

# **HIGH PEAK BOROUGH COUNCIL**

## **Audit & Regulatory Committee**

**12 February 2025**

<b>TITLE:</b>	<b>2024/25 Internal Audit Periodic Report December 2024 to January 2025</b>
<b>EXECUTIVE COUNCILLOR:</b>	<b>Councillor Alan Barrow - Executive Councillor for Corporate Services and Finance</b>
<b>CONTACT OFFICER:</b>	<b>John Leak - Head of Audit</b>
<b>WARDS INVOLVED:</b>	<b>Non-Specific</b>

**Appendices Attached – Appendix 1 Audit Reports Issued Between 1<sup>st</sup>  
December 2024 and 31<sup>st</sup> January 2025  
Appendix 2 Internal Audit 2024/25 Progress  
Information as at 31<sup>st</sup> January 2025  
Appendix 3 2023/24 Audit Recommendations  
Implementation**

### **1. Reason for the Report**

- 1.1 The Accounts and Audit Regulations 2015 requires the Council to “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”. In accordance with the Public Sector Internal Audit Standards, the Audit Manager must report periodically to the Audit Committee on the internal audit activity’s performance relative to its plan.

### **2. Recommendation**

- 2.1 That the committee notes the progress information contained within this report.

### **3. Executive Summary**

- 3.1 The purpose of this report is to summarise performance information for the Council’s Internal Audit service for the 2024/25 financial year. This includes a breakdown of audits in progress and completed to date, the number and classification of recommendations made, agreed and, where applicable, implemented by management.

3.2 All audit recommendations have been agreed, and to date 100% of 2024/25 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit is satisfied that they will be resolved in an appropriate manner and will continue to monitor such cases. It should be noted that it is the responsibility of relevant Managers to implement agreed recommendations.

#### 4. **How this report links to Corporate Priorities**

4.1 The assurance provided by the work of Internal Audit informs the Annual Governance Statement and therefore helps to ensure our future financial resilience can be financially sustainable whilst offering value for money.

#### 5. **Alternative Options**

5.1 There are no options to consider.

MARTIN OWEN  
**Executive Director (Resources)**

#### **Web Links and Background Papers**

None

#### **Contact details**

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## 6. Detail

### 6.1 Introduction

6.1.1 The purpose of this report is to summarise performance information for the Council's Internal Audit service for the 2024/25 financial year. This includes a breakdown of audits in progress and completed to date, the number and classification of recommendations made, agreed and, where applicable, implemented by management.

6.1.2 The work of the internal audit service is primarily based upon an annual risk assessed audit plan which, for the financial year 2024/25, was agreed by this Committee at the 5<sup>th</sup> June 2024 meeting. The Internal Audit service also undertakes work outside of the audit plan for which a contingency is usually built in. This unplanned work consists mainly of internal control consultancy assignments and special investigations into suspected fraud and irregularity.

### 6.2 Audits Reports Issued & Status of Agreed Recommendations

6.2.1 A summary of the Audit Reports issued during the period 1<sup>st</sup> December 2024 to 31<sup>st</sup> January 2025 is shown in the table below. Further details of these audits outlining key issues and strengths and improvements are shown in **Appendix 1**.

Service	Audit	Recommendations			Assurance
		High Risk	Medium Risk	Low Risk	
OD & Transformation	ICT - Cyber Risk & IT Security - Identify	0	3	9	Satisfactory
Legal Services	Elections	0	2	9	Satisfactory
Regeneration	Regeneration Grant Funding	0	2	8	Satisfactory
Finance	Sundry Debtors	0	0	9	Satisfactory
Communities & Climate Change	Community Support	0	0	8	Satisfactory
Finance	Budgetary Control	0	1	1	Satisfactory

6.2.2 A further breakdown of all of the audits in progress and completed during the current financial year, including the current status of audit recommendations is detailed in **Appendix 2**. All audit recommendations have been agreed and, to date, 100% of 2024/25 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit is satisfied that they will be resolved in an

appropriate manner and will continue to monitor such cases. It should be noted that it is the responsibility of relevant Managers to implement agreed recommendations.

6.2.3 Members will note that, in addition to every individual audit recommendation being allocated a risk, every audit completed has been given an ‘assurance opinion’ based upon Internal Audit’s assessment of the internal control environment. These assurance opinions inform the annual audit opinion on the overall adequacy and effectiveness of the Council’s internal control environment. The control levels are defined as follows:

Control Level	Definition
Substantial	There is a robust framework of controls designed to achieve the objectives and controls are consistently applied.
Satisfactory	There is a sufficient framework of controls which for the most part, are consistently applied. However, weakness in the design or inconsistent application of controls within a few areas put achievement of particular objectives at risk.
Limited	Weaknesses in the system or the level of non compliance with controls in a number of areas are such to put the system objectives at risk.
Unsatisfactory	There is a significant breakdown in the framework of controls, which leaves the system open to significant abuse or error.

6.2.4 **Appendix 3** is a summary of recommendations made in the previous financial year 2023/24 implemented to date. This information will keep Members informed of progress made to ensure that all previous year audit recommendations are implemented. Due dates for implementation of some previous year recommendations will fall into 2024/25 and beyond depending on when the audit was carried out so this appendix will show when those recommendations become due for implementation. In due course, all recommendations will fall due and it will be possible to identify which recommendations have not been implemented.

6.2.5 To date, 93% of 2023/24 audit recommendations that are due have been implemented. Where deficiencies in internal control have been identified and not corrected, Internal Audit is satisfied that they will be resolved in an appropriate manner and will continue to monitor such cases. It should be noted that it is the responsibility of relevant Managers to implement agreed recommendations.

### 6.3 Audits In Progress

6.3.1 The status of audits that are in progress is shown in the table below.

Service	Audit	Status
Housing Services	Pest Control	Audit Complete. Management Response to be finalised.
Revenues & Benefits	Council Tax	Quality Control Stage.
Housing Services	Housing Agency	Audit in Progress.
OD & Transformation	Human Resources	Audit in Progress.
OD & Transformation	Project Management	Audit in Progress.
Finance	Creditor Payments	Audit in Progress.
Revenues & Benefits	NNDR	Audit in Progress.
Revenues & Benefits	Recovery	Audit in Progress.
Leisure & Environmental Services	Leisure Service Provision	Audit in Progress.
Communities & Climate Change	Cultural Services	Audit in Progress.

### 6.4 Progress against Audit Plan

6.4.1 The 2024/25 financial year has seen steady progress against planned audits and all the audits in progress or nearing completion as detailed in 6.3 above will be completed soon.

6.4.2 Current key progress information is summarised in the following table, excluding unplanned work unless otherwise stated:

Summary Progress Information to 31 <sup>st</sup> January 2025	
Percentage of Audit Plan completed / substantially completed	51%
Percentage of Audit Plan In Progress	23%
Number of recommendations made (including unplanned work)	142
Percentage of recommendations agreed with Service Managers (including unplanned work)	100%
Percentage of recommendations implemented within agreed timescale (including unplanned work)	100%

6.4.3 Should recommendations have not been agreed, compensating controls exist or service managers have accepted the risk / inefficiency of the current system for the benefit of service delivery.