

Civic Centre, Arnot Hill Park, Arnold, Nottinghamshire, NG5 6LU

Agenda

Audit Committee

Date: Tuesday 21 June 2016

Time: **5.30 pm**

Place: Committee Room

For any further information please contact:

Lyndsey Parnell

Senior Elections and Members' Services Officer

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Audit Committee

Membership

Chair Councillor Paul Feeney

Vice-Chair Councillor Bob Collis

Councillor Sandra Barnes Councillor Chris Barnfather Councillor Boyd Elliott

Councillor Helen Greensmith Councillor Viv McCrossen

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MINUTES AUDIT COMMITTEE

Tuesday 22 March 2016

Councillor Paul Feeney (Chair)

Councillor Bob Collis
Councillor Sandra Barnes
Councillor Chris Barnfather
Councillor Viv McCrossen

Councillor Boyd Elliott
Councillor Helen Greensmith
Councillor Viv McCrossen

Officers in Attendance: M Kimberley, L Parnell, A Ball and V Rimmington

Also in Attendance: T Tandy (KPMG) and A Bush (KPMG)

29 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS.

Apologies were received on behalf of Councillors Barnfather and Greensmith, who would be arriving late.

TO APPROVE, AS A CORRECT RECORD, THE MINUTES OF THE MEETING HELD ON 15 DECEMBER 2015.

RESOLVED:

That the minutes of the above meeting, having been circulated, be approved as a correct record.

31 DECLARATION OF INTERESTS.

None.

32 CERTIFICATION OF CLAIMS & RETURNS

Thomas Tandy of KPMG, the Council's external auditors, introduced a report, which had been circulated prior to the meeting, presenting their annual report on certification work undertaken for the 2014/15 financial year.

RESOLVED:

To note the report.

33 EXTERNAL AUDIT PLAN 2015-16

Andrew Bush of KPMG, the Council's external auditors, presented a report, which had been circulated prior to the meeting, informing

Members of KPMG's work plan for the forthcoming financial year and key deliverables.

RESOLVED:

To note the report.

34 CORPORATE RISK SCORECARD

The Service Manager, Audit and Asset Management, presented a report, which had been circulated prior to the meeting, updating Members on the current level of assurance that can be provided against each corporate risk.

RESOLVED:

To note the report.

35 FOLLOW-UP OF PREVIOUS AUDIT RECOMMENDATIONS

The Service Manager, Audit and Asset Management, presented a report, which had been circulated prior to the meeting, providing information on progress made to address actions identified from previous audit recommendations and identifying areas where additional action is required in relation to outstanding recommendations.

RESOLVED:

To note the report.

36 SUMMARY OF AUDIT ACTIVITY

The Service Manager, Audit and Asset Management, presented a report, which had been circulated prior to the meeting, summarising the outcome of Internal Audit activity for the period January to March 2016.

RESOLVED:

To note the report.

37 ANNUAL INTERNAL AUDIT PLAN 2016/17

The Service Manager, Audit and Asset Management, presented a report, which had been circulated prior to the meeting, informing Members of planned audit activity for the 2016/17 financial year.

RESOLVED:

To note the report.

38 ANY OTHER ITEM WHICH THE CHAIR CONSIDERS URGENT.

The Chair noted that it was Mark Kimberley's last committee meeting with the Council. On behalf of the Audit Committee, the Chair thanked Mark for his service to the Council and wished him well for the future.

Mark Kimberley thanked the current Committee, along with previous Audit Committee Members and Chairs, for their support during his time with the Council.

The meeting finished at 5.50 pm

Signed by Chair: Date:





Report to Audit Committee

Subject: The Annual Internal Audit Report 2015-16

Date: 21st June 2016

Author: Service Manager - Audit & Asset Management

1. Purpose of the Report

- 1.1 To report on the activity of the Internal Audit section during the 2015-16 financial year.
- 1.2 This report will also provide assurance on the internal control systems across the Authority to support the Annual Governance Statement provided within the Annual Statement of Accounts.

