

Eastern Internal Audit Services



BOROUGH OF KINGS LYNN AND WEST NORFOLK COUNCIL

Strategic and Annual Internal Audit Plans 2023/24

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1. INTRODUCTION

- 1.1 The Accounts and Audit Regulations 2015 require that “a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 1.2 The Public Sector Internal Audit Standards (PSIAS) mandate a periodic preparation of a risk-based plan, which must incorporate or be linked to a strategic high-level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities, this is set out in the Internal Audit Strategy.
- 1.3 The development of a risk-based plan takes into account the organisation's risk management framework. The process identifies the assurance (and consulting) assignments for a specific period, by identifying and prioritising all those areas on which objective assurance is required. This is then also applied when carrying out individual risk-based assignments to provide assurance on part of the risk management framework, including the mitigation of individual or groups of risks.
- 1.4 The following factors are also taken into account when developing the internal audit plan:
 - The risk profile and maturity of the Council;
 - Previous assurance gradings given in each area;
 - Any declarations to avoid conflicts of interest;
 - The requirements of the use of specialists e.g., IT auditors;
 - Striking the right balance over the range of reviews needing to be delivered, for example systems and risk-based reviews, specific key controls testing, value for money and added value reviews;
 - Allowing contingency time to undertake ad-hoc reviews or fraud investigations as necessary;
 - The time required to carry out the audit planning process effectively as well as regular reporting to and attendance at Audit Committee, the development of the annual report and opinion and the Quality Assurance and Improvement Programme.
- 1.5 In accordance with best practice the Audit Committee should ‘*review and assess the annual internal audit work plan*’.

2. INTERNAL AUDIT CHARTER

- 2.1 There is an obligation under the PSIAS for the Charter to be periodically reviewed and presented. This Charter is therefore reviewed annually by the Head of Internal Audit to confirm its ongoing validity and completeness, and presented to Senior Management and the Audit Committee for review. The Charter is provided at **Appendix 1**.

3. INTERNAL AUDIT STRATEGY

- 3.1 The purpose of the Internal Audit Strategy (**see Appendix 2**) is to confirm:
 - How internal audit services will be delivered;
 - How internal audit services will be developed in accordance with the internal audit charter;
 - How internal audit services links to organisational objectives and priorities; and

- How the internal audit resource requirements have been assessed and how they will be enhanced.

4. STRATEGIC INTERNAL AUDIT PLAN

- 4.1 The overarching objective of the Strategic Internal Audit Plan **see Appendix 3**, is to provide a comprehensive programme of review work over the next four years, with each year providing sufficient audit coverage to give annual opinions, which can be used to inform the organisation's Annual Governance Statement.
- 4.2 The coverage over the forthcoming four years has been discussed with the Management Team to ensure audits are undertaken at the right time, at a time where value can be added, as well as ensuring sufficient coverage for an Annual Opinion on the framework of governance, risk management and control. The discussions also went into greater detail in relation to the scope of the audits for the forthcoming financial year.

5. ANNUAL INTERNAL AUDIT PLAN

- 5.1 Having developed the Strategic Internal Audit Plan, the Annual Internal Audit Plan is an extract of this for the forthcoming financial year **Appendix 4**. The plan includes the areas being reviewed by Internal Audit, the number of days for each review, the quarter during which the audit will take place and a brief summary and purpose of the review.
- 5.2 The Annual Internal Audit Plan for 2023/24 totals 323 audit days. A total of 21 Internal Audit reviews will be completed, three of which cover IT processes. A total of 50 days have been assigned to audit management work in accordance with the agreement between the Council and Eastern Internal Audit Services for tasks such as quality assurance, follow up, advice and guidance, Audit Committee papers and attendance.

6. ASSURANCE MAPPING

- 6.1 The 2022/23 External Quality Assessment of the Internal Audit function has now concluded, and a report produced demonstrating the service is delivered in conformance with the Public Sector Internal Audit Standards. Assurance Mapping has been highlighted as an area requiring development.
- 6.2 Assurance mapping is an emerging area of internal audit practice which involves mapping a visual representation of assurance activities as they apply to a specific set of risks or compliance requirements facing an organisation.
- 6.3 This exercise is particularly useful to undertake as part of Internal Audit Planning as it allows Internal Audit to determine to what extent it can rely on and co-ordinate its activities with other assurance providers to enhance value and prevent duplication.
- 6.4 Following discussions with Senior Management, the Internal Audit team have been able to map the types of assurance available for the top five strategic risks facing the Council in each of the three assurance categories listed below.

6.5 **Three lines of defence**

<p>1. The first line of defence (functions that own and manage risks)</p> <p>Assurances in this area are provided by managers and staff who are responsible for identifying and managing risk as part of their accountability for achieving objectives.</p>	<p>2. The second line of defence (functions that oversee or who specialise in compliance or the management of risk)</p> <p>Assurances in this area are provided by those that monitor frameworks, enable risk and compliance to be managed in the first line. Second line assurance functions are often involved in monitoring the effectiveness in the first line ensuring risks are managed consistently.</p>	<p>3. The third line of defence (functions that provide independent assurance)</p> <p>Assurances at this level are typically provided by internal audit. Sitting outside the risk management processes of the first two lines of defence. The main role of this defence line is to provide an evaluation of the effectiveness of the organisations approach to governance, risk management and control.</p>
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6.6 The assurance map provided at **Appendix 5** of this report highlights what assurances are available in each of the three lines for the top 5 scoring strategic risks. This has been used to provide justification to the areas included within the strategic and annual internal audit plans.

APPENDIX 1 – INTERNAL AUDIT CHARTER 2023/24

BOROUGH COUNCIL OF KING'S LYNN AND WEST NORFOLK

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) came into effect from 1st April 2013; these provide a consolidated approach across the public sector encouraging continuity, sound corporate governance and transparency.
- 1.2 The Standards require all internal audit services to implement, monitor and review an Internal Audit Charter; this formally defines Internal Audit's purpose, authority and responsibility, and is a mandatory document.
- 1.3 The Charter also displays formal commitment to and recognises the mandatory nature of the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics and the Standards, i.e. the International Professional Practices Framework (IPPF).
- 1.4 This Internal Audit Charter is applicable to all staff members both internal and externally sourced responsible for the Internal Audit function at the Borough Council of King's Lynn and West Norfolk.
- 1.5 The Accounts and Audit Regulations 2015 set out that:
A relevant authority must ensure that it has a sound system of internal control which:
 - (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;
 - (b) ensures that the financial and operational management of the authority is effective; and
 - (c) includes effective arrangements for the management of risk.

