

# Stockport MBC Internal Audit Services Annual Head of Internal Audit Opinion and Report 2022/23

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# 1. Introduction

## **Purpose of this report**

- 1.1 The Deputy Chief Executive, as the s151 officer, is responsible for ensuring a sound system of internal control that supports the achievement of the Council's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element of assurance is the overall assurance opinion from the Head of Internal Audit, Risk and Insurance.
- 1.2 This report sets out the overall Audit Opinion together with a summary of the work that the Council's Internal Audit Service has undertaken during 2022/23. The report also provides information on the performance of the Internal Audit service in 2022/23 and an assessment of the compliance against the Public Sector Internal Auditing Standards (PSIAS).

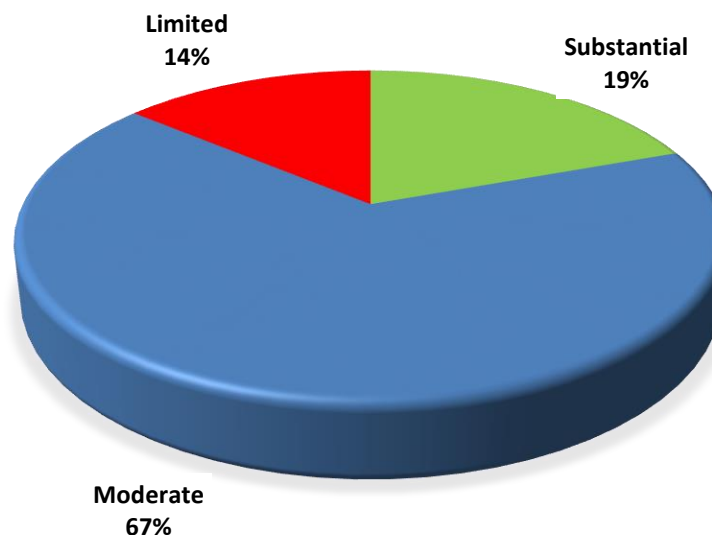
## **The role of Internal Audit**

- 1.3 Internal Auditing is defined as 'an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.' (Public Sector Internal Audit Standards – PSIAS).
- 1.4 The scope of our work, management and audit's responsibilities, the basis of our assessment and access to this report are set out in Appendix A to this report.

## 2. Overall Opinion and Assurance Statement

### Overall Opinion

- 2.1 ***On the basis of our programme of work for the year, I can provide moderate assurance overall that there is a generally sound system of internal control, adequately designed to meet the Council's objectives, and controls are generally being applied consistently. However, some weaknesses in the design and inconsistent application of controls put the achievement of particular objectives at risk.***



- 2.2 In forming my opinion on the Council's internal control environment, risk management process and corporate governance, I have considered the work undertaken by the Internal Audit Service throughout the year. I have come to this conclusion given the coverage of audit work delivered in both the Risk Based Internal Audit Plan 2022/23, work on new and emerging high-risk areas including significant assurance and support around business and community grants and reliance on other assurance areas, for example as identified in both the updated Local Code of Governance and the Annual Governance Statement.

### **Summary of assurance provided by the Internal Audit Service**

- 2.3 A summary of all the assurance we have provided during the year is provided below. This includes each audit review directed to providing controls assurance, but it excludes work, for example, remaining Covid 19 related activity, grant certification work and our support to management on fraud investigation work. The overall picture of assurance provided across the audit reviews undertaken during 2022-23 is summarised below. (See Appendix B for description of assurance levels).

### **Management's response to our findings**

- 2.4 Each of the issues the Internal Audit service has raised during the year has been discussed with the relevant service management teams as part of a formalised closure meeting. Action plans have been subsequently agreed and actions are already being implemented by nominated officers. The Internal Audit service will follow up our findings during the course of 2023-24 and provide support to management to develop and implement solutions to the control issues identified.

### **Follow-up of our previous work**

- 2.5 As approved previously with the Audit Committee the approach to following up audit recommendations is now focussed on audits which have previously been given a "limited" or "moderate" assurance opinion. The objective is to ascertain and provide management and members with a timely assessment of which agreed recommendations have been implemented, the reasons for those that have not, and the value added since the implementation of the recommendations. A summary of the position statement for those audit reviews which were given a limited assurance opinion is set out in the quarterly updates to Audit Committee. Where improvements have been made to the control environment, we will use this to update our opinion and assurance ratings may be improved as a consequence. This provides stakeholders with a clearer and timelier view of the current control environment in operation. This is a positive reflection on the importance attached to addressing key recommendations by managers throughout the Council.
- 2.6 Furthermore, we have undertaken work to ascertain progress in implementing agreed recommendations resulting from all other audit work completed in year and from earlier year's reviews. Good progress has been made to implement the action plans as agreed.

### 3. Key Issues and Themes

#### **Internal control environment**

- 3.1 Hybrid working continues to be embedded with the refurbishment of Stopford House. Consequently, the reliance on ICT and related technology continues to grow as services are delivered from both traditional and remote locations. This has kept the overall risk to the internal control environment high with ongoing changes in staff responsibilities and corporate structures/roles. Internal Audit continues to support the Council through these process changes and actively advises and contributes through its ongoing proactive involvement in all key risk areas including the transformation project board and specific projects, key capital schemes, adult social care transformation, workforce development and support with the evaluation of high-level strategic options and the development of an Outline Business Case (OBC) support pack to inform a decision on the future direction of the Council's corporate systems (ERP) strategy. (SAP replacement system).
- 3.2 Our work throughout the year found no evidence of significant lapses in the internal control framework and we consider that management have responded appropriately and positively to Internal Audit recommendations. The progress of which are reported quarterly to the Audit Committee. Furthermore, management have engaged constructively and transparently with internal audit colleagues which has helped to deliver ongoing and advisory work to a high standard.
- 3.3 Our work has confirmed that adequate management arrangements are in place including robust monitoring and reporting processes in particular around ensuring financial resilience and progress against the Medium Term Financial Plan (MTFP). This can be further evidenced through completion and independent review of the comprehensive self-assessment undertaken on the Cipfa Financial Management Code. Consequently, an Action Plan has been developed and will be monitored by Finance colleagues for progress. Regular updates will be provided to Audit Committee.

#### **Risk management**

- 3.4 A range of key projects continue to receive ongoing consultancy and advice from the service. The key objective is to provide continuous assurance and advice on how risks are being identified, managed and controlled. These include:
- Engagement and attendance with the Senior Information Reporting Officer (SIRO) Board on Information Governance and IT security.