2. Background

- 2.1 The Accounts and Audit Regulations 2003 (amended 2006), and the Code of Practice for Internal Audit in Local Government in the United Kingdom make detailed and specific requirements for the Annual Internal Audit report in support of the Annual Governance Statement. These requirements are:
- 2.2 "The Head of Internal Audit's formal annual report to the organisation should:
 - Include an opinion on the overall adequacy and effectiveness of the organisation's internal control environment,
 - Disclose any qualifications to that opinion, together with the reasons for the qualification,
 - Present a summary of the audit work undertaken to formulate the opinion, including reliance placed on work by other assurance bodies,
 - Draw attention to any issues the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement,
 - Compare the work actually undertaken with the work that was planned and summarise the performance of the Internal Audit function,
 - Comment on compliance with these standards and communicate the results of the Internal Audit quality assurance programme".

3. Recommendations

- 3.1 The Annual Internal Audit report is attached at Appendix 1 and indicates that the Council's systems and controls are generally operating adequately. This conclusion is of importance in reviewing and supporting the Annual Governance Statement in support of the Annual Statement of Accounts.
- 3.2 Members are requested to note the contents of the report.



GEDLING BOROUGH COUNCIL

Annual Report of the Internal Audit Service

2015-16

For presentation at the Senior Leadership Team (17th May 2016) and the Audit Committee (21st June 2016)

Prepared by: Vince Rimmington, Service Manager - Audit & Asset Management

Date: May 2016

1: Introduction

The Role of the Internal Audit Service

- 1.1 The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are adequate and working effectively. It is a key part of Gedling Borough Council's internal control system because it measures and evaluates the adequacy and effectiveness of controls so that:
 - The Council and senior management are aware of the extent to which they can rely on the whole system of control; and
 - Individual managers are aware how reliable the systems and controls are for which they are responsible.
- 1.2 The internal control system comprises the whole network of systems and controls established to manage Gedling Borough Council to ensure that its objectives are achieved. It includes financial and other controls, and also arrangements for ensuring that Gedling Borough Council is achieving value for money from its activities.

Definition of Internal Audit

- 1.3 The definition of internal audit, as described in the CIPFA's Code of Practice for Internal Audit in Local Government in the United Kingdom is set out below.
 - Internal Audit is an assurance function that primarily provides an
 independent and objective opinion to the organisation on the control
 environment comprising risk management, internal control and
 governance by evaluating its effectiveness in achieving the
 organisation's objectives. It objectively examines, evaluates and
 reports on the adequacy of the control environment as a
 contribution to the proper, economic, efficient and effective use of
 resources
 - Whilst Internal Audit "primarily" provides an independent and objective opinion to the organisation on the control environment, it may also undertake other, non-assurance work at the request of the organisation subject to the availability of skills and resources. This can include consultancy work; indeed, Internal Audit intrinsically delivers consultancy services when making recommendations for improvement arising from assurance work, and fraud-related activity.

Annual Governance Statement

- 1.4 From 2007-08, authorities should publish an Annual Governance Statement (AGS) in line with the CIPFA/SOLACE Good Governance Framework to meet that statutory requirement. The statement brings a number of benefits to government organisations, including:
 - Increased awareness of internal controls and control weaknesses, and risk management among Section 151 Officers, Councillors and senior management,
 - Greater awareness of the importance of risk identification and monitoring amongst staff at all levels,
 - Better appreciation of the benefits of a strong internal audit function,
 - Greater awareness of other internal and third party assurance sources that operate within the organisation and the importance of the role that they fulfil, and
 - Increased and encouraged audit committee activity.

As Gedling Borough Council's internal audit provider, the assurance opinions provided in each audit review undertaken throughout the year are part of the framework of assurances that assist in the preparation of the Annual Governance Statement.

