ARGYLL AND BUTE COUNCIL

AUDIT COMMITTEE

STRATEGIC FINANCE

23 SEPTEMBER 2016

INTERNAL AUDIT SUMMARY OF ACTIVITIES

1. EXECUTIVE SUMMARY

- 1.1 The objective of the report is to provide a summary of Internal Audit activity and progress during Quarter 2.
- 1.2 Core activities together with a progress update statement are shown below.
 - 16/17 Audit Plan progress: The Audit plan is currently on track.
 - Individual Audits undertaken: 7 audits have been completed during the period. Of these Audits, 1 is rated as No Assurance.
 - Continuous Monitoring Programme Testing: A number of auditable units are subject to continuous testing. Reporting is by exception. Management have responded to previous quarter notifications and there are no outstanding issues.
 - **Performance indicators**: Current status is green / on track.

INTERNAL AUDIT SUMMARY OF ACTIVITIES

2. INTRODUCTION

- 2.1 The objective of the report is to provide an update on Internal Audit activity during Quarter 2 against a number of areas;
 - 16/17 Audit Plan progress
 - Individual Audits undertaken
 - Continuous Monitoring Programme Testing
 - Internal Audit Development Plan
 - Performance indicators

3. RECOMMENDATIONS

3.1 The Audit Committee is asked to note the content of the report.

4. DETAIL

- 4.1 The 16/17 Audit Plan is currently on track.
- 4.2 Audits completed to August are detailed in Table 1.

Table 1: Summary of Audits performed in Quarter 2 2016/17:

Audit Name	Level of Assurance	No. of Recommendations	High Recommendations
2016/17			
Census Submission Protocols	Reasonable	2	0
CAA Compliance - Oban Airport	Reasonable	4	0
Strategic Finance	Reasonable	8	4
Hub North Project Financing	Substantial	2	0
Leader and Flag	Reasonable	1	1
Adult Care Charging Waivers	No Assurance	12	11
Resource-Link	High	0	0

4.3 Audits planned for the Quarter 3 16/17 are shown in the table below.

Quarter 3
Property Maintenance
Tax Incremental Financing (TIF)
PECOS
Education Maintenance Allowances (EMA's)
TOTAL (Roads Costing)
ICT
Additional Support Needs – Needs Analysis
All Weather Pitch Facilities

- 4.4 Internal Audit has received a request via the Chief Executive to undertake an additional audit in respect of All Weather Pitch facilities. Terms of reference have been agreed and work has commenced. It is anticipated that this report will be submitted to the December meeting of the Audit Committee.
- 4.5 A number of areas which were previously subject to individual audits now form part of our continuous monitoring programme. These areas are tested on a regular basis and detailed reporting will be by exception to Audit Committee. Standard audit tests are applied relevant to each auditable unit. A follow up process is in place whereby management are advised of findings and where appropriate, requested to take remedial actions. There are currently no outstanding follow-up points arising from previous quarters testing. Table 2 below summarises activity to date outlining issues arising and provides an overall level of assurance together with follow up detail.

Table 2: Continuous monitoring programme results:

Audit Unit	Areas Tested	Issues Arising	Overall Assurance Level	Follow up
Payroll and Overtime	 Excessive & Regular Overtime Ghost Employees Duplicate Employees 	Excessive overtime paymentsNoneNone	Substantial	Management provided reason as to overtime requirement.
Creditors	 Authorisation of batch invoice payments Duplicate invoices 	One invoice was not appropriately authorised in accordance with agreed limits	Substantial	Management to review Re- issue protocols.
	Review of administration and use of Imprest accounts	NoneOn-going		

Audit Unit	Areas Tested	Issues Arising	Overall Assurance	Follow up
			Level	
General Ledger	Creation and posting of journals demonstrate segregation of duties	Of a sample of 20 journals tested, 5 were found to have been uploaded and posted by the same person	Limited	The journals related to calculated allocation journals where the user ran a model and posted the journal. The process will be reviewed to ensure that there are appropriate controls in place.
	 There are processes in place to ensure that all subsidiary systems feed into the general ledger. The General Ledger is regularly reconciled with underlying systems. Trial balances are produced on a regular basis and reviewed for 	• None	Substantial	
	reasonableness by a person within the finance function with appropriate authority			
Debtors	Access to the Debtors system is restricted to appropriate personnel	• None	Substantial	Manual and Access rights to be reviewed and updated where
	Invoices and credit notes are promptly and appropriately authorised.	• None		appropriate.
	Invoices are allocated a sequential	• None		

