



## Public Document Pack

# Uttlesford District Council

Chief Executive: Peter Holt

## Audit and Standards Committee

**Date:** Tuesday, 26th March, 2024

**Time:** 7.00 pm

**Venue:** Council Chamber - Council Offices, London Road, Saffron Walden,  
CB11 4ER

**Chairman:** Councillor E Oliver

**Members:** Councillors H Asker, S Barker, G Driscoll, C Fiddy, M Foley (Vice-Chair), N Gregory, T Loveday, S Luck, D McBirnie and R Silcock

**Substitutes:** Councillors A Dean, B Donald, C Martin and R Pavitt

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At the start of the meeting there will be an opportunity of up to 15 minutes for members of the public to ask questions and make statements, subject to having given notice by 12 noon two working days before the meeting. A time limit of 3 minutes is allowed for each speaker.

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**AGENDA  
PART 1**

**Open to Public and Press**

- 1 Apologies for Absence and Declarations of Interest**

To receive any apologies for absences and declarations of interest.
- 2 Minutes of the previous meeting** 4 - 6

To consider the minutes of the previous meeting.
- 3 Counter Fraud Strategy Update** 7 - 10

To consider the Counter Fraud Strategy update for March 2024.
- 4 Internal Audit Charter, Strategy and Plan 2024/25** 11 - 32

To consider the updated Internal Audit Charter and the Internal Audit Strategy and Plan for the 2024/25 financial year.
- 5 Constitutional Amendments to Planning Codes and Protocols - WITHDRAWN** To Follow

To consider the report regarding constitutional amendments to planning codes and protocols.

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The agenda is split into two parts. Most of the business is dealt with in Part I which is open to the public. Part II includes items which may be discussed in the absence of the press or public, as they deal with information which is personal or sensitive for some other reason. You will be asked to leave the meeting before Part II items are discussed.

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# Agenda Item 2 Public Document Pack

**AUDIT AND STANDARDS COMMITTEE held at COUNCIL CHAMBER - COUNCIL OFFICES, LONDON ROAD, SAFFRON WALDEN, CB11 4ER, on THURSDAY, 1 FEBRUARY 2024 at 7.00 pm**

Present: Councillor E Oliver (Chair)  
Councillors H Asker, S Barker, A Dean, G Driscoll, C Fiddy, M Foley (Vice-Chair), N Gregory and D McBirnie

Officers in attendance: D Hermitage (Strategic Director of Planning), P Holt (Chief Executive), N Katevu (Monitoring Officer and Head of Legal Services), C Shanley-Grozavu (Democratic Services Officer) and A Webb (Strategic Director of Finance, Commercialisation and Corporate Services)

Independent Person: D Pearl

## AS21 **APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies for absence had been received by Councillor Silcock, as well as G Butcher and D Paul (Independent Persons).

There were no declarations of interest.

## AS22 **MINUTES OF THE PREVIOUS MEETING**

Councillor Dean requested two errors be corrected within AS17 of the draft minutes; delivered was to be amended to deliver and resources to resourced.

The minutes of the previous meeting were approved as a correct record, subject to the minor amendments above.

## AS23 **EXTERNAL AUDIT OF OUTSTANDING ACCOUNTS**

The Strategic Director of Finance, Commercialisation and Corporate Services provided an update on the Council's current position on the External Audit of Outstanding Accounts.

In response to questions from members, officers clarified:

- Whilst Uttlesford had more years of unaudited accounts than most Local Authorities, due to an internal issue which was resolved recently at a Standards Panel, the overall problem was due to national backlog, caused by a shortage of auditors and BDO leaving the market.
- The Strategic Director of Finance, Commercialisation and Corporate Services had requested that the Public Sector Audit Appointments (PSAA), who set the sector's audit fees, consider that a discount be given

to Local Authorities due to the delays, however this has yet to receive a reply. Members requested that this be followed up.

- The auditing fees had risen significantly in the last year by around 40 – 50%.
- The backlog of unaudited accounts had a detrimental impact to the organisation's reputation both publicly and as a perspective employer.

Members requested an update on the matter be brought to the next meeting.

The report was noted.

## AS24 **AMENDMENTS TO PROBITY IN PLANNING, PUBLIC ATTENDANCE AT PLANNING COMMITTEE, AND DELEGATIONS**

The Strategic Director of Planning presented a report on proposed amendments to the Codes and Protocols (Part 5) and Responsibilities and Functions (Part 3) sections of the Council's Constitution in relation to the Planning Function.

