



INTERNAL AUDIT SHARED SERVICE

Blaby District Council

Internal Audit Progress Report 2024/25 Q1

1. Introduction

- 1.1 Internal Audit is provided through a shared service arrangement led by North West Leicestershire District Council and delivered to Blaby District Council and Charnwood Borough Council. The assurances received through the Internal Audit programme are a key element of the assurance framework required to inform the Annual Governance Statement. The purpose of this report is to highlight progress against the 2024/25 Internal Audit Plan up to 30 June 2024.

2 Internal Audit Plan Update

- 2.1 The 2024/25 audit plan is included at Appendix A for information and shows the audits in progress. Since the last update report two final reports have been issued, this completed the 2023/24 audit plan.

The executive summaries for the reports are included at Appendix B

3 Internal Audit Recommendations

- 3.1 Internal Audit monitor and follow up all critical, high and medium priority recommendations. Further details of overdue and extended recommendations are detailed in Appendix C for information.

Year	Not Due		Extended		Overdue	
	High	Medium	High	Medium	High	Medium
21/22	-	-	1	-	-	-
22/23	-	-	3	1	1	-
23/24	3	4	3	1	-	1

4 Internal Audit Performance Indicators

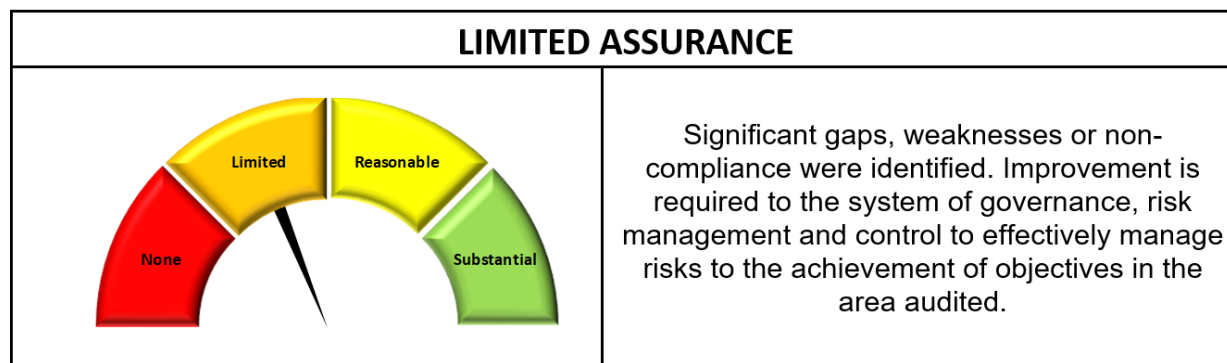
- 4.1 Progress against the agreed Internal Audit performance targets are documented in Appendix D. There are no areas of concern at this stage.

Appendix A

2024/25 AUDIT PLAN PROGRESS

Audit Area	Type	Planned Days	Actual Days	Status	Assurance Level	Recommendations				Comments
						C	H	M	L	
HR - specific area to be agreed	Audit	8		Planning						
IT Asset Management	Advisory	5		As required						
IT Implementation Support	Advisory	4		As required						
Customer Satisfaction	Audit	8		Q4						
Parks & Open Spaces	Audit	10		Q3						
Disabled Facilities Grant Determinations	Grant	3	1	In progress						
Building Control	Audit	10	1	In progress						
Lightbulb	Advisory	3		As required						
Licensing	Audit	8		Planning						
Temporary Accommodation	Audit	10		Q3						
Safeguarding Process	Audit	5		Planning						
Implementation of Elections Act	Audit	3		Planning						
Service Planning & Performance	Audit	8		Q2/3						
Key Financial Systems	Audit	45		Q3/Q4						
Property Services Compliance	Audit	15		Q3						
Planning	Audit	15		Q4						
Culture	Audit	8		Q2/3						

Debtors



Key Findings

Areas of positive assurance identified during the audit:

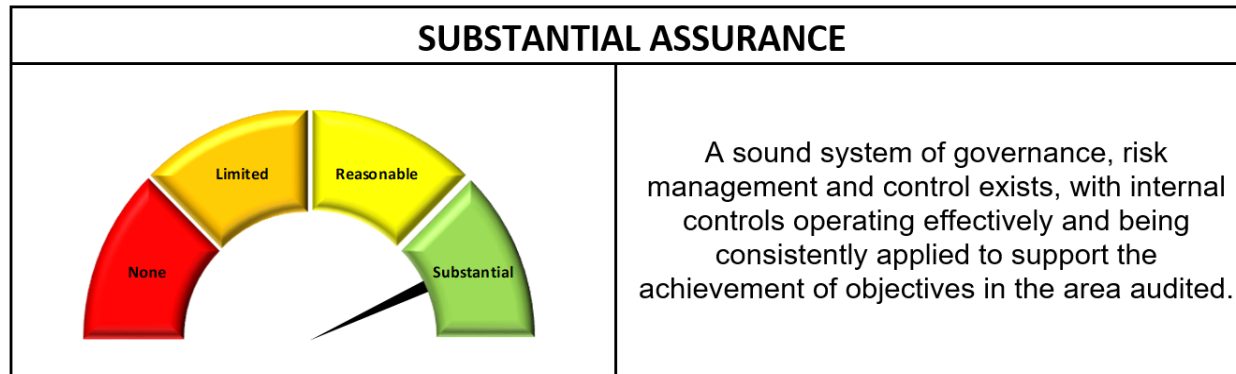
- Policies are in place, up to date and accessible to all relevant staff.
- Invoices have been raised promptly and coded correctly.
- The suspense account is regularly reviewed and cleared.
- System access is adequately controlled.