A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account Public Sector Internal Auditing Standards or guidance.

A relevant authority must, each financial year:

- (a) conduct a review of the effectiveness of the system of internal control required by regulation 3; and
- (b) prepare an Annual Governance Statement.

1.6 Mission Statement

Standards require the Internal Audit function to articulate its overall purpose and summarise the way it will provide value to the organisation. The mission statement for the Internal Audit function is as follows:

"Adding value to Borough of Kings Lynn and West Norfolk Council through our detailed understanding. We provide independent assurance, focused insight and aim to protect the Council against the impact of and possibility of fraud"

1.7 This Charter:

- Establishes the position and reporting lines of Internal Audit.
- Outlines provision for unrestricted access to information, officers, management and Members as appropriate;
- Sets the tone for Internal Audit activities;
- Defines the nature and scope of Internal Audit services, in particular assurance and consultancy services; and
- Sets out the nature and scope of assurance provided to other parties.

1.8 The Charter is to be periodically reviewed and presented to Senior Management and the Board for approval. The Charter will be reviewed annually by the Chief Audit Executive to confirm its ongoing completeness and validity and presented to Senior Management and the Board.

2 Purpose, Authority and Responsibility

2.1 Purpose

2.1.1 Internal auditing is best summarised through its definition with the Standards, *“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”*.

2.1.2 In the Council, Internal Audit provides independent and objective assurance to the organisation, its Members, Senior Management (defined as the Management Team) and in particular the Assistant Director Resources (S151 Officer) to help discharge her responsibilities under S151 of the Local Government Act 1972, relating to the proper administration of the Council’s financial affairs.

2.1.3 In addition, the Accounts & Audit Regulations 2015 specifically require the provision of an Internal Audit service. In line with regulations, Internal Audit provides independent assurance on the adequacy of the Council’s governance, risk management and internal control systems.

2.1.4 Internal Audit is required to comply with the Public Sector Internal Audit Standards (PSIAS) in undertaking its work. Internal Audit operates, in accordance with PSIAS, a Quality Assurance & Improvement Programme (QAIP) to provide assurance as to Internal Audit’s continuing compliance with PSIAS.

2.2 Authority

2.2.1 The Accounts and Audit Regulations (England) 2015, states that the relevant body must; *“undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”*. The statutory requirement for internal audit is recognised in the Constitution of each Local Authority and the internal auditing standards in this regard are the Public Sector Internal Audit Standards.

2.3 Responsibility

- 2.3.1 The responsibility for maintaining an adequate and effective internal audit to evaluate risk management, control and governance processes lies with each Local Authority's Chief Finance Officer (the Section 151 Officer).
- 2.3.2 The Local Authority and its Members must be satisfied about the adequacy of the advice and support it receives from Internal Audit.
- 2.3.3 Internal Audit is provided by an in-house Internal Audit team, with the Chief Audit Executive responsible for ensuring the Internal Audit activity is undertaken in accordance with the Definition of Internal Auditing, the Code of Ethics and the Standards.
- 2.3.4 Senior Management are responsible for ensuring that internal control, risk management and governance arrangements are sufficient to address the risks facing the Local Authority. Accountability for responding to Internal Audit rests with Senior Management who either accept and implement the recommendations, or formally reject them. Any advice that is rejected will be formally reported.

3 Key Relationships and Position in the Organisation

3.1 The standards require the terms 'Chief Audit Executive', 'Board' and 'Senior Management' to be defined in the context of the governance arrangements in each public sector organisation in order to safeguard the independence and objectivity of Internal Audit. The following interpretations are applied.

3.2 Chief Audit Executive

3.2.1 The Chief Audit Executive is based at South Norfolk Council and provides the Internal Audit Manager role to the Borough Council of King's Lynn and West Norfolk through a Section 113 Agreement.

3.2.2 The Internal Audit Manager is an independent CMIIA qualified individual reporting administratively to the Chief of Staff at South Norfolk Council and functionally to the Assistant Director Resources (S151 Officer) at the Borough Council of King's Lynn and West Norfolk.

3.2.3 The Internal Audit Manager also has a direct line of reporting and unfettered access to the Chief Executive, Senior Management and the Chair of the Board.

3.2.4 The delivery of the Annual Audit Plans and any specified ad-hoc assignments is provided by an in-house team. The Senior Internal Auditor of the in-house team reports functionally to the Internal Audit Manager and administratively to the Assistant Director Resources.

3.3 Board

3.3.1 In the context of overseeing the work of Internal Audit, the 'Board' will be the Audit Committee, which has been established as part of the governance arrangements of the Council. The Audit Committee's responsibilities are discharged through the Constitution and are explicitly referred to in its terms of reference.

3.3.2 In the context of Internal Audit, the Audit Committee are responsible for:

- Consider the effectiveness of the Council's risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements.
- Monitor action taken on risk-related issues identified by auditors.

- Review Internal Audit's strategy and plan, and monitor performance.
- Review summary Internal Audit reports and the main issues arising, and seek assurance that action has been taken where necessary.
- Receive the Annual Report of the Audit Manager.
- Ensure that there are effective relationships between External and Internal Audit, inspection agencies and other relevant bodies, and that the value of the audit process is actively promoted.
- Monitor management action in response to any issues raised by Internal Audit.

3.3.3 Internal Audit works closely with the Chair and Members of the Audit Committee to facilitate and support their activities, part of which includes facilitating a self-assessment and providing training.

3.4 Senior Management

3.4.1 'Senior Management' known as 'Management Team' is those individuals responsible for the leadership and direction of the organisation, including Statutory Officers who are responsible for specific aspects of internal control, risk management and governance arrangements. There is effective liaison between Internal Audit and Management Team to ensure that independence remains, and provides for a critical challenge.

3.4.2 The Internal Audit Manager meets regularly with the Section 151 Officer to ensure organisational awareness is maintained, to discuss progress with the agreed Internal Audit Plan and to maintain a good working relationship. These arrangements facilitate discussions in relation to the current and emerging risks and issues to ensure that the Internal Audit plan of work remains reflective and responds as required.

3.5 External Audit

3.5.1 Regular liaison is maintained with External Audit to consult on audit plans, and to discuss matters of mutual interest. The external auditors have the opportunity to take account of the work of Internal Audit where appropriate.

4 Rights of Access

4.1 Internal Audit, with strict accountability for confidentiality and safeguarding records and information, is authorised to have the right of access to all records, assets, personnel and premises and has authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities. This access is full, free and unrestricted and is set out within the constitution.

