

APPENDIX A - Annual Internal Audit Report 2022/23 (Including Head of Internal Audit Opinion)



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Introduction

1. Role of Internal Audit

- 1.1 The requirement for an internal audit function is detailed within the Accounts and Audit (England) Regulations (amended) 2015, which states that a relevant body 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.'*
- 1.2 Moreover, the mandatory UK Public Sector Internal Audit Standards (PSIAS) require the Head of Internal Audit to provide an annual opinion, which is based upon the internal audit work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and internal control. This is achieved through a risk based internal audit plan. For 2022/23, the internal audit plan was agreed with management and endorsed by the Audit Committee at the start of the financial year. The plan was updated in Sept 2022 to reflect the transition of most of the functions carried out by Homes for Haringey into the Council. The internal audit plan provides a reasonable level of assurance over the system and internal controls operating in the Council and the level of assurance should not be regarded as absolute.
- 1.3 Under the PSIAS, internal audit is required to have an External Quality Assessment (EQA) at least once every five years. Haringey's audit was externally assessed in April 2022 which confirmed that the Council's Audit Service **fully complied** with the required standards. The EQA considered annual self-assessments undertaken and the service's Quality Assurance and Improvement Plan (QAIP). Mazars were last independently audited in 2019 to confirm the robustness of their methodology and compliance with standards. A full report was presented to the Corporate Committee regarding the EQA and compliance with PSIAS as that is a requirement of the standards in July 2022.
- 1.4 Internal Audit services for Haringey Council, excluding the investigation of allegations of fraud and corruption and some other special review or investigations, is provided by Mazars LLP (Mazars) as part of the framework contract awarded to the London Borough of Croydon. The contract was retendered in 2017 and now runs until 2024 with a further option to extend for 2 years.
- 1.5 Covid-19 had a significant impact on the delivery of previous year's (2021/22) audit plan, this and the challenges in recruitment in the private sector audit firms had impacted delivery of the 2022/23 audit plan. The challenging nature for the internal audit work was in part managed by some additional in-house resource being procured to provide more resilience to the service though Covid-19 had impacted on the delivery of the 2021/22 audit plan. The work scheduled for that year is now fully complete and the audits scheduled for 2022/23 were also substantially completed. Details of this later year's work is referred to in the sections below. It is envisaged the impact of Covid 19 has now been processed and the audit programme for 2023/24 can be delivered with the previous disruptions resolved.

2. Internal Audit Approach

- 2.1 To assist the Council in meeting the relevant audit standards and achieving its objectives, internal audit provides a combination of assurance and advisory activities. Assurance work involves assessing how well the systems and processes are designed and working; advisory activities are available to help improve systems and processes where required.
- 2.2 A full range of internal audit services has been provided during the year and has been considered when forming the annual opinion. The approach to each audit review is determined by the Head of Audit and Risk Management, in discussion with Mazars and service management and will depend on; the level of assurance required; the significance of the area under review; and risks identified.
- 2.3 A report is issued for every assurance project in the annual audit plan, which provides an overall audit opinion according to the level of risk of the findings. In addition, each recommendation is given a priority rating, to assist service management in prioritising their work to address agreed recommendations. The overall classification relates to the findings at the time of the audit work. Internal Audit undertake formal follow up work to ensure recommendations are implemented. The work completed by in house resources in the Audit and Risk Service is detailed in this document. The work completed by Mazars is detailed at Appendices B and C.
- 2.4 The internal audit approach has been to have an open and honest conversation with management to fully understand the residual risks within their services. Management have been encouraged to seek audit input where the service is aware of issues. This inevitably will translate into more areas being assigned a lower level of assurance and the engagement with internal audit is seen as a catalyst for improvement.

