Report to: Audit and Scrutiny Committee

Date of Meeting: 20 April 2023

Subject: Internal Audit Plan 2023/24

Report by: Internal Audit Manager

1.0 Purpose

1.1. This report presents a 2023/24 Internal Audit Plan for approval.

2.0 Recommendations

- 2.1 It is recommended that the Committee:
 - notes the resources available to Internal Audit;
 - notes that the plan is indicative and flexible;
 - approves the Internal Audit Plan for 2023/24; and
 - notes that progress will be reported to the Audit Committee on an ongoing basis.

3.0 Considerations

- 3.1 The Public Sector Internal Audit Standards 2017 (PSIAS) require the preparation of a risk based Internal Audit Plan setting out the team's annual work programme. For 2023/24, this has again been done within the context of a Joint Working Agreement with Falkirk Council (this Agreement covers the period to 31 March 2024).
- 3.2 Priorities, resource, and Directorate capacity has, and will continue to, fluctuate and change over the course of 2023/24. This Internal Audit Plan must be considered indicative and flexible. There is a chance that all planned assignments will not be completed as Internal Audit resource will continue to be directed to areas where there is the greatest need.

4.0 Clackmannanshire Council Internal Audit Plan: Internal Audit Resources and Reporting Arrangements

- 4.1 Internal Audit's role is to provide a balanced and evidence based opinion on the adequacy of the Council's arrangements for risk management, governance, and control.
- 4.2 To do this, the Internal Audit team must be:
 - independent;
 - objective in performing audit work; and
 - adequately resourced, experienced, qualified, and knowledgeable.
- 4.3 The Internal Audit team are experienced and professionally qualified. The role, authority, and responsibility of the team is formalised within an Internal Audit Charter. The updated Charter was approved by the Committee at the August 2022 meeting. The Charter is clear that Internal Auditors will have no direct operational responsibility or authority over any of the activities audited, and that they must exhibit the highest level of professional objectivity at all times.
- 4.4 The resource available to deliver the 2023/24 Internal Audit Plan is summarised in the table below:

Activity	Planned Days
Annually Recurring Assignments	91
Committed Assignments	245
Other Client Work	45
Total	381

- 4.5 Key points relating to this table are:
 - Annually Recurring Assignments: These are assignments that Internal Audit is committed to undertaking on an annual basis. They will be completed as demand requires, and time permits, over the course of the year. A summary of each of these assignments is set out at Appendix 1;
 - **Committed Assignments**: It is inevitable that there will be changes to the council's risk profile over the course of the year. On that basis, Internal Audit will commit to undertaking a programme of assignments, however, a degree of flexibility is required to react to any changes in the Council's risk profile. Details of these reviews are set out at Appendix 2; and
 - **Other Client Work:** This covers time allocated to the delivery of Internal Audit services to: Clackmannanshire and Stirling Integration Joint Board and Central Scotland Valuation Joint Board. Conclusions and findings

arising from this work will be reported to the relevant client Committee. A summary of this work is set out at Appendix 3.

- 4.6 As required by PSIAS, this Plan was developed taking account of key financial and other risks. This was done by:
 - considering the Council's Corporate Risk Log;
 - reviewing key governance documents (such as the Corporate Plan and Committee papers); and
 - consulting with senior managers.
- 4.7 For each assignment a more detailed Terms of Reference will be agreed with the relevant Strategic Director prior to the commencement of fieldwork. This will be linked to the relevant corporate risk(s) and set out the scope of work to be undertaken.
- 4.8 On completion of each review, Internal Audit will issue a draft report to the Strategic Director. In most instances, this will include an opinion on the adequacy of risk management, governance, and control arrangements in the area under review, and an action plan setting out any recommendations for improvement. The assurance will be provided in line with the definitions set out at Appendix 4.
- 4.9 For some assignments no overall assurance will be provided. This may be the case where, for example, Internal Audit undertake work in relation to a developing system and issue a Position Statement rather than a full report (although recommendations may still be raised), or where we are involved as part of a longer term workstream.
- 4.10 Where Internal Audit makes recommendations, the Strategic Director will be required to provide formal responses (including action dates). The report and completed action plan will then form the final record of the assignment. Chief Officers are responsible for ensuring that all recommendations are implemented by the agreed action date, and the corporate Pentana system is used to monitor and manage this.
- 4.11 Recommendations are subject to a grading process, as per the table below. This ensures recommendations are addressed according to priority.