4.2 Such access shall be granted on demand and shall not be subject to prior notice, although in principle, the provision of prior notice will be given wherever possible and appropriate, unless circumstances dictate otherwise.

5 Objective and Scope

5.1 The provision of assurance services is the primary role of Internal Audit, thus allowing the Internal Audit Manager to provide an annual audit opinion on the adequacy and effectiveness of the Local Authority's framework of governance, risk management and control, together with reasons if the opinion is unfavourable.

- 5.2 Internal Audit will also provide consultancy services, at the request of management. These reviews are advisory in nature and generally performed to facilitate improved governance, risk management and control. This work may contribute to the Annual Audit Opinion.
- 5.3 Whichever role / remit is carried out by Internal Audit the scope is to be determined by Internal Audit, through discussions with Senior Management; however, this scope will not be unduly biased, nor shall it be restricted.
- 5.4 A risk based Strategic Internal Audit Plan will be developed each year to determine an appropriate level of risk-based audit coverage required to generate an Annual Audit Opinion. The plan will be derived from risk assessments, discussions with Senior Management and Audit Committee taking prior year's assurance results into account. Internal Audit's remit extends to the entire control environment of the Council.
- 5.5 Each audit review will be designed to provide evidence-based assurance over the management of risk and controls within that area. The results of each review will be shared with management so that any required improvements can be actioned to restore satisfactory systems of internal control.
- 5.6 It is management's responsibility to control the risk of fraud and corruption; however, Internal Audit will be alert to such risks in all the work that is undertaken. The Senior Internal Auditor is responsible for managing the delivery of the Council's anti-fraud and anti-corruption policy and responsibilities included within this role are referenced within section 6.2 of the Internal Audit Charter.

6 Independence and Objectivity

- 6.1 Internal Audit must be sufficiently independent of the activities that are audited to enable an impartial, unbiased and effective professional judgement. All internal auditors annually confirm their adherence to the Code of Ethics, which sets out the minimum standards for performance and conduct. The four core principles are integrity, objectivity, confidentiality and competency.
- 6.2 The Senior Internal Auditor is responsible for the Counter Fraud and Corruption policy at the Council. This represents 50% of the role and this individual undertakes the following:
- Delivery of the Council's Anti-Fraud and Anti-Corruption policy including risk assessment and anti-fraud and corruption plan.
 - Reporting to the Audit Committee on the adequacy of the Council's approach to Anti-Fraud and Corruption.
 - Fraud investigations.
 - Coordinating the National Fraud Initiative data matching exercise.
 - Assisting Revenues and Benefits teams with fraud investigations and providing advice.
 - Policy update and review.
 - Anti-Fraud and Anti-Corruption Risk Register for the Council.

The Internal Audit Manager will provide independent objective assurance over the adequacy of the Anti-Fraud and Anti-Corruption arrangements periodically as part of the risk-based planning process to safeguard independence of the Internal Audit function.

- 6.3 Internal Audit has no operational responsibility or authority over any other activities which they are required to review. They do not engage in any other activity, which would impair

their judgement, objectivity or independence. Any identified threats to independence or objectivity of individual auditors or the Internal Audit function will be managed by the Internal Audit Manager and reported to the Assistant Director Resources and / or Audit Committee.

- 6.4 If the independence or objectivity of the Internal Audit Manager is impaired, or appears to be, the details of the impairment will be disclosed to the Assistant Director Resources and / or Management Team. The nature of the disclosure will depend upon the impairment.

7 Professional Standards

- 7.1 The Internal Audit function and all Internal Audit staff operate in accordance with all mandatory guidance within the PSIAS including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and Definition of Internal Auditing. Internal Auditors also have regard for the principles contained within the Standards of Public Life.

8 Internal Audit Resources

- 8.1 The staffing of Internal Audit will be kept under review by the Assistant Director Resources (S151 Officer) and the Internal Audit Manager, bearing in mind the resource requirements identified in the strategic audit plan and the overall needs of the Council.
- 8.2 If the Internal Audit Manager or those charged with governance consider that the level of audit resources limits the scope of Internal Audit, or prejudice the ability of Internal Audit to deliver an appropriate service, they should advise the Council accordingly.
- 8.3 The Internal Audit Manager is professionally qualified CMIIA and has wide ranging internal audit management experience to enable them to deliver the responsibilities of the role.
- 8.4 The Internal Audit Manager is supported by the Senior Internal Auditor in ensuring the Internal Audit function has access to a team of staff who have the appropriate range of knowledge, skills and experience to deliver the audit plan.

9 Audit Planning

- 9.1 The Strategic and Annual Internal Audit Plan of work, is derived using a risk-based approach by the Internal Audit Manager. This is discussed with Management Team and approved by the Audit Committee. The Internal Audit Manager is responsible for the delivery of the Internal Audit Plan, which will be kept under regular review and reported to the Audit Committee.

10. Audit Reporting

- 10.1 On conclusion of each assurance review included within the Annual Internal Audit Plan, a report will be provided to management giving an opinion on the adequacy of controls in place to manage risk. This report will provide an assurance level and associated recommendations to ensure that risks are appropriately addressed.
- 10.2 Management can choose not to accept / implement the recommendations raised; in all instances this will be reported through to the Audit Committee, especially in instances whereby there are no compensating controls justifying the course of action.

- 10.3 A Progress Report is periodically presented to the Audit Committee which includes the Executive Summary of all final reports, any significant changes to the approved plan and the performance of the Internal Audit team relative to completing the agreed plan.
- 10.4 A Recommendations Follow-Up Report is also periodically produced for Management Team and the Audit Committee showing management progress against the implementation of agreed recommendations arising from Internal Audit assurance reports. The Internal Audit Team will verify and obtain evidence to demonstrate recommendation completion from responsible officers.
- 10.5 An Internal Audit Annual Report and Opinion is produced for Management Team and the Audit Committee following the completion of the Annual Audit Plan each financial year. This report includes a summary of all Internal Audit work carried out, details of recommendations that have been implemented by management and the Annual Opinion.
- 10.6 The Annual Opinion is based on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control during the financial year, together with reasons if the opinion is unfavourable. This opinion is reached by considering the results from assurance reviews undertaken throughout the year.
- 10.7 The report also highlights any issues that are deemed particularly relevant to the Annual Governance Statement (AGS) and the results of the review of the effectiveness of Internal Audit.