Executive Summary

3. Internal Audit Opinion

- 3.1 The Head of Audit and Risk Management is responsible for delivering an annual audit opinion and report that can be used by the Council to help inform its statutory Annual Governance Statement. The annual audit opinion provides a conclusion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.
- 3.2 Internal audit work was carried out using a risk-based approach and included reviews of those systems, projects, and establishments to discharge the Chief Financial Officer's responsibilities under s151 of the Local Government Act 1972; the 2017 UK Public Sector Internal Audit Standards; and the 2015 Accounts and Audit (England) Regulations.
- 3.3 In providing the annual audit opinion, reasonable but not absolute assurance can be provided that there are no fundamental weaknesses in the processes reviewed. In assessing the level of assurance given, I have taken account of:

- Reports on all internal audit work completed, including any advisory work, control failure investigations and briefings to management;
 - Results of follow up exercises undertaken;
 - Any reviews completed by external review bodies;
 - Risk Management workshops undertaken to support management to better manage either existing or emerging risk areas;
 - The resources available to deliver the internal audit plan; and
 - Compliance with 2017 UK PSIAS.
- 3.4 I am satisfied that sufficient assurance work has been carried out to allow me to form a reasonable conclusion on the adequacy and effectiveness of the Council's internal control environment.
- 3.5 I have considered the work completed by both Mazars and the in-house team, including that of the anti-fraud investigation team for 2022/23. This includes reviews of internal audit reports, fraud investigations and briefings to management. In my opinion, with the exception of those areas where 'limited' or 'nil' assurance reports have been issued, the controls in place in those areas reviewed are adequate and effective.
- 3.6 Where weaknesses in controls have been identified, internal audit has worked with management to agree appropriate actions and timescales to improve controls. Internal Audit undertake follow up reviews or further audit work to confirm their implementation.
- 3.7 For 2022/23, I have also considered the Council's response to post COVID-19 pandemic impact and other significant challenges that have followed around the cost of living crisis. I have worked closely with Senior Officers to monitor these corporate workstreams throughout the year and have taken assurance from the outcomes of this work to inform the opinion.
- 3.8 It is my opinion that overall internal audit can provide **Adequate Assurance** that the system of internal control that has been in place at the Council for the year ended 31st March 2023 and accords with proper practice, except for the significant internal control issues referred to in this report. This means that there is generally a sound control framework in place, but there are some specific gaps in the control framework which need to be addressed.
- 3.9 Outcomes of the 2022/23 audit plan contained within this report indicate that areas where assurances were not adequate were: Management of Trees; Delivery of Climate Change Action Plan; Stocks and Stores; Delivery of Medium Term Financial Savings; Gas Safety; Payroll, Early Years Commissioning, Management and Control of Anti-Social Behaviour; Accounts Payable; Customer Pathway Arrangements (Repairs) Recruitment, Retention and Leavers, Delivery of SEN Improvement Plan, Stock Condition Surveys, Business Continuity Planning, Parking System Implementation, IT Strategy, Homelessness / Temporary Accommodation, Leasehold Consultation Process (S20), Management and Control of the Contract Register, Application Review of Tech Forge application, Fleet Contract Management and Estate Management and Commercial Property.

Contracts and Procurement was an area of concern in 2020/21 and I continue to monitor the progress to address control weaknesses, it is noted most of this is dependent on changes to operating model and technology in the Council and these projects remain in progress at the end of 2023. Significant work was completed in Property Services in 2021/22 following limited assurance opinions and management concerns in 2020/21. It is noted the Acquisitions and Disposals was given an adequate assurance following new governance being implemented by management and these controls embedding to help manage the high inherent risks. An independent review of 10 property transactions took place during 2022/23 and its recommendations, along with those raised in internal audits form part of the improvement programme for property services. A “Nil” Assurance has been given with regards Commercial Property work completed by the in-house team, I will monitor and formally follow up the progress to address control weaknesses in this area in 2023/24 including a new audit of this area.

- 3.10 The proportion of audits assigned “Limited” assurance is higher for 2022/23 than previous years, this can be attributed to two main factors; most of the audits in housing have been assigned a low level of assurance. Previously, these audits were reported to the Homes for Haringey Audit, Risk and Audit Committee and not included in the Council’s analysis. The other factor is the approach of the organisation to use internal audit as a catalyst for improving services.
- 3.11 Analysis of recommendations raised in service focus reviews shows that a significant proportion of recommendations raised relate to organisation controls around management control to direct services, record keeping and the maintenance of full audit trails, supervision and management information and the need to ensure strategies, policies and procedures are up to date. In addition, the decentralised operations of some corporate systems such as procurement reduce the oversight and compliance of internal controls in the area. As part of producing this annual report, the recommendations falling due in year were followed up and results were satisfactory. Our Quality Assurance Improvement Plan (QAIP) in 2022/23 had actions to improve our follow up regime and these efforts have had positive results with far greater implementation rates than in previous years. Analysis of recommendations not implemented shows that in most recommendations not implemented relate to specific audit areas. The implementation of recommendations is not consistent across the whole council yet, so remains an area of focus in 2023/24. The results of follow up activity completed by both in house and Mazars resources are summarised at Appendix B.
- 3.12 Actions to enhance the governance framework, as outlined within the 2022/23 Annual Governance Statement included the following: the need to ensure the Council delivers savings identified in the Medium Term Financial Strategy (MTFS) to manage within its financial means, concerns regarding the robustness of decision making relating to acquisitions and disposals of property, weaknesses in the management of Health and Safety risks in Council owned residential properties resulting in the Council referring itself to the Regulator of Social Housing in January 2023, management of Commercial Property, the need to strengthen the authority’s information governance framework, and improvement of the delivery of Council Leisure Services. Progress to address these has been recognised as part of the

