# **BlackpoolCouncil**



# **Background**

All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The latter states that authorities must "undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance".

The guidance accompanying the Regulations recognises both the Public Sector Internal Audit Standards (PSIAS) 2017 and the CIPFA Local Government Application Note for the UK. The standards define the way in which the Internal Audit Service should be established and undertakes its functions.

The standards also requires that an opinion is given on the overall adequacy and effectiveness of the Council's control environment comprising risk management, control and governance, which is informed by the work undertaken by the Council's Internal Audit Service.

The Council's Internal Audit service conforms to the Public Sector Internal Audit Standards as confirmed by the independent peer review carried out in 2021.

## **The Role of Internal Audit**

The role of the internal auditor is to provide independent, objective assurance to management that key risks are being managed effectively. To do this, the internal auditor will evaluate the quality of risk management processes, systems of internal control and corporate governance frameworks, across all parts of an organisation, and provide an opinion on the effectiveness of these arrangements. As well as providing assurance, an internal auditor's knowledge of the management of risk enables them to act as a consultant and provide support for improvement in an organisation's procedures. For example, at the development stage of a major new system where the internal auditor can help management to ensure that risks are clearly identified and appropriate controls put in place to manage them.

# **The Importance of Assurance**

By reporting to senior management that important risks have been evaluated, and highlighting where improvements are necessary, the internal auditor helps senior management to demonstrate that they are managing the organisation effectively on behalf of their stakeholders. Hence, internal auditors, along with senior management and the external auditors are a critical part of the governance arrangements of the Council, with the work of internal audit significantly contributing to the statutory Annual Governance Statement (AGS).

## **Development of the 2024/25 Internal Audit Plan**

To enable the above, the Head of Audit and Risk is required to produce an annual risk based Internal Audit Plan to determine the priorities of the internal audit activity. The proposed activity needs to be consistent with the Council's priorities and take into account the Risk Management Framework.

To ensure internal audit resources continue to be focussed accordingly, it is essential to understand clients' needs, which means building relationships with key stakeholders to gain crucial insight and ongoing intelligence into the strategic and operational challenges across the Council. This insight is not only identified at the initial development stages of the plan, but dialogue continues throughout the year which increases the ability for the Internal Audit Service to adapt more closely to meet the assurance needs of the Council. The production of the Internal Audit Plan consists of a number of key steps as defined below.

Initially the Head of Audit and Risk maps all Council services against the Strategic Risk Register to prepare what is known as the Audit Universe. The Internal Audit Team then collectively score the Audit Universe using the criteria set out in **Table 1** below:

Table 1 - Risk Criteria for Scoring the Audit Universe

		Risk Criteria			
	Materiality	System Stability	Degree of Devolved Control	Internal Control *(1)	Sensitivity of System *(2)
1	No financial implications	Very stable, no development proposed, well established systems	Minimal	Strong	Little Sensitivity
2	System with financial implications	Stable, some marginal changes	Partial	Reasonable	Some Sensitivity
3	Financial system	Significant changes, some new developments planned	High	Concern	Sensitive
4	Significant financial system	New system being implemented/recently installed	Total	Weak	Highly Sensitive
Weighting in Model	0.3	0.2	0.2	0.2	0.1
*(1) Inte	rnal Control		* (2	2) Sensitivity of S	Svstem
Factors to assess to - previous IA/DA -division of duties -perceived quality -morale/staff turn	o reach conclusion: findings s v of staff/systems		Factors to assess to reach conclusion: - confidentiality of data - impact of failure on other systems - political interest - client/customer sensitivity		usion:
		after the initial assessment to account for the time sin	oo the last avalit	ravious of the avete	
A W	1 Yea	r=0; 2 Years=0.05; 3 Years=0.1; 4 Years=0.2; 5 Years=	0.3; Never=0.3		÷111.
	Similarly,	a final weighting factor is applied to account for Mana Low Priority=0; Medium Priority=0.1; High Priority	•	es.	
		Low Triority=0, mediani Triority=0.1, High Priority	-0.2		

This exercise provides a percentage score for the level of risk in each service using the following criteria:

- 75% and above high risk
- 60% to 74% medium risk
- Less than 60% low risk

The Audit Universe is then further populated to include the year that the service was last subject to an internal audit and if there are other sources of assurance (such as Ofsted or CQC reports) which we can place reliance on. The Internal Audit Team hold a planning day and based on their knowledge and experience of the Council, help identify key risk areas.