11 Quality Assurance and Improvement Programme

- 11.1 The Standards require a Quality Assurance and Improvement Programme to be developed that covers all aspects of Internal Audit, including both internal and external assessments.
- 11.2 If an improvement plan is required as a result of the internal or external assessment, the Internal Audit Manager will coordinate appropriate action and report this to Management Team and the Audit Committee, as part of the Annual Report and Opinion.
- 11.3 Internal Assessment
 - 11.3.1 Internal assessment includes the ongoing monitoring of the performance through the performance measures. These form a key part of management information on the adequacy of the Internal Audit function and are subject to quarterly reporting to the Internal Audit Manager and Assistant Director Resources for review.
 - 11.3.2 On conclusion of audit reviews a feedback form is provided to the key officer identified during the audit process. Outcomes are reviewed and relevant improvements discussed with each auditor.
 - 11.3.3 The Standards also require periodic self-assessment in relation to the effectiveness of Internal Audit, the detail and outcomes of which are then forwarded to the Assistant Director Resources for independent scrutiny, before the summary of which is provided to the Audit Committee as part of the Annual Report and Opinion. This information enables the Committee to be assured that the Internal Audit service is operating in accordance with best practice.
- 11.4 External Assessment

11.4.1 External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Organisation. This can be in the form of a full external quality assessment that involves interviews with relevant stakeholders, supported by examination of the internal audit approach and methodology leading to the completion of an independent report, or a validated self-assessment, which the Internal Audit Manager compiles against the PSIAS assessment tool, which is then validated by an external assessor/team. The full external quality assessment is the chosen option for Eastern Internal Audit Services.

11.4.2 An external assessment will:

- Provide an assessment on the internal audit function's conformance to the standards;
- Assess the performance of the internal audit activity in light of its charter, the expectations of the various boards and executive management;
- Identify opportunities and offer ideas and counsel for improving the performance of the internal audit activity, raising the value that internal audit provides to the organisation; and
- Benchmark the activities of the internal audit function against best practice.

11.4.3 In October 2022 the Internal Audit service was fully assessed by the Chartered Institute of Internal Auditors. The conclusion of the review was:

"EIAS conforms with the vast majority of the Standards, as well as the Definition, Core Principles and the Code of Ethics, which form the mandatory elements of the PSIAS and the Institute of Internal Auditors' International Professional Practices Framework (IPPF), the globally recognised standard of quality in Internal Auditing".

11.4.4 The next External Quality Assessment is scheduled for October 2027.

APPENDIX 2 – INTERNAL AUDIT STRATEGY 2023/24

BOROUGH COUNCIL KINGS LYNN AND WEST NORFOLK

1. Introduction

- 1.1 The Internal Audit Strategy is a high-level statement of;
- how the internal audit service will be delivered;
 - how internal audit services will be developed in accordance with the internal audit charter;
 - how internal audit services links to the organisational objectives and priorities; and
 - how the internal audit resource requirements have been assessed.

The provision of such a strategy is set out in the Public Sector Internal Audit Standards (PSIAS).

- 1.2 The purpose of the strategy is to define the objectives, function, the approach, resources and processes needed to achieve Internal audit service, providing a clear link between the Charter and the annual plan.
- 1.3 Throughout this strategy the term ‘The Council’ or ‘Council’ references the Borough Council of Kings Lynn and West Norfolk.

2. How the internal audit service will be delivered

- 2.1 The Council has an in-house internal audit resource responsible for delivering the internal audit plan, responding to requests for advisory work and investigations. The team consists of a Senior Internal Auditor and two auditors.

Role	FTE
Senior Internal Auditor	0.5 FTE (0.5 allocated to delivering counter fraud services)
Auditor	1 FTE
Auditor	0.7 FTE

The role of the Internal Audit Manager is provided by South Norfolk Council through an agreement between the two Councils. A total of 50 days is delivered each year to support the management of the internal audit service.

2.2 In addition to the above, where specialist resources are required in areas such as IT the Council will make arrangements to appoint a specialist auditor in accordance with the Councils CSO's.

3. How internal audit services will be developed in accordance with the internal audit charter

3.1 Internal Audit objective and outcomes

3.1.1 Internal audit is an independent, objective assurance and consulting activity designed to add value and improve the Council's operations. It helps the Council to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

3.1.2 The outcomes of the internal audit service are detailed in the Internal Audit Charter and can be summarised as; delivering a risk-based audit plan in a professional, independent manner, to provide the Council with an opinion on the level of assurance it can place upon the internal control environment, systems of risk management and corporate governance arrangements, and to make recommendations to improve these provisions, where further development would be beneficial.

3.1.3 The reporting of the outcomes from internal audit is through direct reports to senior management in respect of the areas reviewed under their remit, in the form of an audit report. The Audit Committee and the Management Team also receive:

- The Audit Plans Report, which is risk based and forms the next financial year's plan of work; and
- The Annual Report and Opinion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.
- Information regarding the internal audit team's performance against agreed indicators.

3.2 Internal Audit Planning

3.2.1 A risk-based internal audit plan (RBIA) is established in consultation with senior management that identifies where assurance and consultancy is required.

3.2.2 The audit plan establishes a link between the proposed audit areas and the priorities and risks of the Council considering:

- Stakeholder expectations, and feedback from senior and operational managers;
- Objectives set in the strategic plan and business plans;
- Risk maturity in the organisation to provide an indication of the reliability of risk registers;
- Management's identification and response to risk, including risk mitigation strategies and levels of residual risk;
- Legal and regulatory requirements;
- The audit universe – all of the audits that could be performed; and
- Previous Internal Audit plans and the results of audit engagements.

3.2.3 In order to ensure that the internal audit service adds value to the Council, assurance should be provided that major business risks are being managed appropriately, along with providing assurance over the system of internal control, risk management and governance processes.

3.2.4 Risk based internal audit planning starts with the Council's Business Plan, linking through to the priority areas and the related high-level objectives. The focus is then on the risks, and

opportunities, that may hinder, or help, the achievement of the objectives. The approach also focuses on the upcoming projects and developments for the Council.

- 3.2.5 The approach ensures; better and earlier identification of risks and increased ability to control them; greater coherence with the Council's priorities; an opportunity to engage with stakeholders; the Committee and Senior Management better understand how the internal audit service helps to accomplish its objectives; and this ensures that best practice is followed.
- 3.2.6 The key distinction with establishing plans derived from a risk based internal audit approach is that the focus should be to understand and analyse management's assessment of risk and to base audit plans and efforts around that process.
- 3.2.7 Consultation with Senior Management takes place through discussion during which current and future developments, changes, risks and areas of concern are considered and the plan amended accordingly to take these into account.
- 3.2.8 The outcome of this populates the annual internal audit plan, which is discussed with and approved by senior management prior to these being approved by the Audit Committee.