process to develop the 2022/23. Significant governance issues raised in the previous year (202/22) that have been closed are: the need to make sure Council social service practice safeguards children, and complete the Insource the Council's Arm's Length Management Organisation, Homes for Haringey (HfH) into Council operations.

3.13 I reported previously that the control environment in Haringey's schools required improvement. I am pleased to acknowledge I have noted improvement in the assurances provided to schools. No school in 2021/22 and 2022/23 was assigned a "nil" assurance. A programme of follow up for all 2020/21 and 2021/22 audits was also completed in 2022/23 by Mazars and outcomes were positive. I continue to work closely with other back-office teams supporting schools, the HEP and in conjunction with the School's Forum and Children's Services to assist schools with robust control and risk management. Appendix C provides a summary relating to the school's audit plan, information has also been provided to Senior Management and the School's Forum. A summary of outcomes for 2022/23 is as follows:

- Nine out of 13 schools completed received "Adequate" or above assurance rating;
- Two schools received the top rating of Substantial Assurance;
- No schools received a "Nil" rating;
- Four schools received "Limited" Assurance; and
- Three schools demonstrated a reduction in assurance from the last audit, these schools will be followed up early in 2023/24 to ensure control environment has strengthened.

3.14 Common themes arising from the audit of schools include:

- Governors not providing evidence of their DBS certificate, particularly where the previous certificate requires an update;
- Contracts have been rolled over for several years, and spend on them exceeds the thresholds for going out to tender; and
- Evidence not retained to clearly show that reconciliations are prepared by one officer, and then reviewed by a second independent officer.

3.15 For the financial year 2022/23, a total of 113 recommendations were raised for schools. This is an increase from last year where 88 recommendations were raised. The priority of the recommendations raised is as follows: -

- Priority 1 recommendation – 1
- Priority 2 recommendations – 73
- Priority 3 recommendations – 39

3.16 The majority of recommendations raised relate to school governance (22%), financial Planning and Monitoring (24%) and Procurement (26%).

4. Internal Audit Coverage and Output

- 4.1 The 2022/23 audit plan was informed by internal audit's own assessment of the Council's key risk areas and discussions with senior management to ensure that audit resources were aligned to agreed areas of risk. A small contingency was included in the audit plan to ensure any emerging risks during the year could be adequately reviewed.
- 4.2 The approved (and revised) plan for 2022/23 included 59 audit projects and 13 school's audits, approved by the Corporate Committee on 15 September 2022. Table 1 below provides changes made to the plan, and details of audits not undertaken and audits added to the plan in year. Overall, a total of 72 assignments were included in the original audit plan, with a contingency provision still available for additional work. A total of 61 assignments were completed to inform the Head of Internal Audit opinion. The outcome of the work, completed by Mazars, and the definitions of assurance levels are detailed in Appendix B.

Internal Audit Plan– Summary of Outcomes

- 4.3 When the 2022/23 plan was formulated it was recognised that the audit plan needed to be flexible to deal with changes in risks and assurance needs during the year. The decision to change a planned audit is taken by the Head of Internal Audit in consultation with key stakeholders. Changes to the plan have been reported to Members in year and Table 1 below contains details of all changes to the plan and Table 2 provides a summary of the changes.