- Transformation programmes, including support and advice on the new HR PDR process, the new Transformation Steering Group and Adult Social Care Transformation Board.
- Various capital projects including Merseyway, Mayoral Development Corporation (MDC), Stockport Exchange, Stockroom and Highways Capital meetings from a risk perspective. Risk advice is further provided to the Council's Capital Board.

3.5 The Risk Manager has refreshed the layout and format of the Corporate Risk Register to clearly highlight themes and trends regarding each risk and it has been developed in a format that is easy to understand. This has been complemented by Directorate Risk workshops in order to support and strengthen operational risk management in the future. These workshops will continue into 2023/24.

### **Corporate Governance**

3.6 The Internal Audit Service is pivotal in the development of the Council's corporate governance arrangements and monitoring of the Annual Governance Statement through the Head of Internal Audit's ongoing attendance at the Corporate Governance Group, Fraud and Irregularities Panel, Data Breach Panel, Information Governance Board and Health and Safety Groups.

3.7 All audit reviews give an opinion not only on the control environment but also on governance and risk management arrangements as well. Where issues are identified, Internal Audit will work with services to improve and develop processes that allow governance and risk management to further help achieve the overall objectives of the service. In 2023/24 we aim to reference in every audit report which key themes and enablers identified in the Council Plan the audit is providing assurance on.

3.8 The Corporate Governance Group aims to meet remotely before all scheduled Audit Committee meetings. In addition, key governance issues are discussed quarterly at Corporate Leadership Group (CLT). In the past 12 months key high level governance changes have been experienced changes to senior management within Corporate Support Services and Children's Services. Standing agenda items include corporate governance issues, risk management, business continuity and audit committee agenda items. The draft Annual Governance Statement (AGS) was updated by the Head of Internal Audit, Risk and Insurance and this has been discussed with members of the Corporate Governance Group, CLT and members of the Audit Committee. Quarterly updates on the progress of the AGS Action Plan is reported to the same forums. The current AGS remains in draft as the Council's 2021/22 Financial Accounts have not yet been formally signed off (as is the case with colleagues in Greater Manchester and wider).

3.9 The review of the effectiveness of the Council's governance framework in 2022/23 has identified and confirmed the following areas that will need to be addressed or continue to be addressed during 2023/24. Given the broad and extensive nature of all three issues they

are all carried forward from last year and have been formally confirmed by key leads in all directorates and the formal completion of Directorate Assurance Statements. These are: -

- Programme of Reform and achievement of Medium-Term Financial Plan;
- Stockport One Transformation Programme; and
- Integrated Care System.

- 3.10 Finally internal audit have undertaken specific training and workshops with both new members of the Council and more specifically with new members of the Audit Committee to help enhance member skills and knowledge and to improve the effectiveness of the Committee in fulfilling its duties. Specific Risk Workshops with Audit Committee members are due to continue in 2023/24 and invitations will be broadened to all Council members.

### **Other Sources of Assurance**

- 3.11 Internal Audit and Risk colleagues are active members of a broad range of key project areas including the CSS Health and Safety Group, Workforce Development Group, SIRO Board, Data Breach Panel and Strategic Leadership Group (SLG). The objective is to provide ongoing advice, challenge and guidance in addition to reviewing process controls, plans and annual reports within these areas. As such these additional sources of assurance are used when informing the annual opinion. In addition, we review and analyse the content of numerous annual reports (internal and external) including corporate complaints, business continuity and civil resilience, health and safety, annual SIRO report, DPO Assurance Reports, the SEND Reinspection review, the new Fair and Inclusive Annual Report and the annual compliance with the CIPFA Financial Management Code. There is also regular monitoring of OFSTED & CQC reports of schools, residential care homes, domiciliary providers, children homes undertaken by the School Improvement Team, Quality Team in ASC and Children Commissioning team respectively.
- 3.12 Further overall assurance in preparing the annual opinion for 2022/23 has been taken from the LGA Corporate Peer Challenge Review. The final report with the findings of the Corporate Peer Challenge has now been published. The report highlights Stockport Council as:
- An impressive organisation that works closely with local partners.
  - A leader in place-shaping & leadership citing our strong partnership working (with external partners as well as across the council, particularly our strong relationships with the VCFSE sector)
  - Delivering high performing services that meet the current needs of the local population well
  - Having strong financial management within the organisation and good governance



- Working as one in the interests of our residents, we have a strong collaborative culture -
- Having strong and trusting relationships across councilors and officers

The report recognises the strong financial position the council is in despite the national backdrop but recognises the challenges of budget-setting in the current climate. It also notes the recruitment challenges the council is facing, particularly in areas where there is a national staff shortage such as social care roles.

The report also makes some recommendations for areas where improvement could be made. particularly around further strengthening our neighborhood working, the way we work with partners, and building Stockport's brand further so we are the desirable employer to work for in the region.

In response to these recommendations in the Corporate Peer Challenge report, the council has developed a robust action plan. The activities in the action plan will be delivered across the coming year, with a progress review with the LGA scheduled for six months. The findings and recommendations from the Peer Challenge have been key to the development of the Council Plan for 23/24. The insight from the Peer Challenge will be further used to develop core strategies and business plans over future months.

## 4. Delivery of 2022-23 Audit Plan

- 4.1 The Internal audit plan for 2022/23 was approved by the Audit Committee at its meeting in March 2022 and the committee received regular updates on progress against the plan during the year.
- 4.2 The following tables summarises the delivery of the Revised Audit Plan and the outturn of audit reports and other outputs produced in 2022/23. More information about the outcomes of Internal Audit work relating to risk -based reviews, financial system reviews and proactive anti-fraud work is provided at Appendix C.