Members discussed the proposed changes, and the following was noted:

- A Member who had no intention of sitting on the Planning Committee could meet with an applicant, agent or third parties in connection with a current or proposed planning application, but this was advised with caution. Good practice suggested that a Planning Officer be in attendance as a witness, or at least notified in writing of the discussions.
- There should not be any public criticism of Planning Officers, either verbally or in writing.
- Written Statements to planning committee should still be permitted for members, but not third parties.
- At the pre-application stage, a follow up letter shall be provided to an applicant, following any discussion with them about their proposed application.
- Members disagreed with the proposal to prohibit call-in for members that did not attend mandatory training, as this would be particularly disadvantageous to single-member wards. The Committee suggested that members shall have annual training, however non-attendance to these sessions would not preclude them from being able to call-in applications. This will be removed from the proposals.
- Under the new proposals, parties wishing to speak at Planning Committee would be entitled to up to 15 minutes for and against. In regard to objectors, there would up to 10 spaces available and members of the public would be expected to organise themselves as to how this time would be allocated between them. In exceptional circumstances, the Chair would have the discretion to extend the speaking times.
- The procedure for calling in Planning applications has always required members to state whether the application was to be called in if the officer recommendation was for approval or refusal. It was not possible to request both, just to have the application heard in public.
- References to the Director of Planning were to be updated to reflect the new job title of Strategic Director of Planning.

- When dealing with appeals against committee decisions, members expected that officers would put forward a robust defence, rather than seek to. Members requested the term “seek” be removed from the amendments. This change will be made.

Officers agreed to incorporate the feedback of the Committee into the proposed amendments and circulate a revised version for their approval before it is taken to Full Council.

RESOLVED: Subject to the approval of the revised draft by the Chair and Committee, members recommend to Full Council for approval the following amendments:

- Codes and Protocols (Part 5) section of the Constitution as set out in tracked changes at Appendix A:
  - i. 3.1 – ‘Pre-application Discussions’
  - ii. 3.2 – ‘Reports to Committee’
  - iii. 3.3 – ‘Committee Procedures and Decisions’ i
  - iv. 3.5 – Addition of ‘Appeals against committee decisions’ and to renumber thereafter
  - v. 3.6. – ‘Public Attendance at Committee Meetings’
  - vi. 3.7 – ‘Site Visits’
  - vii. 4.1 – ‘Member Training’
  - viii. 4.2 – ‘Monitoring of Decisions’
  - ix. Appendix 2 – ‘Procedure for Parish/Town Council Representatives/ Members of the Public Attending Meetings of the Planning Committee’
  - x. Protocol for Calling in Planning Applications
- Responsibilities and Functions (Part 3) section of the Constitution as set out in tracked changes at Appendix B to allow for the determination of s73 planning applications under delegated powers.

*Meeting ended at 20:09*

**Committee:** Audit and Standards Committee  
**Title:** Counter Fraud Strategy Update March 2024

**Report Author:** Philip Honeybone, Audit Manager  
[phoneybone@uttlesford.gov.uk](mailto:phoneybone@uttlesford.gov.uk)

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## Summary

1. Public sector organisations have a responsibility to embed effective standards for countering fraud and corruption in their organisations. The Council set up a Counter Fraud Working Group (CFWG) to oversee the counter fraud activity within the Council and to drive improvements.
2. The 2022 Counter Fraud Strategy was approved by the Governance Audit and Performance Committee (GAP) in March 2022 with a corresponding action plan outlining how the strategy will be delivered. This included identifying fraud and corruption risks, ensuring there is sufficient skill and awareness across the Council to implement the strategy and developing policies and procedures in relation to the action required in response to fraud and corruption.
3. Progress in identifying and addressing the fraud risks within the Council slipped during 2023 whilst there was instability in the Audit Manager post. The CFWG was relaunched in January 2024. This report provides a status update on action plan.

## Recommendations

4. The Audit and Standards Committee are requested to note the content of this report.

## Financial Implications

5. None.

## Background Papers

6. The following papers were referred to by the author in the preparation of this report and are available for inspection from the author of the report.
  - Counter Fraud & Corruption Strategy 2022 and Action Plan (GAP, 30 March 2022)
  - Counter Fraud Strategy Action Plan Update and Associated Documents (GAP, 29 September 2022)
  - Audit and Sign Off 2019/20 Accounts Review Update (GAP, 30 November 2022).