3.3 Internal Audit Annual Opinion

- 3.3.1 The annual opinion provides Management Team and the Audit Committee with an assessment of the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.
- 3.3.2 The opinion is based upon:
 - The summary of the internal audit work carried out;
 - The follow up of management action taken to ensure implementation of agreed action as at financial year end;
 - Any reliance placed upon third party assurances;
 - Any issues that are deemed particularly relevant to the Annual Governance Statement (AGS);
 - The Annual Review of the Effectiveness of Internal Audit, which includes;
 - A statement on conformance with the PSIAS and the results of any quality assurance and improvement programme,
 - the outcomes of the performance indicators
- 3.3.3 In order to achieve the above, Internal Audit operates within the standards and uses a risk based approach to audit planning and to each audit assignment undertaken. The control environment for each audit area reviewed is assessed for its adequacy and effectiveness of the controls and an assurance rating applied.

4. How internal audit services links to the organisational objectives and priorities

- 4.1 In addition to the approach taken as outlined in section 3.2 (Internal Audit Planning), which ensures that the service links to the Council's objectives and priorities and thereby through the risk-based approach adds value, internal audit also ensure an awareness is maintained of local and national issues and risks.
- 4.2 The annual audit planning process ensures that new or emerging risks are identified and considered at a local level. This strategy ensures that the planning process is all encompassing and reviews the records held by the Council in respect of risks and issue logs

and registers, reports that are taken through the Council Committee meetings, and through discussions with senior management.

- 4.3 Awareness of national issues is maintained through regular “horizon scanning” updates, and annually a particular focus provided on issues to be considered during the planning process. Membership and subscription to professional bodies such as the Institute of Internal Auditors and the CIPFA on-line query service, liaison with External Audit, and networking, all help to ensure developments are noted and incorporated where appropriate.
- 4.4 The Council’s risk profile will be evaluated throughout each year, and if required, amendments to the Internal Audit Plan will suggested for approval to ensure that Internal Audit coverage continues to focus on providing assurance over the Council’s key risks.
- 4.5 Coverage and testing plans for each audit are determined using the following principles:
 - The number of days allocated to each review is considered based on the complexity of the area being audited factoring in audit scoping, testing time and quality assurance processes.
 - Key management assurance controls will be prioritised during testing to confirm that risks identified by the service area and internal audit during scoping are being monitored and managed.
 - Ordinarily, samples for each control tested will be selected to cover a 12-month period to ensure that internal audit coverage supports the annual internal audit opinion.
 - Testing sample sizes will ordinarily be based on the frequency of the control. By way of example; for each key financial control carried out weekly, a sample of four, one in each quarter across the year will be selected.
 - Testing samples will be selected randomly and objectively to provide a balanced view on the strength of the controls in place.
 - Where applicable data analytics will be used to test 100% of the available sample. The Internal Audit team will aim to increase the opportunities to adopt data analytics in their work to provide greater levels of assurance.

5. How internal audit resource requirements have been assessed

- 5.1 The in-house Internal Audit team at the Council consists of a senior internal auditor and two internal auditors. The Council receives internal audit management support from a chartered professional and Internal Audit Trainee at South Norfolk Council.
- 5.2 The risk based internal audit plan is developed with consideration of the above available resource. A chargeable time calculation for the year ahead is carried out to ensure that the team has allocated sufficient time to providing assurance over the Council’s key risks but that contingency time is also built in to ensure the team can respond to requests for advisory or investigatory work. A proportion of the team’s time is also allocated to enhancing skills and knowledge to ensure conformance with competency standards.
- 5.3 If a shortfall is identified when comparing the assurance needs of the Council with the available resources, Management Team and Audit Committee would be notified and action plan developed to safeguard the Internal Audit team’s ability to provide an opinion at year end.

- 5.4 In accordance with competency standards within the PSIAS, the internal audit team should ensure that they have the necessary knowledge, skills and experience to carry out the audits to which they are assigned. Our auditors are therefore encouraged to continually develop their skills and knowledge through various training routes; formal courses of study, in-house training, seminars and webinars.
- 5.5 The team's Quality Assurance and Improvement Plan contains a commitment in 2023/24 to obtaining and maintaining professional qualifications. Qualifications such as a Level 5 Diploma in Leadership and Management and the Certificate in Internal Audit and Business Risk are currently ongoing with a range of other webinars and articles from relevant bodies being utilised as appropriate.
- 5.6 It is often unrealistic to expect a small internal audit team to recruit and retain a specialist auditor to provide assurance risks such as Information Technology and Cyber Security. Where assurances are required in these areas, the team will first seek to rely upon third party independent specialist assurance obtained by the Council. If further assurances are required outsourcing options will be explored.
- 5.7 The recent External Quality Assessment has highlighted that that the internal audit team needs to invest in skills relating to Data Analytics to ensure audits are carried out to take full advantage of the benefits that can be realised from this audit technique.
- 5.8 In 2022/23, the team made the first steps to develop a data analytics strategy by undertaking training in this area. A commitment is made to ensure that by 2025/26 each internal audit review regardless of area will incorporate some data analytics testing. Where systems data is not available to support such tests, a recommendation will be highlighted with the aim of encouraging the development of data maturity.
- 5.9 In addition to the above, in order to support the internal audit function to deliver the service using the latest best practice from the internal auditing profession, subject matter leads have been assigned to each new subject area such as climate and sustainability, culture and AI Data Analytics. Each subject matter lead will proactively seek training and guidance for their assigned area and will be responsible for upskilling the rest of the team.
- 5.10 The above-mentioned arrangements ensure that the Internal Audit Service can respond effectively to the assurance needs of each Council whilst ensuring that the team are sufficiently qualified and experienced.