Table 1 – Changes to Plan

Audit Area / Title	Status
Corporate/Cross Cutting Risk Audits	
Community Engagement	Deferred to allow for the Haringey Deal model to be rolled out. To be carried out in 2023/24.
Council Plan Delivery	Audit postponed as the delivery plan was in development during 2022/23 and aligned with administration's manifesto.
Control and Monitoring of Purchasing Cycle (Strategic)	This audit focused on the contract management arrangements for the Council's Matrix contract.
Arrangements for Managing Transformations	The scope of this audit was changed to look at the delivery of the Council's Medium Term Financial Plan savings.
Priority 2 People (Children's Services)	
Arrangements to satisfy the legal requirement to review EHCPs annually.	This audit commenced in 2022/23 and will be completed and reported in 2023/24.

Audit Area / Title	Status
Arrangements for planning, monitoring and controlling the use of residential placements	This audit commenced in 2022/23 and will be completed and reported in 2023/24.
Priority 2 People (Adults and Health)	
Purchase of Care Plans	This audit commenced in 2022/23 and will be completed and reported in 2023/24.
Student Nurse Account HLDP	Added to the plan following referral from the service over its operations.
Elective Home Education - Follow Up	Undertake a full follow up of the Elective Home Education service to provide assurance to the Director of Children's Services.
Mental Health Assessments	Carried out a follow up audit in place of a full risk based audit.
Priority 3 Environment and Neighbourhood	
Steet Cleansing	Audit postponed and the service had already obtained assurances from previous audits looking at key performance indicators.
Youth Services	This audit commenced in 2022/23 and will be completed and reported in 2023/24.
Priority 4 Housing, Regeneration and Planning	
Acquisition and Disposal of Assets	An audit was carried out as part of the 2021/22 internal audit plan that was assigned "Adequate" assurance and a further independent review carried out in 2022/23. This audit was therefore postponed.
Delivery of Capital Projects / Schemes	This audit commenced in 2022/23 and will be completed and reported in 2023/24.
Housing Development Programme	Audit postponed as obtained "adequate" assurance from recent audit.
Strategic Asset Management and improvement.	This audit commenced in 2022/23 and will be completed and reported in 2023/24.
Disrepair claims	Large number of claims being processed via Legal Services and service carrying out its own review. This audit will be completed and reported in 2023/24.

Audit Area / Title	Status
Management of Voids	Management acknowledged there were several issues in the management of voids and asked for the audit to be carried out once the local arrangements had improved.
Commercial Property	Audit added to the plan following concerns raised by the Director of Placemaking & Housing over the operations of Commercial property.
Corporate IT Audits	
IT / Infrastructure Resilience	The actions from previous year's audit plan used to follow up instead of carrying out a full review.
Audit Needs Assessment (Digital Services)	Commissioned a full review of Digital Services to understand risks and develop a three year audit plan.
Contract and Procurement Audit	
Contract Management	Previous audit recommendations not implemented as the service is undergoing a redesign. Past audits have been assigned "Limited" assurance over the contract monitoring arrangements.
Post Implementation Review of ERP Solution	Awaiting the implementation of the new operating model before an audit is conducted.

Table 2 – Summary of changes to the audit plan.

Plan / Change	Number
Number of audit projects as per the original plan (+)	59
Number of planned schools Audits (+)	13
Total number of assignments (=)	72
Projects added to the plan in year (+)	4
Projects deferred to 2023/24 (-)	8
Cancelled audits (-)	7
Audit replaced with other advisory/risk work (=)	0
Audits changed to follow ups (=)	2
<i>* Audits areas deferred to 2023/24 (=)</i>	8
<i>* Schools deferred to 2023/24 (=)</i>	0
Total number of assignments (=)	61
of which Audit Assignments (inc Follow Up)	43
Advisory	3
Risk Assignments	2
Schools	13
Number completed by Mazars (see app B)	
of which Audit assignments totalled	43
Schools totalled	13
Advisory totalled	3
Follow Ups	2

- 4.4 Most of the audit work was geared towards providing assurance to management on the adequacy and effectiveness of the Council's internal control environment. This work provided an outcome report with an assurance rating. Other work provided advice and support to management to improve efficiency, or the effectiveness of systems, services or functions; in these cases, an outcome report or assurance rating is not provided.
- 4.5 Some audits started later in the year and will conclude in 2023/24, were the result of request from services and considered by the Head of Internal Audit. Working with Mazars, all efforts have been made to ensure the work programme for 2023/24 is not delayed.
- 4.6 I do not consider the audits now scheduled for 2023/24 has had an adverse impact on my overall opinion for 2022/23. An analysis of the audit outcomes for work completed by Mazars is included in Appendix B and C.