## Impact

- 7.

Communication/Consultation	The Counter Fraud Working Group provided a status update on the action plan in January 2024. CMT noted the update on 21 February 2024.
Community Safety	None

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Equalities	None
Health and Safety	None
Human Rights/Legal Implications	The aim of this Strategy is to minimise the risk of fraud and corruption (as defined in law) and its impact.
Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	None

## Situation

8. Public sector organisations have a responsibility to embed effective standards for countering fraud and corruption in their organisations. This supports good governance and demonstrates effective financial stewardship and strong public financial management.
9. Uttlesford Council adopted its Counter-fraud strategy and action plan in March 2022 and an update was provided to the September 2022 Audit and Standards Committee. In November 2022, GAP considered a report compiled by the Assistant Director – Legal and Governance following a quality review by Bevan Brittan Solicitors.
10. As a result of vacancies in the Audit Manager post, the CFWG did not meet for over a year and progress against the actions in the strategy slipped. The CFWG was relaunched on 24 January 2024 and reviewed its terms of reference and membership and assessed the status of actions outstanding in September 2022. It was noted that the strategy would need reviewing and updating for 2024-26.

## Risk Analysis

11.

Risk	Likelihood	Impact	Mitigating actions
Successful attempts of fraud and/or corruption may lead to significant financial loss, service disruption and/or reputational damage.	2	3	Delivery of actions in Action Plan to support the Council's Counter Fraud Strategy which aligns to Fighting Fraud and Corruption Locally best practice and strengthens the Council's resilience against fraud.

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.



# UDC Counter-Fraud Strategy 2022-24 Update (February 2024)

## **1. Purpose of Report**

The Audit and Standards Committee is requested to note the content of this report. The Counter-Fraud Working Group (CFWG) will review and update the strategy in 2024. This report provides a status report on the Counter-Fraud Strategy actions.

## **2. Background**

Public sector organisations have a responsibility to embed effective standards for countering fraud and corruption in their organisations. This supports good governance and demonstrates effective financial stewardship and strong public financial management.

The 2022 Counter Fraud Strategy was approved by the Governance Audit and Performance Committee (GAP) in March 2022 with a corresponding action plan outlining how the strategy will be delivered. This included identifying fraud and corruption risks, ensuring there is sufficient skill and awareness across the Council to implement the strategy and developing policies and procedures in relation to the action required in response to fraud and corruption.

A key part of the governance and delivery of the Counter Fraud Strategy is the Council's CFWG who can provide operational oversight of the Council's counter-fraud activities across all areas of the Council, including those specifically recognised as high-risk areas i.e. Revenues, Benefits, Internal Audit, HR, Cyber Security/Information Governance, Democratic Services, Finance, Procurement, Housing, Insurance and Risk.

The most recent update to committee was provided in September 2022 and included updates to counter-fraud documents including policies that form part of the Constitution. These were returned to GAP in November 2022 following specialist legal advice from Bevan Brittan. Members noted the constitution amendments that the Monitoring Officer would make under her delegated authority.

As a result of vacancies in the Audit Manager post, the CFWG did not meet for over a year and progress against the actions in the strategy slipped. The CFWG was relaunched on 24 January 2024 and reviewed its terms of reference and membership and assessed the status of actions outstanding in September 2022. It was noted that the strategy would need reviewing and updating for 2024-26.

This report provides a status update on Council's counter-fraud activity.

## **3. Counter-Fraud and Corruption Policies**

Following GAP in November 2022, the Constitution was updated with some of the policies. Other policies were not updated pending recruitment to the Audit Manager post.

The Audit Manager and Head of Legal will review the whistleblowing policy and fraud response plan before the end of April to ensure roles and responsibilities are clear prior to publication.

The Head of Legal and the Human Resources department are updating the gifts and hospitality policy which will see separate policies for members and staff.

The Head of Legal and Strategic Director of Planning are leading on the Code of Good Practice in Planning and will ensure the Constitution is amended.

The Audit Manager and Head of Legal are reviewing options to update online training and ensure the suite of policies are appropriately publicised.

## **4. Fraud Risk and Control / Anti-bribery Risk Assessments**

The inherent fraud risk assessment has been completed. The group reviewed this and considered it to be a fair reflection of the risks although it was noted that Covid-19 grants are no longer being given. There remains a risk that fraudulent claims may come to light in the future although this will diminish over time.