APPENDIX 2 – STRATEGIC INTERNAL AUDIT PLAN

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Annual Opinion and Corporate audits							
Corporate Governance	2022/23 - Deferral	High Risk - The risk of failures in systems of governance within the council, within council owned/influenced organisations and partnerships and other collaboration arrangements, leading to governance issues, fraud and corruption, failures in management systems, poor policy and decision making.	12		12		High risk area and considered key for the Annual Opinion.
Data Protection incl. CCTV	2018/19 - Substantial 2021/22 - Substantial	High Risk - Data management and security - Deliberate or unintentional loss/disclosure of personal, sensitive, confidential or business critical information or breach of information governance legislation.		10			Data protection is transferring back to the Council from East Law this year. We will therefore provide assurance in 2024/25. Third party assurance has been provided over CCTV arrangements.
Risk Management	2018/19 - Substantial	Essential to work of annual opinion on governance risk management and control		12		10	
Capital Programme	2016/17 - Substantial 2021/22 - Limited		12		12		Limited assurance report. Full follow up to be provided in 2023/24.
Procurement and Contract Management	2018/19 - Substantial 2022/23 - Limited	High Risk - Contract/supply failure - managing contracts with key suppliers to ensure the continued delivery of an effective service and ensure delivery of the council's priorities and objectives.		15		15	Audit carried out in 2022/23, recommendations will be followed up throughout 2023/24. Audit scheduled for 2024/25.
Key Controls and Assurance	2022/23 - TBC	Essential work for annual opinion on governance risk management and control	15	15	15	15	
Annual Governance Statement	2019/20 - Substantial				8		

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Annual Opinion and Corporate audits							
Business Planning & Performance Management	2012/13 - Full 2022/23 - Reasonable	High Risk - Reputation management - the risk that the council's reputation is damaged by major service failure, failure to respond to a significant incident(s), governance issues, dispute with a key partner, failure to deliver corporate business plan.		12		12	Audit carried out in 2022/23, recommendations will be followed up throughout 2023/24.
Complaints and FOI	Not recently reviewed	High Risk - Reputation management - the risk that the council's reputation is damaged by major service failure, failure to respond to a significant incident(s), governance issues, dispute with a key partner, failure to deliver corporate business plan.	12			12	Coverage planned for 2023/24 to provide assurance on high scoring risk.
Policies	2015/16 - Limited 2021/22 - Reasonable					8	
Project Management Framework	2022/23 - Position Statement	High Risk - Significant programmes/projects - impact on the delivery of council services due to the failure of major programmes/projects. A major programme/project being any project that can cause significant financial, legal, reputational or compliance issues or prevent the council from delivering a strategic priority or key objective.		10		10	Coverage provided in 2022/23 plan.
Safeguarding	2018/19 - Substantial				10		
Legal Services	2018/19 - Substantial			10			
Counter Fraud and Corruption Framework	2019/20 - Substantial		10			10	
Cost Management Programme	2018/19 - Substantial	Very High - Financial Sustainability - ineffective management of finances leading to a lack of financial resilience as government funding reduces and demand increases.	12		12		Coverage suggested for 2023/24.
Corporate Health and Safety	2020/21 - Substantial 2022/23 - Substantial	High Risk - Statutory compliance - implementation and maintenance of statutory compliance management systems. E.g. health and safety, service related legal obligations.		12			This area has been reviewed in 2022/23. Compliance with other statutory compliance areas are included in the 2023/24 audit plan.
Elections and Electoral Registration	2010/11 - Full 2020/21 - Substantial			10			

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Fundamental Financial Systems							
Accountancy Services includes control accounts, banking, bank reconciliation, asset management / capital expenditure, budgetary control and treasury management	Treasury 2019/20 - Substantial Budget Control 2015/16 - Full Asset Register 2015/16 - Substantial 2022/23 - TBC	Very High - Financial Sustainability - ineffective management of finances leading to a lack of financial resilience as government funding reduces and demand increases.		16		16	Accountancy Services coverage provided in 2022/23 plan.
Accounts Payable	2016/17 - Substantial 2021/22 - Reasonable			12		12	
Accounts Receivable	2017/18 - Full 2022/23 - TBC			10		10	
Income	2022/23 - Reasonable			7		7	
Council Tax and National Non-Domestic Rates	2015/16 - Substantial 2021/22 - Reasonable	High Risk - Cost of living - The cost of living crisis caused by rapidly rising inflation (energy, food, household items, etc) and interest rates may result in more families and households experiencing poverty and unemployment.	15		15		
Local Council Tax Support and Housing Benefits	2015/16 - Substantial	High Risk - Cost of living - The cost of living crisis caused by rapidly rising inflation (energy, food, household items, etc) and interest rates may result in more families and households experiencing poverty and unemployment.	15		15		
Financial Management System	2015/16 - Full 2021/22 - Reasonable				10		
Payroll and Human Resources	2016/17 - Full 2021/22 - Substantial		15		15		

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Service Area audits							
Central Services							
Organisational Development - Training	2011/12 - Full	Very High - Organisational change - Ensuring that the council, its members and its workforce have the skills, resources, ability and capacity to adequately respond to current and future organisational change meaning the council is able to deliver its services in the most efficient and effective manner.	12		10		
Communications						8	
Equality and Accessibility				12			
Democratic Services	2014/15 - Substantial					10	
Customer Services	Not recently reviewed				12		
Programme and Project							
West Norfolk Housing Company Ltd	Not recently reviewed	High Risk - Council owned companies - managing performance, finances, liabilities and the relationship between the Council and its wholly owned companies in accordance with the governance agreements.	15			10	Coverage suggested 2023/24
Major Housing Projects				15			
West Norfolk Property Ltd	Not recently reviewed	High Risk - Council owned companies - managing performance, finances, liabilities and the relationship between the Council and its wholly owned companies in accordance with the governance agreements.	15			10	Coverage suggested 2023/24

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Operations and Commercial							
Burial Services - Crematorium	2017/18 - Substantial			8			
Markets	Not recently reviewed				10		
Public Open Space incl. play areas, tree management	Not recently reviewed	High Risk - Statutory compliance - implementation and maintenance of statutory compliance management systems. E.g. health and safety, service related legal obligations.	15				
Events					15		
Car Parking and Civil Enforcement	2020/21 - Substantial			12			
Waste Management including contract / agreement monitoring, income collection & monitoring, refuse collection, street cleansing, recycling, clinical waste, abandoned vehicles and grounds maintenance	2016/17 - Limited 2021/22 - Limited		10		10		
Health, Wellbeing and Public Protection							
Housing Standards - HMO	2018/19 - Limited 2021/22 - Reasonable	High Risk - Statutory compliance - implementation and maintenance of statutory compliance management systems. E.g. health and safety, service related legal obligations.	12				
DFGs - Care and Repair Agency	2019/20 Substantial			12		12	
Careline Community Services	2015/16 - Substantial			10			
Homelessness and Housing Options	2016/17 - Substantial 2022/23 - Deferral.	High Risk - Cost of living - The cost of living crisis caused by rapidly rising inflation (energy, food, household items, etc) and interest rates may result in more families and households experiencing poverty and unemployment.	12			12	
Anti Social Behaviour - Community Safety and Neighbourhood Nuisance	2014/15 - Full 2022/23 - Substantial	Very High - Community issues - The risk of various communities within the borough feeling excluded, disengaged or being unable to access available services and opportunities including, rural, deprived, minority and vulnerable communities and local businesses etc. Services and opportunities to include health and wellbeing, early intervention and prevention. Immediate and longer term economic and societal impact of Covid-19 global pandemic on BCKLWN communities.		12			Assurance provided for 2022/23