- 4.7 The audit work where formal assurances were provided, as advisory work is noted in table below:

Audit Title	
Mosaic pre implementation review.	Follow Up work gave an adequate level of assurance with regards progress.
Local Welfare Assistance Scheme	Advisory work with positive assurances provided to Management on the governance and control environment.
Completion of Grant Claim form for Energy Bills Support Scheme	Head of Audit sign off to claim the grant following confirmation of the expenditure.
Completion of Grant Claim form for Public Health Adults Weight Management Grant.	Head of Audit sign off to claim the grant following confirmation of the expenditure.

5. Annual Internal Audit Report & Opinion Statement 2022/23

Scope of Responsibility

- 5.1 The Council is responsible for ensuring its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The Council also has a duty, under the Local Government Act 1999, to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. In discharging this overall responsibility, the Council is also responsible for ensuring that there is a sound system of internal control which facilitates the effective exercise of the Authority's functions, and which includes arrangements for the management of risk. Specifically, the Council has a statutory responsibility for conducting a review of the effectiveness of the system of internal control on at least an annual basis.
- 5.2 Management is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. The Accounts and Audit Regulations require the Council to review, at least annually, the effectiveness of its system of internal control. Internal audit plays an important role in advising the Council that these arrangements are in place and operating effectively. The Council's response to internal audit activity and recommendations should strengthen the control environment and ultimately contribute to achieving the organisation's objectives.

The Purpose of the System of Internal Control

- 5.3 The Council's system of internal control is designed to manage risk to a reasonable level rather than to completely eliminate the risk of failure to achieve policies, aims and objectives. Consequently, it can only provide a reasonable, and not absolute, assurance of effectiveness.
- 5.4 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's vision, strategic priorities, policies, aims and objectives. It also is designed to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

Annual Opinion Statement on the Effectiveness of the System of Internal Control

- 5.5 The Internal Audit (IA) Plan for 2022/23 was developed primarily to provide the Corporate Board and the Audit Committee with independent assurance on the adequacy and effectiveness of the systems of internal control, including an assessment of the Council's corporate governance arrangements and risk management framework.
- 5.6 The Head of Internal Audit's (HIA) opinion is based primarily on the work carried out by the Council's IA service during 2022/23, as well as a small number of other assurance providers. Where the work of internal audit has identified weaknesses of a systematic nature that impact on the system of internal control, this has been considered in forming the HIA opinion.

Basis of Assurance

- 5.7 All the IA reviews carried out in 2022/23 have been conducted in accordance with the UK PSIAS, based on the annual assessment carried out by Mazars as part of their annual internal peer review challenge.
- 5.8 In line with the UK PSIAS, the Head of Audit and Risk Management is professionally qualified and suitably experienced. The skills mix within the contractor's team has evolved during the year though every single member of the IA team is either fully qualified or actively studying for a relevant professional internal audit or accounting qualification. As a result, the 2022/23 IA resources fulfilled the UK PSIAS requirements in terms of the combination of professionally qualified and suitably experienced staff.

Qualifications to the Opinion

5.9 During 2022/23 the Council's IA service:

- had unrestricted access to all areas and systems across the authority;
- received appropriate co-operation from officers and members; and
- had sufficient resources to enable it to provide adequate coverage of the authority's control environment to provide the overall opinion. A benchmarking review of local authorities' internal audit service has revealed Haringey Council has on average fewer internal audit days than other London boroughs. Though the appointment of the Deputy Head of Audit and Risk Management has increased the level of resource available to devote to Internal Audit, there has been continued pressure in the delivery of the Council's anti-fraud work that, in reality, impacted on the proportion of internal audit work. The Head of Audit and Risk Management is continuing to look at how the authority can obtain an adequate level of business assurance and maintain vigilance over the level of resources available.

Other Assurance Providers

5.10 In formulating the HIA overall opinion on the Council's system of internal control, the Head of Audit and Risk Management has considered the work undertaken by other sources of assurance, and their resulting findings and conclusions. These other assurance providers which included:

- Risks identified on the Directorate Risk Registers;
- The work of Feedback and Information Governance Group;
- The Statutory Officer Group
- The IT Security Group;
- The work of the Health & Safety Group;
- Reports from Government Agencies and inspections;
- External Audit Plan and their ISA 260 report.