Table 1: Delivery of Revised Audit Plan

Type of Work	Revised Audit Plan	Actual Delivery	Comments
MTFP Projects	4	3	No longer required support with one MTFP project

Project Support	5	5	
Governance & Strategic audits	1	0	Deferred to 2023-24
Compliance Audit	2	2	
Financial Audit	5	2	Three reviews are currently work in progress
Service Audits	12	7	Two reviews deferred to 2023-24 Three reviews are currently work in progress
Contract Audit	1	0	Draft report stage, to be completed
Investigations	0	5	Contingency budget in plan for investigations
IT / IG Audits	5	2	Two reviews deferred to 2023-24 One review is currently work in progress
Pro-active anti-fraud work	3	3	
Schools, including thematic reviews	19	12	7 deferred and included in 2023-24 plan
School thematic reviews	2	0	Both thematic audits are currently work in progress
Academies	2	2	All termly visits to two academies have been completed
TOTAL	61	43	

Table 2: Summary of Audit Reports and Other Outputs

Type of Work	Audit Outputs	Audit Outcomes
Programme and project assurance work	Feedback, opinion and assurance on key programme and projects	<p>Projects supported include:</p> <ol style="list-style-type: none"> <li>Staff survey development group</li> </ol> <p>Provided support and challenge around the development of the survey, translation of results into action plans and communication of feedback</p>

Type of Work	Audit Outputs	Audit Outcomes	
		2. Workforce steering group	Ongoing membership of group looking at range of broad HR projects aimed at developing the workforce and managing the risks around HR
		3. Transformation programme	Support provided to the project steering group to manage key risks associated with those projects designed to support the MTFP and associated savings targets
		4. MTFP – Adult transformation	We have scoped a specific set of reviews looking at areas of the transformation programme including governance, delivery of key strands and financial sustainability
		5. Stockport Exchange	Ongoing attendance at the Project Board
		6. Markets and Underbanks	Ongoing risk advice and support on development and regeneration schemes
		7. Capital Strategy	Attendance at Capital Board
		8. Project Evergreen	Providing support to the project group ensuring the actions are robust and assumptions provided with evidence
		9. MTFP	Targeted support to Finance colleagues in key projects including fees and charges, spend analysis, cemeteries & crematorium fees, and contracts.
		10. DLUHC Assurance regime	Developing mechanisms for and providing assurance to s151 officer when providing

Type of Work	Audit Outputs	Audit Outcomes							
		returns to DLUHC. This work will continue in 2023-24							
Service reviews	10 final reports issued	<p>The number of opinion and assurance ratings for the finalised reports are listed below</p> <table><tr><td>Substantial assurance</td><td>2</td></tr><tr><td>Moderate assurance</td><td>7</td></tr><tr><td>Limited assurance</td><td>1</td></tr></table> <p>The summary of the opinion and assurance statements for the individual risk-based reviews which were finalised in the year are provided in Appendix C.</p>		Substantial assurance	2	Moderate assurance	7	Limited assurance	1
Substantial assurance	2								
Moderate assurance	7								
Limited assurance	1								
School audit visits	17 final reports issued	<p>6 schools from 2021-22 were finalised in 2022-23.</p> <p>During 2022-23, a further 13 schools were audited, of which all were completed by 31<sup>st</sup> March 2023. Seven schools were c/f to 2023-24.</p> <p>The number of opinion and assurance ratings for the 18 finalised reports are listed below</p> <table><tr><td>Substantial assurance</td><td>2</td></tr><tr><td>Moderate assurance</td><td>13</td></tr><tr><td>Limited assurance</td><td>3</td></tr></table> <p>We have made a total of 197 recommendations at the 18 schools visited where we have completed our audit and these were graded as follows: 18 High, 84 Medium and 95 Low risk.</p>		Substantial assurance	2	Moderate assurance	13	Limited assurance	3
Substantial assurance	2								
Moderate assurance	13								
Limited assurance	3								

Type of Work	Audit Outputs	Audit Outcomes				
		<p>Our recommendations to address the high to medium risk findings included</p> <ul style="list-style-type: none"><li>the need to ensure ongoing management of budgetary forecasts to minimise risk of going into a deficit budget,</li><li>to ensure governors have the skills to act as a critical friend and challenge budgeting and financial decisions</li><li>to ensure three competitive quotes are always obtained and that there are evidence of discussion and approval by Governors,</li><li>to ensure contracts with IT providers clearly sets the arrangements for protecting data,</li><li>to ensure a regular programme is in place for the review and updating of key policies and procedures, including the Finance Manual and strategic plans,</li><li>to ensure long contractual arrangements with existing suppliers are subject to review or re-tendering,</li></ul> <p>We have issued a separate annual summary of findings report to all schools via Office Online and will present this report to the Schools Forum.</p>				
Academies	<p>Four final “term” reports issued</p> <p>1 annual audit report issued</p> <p>2 “term” reports in draft stage</p>	Internal Audit has undertaken independent assurance work of two Academies as directed by the Academy Trust Handbook.				
Financial systems / processes reviews	Four final reports issued	<p>The number of opinion and assurance ratings for the finalised reports are listed below</p> <table><tr><td>Substantial assurance</td><td>1</td></tr><tr><td>Moderate assurance</td><td>2</td></tr></table>	Substantial assurance	1	Moderate assurance	2
Substantial assurance	1					
Moderate assurance	2					

Type of Work	Audit Outputs	Audit Outcomes	
		Limited	1
		The summary of the opinion and assurance statements for the individual financial systems reviews are provided in Appendix C.	
ICT audits	Two final reports issued	The summary of the opinion and assurance statements for the individual ICT audits are provided in Appendix C.	
Support to Management	Feedback, opinion and assurance on key areas	<p>Provided the following support to management and staff: -</p> <ul style="list-style-type: none"> <li>• Support to the Revenues and Benefits team with regards to the payments of energy rebates to households who do not have a direct debit arrangement with the Council</li> <li>• Elections - Management of postal vote process at local elections.</li> <li>• Elections - Pre checking of ballot boxes prior to issue to Presiding Officers</li> <li>• Provide support in the roll out and payment of Energy Bills Support Schemes</li> </ul>	
Compliance reviews for Council management	<p>9 opinions</p> <p>1 compliance report</p> <p>1 opinion for Annual Return</p>	We undertook compliance work at the request of management and issued unqualified opinions for seven grant claims, two statement of accounts for charities, one independent review of the Council's self-assessment of its compliance with the Financial Management Code and one audit of the Mayoral Development Corporation's Annual Governance and Accountability Return.	
Advice and consultancy support	12 ad-hoc advice provided	During the year we received approximately 12 ad hoc non Covid related requests for advice and consultancy support on a broad range of matters, for example, security and control of supermarket vouchers, procedures to follow after an incident of theft resulting in the loss of a small amount of cash at a library, controls around crowdfunding, use of debit cards at schools, appropriateness of revised placement planning forms and responsibility and financial issues around tree maintenance at a voluntary controlled school.	