In addition to the above risk based approach there is a programme of compliance audits which take place every three years so these are also factored into the resource allocation.

All of the above information is then used to prepare an agenda for the Head of Audit and Risk to meet with each Director and their Heads of Service to discuss potential areas of coverage. At these meetings the Head of Audit and Risk explains why areas have been identified as part of the Audit Risk Assessment Process and seeks views on what senior managers understand to be the key areas of risk faced by their services.

The information is then collated into a full list of internal audit requirements and the Head of Audit and Risk maps these against available resource and undertakes a further assessment to determine what can be covered by the Internal Audit Team in the year. This takes account of both the level of risk, other assurance work and when the area was last subject to internal audit whilst being mindful of the need to ensure an appropriate level of coverage over all directorates.

The Head of Audit and Risk then meets with the Chief Executive and Section 151 Officer to discuss the draft plan and resource allocation. The draft plan is also discussed with the Chair and Vice Chair of Audit Committee at the agenda setting meeting prior to Audit Committee.

Once all the above consultation has taken place the Head of Audit and Risk prepares an annual Internal Audit Plan which is then taken to the Corporate Leadership Team for consideration and the Audit Committee for approval.

## **Resource Allocation**

The audit plan is based on the service structure, which currently includes two senior auditor, six auditors and the Head of Audit and Risk who splits their time across the four services which they manage.

It should however be noted that there is one auditor and one senior audit vacancy in the team and if recruitment is unsuccessful this may impede full delivery of the plan. A review of structure is taking place as part of the recruitment considerations.

The plan is based on 1,279 audit days for the 2024/25 year. This level of input, with the ability to commission specialist internal audit resources if required, is considered acceptable to provide the assurance the Council needs.

# **Changes to the Plan**

The Head of Audit and Risk will continue to reassess resources required against the Council's priorities and risks and will amend the plan throughout the year as required, reporting any key changes to the Section 151 Officer and Audit Committee.

## **Overall balance of coverage**

The work of the team is divided into three main areas:

- Reviews of Council systems and processes on a risk assessed basis to ensure controls are adequate, coupled with a programme of follow-up work to ensure high risk findings are implemented.
- Compliance testing to ensure:
  - Significant financial systems remain 'fit for purpose';
  - Adequate financial and governance procedures in maintained schools; and
  - Appropriate financial controls are in place at Council settings such as for social care settings and other establishments.
- Provision of consultancy and advice to service management on request regarding aspects of internal control.

The detailed audit plan including areas of coverage can be found in **Appendix 1** of this report.

# **Types of Audits**

#### **Risk based reviews**

The objectives of each risk based audit is to identify potential business risks and provide assurance on the adequacy and effectiveness of the associated controls in the following areas:

- Management To ensure the consistency of operations or programs with established objectives and goals and effective performance.
- o Value To ensure the effectiveness and efficiency of operations and employment of resources.
- Regulatory To ensure compliance with significant policies, plans, procedures, laws, regulations.
- o Information To ensure the reliability and integrity of management and financial information processes, including the means to identify, measure, classify and report such information.
- Security To ensure safeguarding of assets.

#### **Compliance testing**

Risk based audit work is complemented by a robust set of compliance testing. The compliance element of the audit programme can be split into the following sub-headings:

#### **Financial Control Assurance Testing**

This involves the testing of core financial system transactions to ensure that all major financial systems are subject to an adequate level of audit review work. A cyclical programme has been implemented to ensure that all key financial systems are subject to a compliance audit every three years.

Firstly, a controls evaluation takes place to assess what controls are in place and whether these controls, if operated as documented, should reduce risk of error to an acceptable level. Secondly controls compliance testing takes place on a sample basis to obtain and assess evidence of whether controls in place have been adhered to.

#### **Schools Audit**

Each maintained school will be subject to an audit every three years, or more frequently if necessary. The scope of school audits is based on the following core areas:

- o Governance
- Risk Management
- o Financial Planning & Budgetary Control
- o Payroll / HR Management
- o Expenditure
- o Income
- Unofficial Funds
- Security Of Assets
- Core Assurance Testing

#### Settings / Establishment Visits

Each establishment / setting will be subject to an audit every three years, or more frequently if necessary. Whilst the areas of coverage included in the scope will be tailored to the type of setting the overarching areas of coverage is as follows:

- Financial Controls
- Operational Controls
- Staffing
- Health and Safety
- Security

#### **Contract Audit**

The objective of contract audits is to ensure that contracts are being effectively managed and adhered to. They also include wider project management arrangements to ensure that steps are being taken to ensure contract delivery is on time and within budget. Where external funding has been obtained to fund the contract, compliance with the terms of the funding agreement will also be considered.