Our work for the 2015-16 financial year is summarised in this report, and we have highlighted in section 2.4 any specific issues that we are aware of and that should be reflected in the 2015-16 Annual Governance Statement.

Significant Events / Factors During the Year

1.5 There have not been any significant events or factors during the financial year that have affected the extent of our internal audit work or needed to be addressed as an additional part of our internal audit plan.

2: The Statement of Assurance

Background

2.1 As the provider of the internal audit service to Gedling Borough Council we are required to provide the Council with assurance on the whole system of internal control. In providing our opinion it should be noted that the level of assurance given can never be absolute. The internal audit service can only provide reasonable assurance that there are no major weaknesses in risk management, governance and internal control processes.

In arriving at the audit opinion, consideration has been given to:

- The results of all audits undertaken during the financial year,
- The results of follow-up action taken in respect of audits from previous years,
- Whether or not any high or medium risk recommendations have not been accepted by management and the consequential risks,
- The effects of any material changes in the organisation's objectives and activities,
- Any limitations that have been placed on the scope of internal audit,
- Whether there have been any resource constraints imposed upon internal audit which may have impinged on our ability to meet the full internal audit needs of the organisation,
- The proportion of the organisation's internal audit requirements that have been covered to date.

2.2 Internal Audit Opinion

Internal Audit are satisfied that sufficient internal audit activity has been undertaken to allow us to draw a reasonable conclusion as to the adequacy and effectiveness of Gedling Borough Council's risk management, governance and control processes.

It is internal audits opinion that, for the 12 months ending 31st March 2016, Gedling Borough Council has adequate and effective risk management, internal control and governance processes to manage and achieve the organisations objectives.

2.3 In reaching this opinion the following factors were taken into particular consideration:

Risk Management

The Authority has developed and implemented a Risk Management Strategy, which defines a standard approach (common language) to risk terminology, the formalisation of reporting procedures and the introduction of Key Performance Indicators to measure how effectively risks are being managed and the extent to which risk management procedures are embedded across the organisation.

Strategic and operational risk registers are reviewed bi-annually by management. All identified risks are aligned to the 11 corporate risks identified against the Authority's objectives. All audit recommendations are also aligned to these corporate risks, which, when considered with other internal and external sources of assurance, provide the Authority with an integrated and holistic assurance process.

The outcomes from these multiple assurance sources are consolidated into the Authority's Corporate Risk Scorecard and reported into the Senior Leadership Team and Audit Committee.

This approach provides a well-organised system and methodology to underpin the arrangements made by the organisation to address and mitigate the risks arising from its environment.

Overall, it is Internal Audit's opinion that Gedling Borough Council has adequate and effective risk management processes to manage the achievement of its business objectives.

Governance

The CIPFA/SOLACE guidance note and framework - Corporate Governance in Local Government defined corporate governance in local authorities as "the system by which local authorities direct and control their functions and relate to their communities". The guidance issued a framework for local authorities and recommended that they draw up a Local Code of Corporate Governance.

Gedling Borough Council has established a Local Code of Corporate Governance and developed a Governance Framework based on the principles within the CIPFA/SOLACE guidance.

In addition to the Governance Framework review signed Assurance Statements are obtained from Corporate Directors and Service Managers. The statements are based directly on assurances given with respect to compliance with the Authority's Financial Regulations. Service Manager's are encouraged to involve their line reports in the process, particularly where day-to-day responsibilities are delegated.

Overall, it is Internal Audit's opinion that Gedling Borough Council has adequate and effective governance processes to manage the achievement of its business objectives.

Internal Control

A summary of Internal Audit activity during 2015-16 is provided in section 3.4.

Overall, it is Internal Audit's opinion that Gedling Borough Council has adequate and effective control processes to manage the achievement of its business objectives.

2.4 The overall internal audit opinion statement provided in section 2.2 should be used by the Authority in the preparation of the Annual Governance Statement.

The internal audit statement is further evidenced by the fact that the Council's external auditors did not identify any significant risks for consideration within their 2015-16 audit plan.