Type of Work	Audit Outputs	Audit Outcomes
		All advice was issued on a timely basis to assist management to maintain proper systems of internal control.
Pro-active anti-fraud reviews including National Fraud Initiative work	Feedback, opinion and assurance on 2 key proactive anti-fraud reviews	Activity around all counter fraud work from the last financial year is highlighted in the Annual Fraud Report 2022/23.  We have undertaken two counter fraud work on bank mandates and council tax refunds. This is summarised in Appendix C.
	NFI work – data matches generated for investigation	The data for the National Fraud Initiative has been extracted from the various systems, quality checked and uploaded via the secure portal. The results of the data matching exercise show that a total of 5186 matches from 75 reports have been identified. Ongoing work is underway to investigate these matches in a number of services, including Revenues and Benefits, Payroll, Housing, Procurement, blue badge and taxi licensing.
	Monitor, report and prepare for debts to be returned to BEIS	<p>During the year those Business COVID grants that were incorrectly claimed, paid out in error, or were fraudulently obtained, were regularly reviewed and where possible, attempts made to recover monies due. Agreed instalments continued to be monitored.</p> <p>Furthermore, all relevant information has now been submitted to BEIS who have reviewed the supporting evidence and have confirmed they are satisfied that appropriate controls were in place to ensure these grants were paid correctly and consequently reduced the risk of fraud and error.</p> <p>Recovery action is evident on 49 grant payments. 10 applications have been fully recovered. A further nine are repaying by instalments. In 21 cases we have exhausted all possible avenues of repayment have returned these to BEIS as per national guidance. The total value of grants recovered totals £129,945. Along with £190,249.13 of monies returned by businesses on a voluntary basis, the total to date returned to BEIS is £320,194.13.</p> <p>* A new case has been identified as being ‘claimed when not entitled’, triggering the recovery process.</p>

Type of Work	Audit Outputs	Audit Outcomes				
		<b>**A new case has been identified as possible fraud, which is currently under investigation.</b>				
			No	Recovered	Outstanding	
		Fully Recovered	10	£99,000		
		Instalments	9	£30,945	£58,400	
		No payment*	21		£215,655	
		Fraud**	9		£96,500	
Investigations	Five investigations	Internal Audit has undertaken seven separate investigations as directed by the Fraud and Irregularities Panel and the Whistleblowing Panel. All investigations resulted in an outcome and subsequent report addressing appropriate management actions.				
Follow-ups	15 follow up reports issued  4 follow-ups closed and will be subject to further audits in 2023-24	A summary of the recommendations that have been made during the year and implemented during the year is shown below.				
		Grade	B/Fwd	New	Closed	C/Fwd
		High	35	22	(37)	20
		Medium	57	54	(73)	38
		Low	16	31	(14)	33
		Total	108	107	(124)	91



## 5 Quality Assurance and Improvement Programme

- 5.1 As part of the Public Sector Internal Audit Standards there is a requirement for the internal audit team to have in place a Quality Assurance and Improvement Programme (QAIP). This must include both internal and external assessment of compliance against the standards. The internal assessments are ongoing, and an external assessment must be undertaken once every five years.
- 5.2 The external assessment of the service took place in 2022/23 and the overall judgement was that the Council's Internal Audit service was assessed as fully conforming to the Public Sector Internal Audit Standards (PSIAS). This is a very positive achievement and demonstrates the level and quality of assurance provided by the service. The next external assessment will be due during 2027-28. A number of recommendations where minor recommendations have been made as part of the assessment and these will be addressed as part of an Action Plan and, where applicable, the service QAIP document.
- 5.3 We report the results of the internal assessments as part of the QAIP to Audit Committee members.

It is the opinion of the Head of Internal Audit, Risk and Insurance that in all material aspects Stockport Council's Internal Audit Service conforms to the definition of internal audit, the Code of Ethics and the Public Sector Internal Audit Standards.

- 5.4 Whilst the Public Sector Internal Audit Standards only require non-conformance to be disclosed when it impacts the overall scope or operational of the internal audit activity, the additional requirements for the public sector state that all instances of non-conformance and progress against improvements plans must be reported in the annual report. The progress against the 2022-23 QAIP action plan is included in Appendix E.

### A Scope, responsibilities and assurance

#### Scope

- A.1 In accordance with the Public Sector Internal Audit Standards, the scope of Internal Audit encompasses all of the Council's activities, resources and services including where they are provided by other organisations on their behalf. Internal Audit has unrestricted access to all Council employees and Elected Members and the authority to obtain such information and explanations, as it considers necessary to fulfil its responsibilities.

#### Responsibilities

- A.2 It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit is an element of the internal control framework assisting management in the effective discharge of its responsibilities and functions by examining and evaluating controls. Internal auditors should not be seen as a substitute for management's responsibilities.
- A.3 However, we have planned our work so that we have a reasonable expectation of detecting significant control weaknesses. We have reported all such weaknesses to management as they have become known to us, without undue delay, and have provided advice to management on appropriate mitigating actions to address risk. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee fraud will be detected. Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud or other irregularities which may exist, unless we are requested to undertake investigations in such matters under the direction of the Fraud and Irregularities Panel.
- A.4 Internal audit's role include assessing the adequacy of the risk management processes, key internal control systems and corporate governance arrangements put in place by management and performing tests to ensure that these controls were operating for the period under review.

## **Basis of our assessment**

- A.5 My opinion on the adequacy of control arrangements is based upon the results of Internal Audit reviews undertaken and completed during the period in accordance with the plan approved by the Audit Committee. Sufficient, reliable and relevant evidence has been obtained to support the recommendations made.

## **Limitations to the scope of our work**

- A.6 There have been no limitations to the scope of the audit work.

## **Limitations on the assurance that Internal Audit can provide**

- A.7 The audit process is generally dependent upon the existence of an effective system of internal control. There is always a risk of an internal control system failing to operate as designed. There are inherent limitations as to what can be achieved by an internal control system. Any system of internal control may be ineffective against fraud involving collusion among employees or fraud committed by management, for instance management overriding controls, faulty judgement in decision making processes or breakdown in controls due to human error. No matter how well designed and operated, sound internal control systems can only provide reasonable assurance and not absolute assurance that objectives have been, and will continue to be, met. Furthermore, there is no certainty that internal controls will continue to operate effectively in future periods or that the controls will be adequate to mitigate all significant risks which may arise in the future. Such inherent limitations of internal control system also contribute to inherent limitations of an audit.
- A.8 Decisions made in designing internal controls inevitably involve the acceptance of some degrees of risk. As the outcome of the operation of internal controls cannot be predicted with absolute assurance, any assessment of internal control is judgmental.