Audit Unit	Areas Tested	Issues Arising	Overall Assurance Level	Follow up
	number • Financial procedures are documented which detail day to day operation of the Debtors system and are regularly reviewed.	The Debtors manual was issued by the Head of Strategic in May 2013. There is no evidence of a review of this manual since its original issue.		
	User list and access rights are reviewed on a regular basis.	The Debtors system administrator advises that the user list/access rights have been reviewed in the past however this is not done on a regular basis.		
Treasury	Compliance with investment credit ratings and suggested investment duration.	All investments were found to have complied with the creditworthines s requirement for both sovereign and individual bank ratings.	Substantial	Guidance to be updated to reflect credit rating protocols. Supporting documents / Audit Trail to be reviewed
		All investments were also found to be compliant with the suggested investment term provided by CAPITA. However, this proved difficult to test as the CAPITA system is live and changes daily, reliance was based on the Credit updates sent		to ensure easy cross-reference.

Audit Unit	Areas Tested	Issues Arising	Overall Assurance Level	Follow up
	Appropriate minimum credit ratings are stipulated in the procedural instructions, to be followed by the treasury team when considering investments.	through by CAPITA closest to the time of investment. Consideration should be given to an audit trail process which clearly evidences investments made. Guidance states that the "minimum credit ratings criteria the Council use will be a Short Term rating Fitch or equivalents of F1 and a Long Term rating of A" However, Internal Audit was advised that the Treasury staff consider Standard & Poors credit ratings when investing. Consideration should be given to standardising	Level	
		guidance/ practice.		
Establishment Visit - Willowview	Fire Safety	Scottish Fire and Rescue undertook a fire safety Audit in May 2016. It was noted that this report highlighted a photocopier was causing an obstruction to a fire exit. At the	Reasonable	Management have confirmed issues identified have been rectified.

Audit Unit	Areas Tested	Issues Arising	Overall Assurance Level	Follow up
	Health & Safety	time of the Audit visit no action had been taken. • Willowview has disability access via a ramp to reception. It was noted that the vegetation is encroaching the ramp and has the potential to become a H&S hazard over the summer		
Leisure Establishment Visit – Mid Argyll Sports Centre	Members are made aware of membership rules and conditions.	Membership rules are not currently displayed in facility.	High	Membership rules are now clearly displayed in Reception and Fitness Suite noticeboards
	Advice regarding charges and payments are displayed at the establishment.	There is no guidance displayed advising customers to obtain a receipt or to make cheques payable to the organisation.		Public notice now displayed at reception informing customers to obtain receipts after transactions and to make cheques payable to Argyll & Bute Council.
Local Government Benchmarking Framework (LGBF)	 CORP6 Sickness (1) Absence CORP 3b and 3c (2 and 3) Equal opportunities Policy CORP 4 Council Tax Collection (5) CORP 7 Council Tax Income (6) 	Overall there were no significant issues For: ENV1,1a,2,2a Refuse Collection (23) the coordinator was unable to provide	High	None

Audit Unit	Areas Tested	Issues Arising	Overall Assurance Level	Follow up
	 CORP 8 Payment of Invoices (7) C&L3 Museums (11) ENV1,1a,2,2a Refuse Collection (23) 	sufficient back up evidence to support the return in terms of residential properties. The figure in the return required to be amended due to miscalculation.		

4.6 A follow up process for National/External reports is in place whereby management are advised of recommendations within reports and where appropriate, requested to take required actions. Table 3 below details the National Reports issued during quarter 2 along with follow up detail.

Table 3: Issue of National Reports in Quarter 2:

National Report	Issued To	Detail	Management response/ Action taken
Ensuring employers comply with National Minimum Wage regulations	 Chief Officer, Health & Social Care Head of Improvement and HR Procurement & Commissioning Manager Head of Strategic Finance 	It is important that the Government maintains its progress in ensuring all employers pay the minimum wage. This report finds that noncompliance with the National Minimum Wage in the social care sector remains a concern.	Report currently with management for consideration and will be subject to routine follow-up.
Discharging older patients from hospital	 Chief Officer, Health & Social Care Head of Adult Services – East Head of Adult Services – West 	There are currently far too many older people in hospitals who do not need to be there. Without radical action, this problem will worsen and add further financial strain to the NHS and local government.	For information only
Accounts Commission annual report	Head of Strategic Finance	This report highlights the Commission's	For information only