The in-house team includes an auditor who has received training on contract auditing and therefore has the capability to carry out these audits and provide support and guidance to the wider team.

#### **IT Audit**

The objective of each IT audit is to identify potential security risks and provide assurance on the adequacy and effectiveness of the associated controls in the following areas:

- Management
- o Value
- Regulatory
- o Information
- Security

Should specialist IT auditor resource be required to deal with complex technical issues, then arrangements are in place via a framework agreement to access such support from Mersey Internal Audit Service.

#### **Grant Certification**

The audit programme includes various grant certifications which require sign-off by the Head of Audit and Risk. The outcome of this work is a signed grant certification which will be provided directly to the external funding body.

#### **Follow-Ups**

All priority one recommendations made by internal audit are followed up by the Head of Audit and Risk approximately six months after the audit report was finalised. Progress against these is reported in summary form to CLT and Audit Committee as part of the Audit and Risk Services Quarterly Report. In order to ensure that priority two and three recommendations are implemented the Audit Committee pick a sample of completed audit reports and calls the relevant Head of Service to Committee to provide an update in terms of progress made.

#### **Consultancy, Advice and Project Support**

The provision of advice, consultancy and project support to management on matters of risk and control remains an important aspect of the Internal Audit Service. A proportion of audit time has been set aside in contingency for ad hoc work at management request. Advice work tends to focus on a particular risk a service has identified as part of their normal service provision which requires support from an auditor.

#### **Strategic Audit Work**

The Head of Audit and Risk is involved in a number of work streams including corporate governance, risk management and corporate investigations, which are included in the plan. Time is also allocated for audit management which is predominately the operational management of the audit team and file review which is carried out by the Senior Auditors.

#### **External work**

The Internal Audit Team also undertakes work for a range of external clients including the Council's Wholly Owned Companies.

## **Reporting and Performance Management**

As the responsible officer for the Council's independent assurance service, the Head of Audit and Risk will issue quarterly reports to the Section 151 Officer, Corporate Leadership Team and Audit Committee, to enable any areas of concern to be acted upon as necessary. The Head of Audit and Risk's opinion on the effectiveness of the system of internal control for the 2023/24 year will be available no later than June 2024.

For the 2024/2025 financial year the Head of Audit and Risk is proposing a change to the audit opinions issued in each report. This is in line with the CIPFA Publication 'Setting Common Definitions' which makes the case for the consistent use of opinions across public sector audit. Therefore, for all planned audit work an assurance statement will be provided on the robustness of the controls based on the following criteria:

- **Substantial Assurance** A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
- **Reasonable Assurance** There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
- **Limited Assurance** Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
- **No Assurance** Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

All recommendations made are prioritised in accordance with the following grading system:

- 0 1 = essential to address a high risk
- o 2 = necessary to address a moderate risk
- 3 = represents best practice or addresses a low level of risk.

Performance indicators (PIs) are used for monitoring and managing the team. The PIs are intended to remain the same year on year to enable trends to be identified. The five PIs in place are:

- Audit plan completed;
- Reviews delivered to deadline;
- Reviews delivered to time budget;
- Customer satisfaction; and
- o Compliance of audit reviews with department quality standards.

# Appendix 1 – Internal Audit Plan 2024/25

Strategic Risk Category: Strategy					
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit	
Public Health	Cosy Homes in Lancashire	Q2	20	Risk	
Community and Environmental	Waste Strategy	Q3	20	Risk	
Total Days			40		

Strategic Risk Category: Governance					
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit	
Governance and Partnerships	Election Act Compliance	Q4	20	Risk	
Corporate	Compliance with Corporate Arrangements	Q2	15	Compliance	
Corporate	Partnership Compliance	Q3	10	Compliance	
Corporate	Officer Non-Key Decisions	Q4	15	Compliance	
Total Days			60		

