA Team will design interim measures to ensure that tenants are interacted with through periodic calls to identify any issues with their accommodation (or other related matters).	Medium	30 November 2023	Ian Blake, Special Projects Manager
8	The TA Team will ensure that following notification from the Housing Demand Team (of a positive decision), a reassessment of accommodation is completed to ensure that this is suitable and in line with the Team's Placement Policy.	Medium	31 January 2024	Caroline Bartos, Group Manager - Accommodation

9	The TA Team will ensure that following notifications are received from the Housing Team: • The negative decision has been recorded on Capita/NEC; • A notice-to-quit has been issued; and Assurance is received the ensure that the accommodation had been vacated by the previous licensee.	Medium	31 January 2024	Caroline Bartos, Group Manager - Accommodation
	SBC Response: *All homelessness casework is recorded on Jigsaw. The Housing Demand team notify the TA team of the household composition and requirements (positive/s.193 accepted housing duty cases). The information is listed on the TA request referral.* *Capital has been view-only since Oct 2022. Decisions/data has not been recorded since that date.* *The TA team will issue NTQs following receipt of negative decisions and notify housing demand, rent accounts and housing benefit once the household have vacated TA.* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
10	The TA Team will ensure notices to Quit are served where the tenant breaches the licence agreement with the Council, with this in line with Council Policy.	Medium	30 November 2023	Caroline Bartos, Group Manager - Accommodation
	SBC Response: *NTQs are being issued to tenants if they are in breach of their tenancies. They have not been able to record the issuing of NTQs on the system since Capita switched to view only in October 2022.* *The Council needs to ensure that all landlords/providers are responsible for changing locks once an NTQ on a licence expires. This is not the case for all accommodation which leads to further action having to be taken via the courts.* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
11	Following the resolution of NEC system issues, a mechanism for reporting upon and monitoring TA service performance will be introduced. This will include agreeing performance indicators and subjecting performance to scrutiny.	Medium	30 November 2023	Caroline Bartos, Group Manager - Accommodation
	SBC Response: *All reporting is being impacted by the transition to NEC.* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			

12	The Council will take action to improve the Council's rent arrears profile for those housed in TA. Collection rates will be reviewed via KPI reporting.	High	30 September 2023	Caroline Bartos, Group Manager - Accommodation
	Service is meeting with Revenues and Benefits to discuss all the codes which are required for setting up rent accounts on NEC. *Service is working through outstanding accounts which have not been completed on the NEC system.* *TA Officers do not cover rent collection. They are required to issue the correct licence agreements when signing-up a tenant, set up the rent account, complete the online housing benefit form and issue NTQs* *To see if there is a meeting (fortnightly/monthly) which is attended by both a Senior TA Officer and representatives from Rent Accounts. There should be a regular meeting (TA working group).* ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			
13	The Annual Compliance Statement issued to Private Providers will be reviewed to assess whether the terms and conditions satisfies the Council's legislative duties as a housing provider. Following this, the Council will introduce a monitoring mechanism to ensure: • Providers are only engaged with should they have a signed Compliance Statement in place; These Compliance Statements are reviewed and signed annually.	High	30 November 2023	Ian Blake, Special Projects Manager
14	The Council will develop a strategy to identify households which are no longer owed a duty to be accommodated under the Housing Act 1996.	Medium	30 November 2023	Ian Blake, Special Projects Manager
15	The Council will develop a diversification strategy to engaging with private rented accommodation providers.	Medium	30 November 2023	Ian Blake, Special Projects Manager
	There are fundamental issues to resolve first (e.g., tackling the backlog in complaints and enquiries, backlog in homeless enquiries/applications and transferring/updating/approving all housing register applications on to NEC etc). ***Please note these comments have not been subject to any verification or additional testing by Internal Audit.***			

Housing Management – Health and Safety (Gas, Electrical and Legionella) (24.22/23)	Minimal assurance ← Partial assurance Reasonable assurance → Substantial assurance — +	1 High 3 Medium 3 Low

Conclusion

We have identified areas of weakness, notably in relation to EICRs. At the time of testing, 383 EICRs were overdue from a total of 6,373 (based on the five year review period), with 182 becoming overdue prior to 2020. As such, these properties were non-compliant with related legislation as well as Council policy expectations. It is necessary that the Council introduces additional controls to fully resolve and prevent recurrence, including updating and following the escalation procedure for EICRs. Owing to issues with the Slough Housing (NEC) system, reconciliations of property records on RAMIS could not be completed. We also found improvements could be made in relation to the accessibility of the Compliance Strategy and safety policies, inputting of check completion dates, and timeliness of receiving reports / certificates.

We have found the remaining controls in place to be well designed and adhered to. We noted operational guides included sufficient description for staff and that the frequencies of gas, electric and legionella checks were suitably defined, in line with applicable regulations and guidance.