## Appendix B

### B Levels of Assurance Definitions and Classification of Audit Recommendations

In order to provide management with an assessment of the adequacy and effectiveness of their systems of internal control, the following definitions are used.

Opinion	Definition
<b>Substantial Assurance</b>	There is a sound system of internal control designed and operating in a way that gives a reasonable likelihood that the objectives will be met.
<b>Moderate Assurance</b>	Whilst there is a basically sound system of internal control, there are weaknesses which put some of the objectives at risk or there is evidence that the level of non-compliance with some of the controls may put some of the objectives at risk.
<b>Limited Assurance</b>	Weaknesses in the system of internal control are such as to put the objectives at risk or the level of non-compliance puts the objectives at risk
<b>No Assurance</b>	Control is generally weak leaving the system open to error or abuse; or significant non-compliance with basic controls leaves the system open to error or abuse.

## Appendix C

### C Summary of Outcomes from Finalised Audit Reports during 2022/23

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
<b>Supported accommodations for post 18 care leavers (2021-22)</b>	Substantial	High	1	<p>Based on our findings, our review confirmed that in general, controls were found to be robust, managed and adhered to, due to the following:</p> <ul style="list-style-type: none"> <li>The Children's Commissioning Service has made positive progress on developing new accommodation for post 18 care leavers and this is supported by the contract in making supported accommodation available for a range of client groups.</li> <li>The Children's Commissioning Service and the provider work well together, and the contract is being consistently monitored to ensure service users are receiving sufficient services.</li> <li>The Children's Commissioning Service has been strong in respect of performance management especially in ensuring that providers are delivering value for money and high-quality services.</li> <li>The provider has contributed effectively with consistent attendance at the Accommodation Panel meetings, and</li> <li>The provider reports are adequate and deliver information that leads to effective scrutiny.</li> </ul>	The high priority recommendation relating to the purchase and redevelopment of a property for care leavers has been implemented.
		Medium	2		
		Low	2		

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
<b>Mayoral Development Corporation (MDC) (2021-22)</b>	-	High	0	Completion of the Annual Internal Audit Report 2021/22 Checklist and the Annual Governance Statement 2021/22 prior to consideration and discussion by the MDC Board.	N/A
		Medium	0		
		Low	2	Completion of Annual Internal Audit Report outlining the work undertaken by Internal Audit and recommendations for consideration by the Board.	
<b>Financial Resilience (2021-22)</b>	Substantial	High	1	<p>Our review confirmed that the Council has robust controls around aligning its financial strategy to the Council's strategic objectives and demonstrating how the risks have informed the preparation of the MTFP. There is ongoing regular review of the MTFP to ensure it remains up to date and the financial resilience assessment performed on the MTFP is effective with appropriate contingencies provided for and a strong reserves policy is in force. A strong framework is in place for consideration of annual savings proposals with robust budgetary control mechanisms for monitoring of achievement of savings plans. Financial governance arrangements within the leadership team and relevant members are effective.</p> <p>Overall, the Council has robust financial sustainability arrangements which was instrumental in successfully mitigating the risks and legacy from the Covid19 pandemic during 2021-22. However, the Covid scarring impacts continue to reverberate and with increasing demands on services as a result of Covid, this is making it harder for the Council to deliver services within the financial constraints it currently operates in. Coupled with increasing inflation and projected increases in interest rates, financial resilience remains a key risk and this should remain the key focus for the Cabinet and CLT.</p>	<p>Financial resilience remains a key risk on the corporate register and need to remain the key focus for the CLT and Members.</p> <p>The Council is required to comply with the CIPFA Financial Management (FM) Code which was developed to support local authorities continuing assessment of their financial resilience and and financial sustainability.</p> <p>Finance colleagues have undertaken the self-assessment against the FM Code requirements, and this was independently reviewed by the Head of Internal Audit. The outcome was reported to the Audit Committee during 2022-23.</p> <p>It has been agreed that an annual self-assessment against the FM</p>
		Medium	0		
		Low	1		
		NB: There is a high priority for the Council, but it does not demonstrate any underlying issues in controls. Rather it is a requirement for stronger focus in response to emerging risks			

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
					Code requirements will be undertaken.
<b>Short breaks and respite care (2021-22)</b>	Moderate	High	0	Our review of the commissioning arrangements for short breaks and respite care for disabled children confirmed that this is robust.	It is agreed in principle that payments should be made via Liquid Logic & ContrOCC, at present this remains on spreadsheet.
		Medium	3		
		Low	0	With regards to care quality of service provided, there are appropriate arrangements in place for active discussion between the relevant social worker and the provider in question to resolve any issues with more systematic issues being dealt with by the Commissioning Support Manager. Evaluation matrices are used to assess service providers on compliance with legislation and monitoring meetings take place regularly for some key providers but not all. Risks of disruption to care services due to Covid-19 pandemic was managed well.	Monitoring meetings have been introduced with providers but monitoring visits need to be fully embedded.
				The new case management system has gone live with workspaces that record children's disability information and direct payments; however, we have recommended that when they review records to be transferred over, that they ensure they focus on the suitability of care packages given a child's needs and whether it is still fit for purpose if care needs have changed.	
				Budget monitoring meetings are held quarterly. However, the financial forecasting and monitoring of spend on short breaks and respite care is done using a spreadsheet as opposed to within the case management system.	