The bribery risk assessment has also been reviewed and updated following the restructure at CMT level.

Both these risk assessments have been incorporated into the overall risk assessment the Audit Manager is using as part of the audit planning process.

#### **5. NFI 2022/23 and 2023/24**

The National Fraud Initiative (NFI) is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The Council is required to submit data to National Fraud Initiative on a regular basis. The last major exercise was in 2022/23, where 848 matches were generated for investigation across the authority including Housing, Finance, Revenues and Benefits. This can involve a considerable amount of officer time.

The CFWG reviewed the status of the matches in January 2023 and 38% of matches had been checked and cleared with no fraud identified. The majority of the outstanding matches related to Housing. The Audit Manager will work with the department to ensure that these are reviewed.

The next major exercise is due to take place in Autumn 2024, with matches due to be released in early 2025.

The Council also submits Council Tax data on an annual basis in order to check the legitimacy of the Single Person Discounts claimed. Alongside the 2023/24 exercise, the UDC opted in to a Council Tax to Deceased Death Register Information pilot at no additional cost to the Council. In January 2024, 2638 matches were released to UDC, with the results of the pilot to follow. Progress in reviewing these matches will be monitored by the CFWG.

#### **6. Transparency Code**

The Local Government Transparency Code 2015 sets out the minimum data that local authorities should be publishing. One element of this is information about our counter-fraud work. UDC last published counter-fraud data relating to the 2020/21 financial year. The Audit Manager will work with other members of the CFWG to understand the methodology used to calculate previously reported figures and ensure that data for the 2021/22, 2022/23 and 2023/24 financial years is published by end of April 2024.

**Committee:** Audit and Standards Committee **Date:** Tuesday,  
**Title:** Internal Audit Charter, Strategy and Plan 2024/25 26 March 2024  
**Report Author:** Philip Honeybone, Internal Audit Manager  
phoneybone@uttlesford.gov.uk

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## Summary

1. This report presents the Audit and Standards Committee with the updated Internal Audit Charter and the Internal Audit Strategy and Plan for the 2024/25 financial year. Its purpose is to ensure that the Audit Manager has an evidence base that can be used to inform the Internal Audit Annual Report and Opinion for the 2024/25 financial year.

## Recommendations

2. Audit and Standards Committee are requested to note the content of this report.

## Financial Implications

3. None

## Background Papers

4. The following papers were referred to by the author in the preparation of this report and are available for inspection from the author of the report.

## Impact

- 5.

Communication/Consultation	This report was sent to CMT in February 2024
Community Safety	None
Equalities	None
Health and Safety	None
Human Rights/Legal Implications	None
Sustainability	None

Ward-specific impacts	None
Workforce/Workplace	None

## Situation

6. The Council has a duty to maintain an effective Internal Audit service that is compliant with the UK Public Sector Internal Audit Standards (PSIAS) so that the Audit Manager can provide an annual report and opinion on the adequacy and effectiveness of the organisation's corporate governance, risk management and internal control. This can be used by the organisation to inform its annual governance statement.
7. The Internal Audit Charter establishes Internal Audit's position, responsibilities and reporting lines and establishes the authority necessary to conduct the engagements that provide the evidence base for the Internal Audit annual report and opinion.
8. The Internal Audit Strategy outlines the services' approach to providing the assurance UDC needs and ensuring the service has the skills and experience required. This has been used to develop the Internal Audit Annual Plan for 2024/25.

## Risk Analysis

9.

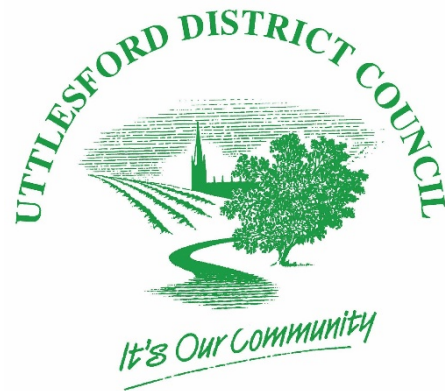
Risk	Likelihood	Impact	Mitigating actions
Inadequate audit coverage may lead to failure to provide an annual opinion of the Council's governance, risk and control arrangements; reputational damage and failure to comply with PSIAS	2	2	Monitoring of plan delivery and reporting to CMT and Audit and Standards Committee, contingency built into plan for additional days if required; Quality Assurance and Improvement Programme including an External Quality Assessment of the Internal Audit Service.