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Alive West Norfolk							
Alive West Norfolk	2020/21 - Substantial 2021/22 - Limited	High Risk - Council owned companies - managing performance, finances, liabilities and the relationship between the Council and its wholly owned companies in accordance with the governance agreements.		10			Internal Audit will continue to follow up internal audit recommendations raised for Alive West Norfolk.
Regeneration Housing and Place							
Tourism and Place Marketing	2021/22 - Substantial				10		
Economic Growth	2012/13 - Full 2022/23 - TBC	Very High - Facilitating and enabling growth - the inability of the council to facilitate and enable the market to deliver the council's growth agenda. This failure may reduce investment in infrastructure, inward investment, job opportunities, new housing and commercial development therefore impacting on communities and businesses.	12			12	
Housing Strategy	2019/20 - Full			10			
Culture Heritage & the Arts	New Area				10		
Towns Fund	2022/23 - TBC				12		
Property and Projects							
Property Services Commercial Portfolio	Not recently reviewed			10			

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
Environment and Planning							
Flood and Water Management	Not recently reviewed			10			
Climate Sustainability	2022/23 - TBC	High Risk - Climate change, mitigation and adaptation - inability to mitigate and adapt to climate change - increased coastal erosion and flooding and failure to meet net zero target with consequent reputational issues.		8		10	Assurance provided for 2022/23.
Licensing	2016/17 - Substantial 2021/22 - Substantial				10		
Food Health and Safety	2016/17 - Substantial 2021/22 - Substantial	High Risk - Statutory compliance - implementation and maintenance of statutory compliance management systems. E.g. health and safety, service related legal obligations.		10			Food Standards Agency involved in reviewing recovery plan from Covid 19.
Corporate Business Continuity and Emergency Planning	2016/17 Substantial 2022/23 - Reasonable	High Risk - Continuity of service - the council's ability to effectively respond to a major emergency and maintain that response without affecting essential day to day service delivery.			12		Assurance provided for 2022/23.
Building Control	New Area			6			
Contaminated Land and Air Quality - Environmental Quality	2022/23 - Reasonable	High Risk - Statutory compliance - implementation and maintenance of statutory compliance management systems. E.g. health and safety, service related legal obligations.			10		Assurance provided for 2022/23.
Planning Policy and Local Plan	New Area					10	
Planning Control, technical support and Enforcement	2017/18 - Limited 2021/22 - Substantial			12			
Land Charges	2021/22 Substantial		10				
S106 Agreements				10			
Community Infrastructure Levy (CIL)	2019/20 - Substantial		12				

Audit Area	Last review & assurance	Associated Risk	2023/24	2024/25	2025/26	2026/27	Justification
ICT Audits							
Network Infrastructure and Security	2013/14 Substantial 2022/23 - Deferred				10		
Starters Movers Leavers	New Area		10				
Change and Patch Management	New Area				10		
IT Strategy	New Area				10		
Software Licencing	2022/23 - TBC						
IT Governance	2022/23 - Deferral		10				
Remote Access	New Area						
Disaster Recovery	2016/17 - Substantial 2021/22 - Reasonable			12			
Service Desk	New Area			6			
Cyber Security	2021/22 - Substantial			12			
IT Coverage to be determined			10	0	0	30	
Audit Management							
EIAS Audit Management including follow up, advice and guidance, committee papers and attendance, consultancy work.			50	50	50	50	
Total number of days			323	398	325	311	

APPENDIX 4 ANNUAL INTERNAL AUDIT PLAN 2023/24

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Annual Opinion / Governance audits						
Corporate Governance	12		12			This audit was deferred from the 2022/23 plan. Assurance is typically provided on corporate governance every other year to support the annual opinion. A high scoring risk has been raised in the corporate risk register in regards to failure in systems of governance within the Council. This audit will provide assurance that decision making is undertaken in accordance with the Council's Constitution and that board and committee structures are functioning adequately in line with agreed terms of reference.
Key Controls and Assurance	15				15	This is an annual review of key controls and feeds into the Statement of Accounts, for those systems not subject to an audit review within the year more coverage will be provided in those areas. This year we will cover Accountancy Services, Accounts Payable, Accounts Receivable, Income in more detail.
Complaints and FOI	12		12			A high scoring risk has been raised in the corporate risk register in relation to reputation management. Our review will evaluate the controls in place to handle complaints and FOI requests in a timely manner to prevent non compliance with policy and the FOI Act.

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Annual Opinion / Governance audits						
Counter Fraud and Corruption Framework	10	10				The latest Fighting Fraud and Corruption Strategy has highlighted an increasing threat of fraud related risks for local authorities. Our review will examine the Council's approach to Fraud in line with the checklist provided as part of this new strategy and suggest practical recommendations for improvement where required. Our view will cover the Councils RIPA policy as part of this work.
Cost Management Programme	12			12		This audit was deferred from the 2022/23 plan. A very high risk has been raised relating to Financial Sustainability. One of the controls measures identified is for a cost management programme to be developed. Internal Audit will provide independent assurance over the delivery and reporting process to demonstrate progress.
Fundamental Financial Systems						
Council Tax and National Non-Domestic Rates	15				15	These key financial systems feed into the Internal Audit Opinion and Statement of Accounts and require regular review to confirm the adequacy and effectiveness of controls. Where reviews are undertaken in earlier quarters, top up testing will be completed if required in the key controls audit to provide adequate coverage. A high scoring risk has been raised in the corporate risk register in relation to the Cost of Living Crisis and the impact this could have on levels of service demand on the Council. We consider there may be a risk levels of debt and increased demand for Council Tax Support and Housing Benefit.
Local Council Tax Support and Housing Benefits	15			15		
Payroll and HR	15			15		

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Service area audits						
Organisational Development - Training	12	12				A very high scoring risk has been raised in relation to member and officer skills and capacity and the Council's ability to support change management. Internal Audit will carry out a position statement ahead of the peer review in the autumn to provide suggestions about workforce planning and member and officer training needs and delivery.
Capital Programme	12			12		A limited assurance grading was given in this area in 2021/22. This audit will re-visit the original findings raised and provide assurances over progress made to address the risks.
West Norfolk Housing Company Ltd	15		15			A high scoring risk has been raised by the Council in relation to its council owned companies and the management of performance, finances, liabilities and governance arrangements. A position statement will be provided covering the arrangements at West Norfolk Housing Company Ltd using examples of best practice such as the Local Authority Company Review Guidance.
West Norfolk Property Ltd	15		15			
Public Open Space incl. play areas, tree management	15	15				This area has not been audited recently. A high scoring risk has been raised in the corporate risk register in regards to statutory compliance. A review is scheduled for 2023/24 to provide assurance that Health and Safety inspections and maintenance procedures are effective.