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				Since the audit was undertaken there has been service reviews undertaken and reserves identified to deliver improved short breaks service with a detailed action plan in place.	
<b>SAP access controls (2021-22)</b>	Moderate	High	1	<p>Our review of user access rights within Finance to ensure these are in line with business needs found that mostly profiles granted to staff were commensurate with their duties. We found a general mix-up between the two different accountancy profiles which has now been resolved and specialised profiles remaining after transfer of staff to different accountancy teams.</p> <p>We confirmed a robust process is in place for leavers to be identified promptly and access to SAP removed on a timely basis. However, we found no regular review of the roles assigned and our review of users who had not logged into the SAP system for a while found that most users had changed roles and no longer requested the SAP profile.</p> <p>We have made recommendations to address this.</p>	<p>Action has been taken to establish the most appropriate SAP profile for all accountants.</p> <p>The process to identify leavers and remove access to SAP is now a scheduled twice a year task within the Service Desk software.</p> <p>Progress is currently being made to extract data from HR regarding movers in the Council so the Financial Systems team can check if they need access in their new roles.</p>
		Medium	1		
		Low	2		
<b>IT service continuity (Salford) (2021-22)</b>	Moderate	High	1	<p>Based on the review of the Council's IT Service Continuity Management (ITSCM) arrangements, generally, there are reasonable measures in place to manage the associated key risks. However, ITSCM documentation should be kept up to date, also details of testing of the new disaster recovery facility should be clearly documented, in terms of scope, testing, lessons learned, and remedial action required.</p> <p>There are no major concerns, four recommendations and one advisory point were made which will assist management in improving and enhancing the control environment.</p>	<p>The new online system has been launched and appropriate challenge given to services if the business impact analysis is not robust with respect to loss of IT. Senior Management Teams are kept abreast of any services that are not keeping up to date with their business continuity arrangements.</p> <p>Relevant IT documentation have been updated and made available on the disaster recovery SharePoint for staff.</p>
		Medium	3		
		Low	1		



Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
					Recovery test with Stockport Homes systems to be scheduled with regular testing to be booked in therefore after with other corporate systems including Liquid Logic.
<b>Community relations and VCSFE (2022-23)</b>	Moderate	High	0	There are robust processes in place for the receipt and processing of grant applications to the Council. The decision-making process is consistent, with all bids being consistently scored and approved by the Thriving Communities Board.	<p>It was agreed to develop a Voluntary Sector Strategy and a Stockport Local Fund Policy. This Policy will also include a process chart to set out expectations of the audit trail.</p> <p>The team will adapt the decision spreadsheet to ensure that it includes all decisions made to award funding.</p>
		Medium	2	Communication between the team and applicants was very good with drop-in sessions well-advertised and clear guidance on the process, and what to expect available on the website. Constructive feedback is given to unsuccessful applicants and good working and positive professional relationships developed with successful applicants.	
		Low	4	There are strong processes in place for the payment of grants to applicants, with effective reconciliation processes.	
				However, we found there is currently no overarching policy or framework which covers the fund, although its main principles are tied to the Borough Plan. The team do develop KPIs with the successful bidders, in order to measure the impact of the fund, as well as recording case studies and other feedback. The impact of the fund is reported both to CLT and elected members annually.	
<b>Hybrid working arrangements (2022-23)</b>	Moderate	High	1	Our review was around the arrangements within the Council for understanding and managing the impact of hybrid working arrangements in key areas	With regards to the high priority recommendation, roles and responsibilities for managing the new fire safety procedures for the civic complex have been agreed and training on evacuation procedures being carried out. The
		Medium	3	Data Protection (DP) and Information Governance (IG) – Satisfactory arrangements around ensuring staff are made aware of guidance on data protection when hybrid working.	
		Low	6		

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				<p>The IG team are currently reviewing and updating all DP policies to consider hybrid working.</p> <p>Staff Wellbeing – Significant steps have been taken to improve communications with all staff during pandemic lockdowns and staff surveys undertaken to ensure the views of staff are considered when developing the model of hybrid working arrangements. Extensive wellbeing guidance is made available on the staff intranet and frequently referred to in communications and briefings to encourage staff to take these up</p> <p>Health &amp; Safety – Our review confirmed satisfactory arrangements were put in place to ensure risk assessments were completed by staff for working from home during the pandemic and the move to hybrid working. Key information for staff around hybrid working has been collated on the One Team Hub which has assisted with the move to hybrid working.</p> <p>Staff recruitment and retention - We confirmed job adverts have been updated to refer to hybrid working, and new measures have been brought in to improve recruitment and retention, in particular new initiatives being focused on wellbeing support.</p> <p>The Civic Estate – We confirmed satisfactory arrangements were in place to manage and adapt the Council buildings to facilitate hybrid working</p> <p>Overall, we have found that the shift to hybrid working has been well-managed</p>	<p>new procedure will be tested by way of drills at dates to be agreed.</p> <p>With regards to the medium priority recommendations, a Corporate Records Manager has been appointed with responsibility for completing a gap analysis of current and emerging risks and issues around records management, the letting of floors in Stopford House and Fred Perry are in progress, and health &amp; safety reporting arrangements are being strengthened.</p>
<b>CLA maintenance payments (2022-23)</b>	Moderate	High	1	<p>Our review confirmed that there were</p> <ul style="list-style-type: none"> <li>Satisfactory policies and guidance on foster carer rates and payments processes</li> <li>Satisfactory procedures over the processing and authorisation of payments to foster carers and care</li> </ul>	Action is being taken to resolve the current list of unresolved overpayments and to agree on the most appropriate procedure to follow when recouping overpayments.

Review	Overall Opinion	Number of Recommendations	Summary of Findings	Improvements made / agreed
			<p>providers on Liquid Logic Children System (LCS) and ContrOCC</p> <ul style="list-style-type: none"> <li>• Robust controls over agreement of external placements and associated payments before placements are made</li> <li>• Adequate controls over authorisation of foster carers additional expenses</li> <li>• Strong financial monitoring processes around external residential placements, independent fostering agencies and internal fostering</li> <li>• Satisfactory arrangements to ensure, in general, the access permissions granted to staff to use ContrOCC were satisfactory and in line with business needs</li> </ul> <p>However, we reported that improvements needed to be made around the following issues</p> <ul style="list-style-type: none"> <li>• The use of manual payments which is created separately in LCS as a contingency measure to minimise the risks of delayed payments and prevent financial difficulties for foster carers when social workers do not complete the placement plans on LCS. There is no link between manual payments on LCS to ContrOCC which presents a risk that overpayments may occur when placements come to an end.</li> <li>• The processes for recovering overpayments made to foster carers needs strengthening, a significant number remains unresolved despite an overpayments policy and foster carer agreement which specifies that overpayments must be recovered</li> <li>• Improving foster carer usage of the Provider Portal which is designed to enable two-way secure communications and exchange of information. Foster carers should be checking the Provider Portal each week which would assist in</li> </ul>	<p>Consideration of further enhancements to the ContrOCC system are being explored to assist with improvements to mitigate some of the issues flagged up by the audit.</p>