Strategic Risk Category: Operational				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Children's Services	Adoption	Q2	20	Risk
Children's Services	Fostering	Q1	20	Risk
Children's Services	Early Help (including Family Hubs and Supporting Families)	Q3	20	Risk
Adult Services	Mental Health Transformation	Q2	20	Risk
Adult Services	Impact of Three Conversations Pilot	Q1	20	Risk
School	Kincraig Primary School	Q1	2	School
School	Layton Primary School	Q1	2	School
School	Moor Park Primary School	Q2	2	School
School	St Bernadette's Primary School	Q2	2	School
Governance and Partnerships	Bereavement Service	Q3	10	Setting
Governance and Partnerships	Registrars (Deaths and Births)	Q2	5	Setting

Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Adult Services	Assessment and Rehabilitation Centre	Q1	5	Setting
Adult Services	Day Care Centres (Langdale and Keats)	Q2	5	Setting
Adult Services	Care at Home (Internal)	Q3	5	Setting
Adult Services	Vitaline	Q4	5	Setting
Children's Service	Pupil Welfare Service	Q2	20	Risk
Communication and Regeneration	Beach Patrol	Q3	20	Risk
Total Days			183	

Strategic Risk Category: Legal				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Community and Environmental	Use Powers for Anti-Social Behaviour	Q3	20	Risk
Communication and Regeneration	Adherence to the Local Plan	Q2	20	Risk
Resources	Procurement and Supply Chain	Q4	20	Risk
Community and Environmental	Blackpool Waste Services Contract and Specification	Q1	20	Risk
Community and Environmental	Tramway Health and Safety	Q1	20	Risk
Total Days			100	

Strategic Risk Category: Property				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Resources	Building Repairs and Maintenance	Q2	20	Risk
Chief Executives	Accommodation for 16/17 year olds	Q4	20	Risk
Chief Executives	Levelling Up / Homes England Project and Contract Management	Q4	20	Risk
Chief Executives	Social Housing White Paper Implementation	Q1	20	Risk
Total Days			80	

Strategic Risk Category: Financial				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Adult Services	Joint funded places with ICB	Q1	20	Risk
Corporate	Maximising Income Generation and Debt Collection	Q3	20	Risk
Children's Services	Supported Families Grant Work	Quarterly	10	Compliance
Corporate	Grant Certification Work	Various	20	Compliance
Corporate	Purchase Cards	Q4	20	FCAT
Corporate	Sundry Debtor	Q2	20	FCAT
Resources	Housing Benefits	Q1	20	FCAT
Resources	Budgetary Control	Q3	20	FCAT
Children's Services	Early Year Funding	Q1	20	FCAT
Total Days			170	

Strategic Risk Category: Commercial					
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit	
Communication and Regeneration	Shared Prosperity Fund	Q3	20	Risk	
Total Days			20		

Strategic Risk Category: People				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Chief Executives	Workforce Development and Planning	Q4	20	Risk
Total Days			20	

Strategic Risk Category: Technology				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit

Resources	Implementation of the Digital	Q4	20	Risk
	Strategy			
Resources	Data Centre Tenant	Q2	20	Risk
	Management			
Communication and Regeneration	Libraries (IT System)	Q1	10	Setting
Total Days			50	

Strategic Risk Category: Information				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Corporate	Channel Shift and Online Access to Services	Q2	20	Risk
Total Days			20	

Strategic Risk Category: Security				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Community and Environmental	Operational Function of Security	Q1	20	Risk
Community and Environmental	CCTV	Q4	20	Risk
Community and Environmental	Sea Defence Work	Q4	20	Risk
Corporate	Preparedness for the proposed Martyn's Law	Q1	20	Risk
Total Days			80	

Strategic Risk Category: Reputational				
Directorate	Service / Topic	Timings	Allocated Days	Type of Audit
Governance and Partnerships	Complaint Handling	Q3	20	Risk
Total Days			20	

Other			
Directorate	Service / Topic	Timings	Allocated Days

Corporate	Governance and Risk	Various	40
	Management		
Corporate	Polling Station Advice	Q1	20
Corporate	Audit Management and Advice	Various	210
Total Days			270

External Work			
Company	Allocated Days	Type of Audit	
Blackpool Housing Company	20	As per company audit plan	
Blackpool Coastal Housing	20	As per company audit plan	
Blackpool Operating Company	20	As per company audit plan	
Blackpool Transport Services	25	As per company audit plan	
Blackpool Entertainment Company	20	As per company audit plan	
Blackpool Waste Services	20	As per company audit plan	
Blackpool Airport	20	As per company audit plan	
Lumen Housing	7	As per company audit plan	
Clevr Money Credit Union	4	As per company audit plan	
Merlin	10	Delivered jointly with Merlin Internal Audit	
Total Days	166		