0045/40		arranta da a 190	
2015/16 Whole of	Head of Strategic	work in auditing Scotland's 32 councils and various national reports and Best Value audits, which included ABC, carried out over the last year.	Report currently
Government Accounts	Finance	government owns, owes, spends and receives.	with management for consideration and will be subject to routine follow- up.
Financial Sustainability of local authorities: capital expenditure and resourcing	Head of Strategic Finance	Authorities face a growing challenge to continue long-term investment in their existing assets	Report currently with management for consideration and will be subject to routine follow-up.
The National Fraud Initiative in Scotland	Senior Management Team	The security and transparency of Scotland's public finances have been strengthened after a national datasharing exercise found nearly £17million of fraud and error across services.	For information only
Supporting Scotland's Economic Growth	 Executive Director, Development & Infrastructure Services Head of Economic Development 	Enterprise bodies performing well but governments economic strategy needs more development.	only
Maintaining Scotland's roads	 Chief Executive Executive Director, Development & Infrastructure Head of Roads & Amenity Services Head of Strategic Finance 	Urgent action is needed if the condition of Scotland's roads is to improve. This reports states proper maintenance of the roads network is vital for economic prosperity and for people to get around safely.	Report currently with management for consideration and will be subject to routine follow-up.

4.7 National Fraud Initiative (NFI). Data matching involves comparing computer records held by one body against other computer records held by the same or another body to see how far they match. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified but the inclusion of personal data within a data matching exercise

does not mean that any specific individual is under suspicion. Where a match is found it indicates that there may be an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out. The Council is currently on track with NFI upload timetable and where matches have been released these are being reviewed. The national overview report has been published and is scheduled for discussion as a separate agenda item.

4.8 This section highlights progress made against the actions points in our Internal Audit development plan. These include improvements identified as a result of our review against the Public Sector Internal Audit Standards. An additional action has been added in respect of self-assessment activity.

Table 4: Internal Audit Development Key Actions:

Area For Improvement	Agreed Action	Progress Update	Timescale
Training and CPD	Formalise our plans for internal audit training, including continuing professional development (CPD)	On Track: Strategic Finance service have recently been awarded Employer Accreditation (CIPFA)	On-going
Audit Plan Preparation	2017/18 Draft Plan submitted to December Audit Committee	On track	December 2016
SharePoint site	Roll – out stakeholder system view	Rescheduled to due available resource.	Rescheduled December 2016
PSIAS – Internal Self-Assessment	IA team to review process and guidance documentation in preparation for External review	On Track	February 2017

4.9 Internal Audit scorecard data is available on pyramid. The indicators are currently showing as on track. The undernoted table is an extract of the key information.

Internal Audit Team Scorecard 2016 – 17 FQ 1 16/17						
TEAM RESOURCES	TEAM RESOURCES					
	TARGET	Percentage of PRDs complete				
PRDs IA Team G ➡	90%	100%				
	Number of eligible employees FTE	Number of PRDs complete FTE				

	4		4		
Financial	I.	[
Revenue Finance	BUDGET	Α	CTUAL	G	
YTD Position	£65,423		£70,172		
Year End Outturn	£217,780		£217,780	=	
SF02 Assurancethat financial and					
management controls are operating effectively					
Audit risk assessment	Status		n Track	G	
prepared by 31 January	Target	C	n Track	1	
Annual Audit Plan	Status	C	n Track	G	
	Target	C	n Track		
Annual audit plan approved by 31 March	Status	C	n Track	G	
	Target	C	n Track	1	
% of audit recommendations accepted	Actual		100%	G ⇒	
	Target		100%		
	Benchmark		100%		
% Recommendations followed up	Actual		100%	G	
	Target		100%	3	
	Benchmark			7	
Percentage qualified staff	Actual		50%	R ⇒	
	Target		60%		
	Benchmark				
% satisfaction rates from post audit surveys	Actual		100%	G 1	
	Target		80%		
	Benchmark				
% customer satisfaction with audit reports	Actual		100%	G	
	Target		80%	•	
	Benchmark				
Internal Audit Training days	Actual		11 days	R	
	Target		15 days		
	Benchmark			•	

5. CONCLUSION

5.1 The 16/17 Audit Plan is on track. A number of individual issues have been identified via our continuous monitoring programme however testing has provided an overall substantial level of assurance.

6. IMPLICATIONS

- 6.1 Policy Internal Audit continues to adopt a risk based approach
- 6.2 Financial -None
- 6.3 Legal -None
- 6.4 HR None

- 6.5 Equalities None
- 6.6 Risk None
- 6.7 Customer Service None

Kevin Anderson, Chief Internal Auditor 23 September 2016

For further information contact:

Kevin Anderson, Chief Internal Auditor (01369 708505)