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				<p>reducing the number of queries raised about payments and minimise overpayments from occurring</p> <ul style="list-style-type: none"> <li>Whilst a monthly process is in place where the systems team receive leavers report, we found staff remaining on ContrOCC, in addition to those staff who have moved to different roles elsewhere in the Council.</li> </ul>	
<b>Stockport Interpreting Unit (2022-23)</b>	Moderate	High	0	<p>Our review confirmed there are robust financial procedures, adequate contract management, effective booking systems, and satisfactory interpreter management processes in place.</p> <p>We identified some areas for improvement, around</p> <ul style="list-style-type: none"> <li>documenting the guidance for income and expenditure procedures to ensure business continuity for the team</li> <li>improving financial analysis of income and expenditure by each part of their service to establish which parts of the service is more profitable</li> <li>moving to a more regular debt recovery process</li> <li>making indemnity insurance a requirement for freelance interpreters</li> </ul>	The team are currently updating their written guidance with areas not previously included. Following on from this, ongoing action is being taken to contact interpreters to update DBS records and ensuring they have indemnity insurance.
<b>Sickness absence and employee wellbeing (2022-23)</b>	Substantial	High	0	<p>Overall, we found that there are generally strong processes in place to support the management of sickness absence and support employee wellbeing across the Council.</p> <p>There were a few areas which were highlighted for improvement, and we have made several recommendations, around</p> <ul style="list-style-type: none"> <li>making managers aware of the trigger calculator to assist them in understanding the process around absence triggers and monitoring periods</li> <li>the review of monitoring data on completion of training courses, to ensure all those with managerial</li> </ul>	Action is being taken to strengthen policies, handbook and manager training in the areas identified from the audit.

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				<p>responsibility have been adequately trained on the managing sickness absence process</p> <ul style="list-style-type: none"> <li>ensuring that health colleagues who have responsibility for managing council employees have the access to HR policies, and systems</li> </ul> <p>The Council has oversight of the uptake and cost of third-party support services, such as Counselling and Physio, and robust contract-monitoring systems in place</p>	
<b>Compliance with Financial Management Code (2022-23)</b>	N/A	N/A		<p>The aim of the review was to provide assurance that the assessment and conclusion of the exercise contained sufficient evidence to support the following opinion.</p> <p><i>The review of Stockport Metropolitan Borough Council against the CIPFA Financial Management Code demonstrates compliance and is detailed further below. It is the opinion of the Chief Finance Officer (CFO) that the Council is financially resilient and delivers value for money.</i></p> <p>The audit confirmed that the assessment had been: -</p> <ul style="list-style-type: none"> <li>completed in full.</li> <li>contained reference to all necessary guidance.</li> <li>provided a clear outline of compliance via identified controls, processes and adherence to legislative and governance controls.</li> <li>Where minor compliance issues were highlighted then proportionate identified improvements have been agreed along with timescales and responsible officers.</li> </ul>	It has been agreed to undertake an annual self-assessment against the FM requirements.
<b>Counter fraud audit of Council Tax refunds and deductions (2022-23)</b>	Substantial	High	0	We reviewed the arrangements in place to prevent fraud against the Council from the various discounts and exemptions offered for Council Tax.	It has been agreed to review the effectiveness of SPD service provided by the supplier.

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
		Merits attention	1	<p>Arrangements in place are robust but we have made recommendations around:</p> <ol style="list-style-type: none"> <li>1. Reviewing the effectiveness of 3<sup>rd</sup> party suppliers who manage the single person discount scheme</li> <li>2. Arrangements could be strengthened for penalising those found to be abusing the discount and exemption schemes.</li> </ol>	The service will work with the comms team to strengthen messages about the importance of reporting changes and potential consequences for failing to do so.
<b>Legal Norwell bundling (Unplanned)</b>	Limited	High	0	<p>Our review examined the processes involved in preparing and issuing legal document bundles, the responsibilities of staff involved in the process, and ensuring staff were aware of the correct procedures to follow.</p> <p>We confirmed that there was a need to update process documents and that all staff involved in the process are reminded of their responsibilities.</p>	<p>The service has agreed to update the process documentation to clarify the roles and responsibilities of all staff and to provide training on the revised procedures.</p> <p>File naming convention has been improved and spot checks of bundles will be conducted by the legal support assistant.</p>
		Medium	2		
		Low	5		
<b>SPB rental estates (2022-23)</b>	Limited	High	6	<p>Since the collapse of Carillion, there have been changes to the way the financial administration of property rents and the systems that are used. The SAP-AR system is used for billing and CivicaPay for collecting income.</p> <p>There are no links between the O6 system to the SAP financial ledger and therefore the O6 is effectively a standalone property lease database system. Property rents are paid into the Council's main receipts ("Standing Orders") bank account with other income, as well as being posted within the same fund as sundry debts on CivicaPay. There is no regular reconciliation of bills issued in SAP against monies received in SAP and there is no overall financial control exercised over ensuring property rental accounts on SAP-AR is accurate and complete.</p> <p>There are limited functionality and lack of adequate management information that can be extracted from the O6</p>	<p>Estates are in the process of obtaining information from relevant suppliers of software to select a system which will meet their objectives. This will take place alongside dialogue with other GM Councils to discuss their use of other property systems.</p> <p>Debt recovery procedures and roles and responsibilities are to be reviewed with Legal and Finance Departments. Surveyors to be given training on latest debt recovery procedures via internal training. Anticipated resource</p>
		Medium	1		
		Low	0		

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				<p>system. As it is currently used as a repository of lease information to facilitate SAP-AR billing, it is not fit for purpose as a financial software management system for property assets.</p> <p>There are numerous chief and ground rents which are of low value being billed and posted to tenants which is inefficient and not cost effective.</p> <p>There are no formal debt recovery procedures within the Estates department. Due to the Coronavirus Act, the department was prevented from being able to evict tenants for the non-payment of rent during the pandemic. This has meant that the debt position with regards to the property assets show a significant number of accounts in arrears. There have been no proper processes applied in issuing reminders to tenants who have defaulted on their property rental obligations.</p>	<p>addition to Legal Department will assist debt recovery.</p> <p>Estates are working with Legal to prepare a paper for submission to CLT and Members on a way forward to deal with the issue of low value rents receivable i.e., Ground/Chief Rents.</p>
<b>SEN Transport (2022-23)</b>	Moderate	High	3	<p>Overall, we identified satisfactory arrangements in place for ensuring taxi drivers and vehicles are suitable and safe to be used on SEN transport routes and maintaining adequate financial records for making payments to contractors and personal travel budgets to parents.</p> <p>However, we identified some gaps in the monitoring processes, particularly around ensuring taxi drivers who are licensed by other local authorities are kept under review by the travel co-ordination team, and ensuring all parties involved in the SEN transport routes are taking up the training on safeguarding.</p> <p>We also found the current process for maintaining financial records to be manual, time consuming and prone to errors. We understand there is a new system Flexi Route which has the capacity to do the billing process based on the information held within the routes, but this is not yet up and running at the time of the audit.</p>	<p>The recommendations were agreed, and steps are being taken to reintroduce the targeted monitoring visits and utilising reports to oversee the take up of safeguarding training. A review of the contract with the supplier is being reviewed and consideration of functionality in existing systems being explored.</p>

