

**Report for:** Audit Committee – 14 December 2023

**Item number:** 10

**Title:** Internal Audit Progress Report 2023/24

**Report authorised by :** Director of Finance

**Lead Officer:** Minesh Jani, Head of Audit and Risk Management  
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**Ward(s) affected:** N/A

**Report for Key/  
Non Key Decision:** Non-key

**1. Describe the issue under consideration**

1.1 This report details the work undertaken by Internal Audit in the period 15 August to 6 October 2023 and focuses on progress on internal audit coverage relative to the approved internal audit plan, including the number of audit reports issued and finalised – work undertaken by the external provider (Mazars).

**2. Cabinet Member Introduction**

2.1 Not applicable.

**3. Recommendations**

3.1 The Audit Committee is recommended to note the audit coverage and follow up work completed.

**4. Reasons for decision**

4.1 The Audit Committee is responsible for monitoring the completion of the annual internal audit plan and the implementation of agreed recommendations as part of its Terms of Reference.

4.2 In order to facilitate this, progress reports are provided on a regular basis for review and consideration by the Audit Committee on the work undertaken by the Internal Audit Service in completing the annual audit plan. Where further action is required or recommended, this is highlighted with appropriate recommendations for the Audit Committee.

**5. Alternative options considered**

5.1 Not applicable.

## **6. Background information**

- 6.1 The information in this report has been compiled from information held within Audit & Risk Management and from records held by Mazars.

## **7. Contribution to strategic outcomes**

- 7.1 The internal audit work makes a significant contribution to ensuring the adequacy and effectiveness of internal control throughout the Council, which covers all key Priority areas.

## **8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

### **8.1 Finance and Procurement**

There are no direct financial implications arising from this report. The work completed by Mazars is part of the framework contract which was awarded to the London Borough of Croydon to 31 March 2024, in accordance with EU regulations. The costs of this contract are contained and managed within the Audit and Risk Management revenue budget. The maintenance of a strong internal audit function and a proactive and reaction fraud investigation team is a key element of the Council's system of Governance.

### **8.2 Legal**

The Head of Legal and Governance has been consulted in the preparation of this report and advises that there are no direct legal implications arising from the report.

### **8.3 Equality**

The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not;
- foster good relations between people who share those characteristics and people who do not.

As contracted providers of Haringey Council, the internal audit contractor is required to demonstrate a strong commitment to equality and fairness in their actions and work practices, and adherence to the Equality Act 2010. Ensuring that the Council has effective internal audit and assurance arrangements in place will also assist the Council to use its available resources more effectively.

## **9. Use of Appendices**

Appendix A – Mazars Progress Report – Internal Audit

## 10. Local Government (Access to Information) Act 1985

10.1 Not applicable.

## 11. Performance Management Information

11.1 Although there are no national or Best Value Performance Indicators, local performance targets have been agreed for Audit and Risk Management. Table 1 below shows the targets for each key area monitored and gives a breakdown between the quarterly and cumulative performance.

**Table 1 – Performance Indicators**

Ref.	Performance Indicator	15 Aug - 6 Oct 2023	Year to date	Year end Target
1	Internal Audit work (Mazars) – Days Completed vs. Planned programme	16%	45%	95%
2	Priority 1 recommendations implemented at follow up	100%	100%	95%

## 12. Internal Audit work – Mazars

12.1 The activity of Mazars for the first period of 2023/24 is detailed at Appendix A. Mazars planned to deliver 335 days of the annual audit plan (838 days) during the period (to 6 October 2023) and delivered 375 days audit work during this period. Planning for this year’s work began in February last year and auditees were advised well in advance of the last of the financial year of the planned work. We had agreed a target of 40% with Mazars to be delivered by the end of quarter 2.

12.2 Members of the Audit Committee receive detailed summaries of all projects for which a final report has been issued to allow for any concerns which members may have to be considered in a timely manner. Appendix A provides a list of all final reports which have been issued since the start of the financial year.

### 12.3 Significant issues arising in Quarter 1

There was one report finalised during this period assigned “Limited” assurance; key findings arising from review are noted below.

#### **Delivery of SEN Improvement Plan**

Between 5 July 2021 and 9 July 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Haringey to judge the effectiveness of implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014. The associated report was published on 8th October 2021. As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty’s Chief Inspector (HMCI) determined that a Written Statement of Action (WSAO) was required because

of areas of weakness in the local area's practice. HMCI also determined that the local authority and the area's Clinical Commissioning Group are jointly responsible for submitting the written statement to Ofsted.

The WSAO developed was required to explain how the authority will tackle weaknesses in the following areas:

- The quality of Education, Health and Care plan (EHC plans) and the annual review process, especially as children and young people prepare for adulthood;
- The lack of partnership working and poor communication and co-production with parents, children and young people. This includes communication through the local offer; and
- Unacceptable waiting times for Autistic Spectrum Disorder (ASD) assessment.

Based on this, the WSAO has three primary areas of focus:

- WSOA 1 - Improve the co-ordination, quality and timeliness of education, health and care plans and annual reviews;
- WSOA 2 – Improve the autism assessment waiting times for children and young people and support whilst they are waiting; and
- WSOA 3 - There is good communication, co-production and partnership working with children and young people and their parents and carers.

Each section has associated actions with assigned leads, milestones and impact measures. There is an additional suite of Key Performance Indicators for that are tracked monthly.

The SEND Executive Board is responsible for the delivery of the WSOA. The Board is chaired by the Director of Children's Services and has senior leadership representation from a range of agencies including Commissioning, Health and Social Care services, Education, Cabinet Member with responsibility for Early Years, Children and Families, SENIDASS, Haringey's Parent Carer Forum, 'SEND Power'.

Five recommendations were raised (all priority 2) and this area assigned "Limited" assurance.

- EHC Plans were not consistently finalised within the 20-week requirements as per the SEND Code of Practice 2015;
- Annual reviews were not consistently conducted;
- A 'check and balance' control was not in place to ensure financial provision was allocated in line with panel decisions;
- Panel decisions were not being recorded on Mosaic on a consistent basis; and

- The service could not evidence the provision of training to staff involved in the production of EHC plans.

The service has accepted all recommendations. The recommendations are due for implementation from September 2023 to April 2024.