The main areas identified for improvement are:

- The prompt review of control account reconciliations
- Debt recovery and the monitoring and reporting of aged debt.

Recommendation	Priority	Response/Agreed Action	Officer Responsible	Implementation Date
1. The outstanding reviews are undertaken as soon as possible and within one month of each completed reconciliation thereafter.	High	Agreed.	Accountancy Services Manager	31.03.24 and ongoing.
2. Invoices still outstanding following the standard reminder process are subject to further recovery action or considered for write off as appropriate with the procedure being clearly documented to ensure consistency and that all action taken is cost effective.	High	Agreed.	Accountancy Services Manager	31.07.24 and ongoing.
3. The procedure and authorisation process for write offs is formally documented and communicated to all relevant staff.	High	Agreed.	Accountancy Services Manager	31.07.24
4. Aged debts are reviewed regularly and prioritised to maximise recovery.	High	Agreed.	Accountancy Services Manager	30.04.24 and ongoing.
5. Aged debt measures are classified as Priority 2 to ensure that they are highlighted to SLT and monitored at an appropriate level.	Medium	Agreed.	Accountancy Services Manager	31.07.24
6. Consideration is given to the periodic reporting of aged debt to members.	Medium	Agreed.	Accountancy Services Manager	31.07.24

Sport & Physical Activity



Key Findings

Areas of positive assurance identified during the audit:

- The arrangement with Oadby and Wigston Borough Council (OWBC) is formally documented and approved.
- All income due has been received and separate accounting arrangements are in place for the funding allocated to each authority.
- Reports have been completed and submitted as expected for 2023/24 to date.

There were no recommendations made.

OVERDUE RECOMMENDATIONS

Audit Year	Audit	Recommendation	Priority	Response/ Agreed Action	Responsible Officer	Due Date	1st Follow up comments	Ext Date	Second Follow up comments	Ext Date	Further Management update	Further Ext Date
2022/23	Policy Management	5. The Democratic Services Report Writing Toolkit should be reviewed and updated, and training provided to staff if required to ensure compliance.	High	Agreed The Toolkit will be updated.	Senior Democratic Services & Scrutiny Officer	May-23	June 23: The SDSSO provided the following update: the Toolkit has not yet been updated due to staff sickness and post-Election workload. She will come back to me with a revised implementation date after speaking to the CSGM and the SESO. Jul 23: Revised timeline not yet agreed - it will depend on staffing levels within the team. Extended to Sep-23.	Sep-23	Oct-23: The Member Development Strategy has had to take precedence over this work. The aim is to have the toolkit updated by the new year at the latest as the team now have capacity to begin this work.	Dec-23	May-24: A draft version of the document has now been produced and is currently being reviewed by relevant officers. June-24 – No update received.	
2023/24	Democratic Services	3. A revised version of each mandatory iLearn module is provided for every new induction cycle in order to effectively monitor compliance.	Medium	Agreed.	Senior Democratic Services and Scrutiny Officer	June-24	No update received.					