There were no significant issues identified within the Governance process to warrant inclusion in the 2015-16 Annual Governance Statement.

The following issues are not highlighted as current control or risk concerns, but included to highlight the Council's awareness of emerging issues through its proactive and holistic approach to governance:

 <u>External Economy</u> – the Council remains susceptible to, but vigilant for, the external risks posed by the uncertain economic and political climate. Despite ongoing pressures and squeezes on costs, income streams and funding, effective planning has resulted in the Council's 2015-16 budget having no significant reductions in service.

The Council has a strong track record in maintaining a sound financial position through effective Medium Term Financial Planning. The Council is well placed to deal with the ongoing economic uncertainty and squeezes on its income and funding streams.

Nevertheless, the Council faces a significantly challenging period to maintain its historic solid financial and governance position. Plans have been developed outlining the Council's priorities, however, the challenge remains to deliver the action required to maintain its financial standing.

• <u>Employee Pay & Rewards</u> – as a consequence of the improving economic climate, employees are becoming increasingly confident to change employers.

This presented a specific issue for the Council in remaining competitive with respect to pay and benefits, particularly where recruitment competes with the private sector, posing a specific problem with respect to recruiting and retaining experienced technically qualified professional staff.

The Council has responded to this risk by undertaking an independent review to consider the competitiveness of its pay and rewards policy. As a consequence of the review the Council took a bold step in providing a pay increase to the majority of staff in excess of nationally agreed rates.

In addition, market supplements have been developed and implemented where the recruitment of experienced and technically qualified professional staff has been a fundamental problem.

It is anticipated that these actions will sufficiently mitigate the risks identified, however, the impact of implementation will be kept under review.

Internal Audit will monitor the progress of the action plans and evaluate the effectiveness of the actions in addressing the issues identified.

3: Audit Activity & Performance

The Audit & Risk Services Section

3.1 Prior to February 2014, the activity of the section covered Corporate Governance, Risk Management, Insurance, Business Continuity Planning, Health & Safety, Procurement and Internal Audit.

In February 2014, the role of the Service Manager was expanded to include responsibility for Facilities Management, Asset Management, including Car Parking activities.

This expanded role provides the opportunity to review existing arrangements for service delivery. The combined service area was retitled Audit & Asset Management.

The current structure of the section is as follows:

- Manager Audit & Asset Services (1 FTE)
- Internal Auditor (1 FTE)
- Externally Procured Resource (1.2 FTE)
- Insurance & Risk Management Officer (0.5 FTE)
- Audit & Risk Technician (1 FTE)
- Health & Safety Officer (1 FTE)
- Property Estates Surveyor (1FTE) plus Technical Administrator (1FTE) and Car Park Manager (0.5 FTE)
- Facilities Manager (1 FTE) plus Facilities Team

The procurement officer post is covered through a shared post with Rushcliffe Borough Council. The officer is employed by Rushcliffe with 2 days of his time/costs recharged to Gedling.

A contractual arrangement with RSM for the provision of Internal Audit work has been in place for the last six years. The contract has been subject to a tender exercise, in conjunction with Rushcliffe Borough Council and Bassetlaw District Council, and has been renewed with RSM for a five year period commencing 2016-17. The cost of this partnership arrangement has been met by vacancy savings equating to 1.2 FTE (Internal Auditor posts).

This approach to partnership work and co-sourcing audit resource will continue during 2016-17, as it provides the Authority with greater flexibility to meet the challenges ahead and access to a greater skill set and knowledge base.

Effectiveness of Internal Audit

3.2 The CIPFA statement on the "Role of the Head of Internal Audit (HIA)" details best practice and recommends that authorities assess their existing HIA arrangements against the criteria within the statement. It should be noted that the statement does not have the status of a CIPFA code nor does it replace the sector specific guidance, codes or professional standards.