Sample testing confirmed the operational effectiveness of processes for storing reports / certificates, recording gas and electrical check details, arranging checks (including after major works), escalating procedures for gas checks, and undertaking of remedial works. We also confirmed suitable performance reporting and governance arrangements through review of proceedings at the Operational Subgroup, Operational Management Group, Building Compliance Group and H&S Board. However, the non-compliance with legislation, combined with the other exceptions have resulted in a partial assurance opinion.

Reconciliations

Slough Housing (NEC) has replaced CAPITA as the Council's housing management system, whilst the Risk Monitor RAMIS system is used to manage compliance for RMI properties. Although RAMIS is updated based on known asset disposals, the Compliance Coordinator has been unable to complete an independent reconciliation of records since the transfer from CAPITA in October 2022. This is because data has not been fully migrated to NEC.

Without a full reconciliation, there is a risk that RAMIS records are incorrect, which may lead to checks not been arranged (new properties) or being inappropriately arranged (where properties have been disposed). **(Medium)**

Electrical Checks

EICRs should be completed every five years, with completion dates updated onto the RAMIS system. Through review of a performance report, we identified that the due dates for 383 EICRs from a total of 6,373 had expired and so were non-compliant with related legislation and Council policy. Further review found 149 of these EICRs had expired in 2023, 52 expired between 2020 and 2022 and 182 had expired before 2020. We were advised by the Compliance Coordinator that the expirations were known to the Council, and that work was ongoing to resolve the issue and prevent

recurrence. Without timely EICRs, there is a risk that properties are non-compliant with regards to electrical installations, which may lead to significant health and safety issues should an incident occur. **(1 High and 1 Medium)**

Escalation Procedure – EICRs

The documented escalation procedure for EICRs includes issuing letters and pursing legal action. For a sample of ten expired EICRs, we obtained evidence that letters had been sent, although there was a nine-month period between the first and second letters, and only a three week period between second and third letters. We also found legal action had not been pursued, as procedures were to be revised following instruction from the Magistrates Court. Where a suitable escalation procedure for EICRs is not followed (including timeframes for tasks), there is a risk appropriate action is not taken where access is not granted. As such, EICRs may not be completed in line with due dates. **(Medium)**

1	Following the resolution of NEC system issues, the Compliance Coordinator will resume with reconciling RAMIS and NEC property records. Reconciliations will seek to identify new or removed properties, to ensure compliance checks are suitably known.	Medium	31 January 2024	Chris Stafford
2	The Council will implement the flagging mechanism on the repairs system to identify properties without safety compliance checks. Repairs will only be scheduled once overdue checks are completed.	High	31 July 2023	Ian Stone
3	The Council will introduce additional forward planning for properties with previous access issues for EICRs.	Medium	30 September 2023	Tony Turnbull
4	The escalation procedure for EICRs will be reviewed and updated, notably to outline the action to be taken following the sending of reminder letters (replacing legal action). The actions in this procedure will then be followed (including the timeliness of actions) where no access is granted to complete EICRs.	Medium	30 September 2023	Tony Turnbull

Payroll (including associated financial controls) (13.22/23)	Minimal assurance ← Partial assurance Reasonable assurance → Substantial assurance − +	1 High 3 Medium 2 Low

Conclusion

Our audit has identified a number of weaknesses with the controls linked to payroll functions. It should be noted that the issues identified relate to financial controls and processes that come before or after the involvement of the payroll team. Activities managed by the payroll team were found to be effective, including guidance documents, system access, payment run processing, inputting of payroll rates and actioning payroll updates when notified.

We found that there were often delays in notifying the payroll team of payroll updates (such as new starters, leavers and amendments), resulting in over and underpayments. Sample testing identified that invoices were not being suitably raised by line managers for overpayments, whilst appropriate action had not been taken with regards to one overpayment for which a payment plan should have been agreed. Furthermore, we noted issues with the Agresso system, namely with approval workflows that contributed to delays in notifying the payroll team of payroll updates, and one instance whereby a rejected expense claim proceeded to be paid.

Furthermore, sample testing of mileage claims identified that required supporting evidence had not been agreed and that this was not always being submitted, although this was not a mandatory requirement on Agresso. For example, mileage claims are often not supported with information to verify the journey claimed. However, management have accepted the associated risk(s) with this weakness and a management action has not been agreed.