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

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4 = Near certainty of risk occurring, catastrophic effect or failure of project.



**INTERNAL AUDIT STRATEGY  
2024-2027  
AND  
INTERNAL AUDIT PLAN  
2024-2025**

## 1. INTRODUCTION

Internal Audit's purpose, authority and responsibilities are set out in our Charter (see Appendix A). As a service we are guided by the UK Public Sector Internal Audit Standards (PSIAS)<sup>1</sup>, which defines Internal Audit as:

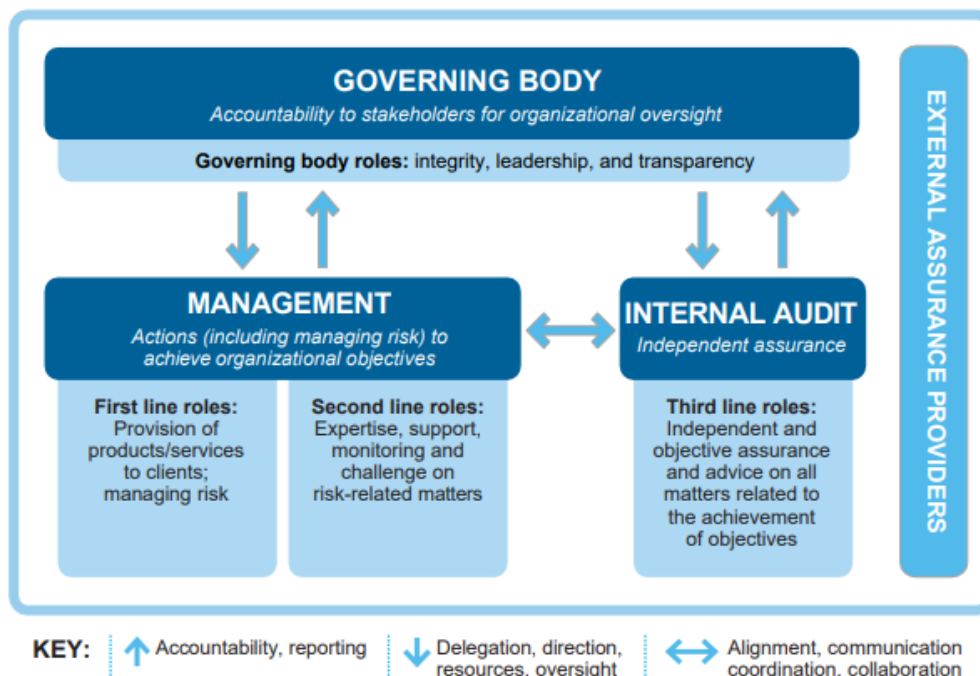
*“An independent, objective and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”*

And the mission of internal audit as:

*“To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.”*

This document provides a framework for providing independent assurance on UDC's Risk Management, Control and Governance processes. UDC's Internal Audit uses the “Three Lines of Defence<sup>2</sup>” in its assurance provision. In this, controls established by management over their sphere of influence is the first line of defence, the various risk, control and compliance oversight functions established by UDC are the second line of defence and independent assurance (Internal Audit) is the third line of defence. Each of these “lines” plays a distinct role within the organisation's wider governance framework. The Chief Executive, Section 151 Officer, Monitoring Officer, CMT, Audit and Standards Committee, Scrutiny, Cabinet and Full Council have an oversight role.

### The IIA's Three Lines Model



<sup>1</sup> [PSAIS\\_1\\_April\\_2017.pdf \(publishing.service.gov.uk\)](#)

<sup>2</sup> [three-lines-model-updated-english.pdf \(theiia.org\)](#)

## 2. STRATEGIC OBJECTIVES

Internal Audit has three core strategic objectives to enable achievement of our mission and vision:

### 2.1 Aligned Priorities

- Internal Audit programmes will be developed in consultation with key clients in order to ensure they are aligned with UDC's core objectives and that key risks have been mitigated effectively. Internal Audit's approach will evolve as UDC's risk management matures.
- The strategy will be reviewed as and when local priorities change or national initiatives have a impact locally.
- We will take a balanced and pragmatic approach to our work and our reports will emphasise positive findings alongside areas for improvement.
- We will consider the work of other assurance providers (e.g. external audit) in order to minimise duplication of work and maximise coverage.
- Our performance measurement and monitoring arrangements will be focused on the aspects of the service most valued by senior management and the Audit and Standards Committee.