The statement sets out the following 5 principles:

- Championing best practice in governance, objectively assessing the adequacy of governance and management of existing risks, commenting on responses to emerging risks and proposed developments.
- Giving an objective and evidence based opinion on all aspects of governance, risk management and internal control.
- Must be a senior manager with regular and open engagement across the organisation, particularly with the Leadership Team and Audit Committee.
- Must lead and direct an internal audit service that is resourced to be fit for purpose.
- Must be professionally qualified and suitably experienced.

For each principle, the statement sets out the governance arrangements required to ensure that the HIA is able to operate effectively and perform their core duties. The HIA role at Gedling Borough Council is considered robust when assessed against each of the five core principles.

The Public Sector Internal Audit Standards (PSIAS) are currently being redrafted. A formal independent assessment against the revised standard is required at least once every five years. Such an assessment will need to undertaken before March 2018. The Notts Finance Officers Association (NFOA), in conjunction with the Notts Audit Group (NAG), are currently reviewing options for a county wide approach.

In support of the internal self assessment and Audit Commission reviews outlined above, Internal Audit take feedback via a Customer Satisfaction Questionnaire (CSQ). Essentially this additional feedback provides a comprehensive 360 degree review of the Internal Audit function.

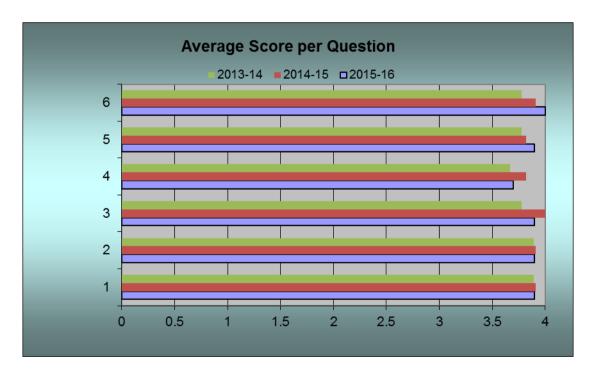
The Questionnaire comprises the following six questions covering the end to end audit process;

- 1 The auditor clearly explained the scope and objectives of the audit.
- 2 The audit met the objectives outlined.
- 3 The report was accurate and understandable.
- 4 The audit recommendations were practical and useful.
- 5 The auditor clearly discussed the audit issues and findings.
- 6 The auditor conducted his/her work in a professional manner.

The questions are ranked on a scoring basis as follows:

- 4 Very Satisfied
- 3 Generally Satisfied
- 2 Generally Dissatisfied
- 1 Very Dissatisfied

During 2015-16, 10 completed CSQ's were returned. Results are summarised in the chart below and highlight that respondents are generally satisfied to very satisfied with all aspects of the audit process. The scores maintain the satisfaction levels from previous years.



Internal Audit will continue to focus efforts to raise the scores relating to the practicality and usefulness of recommendations to those of the other areas of the audit process.

Analysis of Audit Activity 2015-16

3.3 Within the Authority's aims and objectives, the Internal Audit section has a performance target of 20 audit reports to be issued during the financial year.

During the year 20 audit reports issued against the target of 20. Of the 20 reports, 13 were undertaken to provide formal assurance statements with respect to the adequacy of the control environment. Substantial assurance was provided on all 13 of these reports. There were no instances where limited or no assurance was given. The audit reviews are summarised below in section 3.4.

There are no audit reviews being carried forward to the 2016-17 audit plan.