Significant Internal Control Weaknesses

5.11 Internal audit is required to form an opinion on the quality of the internal control environment, which includes consideration of any significant risk or governance issues and control failures which arise during the year.

5.12 There were several significant internal control weaknesses identified by internal audit during 2022/23. The risks identified from the audit work have been raised with management and work is ongoing to strengthen the Council's control environment in relation to the risks identified.

5.13 For the audits assigned limited or nil assurance by Mazars, it was noted the internal controls had been designed to mitigate risks, though in practice, some of these controls were not operating. The "second line of defence" alerts management where internal controls are not operating as intended but for several audit areas, the second line of defence was not effective in identifying the weakness in the

operation of the control. Examples of internal controls in the second line of defence include developing and reporting robust business cases to inform decision making, quality assurance and monitoring arrangements, performance management and key performance indicators, and supervisory controls. An area of focus is the work around the Council's procurement processes and the change in the operating model at the Council to ensure compliance with the Council's contract standing orders.

5.14 Senior management have agreed to respond to the significant internal control weaknesses identified for internal audits carried out in 2022/23.

6. Analysis of audit work

6.1 A review of the work of internal audit is summarised in the table below. Please see Appendix B, C and 4.9 above for more information.

Table 3 analysis of audit outcomes

Assurance Level	2022/23 Reports	2021/22 Reports	2020/21 Reports
Substantial	5 (7%)	9 (13.5%)	9 (12.5%)
Adequate	20 (28%)	17 (25.5%)	22 (31%)
Limited	23 (31%)	15 (22%)	13 (18%)
Nil/No	1 (1%)	1 (1.5%)	0 (0%)
Advisory / Risk Work	9 (13%)	9 (13.5%)	22 (30.5%)
Follow Up	2 (3%)	3 (4.5%)	-
Deferred*	12 (17%)	13 (19.5%)	4 (5.5%)
Total	72	67	70

Recommendations raised in 2022/23 and Follow Ups in 2021/22

6.2 An analysis of the recommendations raised as part of the 2022/23 audits is set out below. The figures are based on 24 assurance reports in 2021/22 and 38 in 2022/23.

Table 4 - 2022/23 recommendations by priority

Risk	Number of recommendations		Percentage	
	2021/22	2022/23	2021/22	2022/23
Priority 1 – High	20	35	16%	18%
Priority 2 – Medium	71	121	57%	57%
Priority 3 - Low	33	55	27%	26%
Total	124	211	100%	100%

6.3 All recommendations raised from 2021/22 were followed up in 2022/23. Directorates maintain their own records of recommendations for monitoring and the enhanced follow regime, implemented as part of our QAIP, has further bedded in during 2022/23. For the detail with regards audit recommendations please see Appendix B. The results of follow up have informed this year’s opinion and 2022/23 audit planning. Our area of focus for 2023/24 will be priority one recommendations as although these are often more complex actions to close, they do pertain to the highest risk findings of our work.

7. Consultancy Audits 2022/23

7.1 Over the last couple of years, the number of consultancy work, advice and guidance has been maintained, however since COVID-19 these requests increasingly are for the Head or Deputy Head of Audit to engage in a process design or workstream rather than a defined audit assignment. The trend for continued support and advice is likely to continue into 2022/23. In 2020/21 the Mazars team reconfigured to provide strengthened specialist input into areas such as: IT, Project Management; Housing and Schools. The Mazars team also have a wide range of other specialist resources that can be called on via our current contract as needed. For 2022/23 additional Management capacity has been introduced in Mazars to enable more focus on the Housing risk areas.

8. Quality Assurance and Improvement Programme

8.1 The Public Sector Internal Audit Standards’ (PSIAS) set out the need for internal audit to develop a quality assurance and improvement programme (QAIP) which seeks to ensure the internal audit service conforms to the PSIAS and provides a means of maintaining continuous improvement.

8.2 The areas for development for Internal Audit on the QAIP for 2023/24 will continue to be monitored and reported to the Audit Committee and Senior Management. The QAIP is attached as Appendix E.

Minesh Jani

Head of Audit and Risk Management

30 June 2023