Grade	Description
1	Key risks and / or significant deficiencies which are critical to the achievement of the strategic objections. Consequently management needs to address and seek resolution urgently.
2	Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt, but not immediate action by management.
3	Less significant issues and / or areas for improvement which we consider merit attention, but do not require to be prioritised by management.

- 4.12 Progress with completing the 2023/24 Internal Audit Plan will be reported to Committee throughout the year. Internal Audit will work closely with the Council's appointed External Auditors to ensure that work is co-ordinated and complimentary.
- 4.13 Each year, an Internal Audit Annual Assurance Report will be presented to Committee. This will give an overall opinion on the Council's risk management, governance, and control arrangements, based on the work Internal Audit has carried out over the course of the year.

5.0 Sustainability Implications

5.1. None Noted.

6.0 **Resource Implications**

Financial Details

- 6.1. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.
 Yes □
- 6.2. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

Staffing

6.3. No implications other than those set out in the report.

7.0 Exempt Reports

7.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

8.0 Declarations

- 8.1 The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.
- (1) **Our Priorities** (Please double click on the check box \square)

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all Our families; children and young people will have the best possible start in life Women and girls will be confident and aspirational, and achieve their full potential

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Our communities will be resilient and empowered so that they can thrive and flourish

(2) **Council Policies** (Please detail)

9.0 **Equalities Impact**

9.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? No 🗖 Yes 🗌

10.0 Legality

10.1 It has been confirmed that in adopting the recommendations contained in this Yes 🛛 report, the Council is acting within its legal powers.

11.0 Appendices

- 11.1 Please list any appendices attached to this report. If there are no appendices, please state "none".
 - Appendix 1: Internal Audit Plan 2023/24 Annually Recurring Assignments.
 - Appendix 2: Internal Audit Plan 2023/24 Committed Assignments.
 - Appendix 3: Internal Audit Plan 2023/24 Other Client Work.
 - Appendix 4: Definition of Internal Audit Assurance Categories.

12.0 Background Papers

12.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes \Box (please list the documents below) No \Box

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Stuart Crickmar	Strategic Director Partnership and Performance	

INTERNAL AUDIT PLAN 2023/24 ANNUALLY RECURRING ASSIGNMENTS

No.	Directorate	Purpose and Scope of Assignment
A01	All Directorates	National Fraud Initiative The National Fraud Initiative (NFI) is a bi-ennial counter fraud exercise using data matching to identify potential fraud and error. In Scotland, the NFI is administered by Audit Scotland, with the results of the data matching exercise made available to individual Councils via a secure website. Data matches relate to areas such as Housing Benefit, Council Tax Discount, Payroll, Pensions, and Creditors. The Internal Audit Manager and Senior Internal Auditor are 'key contacts' for Clackmannanshire Council. The role of the 'key contact' is to co-
		ordinate the gathering of data from Services and to upload that data to the secure NFI web portal (November 2022). The outcomes arising from Audit Scotland's data matching were released back to the Council in late January 2023. It is the responsibility of the 'key contacts' to co-ordinate and support Services in their investigation of those matches. Risks Mitigated: • Insufficient Financial Resilience; and
		 Failure to Address Serious Organised Crime.
A02	All Directorates	Continuous Auditing This will focus on the testing of payments to suppliers of goods and services to identify any potential duplicate amounts paid. Additional work this year on the rationalisation of suppliers; checking for any duplicates and also suppliers with the same details as employees.
		Risk Mitigated:Insufficient Financial Resilience.
A03	Place	Climate Change Act Public Body Duties Audit The Climate Change (Scotland) Act introduced the requirement for public bodies to report on their climate change duties. The Council must submit an Annual Report to the Sustainable Scotland Network (SSN). This report must cover areas such as climate change governance, management and strategy, emissions, targets, and projects. Internal Audit will review reporting arrangements, and the accuracy of the information included in the report, prior to submission to the SSN.
		Risk Mitigated:Continued Contribution to Climate Change
A04	All Directorates	Consultancy Work The Public Sector Internal Audit Standards are clear that the provision of ad hoc consultancy and advice to Services is a key element of Internal Audit's role. This time will be used to work closely with Services on things like: involvement in corporate projects and working groups; the provision of advice on guidance and controls; short term assignments requested by Services; and input into the investigation of actual or alleged irregularities.