Timeliness of Notifying the Payroll Team (new starters or amendments)

Updates to the payroll should be notified to the payroll team in a timely manner, to ensure that these are included within the subsequent payroll payment runs. As part of our sample testing, we identified instances where delays in notifying the team of new starters or amendments to working details resulted in back-dated payments being required, whilst delays in leaver information similarly resulted in over/underpayments (under payment as severance was owed). We identified that a number of the delays were caused by system workflow issues, which did not relay information to the payroll team. Where the team is not notified of payroll updates in a timely manner, there is a risk of over and underpayments being made. **(Medium x2)**

Temporary Variations – Rejected Expenses Claims

Expense claims are submitted to managers for review and approval, before approved expenses are automatically transferred into the payroll for the following month. One of our sample of five mileage claims (£251.64) was rejected by the manager, and despite then being returned to and deleted by the submitting staff member, was still paid in June 2022. The Agresso Consultant highlighted that this may have been caused by a system build fault. Where rejected claims proceed to payment, there is a risk erroneous or fraudulent claims are paid and/or financial loss. **(High)**

Overpayments

Overpayments are recovered either via payroll deductions (current staff) or through raised invoices (former staff). For a sample of 10 overpayments, we identified issues with the timeliness of raising invoices and subsequent recovery of amounts, both of which are not the responsibility of the payroll team. Two invoices had not been raised (£712.14), three were only raised following our requests for evidence (£3,023.59), and three raised invoices had not yet been paid (£7,279.22). We also found that one invoice (£2,474.69) had been cleared by a credit note, pending the agreement of a payment plan. The reasons for these findings included that individual managers were responsible for raising invoices (rather than a central team), as well as unclear responsibilities regarding checking and chasing. Where invoices for payroll overpayments are not suitably raised, there is a risk overpaid amounts are not recovered.

Payroll Budget Monitoring

We found there was an inconsistent approach to the monthly budget monitoring reports / meetings (which are expected to cover payroll payments) as part of the Payroll 2021/22 review. We were advised by the Deputy Director Financial Management that the Council was in the process of implementing such a process, in response to actions agreed as part of the Matrix – Management of Agency Staff 2021/22 and Budget Setting and Budgetary Control 2022/23 reviews. As such, we have not repeated a management action as part of this review. However, it should be noted that inconsistent monitoring may continue to contribute to findings identified as part of this audit, such as overpayments being made to leavers. **(Medium)**

We also identified the following risk where a management action has not been agreed and management have agreed to accept the risk.
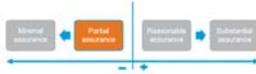
Temporary Variations – Expenses (Mileage)

Temporary payroll variations may include payments for mileage expenses. Five of our sample of expenses (total of 10) related to mileage and we identified that whilst four claims were approved via the workflow, there were no supporting documents added to the system for two of these (totalling £620.10). By means of a walkthrough, we found that mileage claims could be submitted for approval without supporting evidence (unlike other expenses where this was mandatory). We also identified that where supporting evidence was attached, the nature of this was inconsistent (fuel receipts or mileage sheets). Mileage claims are therefore often not supported with information to verify the journey claimed. Without agreement on the type of supporting evidence required for mileage, and having the system require this when submitting, there is a risk that claims cannot be substantiated but proceed to be paid, potentially resulting in financial loss. **Although this area of weakness was identified and discussed with management, management have accepted the associated risk(s) and no management action has been agreed.**

1	SBC and schools' staff) reminding them of the importance of relaying payroll updates to the payroll team in a timely manner.	Medium	31 July 2023	Surjit Nagra
2	Issues with the workflow will be investigated and resolved to ensure that the payroll team are suitably notified of updates required to the payroll.	Medium	31 August 2023	Alistair Rush
3	The Council will investigate both: • Whether this expense payment was made in error; and • Whether there is a system build fault that allows claims rejected by managers and subsequently rejected / deleted by submitters to proceed for payment. Appropriate action will be taken based on the outcomes of the investigations, such as to recover the amount and address the system build fault.	High	31 July 2023	Surjit Nagra
4	The Council will agree the process and responsibilities for raising invoices for overpayments, ensuring invoices have been raised, chasing non-payment, and confirming payment. This will include ensuring overpayment debts are never cleared using credit notes. Once responsibilities have been agreed, this will be embedded as a process.	Medium	31 July 2023	Jasvinder Dalvair/Surjit Nagra

APPENDIX B - SUMMARY OF PROGRESS TO DATE

The table below provides a status update on the summary of progress with the 2022/23 internal audit plan to date (reports shown in **bold** below have been finalised since the last meeting).