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Service area audits						
Waste Management	10		10			A limited assurance grading was raised in this area in 2021/22. This audit will provide assurance that the risks raised have been mitigated. Controls regarding performance reporting and contract management arrangements will be covered.
Housing Standards/HMO	12			12		A high scoring risk has been raised for the implementation and maintenance of statutory compliance. The Council's adherence to relevant legislation and its arrangements for tackling damp and mould risk with private landlords will be evaluated.
Homelessness and Housing Options	12				12	A high scoring risk has been raised in the corporate risk register in relation to the Cost of Living Crisis and the impact this could have on levels of service demand on the Council. An audit was last carried out in this area in 2016/17, resulting in Substantial assurance. This audit will focus on the Council's management of homelessness and preparedness for any increase in demand for housing.
Economic Growth	12				12	A high scoring risk is highlighted in the corporate risk register about the Council's ability to facilitate and enable growth in the Borough. The Council has recently received the following; levelling up funding, UK Shared Prosperity Funds and a Rural England Prosperity grant to achieve its aims in this area. Our review will therefore provide assurance that these grant streams are being managed in accordance with the terms of the grant and provide an insight into progress within a sample of key projects.

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Land Charges	10	10				The service must transfer to the Land Registry in the next two years, this audit will provide assurance that actions to prepare for this are progressing. To ensure the accuracy of the local land charge register data, prior to its transfer. The audit will evaluate the process for additions, amendments, and deletions and will provide assurance on the management of income.
Community Infrastructure Levy	12		12			This area was last audited in 2019/20. This audit will provide assurance that all CIL obligations are being accurately managed within the Council's software with trigger points being flagged for attention and income being appropriately received and monitored.
ICT Audits						
Starters, Movers, Leavers	10	10				This area has not been audited at the Council recently. We will evaluate whether the IT department is given information in a timely manner to enable them to add, remove or update staff access to Council systems.
IT Governance	10				10	This audit was deferred from the 2022/23 plan. This audit will seek to compare IT Governance arrangements against the COBIT (Control Objectives for Information Technologies) framework, to provide assurance over strategy, risk and performance management.
IT Coverage to be determined	10				10	
Audit Management						
EIAS Audit Management including follow up, advice and guidance, committee papers and attendance, consultancy work.	50	12.5	12.5	12.5	12.5	
Total number of days	323	69.5	88.5	78.5	86.5	

APPENDIX 5 – BOROUGH COUNCIL KINGS LYNN AND WEST NORFOLK ASSURANCE MAP TOP 5 STRATEGIC RISKS 2023/24

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance
<p>1. Financial Sustainability - Ineffective management of finances leading to a lack of financial resilience as government funding reduces and demand increases</p>	<p>Finance is a standing item on Management Team and Cabinet Briefings to align with the annual financial estimates cycle.</p> <p>Cost management programme.</p>	<p>Continue to monitor potential areas of risk and work with LGA and business rates specialists where possible.</p> <p>Treasury advisors support the Council and their report feeds into design of Council's treasury policy.</p>	<p>An audit of the cost management programme was deferred from the 2022/23 plan. This has been scheduled for Q3 of 2023/24. Internal Audit work will also continue to provide assurance on key financial controls including budgetary control.</p>
<p>2. Facilitating enabling growth - The inability of the council to facilitate and enable the market to deliver the council's growth agenda. This failure may reduce investment in infrastructure, inward investment, job opportunities, new housing and commercial development therefore impacting on communities and businesses</p>	<p>Project and programme management approach to managing projects reporting back to grant bodies where appropriate such as DLUHC.</p> <p>Regular reporting to Project Development Group. Member Major Projects Board and Officer Major Projects Board.</p>	<p>Housing - Additional due-diligence from East of England Talent Bank</p>	<p>The Internal Audit team have undertaken work on Towns Fund and Economic Development for 2022/23. Another audit is proposed for 2023/24 to look at the management of the levelling up fund, UKSPF and Rural England grant.</p>

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance
<p>3. Community issues - The risk of various communities within the borough feeling excluded, disengaged or being unable to access available services and opportunities including, rural, deprived, minority and vulnerable communities and local businesses etc. Services and opportunities to include health and wellbeing, early intervention and prevention. Immediate and longer term economic and societal impact of Covid-19 global pandemic on BCKLWN communities.</p>	<p>Corporate Plan Monitoring Report presented to Cabinet covering progress against actions.</p> <p>Preventing Homelessness - Strategic Housing Market Assessment identifies increasing prevalence of families sharing accommodation with families.</p> <p>Measures with Freebridge to support quick void turn around.</p> <p>Active participation on relevant Boards/ Groups.</p>	<p>Working with Norfolk County Council to develop strategic policies that identify needs, gaps in services.</p>	<p>An internal audit of anti Social Behaviour - Community Safety has been undertaken for 2022/23. For 2023/24 the assurance plan will focus on the councils ability to mitigate risks associated with an increase in homelessness in the Borough.</p>
<p>4. Organisational change - Ensuring that the council, its members and its workforce have the skills, resources, ability and capacity to adequately respond to current and future organisational change meaning the council is able to deliver its services in the most efficient and effective manner.</p>	<p>Absence management information reported to Management Team</p> <p>Training programmes developed.</p>	<p>Monitoring reports to Management Team and Cabinet regarding national pay award.</p>	<p>Internal Audit will carry out a position statement 202324 to provide suggestions about workforce planning and training needs assessment and training delivery.</p>
<p>5. Cost of living - The cost of living crisis caused by rapidly rising inflation (energy, food, household items, etc) and interest rates may result in more families and households experiencing poverty and unemployment, which may lead to increased levels of service demand on the Council and place additional pressure on front-line services, staff and councillors</p>	<p>Cost of Living - Standing item at Management Team.</p> <p>Corporate officer established lead by Assistant to Chief Exec</p> <p>Corporate Plan Monitoring Report presented to Cabinet covering progress against actions.</p>	<p>Council using advice and resources from LGA.</p>	<p>Internal Audit will provide assurance on this risk within our Homelessness and Housing Options audit, evaluate debt recovery processes for our audit of Council Tax and NNDR and the councils ability to process an increase in Housing Benefit claims.</p>