### 2.2 Effective Staff

- The Audit Manager and both Internal Auditors hold relevant professional qualifications and maintain their annual continual professional development requirements. The Audit Manager considers the team to be of appropriate size for the organisation.
- We will ensure that staff have or develop the skills necessary to provide assurance over the key risks facing UDC. This will include considering the future impact new technologies such as artificial intelligence on service delivery.
- Our Quality Assurance and Improvement Program (QAIP) will demonstrate conformity with PSIAS and will aid continuous development of the service.
- Compliance requires an external quality assessment (EQA) to be completed every five years. UDC has not been compliant since August 2022. An EQA will take place as soon as practicable.
- The Institute of Internal Auditors (IIA) published new Global Internal Audit Standards<sup>3</sup> in January 2024. These are due to come into effect from 1 January 2025. Internal Audit processes will be reviewed over the course of the year to ensure they align with the new standards.

### 2.3 Positive Impact

- We will build strong, positive, professional relationships with key clients and engage with them in the development of our strategies and work plans.
- We will seek to be involved in key projects and working groups to provide assistance on governance, risk and control and also to promote our work and the services we can provide to a wider audience.

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<sup>3</sup> [globalinternalauditstandards\\_2024january9\\_printable.pdf \(theiia.org\)](https://www.theiia.org/globalinternalauditstandards_2024january9_printable.pdf)

### 3. INTERNAL AUDIT CHARTER

The Internal Audit Charter is a key document that defines purpose, authority and responsibilities of the Internal Audit service. It must meet the requirements of PSIAS.

The Internal Audit Charter establishes Internal Audit's position within UDC, including the Audit Manager's reporting lines, authorisation to access to records, staff and physical properties relevant to the performance of engagements, and also defines the scope of Internal Audit activities. It is also a reference point for measuring the effectiveness of Internal Audit. It includes:

- The Mission of Internal Audit
- The Definition of Internal Audit
- The Core Principles
- The Code of Ethics

The Audit Manager has conducted a light-touch review of the Internal Audit Charter and updated it to reflect current reporting lines and to define Internal Audit's role in relation to counter-fraud activities and the Annual Governance Statement. It is anticipated that more substantial changes will be necessary in 2024/25 as a result of the new Global Internal Audit Standards. The Audit Manager is waiting for guidance from CIPFA on the matter.

The Internal Audit Charter is attached in Appendix A for CMT to note and approve.

### 4. INTERNAL AUDIT PLAN 2024-25

The Internal Audit plan aims to provide independent assurance on UDC's Risk Management, Control and Governance processes and provide the evidence base for the 2024/25 Internal Audit Opinion. This plan has been developed by a review of the corporate risk register, discussions with senior management and through Internal Audit's risk assessment. This included sense-checking the UDC risk register "Risk in Focus"<sup>4</sup> (research conducted annually by the IIA into the highest risk areas that heads of Internal Audit across Europe believe are impacting their organisations). This identified 11 broad risk areas<sup>5</sup>:

- Financial Risk
- Regulatory Compliance
- Contracts and Partnership Management
- People
- Information Governance and Cybersecurity
- Business Continuity
- Health, Safety and Wellbeing
- Fraud
- Climate Change
- Communications, reputation, and stakeholder relations
- Organisational culture

The Internal Audit risk assessment mapped these risk areas to UDC's services to determine the highest priorities for assurance.

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<sup>4</sup> [ciia-risk-in-focus-2024\\_final-web.pdf](#)

<sup>5</sup> The Audit Manager concluded that the opportunities provided by / impact of new technologies was not a current material risk for UDC but would become one over the next 2-3 years.



The proposed Internal Audit Plan for 2024/25 is shown in Appendix B, with Appendix C mapping the plan to these risk areas. The first section of the plan are the proposed audit work which will result in a formal opinion. The second section contains consultancy / advisory work where a formal opinion is not expected. The third section is a reserve plan which will be used if other audit work is delayed for operational reasons. The plan includes two audits (Leisure PFI and Consultants and Agency Staff) that have had to be deferred from 2023/24 due to staff illness. There will be a mid-year review, with both CMT and the Audit and Standards Committee receiving an update with any necessary amendments to the plan in September or November 2024.