2022/23 Internal Audit Plan

Assignment area	Fieldwork date / current status	Draft report	Final report	Opinion	Actions		
					L	**M**	**H**
Leavers Processes (additional review)	Final Report	6 October 2022	19 October 2022	Minimal assurance	0	5	3
Children Missing Education	Final Report	22 September 2022	20 October 2022	Partial assurance	5	5	0
Risk Management – Follow Up	Final Report	22 September 2022	7 November 2022	Advisory	1	1	2
Council Tax	Final Report	1 November 2022	3 January 2023	Partial assurance	3	5	2
Subsidiary Company Governance	Final Report	20 July 2022	21 February 2023	Advisory	2	4	1
Medium Term Financial Strategy	Final Report	23 August 2022	28 February 2023	Reasonable assurance	4	3	0
Budget Setting and Control	Draft Report	26 August 2022					

			Revised draft 2 February 2023				
Workforce - Recruitment and Retention	Final Report	1 September 2022	28 February 2023		5	5	1
Follow up – Part 1	Final Report	21 October 2022	2 March 2023	Good Progress	2	1	0
General Ledger	Final Report	24 October 2022	30 January 2023		2	4	8
Adult Social Care Transformation	**Final Report**	**18 November 2022**	**31 May 2023**	**Advisory**	**2**	**1**	**0**
Housing Benefits	Final Report	28 November 2022	9 January 2023		1	3	3
Payroll (including associated financial controls)	**Final Report**	**30 November 2022**	**21 June 2023**		**2**	**3**	**1**
IT Business Continuity	Final Report	7 December 2022	1 February 2023	Little progress	0	6	1
Treasury Management	**Final Report**	**16 December 2022**	**18 May 2023**		**5**	**4**	**1**
Creditors	Draft Report	9 February 2023					

Delegated Authorities (additional review)	Final Report	28 February 2023	31 May 2023	Minimal assurance ← Partial assurance ← Reasonable assurance → Substantial assurance	0	8	1
Whistleblowing	Final Report	21 February 2023	31 May 2023	Advisory	2	3	0
Rent Accounts Recovery – Full Follow Up	Final Report	25 January 2023	17 May 2023	Little progress	1	5	1
Corporate Health and Safety	Final Report	26 January 2023	28 February 2023	Little progress	3	4	1
Business Rates – Full Follow Up	Final Report	7 February 2023	16 May 2023	Reasonable progress	0	2	0
Temporary Accommodation	Final Report	28 March 2023	01 June 2023	Minimal assurance ← Partial assurance ← Reasonable assurance → Substantial assurance	2	10	5
Rent Accounts		03 April 2023	12 June 2023				
Debtors Management		19 January 2023	30 March 2023				
Capital Expenditure		22 February 2023	16 June 2023				
Cyber Essentials		Now deferred to 2023/24 (budget used for Delegated Authorities review)					
Follow Up – Part 2		13 March 2023	25 May 2023				
Housing Management – Health and Safety (Gas, Electrical and Legionella)	Final Report	21 April 2023	10 May 2023	Minimal assurance ← Partial assurance ← Reasonable assurance → Substantial assurance	3	3	1

Payroll and HR Interface cancelled and replaced with a review of Payments to Temporary and Agency Staff	Now deferred to 2023/24

2023/24 Internal Audit Plan

As agreed with the Head of Internal Audit and Internal Audit Manager for the Council, we have not included an update against the 2023/24 internal audit plan.

APPENDIX C: ASSURANCE OPINIONS

We are constantly developing and evolving the methods used to provide assurance to our clients. As part of this, we have refreshed our opinion levels in line with the graphics below. We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the Council can take:
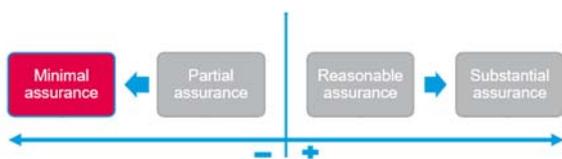
Taking account of the issues identified, the Council can take minimal assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk(s).
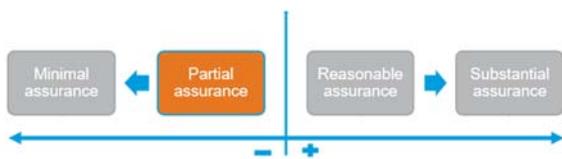
Taking account of the issues identified, the Council can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).
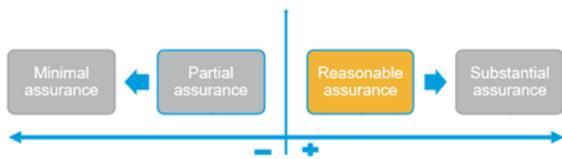
Taking account of the issues identified, the Council can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).
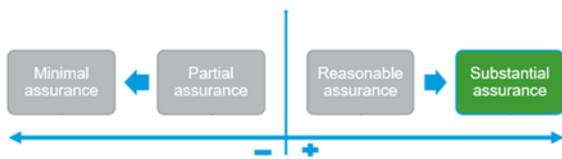
Taking account of the issues identified, the Council can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

FOR FURTHER INFORMATION CONTACT

Dan Harris, Head of Internal Audit

Daniel.Harris@rsmuk.com

Fiona Ho, Manager

Fiona.Ho@rsmuk.com

Alastair Foster, Assistant Manager

Alastair.Foster@rsmuk.com

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