3.4 Summary of Audit Report Conclusions and Recommendations

Ref.	Title	Plan Days	Actual Days	Audit Recommendations			Assurance
				High	Medium	Low	Level
Audit reports	providing a formal assurance sta	tement					
IAR1516-03	Banking	5	5	0	0	0	Substantial
IAR1516-04	Lending & Borrowing	5	5	0	0	0	Substantial
IAR1516-06	Debtors	10	10	0	0	3	Substantial
IAR1516-07	Creditors	10	10	0	0	3	Substantial
IAR1516-08	Housing Benefits	25	25	0	2	4	Substantial
IAR1516-09	NDR	15	15	0	0	5	Substantial
IAR1516-10	Council Tax	15	15	0	0	7	Substantial
IAR1516-11	FMS	10	10	0	0	3	Substantial
IAR1516-12	Payroll	15	7	0	2	2	Substantial
IAR1516-14	Flood Grant Assurance	0	15	0	0	0	Substantial
IAR1516-15	Member Disbursements	5	5	0	0	0	Substantial
IAR1516-16	Officer Disbursements	5	5	0	0	1	Substantial
IAR1516-17	Cash Receipting	10	10	0	0	2	Substantial
	Totals	130	137	0	4	30	

Ref.	Title	Plan Days	Actual Days	Audit Recommendations			Assurance
				High	Medium	Low	Level
Audit report	s not providing a formal assurance	statement					
IAR1516- 01(a-e)	Cash Ups (Leisure Centres x 5)	18	18	N/a	N/a	N/a	N/a
IAR1516-02	Cash Ups (Civic Centre)	2	2	N/a	N/a	N/a	N/a
IAR1516-13	S106 Process	25	25	N/a	N/a	N/a	N/a
Other Work							
	Audit Follow-up Activity	35	28				
	14-15 work carried forward	10	10				
	Contract (Final Check)	10	8				
	Contingency / Investigations	70	55				
Work carried	d forward to 2015-16						
	Grand Totals	300	283				

Assurance definitions are provided in **Appendix A**.

Trend Analysis of Audit Activity

3.5 The table below highlights the trend in assurance levels provided from internal audit reviews completed over the last 10 financial years. The assurance provided from internal audit activity shows a sustained improvement in the control environment reviewed.

Assurance	Substantial	Limited	No		
2015-16	13	0	0		
	100%				
2014-15	13	1	0		
	92.9%	7.1%			
2013-14	12	1	0		
	92.3%	7.7%			
2012-13	13	2	0		
	86.7%	13.3%			
2011-12	15	1	0		
	93.8%	6.2%			
2010-11	16	0	0		
	100%				
2009-10	16	2	0		
	88.9%	11.1%			
2008-09	14	2	0		
	87.5%	12.5%			
2007-08	17	4	0		
	81%	19%			
2006-07	14	7	0		
	67%	33%			

The table below summarises the total number of audit recommendations by risk category emanating from completed audit reviews over the last 10 financial years.

Recommendations	High	Medium	Low		
2015-16	0	4	30		
		11.76%	88.24%		
2014-15	1	12	32		
	2.2%	26.7%	71.1%		
2013-14	0	12	31		
		27.9%	72.1%		
2012-13	2	12	35		
	4%	24.5%	71.5%		
2011-12	0	11	46		
		19.3%	80.7%		
2010-11	0	6	46		
		11.5%	88.5%		
2009-10	0	17	62		
		21.5%	78.5%		
2008-09	0	14	39		
		26%	74%		
2007-08	2	40	76		
	2%	34%	64%		
2006-07	1	50	81		
	1%	38%	61%		

The table highlights an overall decrease in the total number of recommendations (34 in comparison to 45 during 2014-15), largely due to the reduction in the number of medium risk recommendations made. The overall general trend is that of a sustained improvement in the control environment.

4: Conclusion

- 4.1 Internal Audit can confirm that adequate resources have been made available to allow sufficient internal audit activity to be undertaken so as to provide reasonable assurance regarding the adequacy and effectiveness of Gedling Borough Council's risk management, governance and control processes.
- 4.2 Overall, internal audit activity identifies a sustained improvement in the control environment during 2015-16.

Risk & Assurance - Standard Definitions

Audit Recommendations

Audit recommendations are categorised, depending upon the level of associated risk, as follows:

Level	Category	Definition
1	High	Action is essential to manage exposure to fundamental risks.
2	Medium	Action is necessary to manage exposure to significant risks.
3	Low	Action is desirable and should result in enhanced control or better value for money.