Progress on all recommendations carried forward from previous years alongside those made in 2024/25 will be monitored until they are completed, superseded or risks are formally accepted. Significant issues will be escalated through line management where necessary, with periodic reporting on outstanding recommendations to CMT and Audit and Standards Committee.

CMT is asked to note and approve the proposed audit plan.

## **5. CONSULTING, COUNTER FRAUD AND ADVISORY SERVICES**

UDC's Internal Audit Charter states that "Internal Audit may perform consulting activities (that is, provide independent advice and guidance to management on governance, risk management and control issues) as appropriate. These may take the form of ad hoc answers to queries that are addressed through a short conversation or email. More substantive activities will be included in the audit plan.

UDC's Internal Audit Charter also states that the Audit Manager has the responsibility to "lead and deliver the council's Counter Fraud and Corruption Strategy.

The Internal Audit Annual Report and the Corporate Governance Audit will provide and evidence base to support the Council's Annual Governance Statement.

## **6. QUALITY ASSURANCE IMPROVEMENT PROGRAMME (QAIP)**

In complying with PSIAS, UDC's Internal Audit has established a QAIP. According to PSIAS:

*A quality assurance and improvement programme is designed to enable an evaluation of the internal audit activity's conformance with the standards and an evaluation of whether internal auditors apply the code of ethics. The programme also assess the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement. The chief audit executive should encourage board oversight in the quality assurance and improvement programme.*

There are five key elements of UDC's QAIP:

- Internal quality reviews of each audit assignment to ensure it meets the required standards. 1:1s incorporate an opportunity to reflect on each audit to identify successes and learn lessons for future audit work.
- Monitoring against KPIs. KPIs are in place to measure quality as well as quantity of audit work. These are key client questionnaires for each assignment and a senior stakeholder survey to measure the overall standing and impact of Internal Audit.
- UDC's annual appraisal process
- Annual Internal Quality Assessment (IQA) to demonstrate conformance with PSIAS. The most recent IQA was completed in November 2023. Appendix D presents the actions identified as a result of the exercise and progress to date.
- And External Quality Assessment (EQA) to provide independent verification that PSIAS have been complied with. The most recent EQA was completed in August

2017 and UDC's Internal Audit service will be non-compliant with PSIAS until that has been completed.

# Internal Audit Charter

## Introduction

The purpose, authority, and responsibility of the Internal Audit activity must be formally defined in an Internal Audit charter, consistent with the Institute of Internal Auditor's (IIA) Definition of Internal Auditing, the Code of Ethics, and the Standards.

The Internal Audit Charter establishes Internal Audit's position within Uttlesford District Council, including the Audit Manager's reporting lines, authorisation to access records, staff and physical properties relevant to the performance of engagements, and also defines the scope of Internal Audit activities. It is also a reference point for measuring the effectiveness of Internal Audit.

## Definitions

For the purposes of this Charter, the following definitions apply:

<b>The Board:</b>	The governance group charged with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting. At Uttlesford District Council this shall mean the Audit and Standards Committee.
<b>Consulting Activities:</b>	Internal Audit advice and guidance to management on risk and control issues within individual systems to improve those systems and processes where necessary.
<b>Senior Management:</b>	Those responsible for the leadership and direction of the Council. At Uttlesford District Council this shall mean the Chief Executive and the Corporate Management Team (CMT).
<b>Standards:</b>	Public Sector Internal Audit Standards (PSIAS), as well as mandatory elements of the Institute of Internal Auditors' International Professional Practices Framework (IPPF), including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing and the Definition of Internal Auditing.

## Purpose and Mission

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. The purpose of Uttlesford District Council's Internal Audit section is to provide independent, objective assurance and consulting services to the Council (via the Audit and Standards Committee, Chief Executive, Section 151 Officer, Monitoring Officer, External Audit and senior managers), relating to these arrangements, which are designed to add value and improve the Council's operations.

The mission of Internal Audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. Internal Audit helps Uttlesford District Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes. The Council's response to Internal Audit activity should also lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation's objectives.

## Standards and Statutory Requirements

The Council has a statutory duty to maintain an adequate and effective Internal Audit function in accordance with proper Internal Audit practices (Regulation 6 (Part 2) of the Accounts and Audit Regulations 2015).

Section 151 of the Local Government Act 1972 also states that "every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs".