EXTENDED RECOMMENDATIONS

Audit Year	Audit	Recommendation	Priority	Response/ Agreed Action	Responsible Officer	Due Date	1st Follow up comments	Ext Date	Second Follow up comments	Ext Date	Further Management update	Further Ext Date
2021/22	Hospital Housing Enablement	1. A formal procurement process should be completed for the clean and clear service in order to comply with the contract procedure rules and legislation.	High	Agreed.	Housing Enablement Team Leader	Nov-21	07.12.21: Due to recent issues of low staffing numbers within the team it was agreed with the Group Manager that the action for the procurement should be delayed until the new year.	Feb-22	March 22: The formal procurement process is ongoing and is a shared procurement framework between HET, Lightbulb and the Safespaces Project. The HET Service Team Leader is leading on this and working with Welland. An exemption form to cover HET for the interim period whilst this process is ongoing will be submitted shortly.	May-22	Mar-24 Following a failed procurement exercise, there is an ongoing exercise to procure a contract.	April-23 Sept-23 April-24 Oct 24
2023/24	Democratic Services	1. Completion rates for the mandatory training modules continue to be referred to the relevant Leader and reported to the Member Development Steering Group on a regular basis.	High	Agreed.	Senior Democratic Services and Scrutiny Officer	Mar-24	April 24: MDSG meeting scheduled for 13.03.24 was cancelled. Next meeting scheduled for 19.06.24. Implementation date extended to reflect this.	June-24	June.24: MDSG meeting rescheduled to 23.07.24 due to the election. Implementation date extended to reflect this.	Jul-24		
2023/24	Payroll	3. Managers are required to check and confirm an establishment list at least annually to confirm accuracy and reduce the risk of fraud and error.	High	Agreed.	HR Services Manager	Mar-24	Apr-24: Working with finance to agree a relevant process.	May-24	04.06.24: Update provided by ASM. Plans are in place to incorporate a full and detailed check of the establishment as part of the annual budget setting process. A workshop is scheduled for 02.07.24 to review the process and ensure that the annual establishment review is documented. Extension to 05.07.24 requested and agreed so that the new process can be agreed, documented and forwarded to IA.	Jul-24		
2023/24	Democratic Services	2. Consideration is given to alternative methods of delivery for GDPR and Safeguarding training going forward e.g. adding them to a mandatory face-to-face event to improve compliance.	Medium	Agreed.	Senior Democratic Services and Scrutiny Officer	May-24	April 24: MDSG meeting scheduled for 13.03.24 was cancelled. Next meeting scheduled for 19.06.24. Implementation date extended to reflect this.	June-24	June.24: MDSG meeting rescheduled to 23.07.24 due to the election. Implementation date extended to reflect this.	Jul-24		
2023/24	Creditors (Key Controls)	1. Cardholders are required to formally acknowledge receipt of their credit card and agree to the Council's terms of use.	High	Agreed	Accountancy Services Manager	Jun-24	June 24: Currently looking in to the use of virtual credit cards therefore an extension to Aug-24 agreed to prevent the risk of duplication and allow time to incorporate the recommendation into the final documentation if it is decided to move to virtual cards.	Aug-24				

2022/23	Policy Management	2. HR policies reflecting current legislation, corporate values and industry best practice should be produced for all key employment areas. These should be supported by relevant procedure documents	High	Agreed. A process and timetable to produce the key documents will be in place within six months.	Human Resources Strategic Manager	Jul-23	Aug-23 No response received		Sep-23 All HR policies have been imported to iPlan. A timeline for reviewing/producing (including prioritisation) the HR policies for all key employment areas with supporting procedure documents will now be agreed.	Mar-24	An action plan has been developed that details dates of when all HR policies, procedures and guidance are to be reviewed and updated. Audit will monitor the action plan and, if there is slippage, this will be reported to Audit and Corporate Governance Committee.	April 2025
2022/23	Policy Management	3. A review of all HR documentation is carried out and, where appropriate, these are updated to reflect the purpose of the document, i.e. strategies are in place which are supported by policies which in turn are implemented using procedures, with consideration being given to the definitions within the Report Writing Toolkit.	High	Agreed. This will form part of the action detailed in recommendation no. 2.	Human Resources Strategic Manager	Jul-23	Aug-23 No response received		Sept-23 As above for recommendation no.2 (inextricably linked)	Mar-24		
2022/23	Policy Management	8. Policies and procedures are updated on a regular basis and correspond to the relevantly published documents.	High	Agreed. This will be incorporated into the process and timetable to be developed as part of recommendation no. 2	Human Resources Strategic Manager	Jul-23	Aug-23 No response received		Sept-23 As above for recommendation no.2 (inextricably linked)	Mar-24		
2022/23	Policy Management	7. The Equality and Human Rights Policy should be reviewed, updated and published and arrangements made to review and update at appropriate intervals going forward.	Medium	Agreed.	Transformation Group Manager and HR Services Manager	Jun-23	28.06.23: Work in progress - expected to be completed during Jul-23.	Aug-23	Sept 23 – The organisation now has a new EDI lead. Further work is required prior to updating the policy. This will be included with the work outlined for Policy Management recommendation no. 2.	Mar-24		

Appendix D

2024/25 INTERNAL AUDIT PERFORMANCE

Performance Measure	Position as at 30.06.2024	Comments
Achievement of the Internal Audit Plan	0%	
Quarterly Progress Reports to Management Team and Audit and Standards Committee	On track	
Follow up testing completed in month agreed in final report	On track	
Annual Opinion Report	Achieved	
100% Customer Satisfaction with the Internal Audit Service	100%	Based on five returns for 2023/24
Compliance with Public Sector Internal Audit Standards	Conforms	External inspection carried November 2020 which confirmed that we conform to the Public Sector Internal Audit Standards.