No.	Directorate	Purpose and Scope of Assignment
A05	All Directorates	 Work on Recommendations Outstanding All recommendations made by Internal Audit are uploaded to the Pentana performance management system, with accountability and responsibility for implementing each recommendation allocated to the relevant manager. While Internal Audit will not follow up on the implementation of all recommendations, we have allocated time to the targeted follow up of a sample of these.
A06	Internal Audit	Public Sector Internal Audit Standards: Self AssessmentThe Internal Audit team is required to operate in compliance with PublicSector Internal Audit Standards (PSIAS).The Internal Audit, Risk, and Corporate Fraud Manager must establish aquality assurance and improvement programme comprising annual selfassessment and five yearly independent external assessment. Theindependent external assessment is expected to be carried out in quarter2 of 2023/24.

INTERNAL AUDIT PLAN 2023/24 COMMITTED ASSIGNMENTS

No.	Directorate	Purpose and Scope of Assignment
A07	Partnership and Performance / All Directorates	IT and Information Security Governance This high level review will cover governance arrangements in relation to IT and information security, including accountabilities, roles (group and individual), responsibilities, and the framework of policies, guidance, and training.
		Risk Mitigated:
		 Information not managed effectively; IT system failure; and Health and Safety breach.
A08	People / All Directorates	Purchase Order Arrangements at Clackmannanshire for Adult Social Care This audit will test a sample of Adult Social Care payments made, and review purchase order and invoice authorisation to ensure compliance with policies and procedure. Risk Mitigated: • Insufficient financial resilience; and • Failure to address Serious Organised Crime.
A09	Partnership and Performance / People	Leisure Income Follow Up Review This review will follow up on the previous 2021/22 report to ensure recommendations have been implemented. This will include sample testing. Risk Mitigated:
		Insufficient financial resilience.
A10	Partnership and Performance / All Directorates	Freedom of Information Requests We will review the arrangements. This will include legislative requirements; roles and responsibilities; monitoring; and reporting.
		Risks Mitigated:
		Information not managed effectively.
A11	All Directorates	Care Home Residents Monies A review of the roles and responsibilities, policies and procedures, and security of residents bank accounts and cash. Risks Mitigated:
		 Information not managed effectively; Insufficient financial resilience; and Impact of poverty.

No.	Directorate	Purpose and Scope of Assignment
A12	Partnership and Performance / All Directorates	Overtime Arrangements Review the policy and procedures specifically around overtime arrangements. This will include sample testing.
		Risks Mitigated:
		 Insufficient financial resilience; and Impact of poverty.
A13	Place / Partnership and Performance	Energy Bills Support Scheme (EBSS) We will review EBSS payment arrangement via a sample of applications. We will focus on assessing compliance with UK Government guidance.
		Risks Mitigated:
		 Insufficient financial resilience; and Impact of poverty, inequality, or changing demographics.
A14	People	School Admissions Policy A review to ensure that the Policy is robust and adhered to.
		Risks Mitigated:
		 Attainment gap; Harm to children; Information not managed effectively; and Impact of poverty, inequality, or changing demographics.
A15	Partnership and Performance / All Directorates	Use of Purchase Cards We will review purchase cards arrangements. This will include compliance with Financial Regulations, reviewing transaction limits and authorisations.
		Risk Mitigated:
		 Supply chain disruption; Insufficient financial resilience; and Organisational transformation.
A16	Partnership and Performance / All Directorates	Community Benefits Sample check contracts to understand if Community Benefits were agreed as part of the award of the contract; and if they have been completed, monitored, and reported appropriately.
		Risk Mitigated:
		 Impact of poverty, inequality, or changing demographics; Information not managed effectively; and Attainment gap.

No.	Service	Purpose and Scope of Assignment
A17	Clackmannanshire and Stirling Integration Joint Board	Clackmannanshire and Stirling Integration Joint Board NHS Forth Valley's Chief Internal Auditor fulfilled this role for the Integration Joint Board (IJB) for the three years since 01 April 2019. From 2022/23 that lead role transferred to the Clackmannanshire Council Internal Audit Manager for three years. The Internal Audit Plan for 2023/24 will be presented to the IJB Audit Committee in June 2023.
A18	Central Scotland Valuation Joint Board	Central Scotland Valuation Joint Board The Internal Audit Plan for 2023/24 will be presented to the Central Scotland Valuation Joint Board Audit Committee in June 2023.

INTERNAL AUDIT PLAN 2023/24 OTHER CLIENT WORK

DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial Assurance	Largely satisfactory risk, control, and governance systems are in place. There may be some scope for improvement as current arrangements may undermine the achievement of objectives or leave them vulnerable to error or abuse.
Limited Assurance	Risk, control, and governance systems have some satisfactory aspects. There are, however, some significant weaknesses likely to undermine the achievement of objectives and leave them vulnerable to an unacceptable risk of error or abuse.
No Assurance	The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.