Assurance Statement

Each report will provide an opinion on the level of assurance that is provided with respect the risk emanating from the controls reviewed. The categories of assurance are as follows:

Category	Definition	
No	The majority of the significant risks relating to the area reviewed are not effectively managed.	
Limited	There are a number of significant risks relating to the area reviewed that are not effectively managed.	
Substantial The risks relating to the objectives of the areas reviewed reasonably managed and are not cause for major concern		





Report to Audit Committee

Subject: Follow-up of Audit Recommendations

Date: 21st June 2016

Author: Service Manager – Audit & Asset Management

1. Purpose of the Report

To monitor departmental progress in the implementation of Internal Audit recommendations.

To identify to members where additional action needs to be considered in relation to any outstanding recommendations.

2. Background

Internal Audit follow-up on the implementation of recommendations on a quarterly basis. The results of the initial follow-up are reported to the Corporate Director & Chief Financial Officer, who requests any outstanding recommendations are actioned immediately.

Any recommendations remaining outstanding following this instruction are reported to this committee.

3. Summary of Findings

Recommendations made in the following audit report were followed-up during the period April – June 2016.

IAR1415-07 FMS

IAR1415-07 FMS

The report, issued in April 2015, provided **substantial assurance** with respect to the adequacy and effectiveness of controls deployed to mitigate the risks associated with the areas reviewed. Two low risk recommendations were made.

A review of progress of management action against these recommendations was undertaken in March 2016. The review confirmed that both recommendations had been fully implemented.

4. Resource Implications

To be delivered within existing budgets.

5. Recommendation

Members are requested to note the report.



Report to Audit Committee

Subject: Summary of Audit Activity

Date: 21st June 2016

Author: Service Manager – Audit & Asset Management

1. Purpose of the Report

To summarise the outcome of Internal Audit activity for the period April to June 2016.

The report will highlight all final reports issued and associated key findings, concerns identified in any work in progress, details of liaison with management and External Audit and provide details of any changes to the Annual Audit Plan.

2. Background

The report highlights all final reports issued and associated key findings, concerns identified in any work in progress, details of liaison with management and External Audit and provide details of any changes to the Annual Audit Plan.

3. Summary of Findings

Final Reports Issued

The following reports have been finalised for the period April – June 2016.

- IAR1516-11 FMS
- IAR1516-12 Payroll
- IAR1516-17 Cash Receipting
- IAR1617-01 Civic Centre Cashiers
- IAR1617-02 (a-e) Leisure Centre Cashiers

IAR1516-11 FMS

The report provided **substantial assurance** with respect to the adequacy and effectiveness of controls deployed to mitigate the risks associated with the areas reviewed. Three low risk recommendations were made which were all implemented with immediate effect.

IAR1516-12 Payroll

The report provided **substantial assurance** with respect to the adequacy and effectiveness of controls deployed to mitigate the risks associated with the areas reviewed. Two medium and two low risk recommendations were made. The medium risk recommendations relate to the timely completion of starter and leaver forms.

IAR1516-17 Cash Receipting

The report provided **substantial assurance** with respect to the adequacy and effectiveness of controls deployed to mitigate the risks associated with the areas reviewed. Two low risk recommendations were made.

IAR16-17-01 Civic Centre Cashiers

Unannounced spot checks of the cash held at the Civic Centre were undertaken. There were no material discrepancies found.

IAR1617-02 (a-e) Leisure Centre Cashiers

Unannounced spot checks of the cash held at the Council's five Leisure Centre's were undertaken. There were no material discrepancies found.

Work in Progress

The 2015-16 Internal Audit Plan has been completed, with no reviews carried forward to 2016-17.

The 2016-17 Internal Audit Plan has been agreed and dates are currently being scheduled with RSM and management.

4. Resource Implications

To be delivered within existing budgets.

5. Recommendation

Members are requested to note the report.