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
<b>Counter fraud of Bank Mandates (2022-23)</b>	Substantial	High	0	The department has well established procedures in place to ensure that the verification process for creating new vendors or amending existing details, is verified by a secondary person and every stage of the process is recorded and supporting evidence retained. Once amendments to existing vendors have been made and the secondary check completed, no continuous monitoring of amendments over the year is taking place.  Running a report that allows an overview of the changes, would create an additional control to ensure any potential fraud is detected.	A monthly task has been created for the 1 <sup>st</sup> of each month to auto run the Vendor change report in SAP for the previous month to facilitate improvements in oversight of amendments throughout the year.
<b>Social care finance – Deferred Payment Scheme (2022-23)</b>	Moderate	High	0	Our review confirmed extensive internal procedures are documented and in place for employees, but we found scope for improvements in publicising guidance and information for members of the public in relation to the Council's deferred payment agreement policies.  Our sample test of DPA cases show that processes are in place and adhered to, ensuring that DPAs are identified, recorded and monitored. However, we note that there is a delay in waiting for the legal charge to be applied through HM Land Registry, but the team continues to monitor and record the amounts accruing against the property until the charge is secured.  We also found a few instances where the current processes in sharing the agreed DPA paperwork with service users' representative and legal services has led to delays in reaching agreement, and registering the debt with HM Land Registry, and consequently increases the risk of debt disputes and lengthen the debt recovery processes. Digital processes are being explored.	As part of the ASC transformation process, there was sign off to bring in the ContrOCC Client Finance Portal. This would allow documents to be sent via this portal, rather than post.  Updates have been made to the policy and the website with respect to DPAs.



Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
				Our review of a sample of active DPAs confirmed that oversight and monitoring processes have improved with the use of a business intelligence report that extracts information from the ContrOCC system and refreshed daily. This allows the team to see an overview of all DPAs and enable more effective review and monitoring processes, including ensuring debts are recovered.	
<b>Supporting Families (2022-23)</b>	Moderate	High	0	<p>Our testing found that there are robust systems in place during the referral / engagement process to ensure that families meeting the criteria are recorded. The Enterprise Data Warehouse, a business intelligence system, provides a clear overview of which criteria have been met for each family included and this is shared with Stockport Family managers via a Tableau dashboard.</p> <p>All the cases sampled had one lead caseworker who was clearly identified in Liquid Logic, whom co-ordinated all the work with the family who were involved in the initial assessment and follow-ups. In most of the cases sampled, regular reviews and closure meetings were recorded in Liquid Logic, which demonstrated the families' progress towards their goals. We found in a small number of cases, reviews were not recorded in Liquid Logic, usually where the case was led by a partner agency.</p> <p>Improvements in the processes for recording data in the Liquid Logic system and data sharing arrangements has led to improvements in performance monitoring processes.</p> <p>Management reviews the Early Help Systems Guide annually and can clearly demonstrate progress over time in this area. They have identified their top three priority areas for Stockport, and they have well-defined plans in place to address this area.</p>	<p>A task and finish group established to co-produce changes to the Early Help templates, guidance and policy. This group will also engage with partner agencies to explore QA processes for those reviews stored outside of Liquid Logic.</p> <p>Review of early help training to take into account the incidences reported from the audit.</p>

Review	Overall Opinion	Number of Recommendations		Summary of Findings	Improvements made / agreed
<b>Searchlight (DWP)</b>	Moderate	High	1	<p>We believe that the Council has put in place good arrangements to ensure compliance with the core requirements of the DWP Memorandum of Understanding (MoU). Controls around user access and administration could be improved quite easily to ensure training is up to date and leavers are removed on a timely basis.</p> <p>It is important that the issue of IT accreditation is raised on a timely basis with colleagues in IT and, if necessary, DWP to ensure Searchlight access is seamlessly maintained in the future.</p>	<p>Steps are being taken to liaise with IT regarding accreditation on a timely basis in advance of signing the DWP MoU.</p> <p>Proactive steps being taken to review user activity more regularly and to ensure training is up to date.</p>

### Progress against 2022-23 QAIP Action Plan

No.	Source	Issue	Responsible Officer	Action taken
1.	Internal assessments.	<p>Professional peer reviews of a sample of engagements are usually applied to the school audits.</p> <p>Since 2021-22 we have had new auditors and recently had turnover of these staff. Therefore, there have been no peer reviews by staff on audit reviews.</p> <p>This is however a staff development opportunity and do not represent a quality issue.</p>	Audit Managers	<p>It has not been possible during 2022-23 to engage into peer reviews due to training of new auditors.</p> <p>Peer reviews will be considered as and when we consider the auditors to be ready to engage into such reviews as part of their ongoing development.</p>
2.	Internal assessments	Monitoring of internal performance targets	Audit Managers	<p>During 2022-23 we have reinstated two external performance targets for reporting to the Audit Committee</p> <p>Monitoring of internal performance had not been possible due to issues around the time recording system.</p> <p>Since April 23 we have now re-commenced inputting timesheets and exploring the use of business intelligence tools to extract the data on a temporary short-term basis. In the longer term we are exploring other options for a different time recording system and are in discussions with IT regarding this.</p>

No.	Source	Issue	Responsible Officer	Action taken
3.	Internal assessments	Head of Internal Audit, Risk and Insurance's Quality control review of a sample of files is not undertaken regularly	Head of Internal Audit, Risk and Insurance	Completed and Ongoing during 2022-23. All audit working papers and files are now quality control reviewed by the HoIA. There may be occasions when a file is not reviewed in a timely manner due to differing priorities. However, these are kept to a minimum and risk assessed.