The CIPFA Statement of the Role of Chief Financial Officer in Local Government also states that the Chief Financial Officer must:

- Ensure an effective Internal Audit function is resourced and maintained
- Ensure that the authority has put in place effective arrangements for Internal Audit of the control environment and systems of internal control as required by professional standards and in line with CIPFA's Code of Practice on Local Authority Accounting in the United Kingdom.

As well as Public Sector Internal Audit Standards (PSIAS), the Internal Audit section will govern itself by adherence to mandatory elements of the Institute of Internal Auditors' International Professional Practices Framework (IPPF), including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing and the Definition of Internal Auditing. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of Internal Auditing and for evaluating the effectiveness of Internal Audit's performance.

The IIA's Practice Advisories, Practice Guides, and Position Papers will also be adhered to as applicable. In addition, Internal Audit will adhere to Uttlesford District Council's relevant policies and procedures as well as Internal Audit's own methodology/standard operating procedures manual.

The Audit Manager will report periodically to senior management and the Audit and Standards Committee regarding Internal Audit's conformance to the above.

## **Authority**

While the Audit Manager reports functionally to the Audit and Standards Committee, they report organisationally to the Director of Business, Performance and People.

The Audit Manager also has direct access to the Chief Executive who carries the responsibility for the proper management of the Council and for ensuring that the principles of good governance are reflected in sound management arrangements, the Strategic Director of Finance, Commercialisation and Corporate Services who has responsibility for maintaining an adequate and effective system of Internal Audit within Uttlesford District Council, as the authority's Chief Finance Officer (S151 Officer) and the Head of Legal who has responsibility for the operation of the Council's constitution and reporting on matters believed to be illegal or amount to maladministration as the authority's Monitoring Officer.

Where it is considered necessary to the proper discharge of Internal Audit function, the Audit Manager has direct access to elected Members of the Council and in particular those who serve on committees charged with governance (i.e. the Audit and Standards Committee).

The Audit Manager will have unrestricted access to, and communicate and interact directly with the Audit and Standards Committee, including in private meetings without management present.

To establish, maintain and assure that Uttlesford District Council's Internal Audit section has sufficient authority to fulfil its duties, the Audit and Standards Committee will:

- Receive Internal Audit's charter
- Receive the risk-based audit plan
- Receive Internal Audit's budget and resource plan
- Receive communications from the Audit Manager on Internal Audit's performance relative to its plan and other matters, such as significant findings and/or emerging risks.
- Approve decisions regarding the appointment and removal of the Audit Manager
- Make appropriate enquiries of management and the Audit Manager to determine whether there is inappropriate scope or resource limitations.

The Audit and Standards Committee authorises Internal Audit to:

- Have full, free and unrestricted access to all functions, records, property and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives and issue reports.
- Obtain assistance from the necessary personnel of Uttlesford District Council as well as other specialised services from within or outside of the Council in order to complete the engagement.

## **Independence and objectivity**

The Audit Manager will ensure that Internal Audit remains free from all conditions that threaten the ability of Internal Auditors to carry out their responsibilities in an unbiased manner, including matter of audit selection, scope, procedures, frequency, timing and report content. If the Audit Manager determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

Internal Auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively. Internal Auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, they will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year (with the exception of follow ups)
- Performing any operational duties for Uttlesford District Council or its affiliates.

- Initiating or approving transactions external to Internal Audit
- Directing the activities of any Uttlesford District Council employee not employed by Internal Audit, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist Internal Auditors.

Where the Audit Manager has, or is expected to have, roles and/or responsibilities that fall outside of Internal Audit, safeguards will be established to limit impairments to independence or objectivity.

Internal Auditors, including the Audit Manager, will:

- Disclose any impairment of independence or objectivity in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgements.

The Audit Manager will confirm to the Audit and Standards Committee, at least annually, the organisational independence of Internal Audit.

The Audit Manager will disclose to the Audit and Standards Committee any interference and related implications in determining the scope of Internal Auditing, performing work and/or communicating results.

### Scope of Internal Audit Activities

The scope of Internal Audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the Audit and Standards Committee, management and outside parties (e.g. External Audit) on the adequacy and effectiveness of governance, risk management, and control process for Uttlesford District Council. The Audit Manager is also responsible for the delivery of an annual audit opinion and report that can be used by the Council to inform its governance statement. The annual opinion will conclude on this overall adequacy and effectiveness of the organisation's framework of governance, risk management and control, based upon:

- A summary of internal audit work carried out
- Follow up on the implementation of recommendations
- Any significant governance issues as reported within the Council's Annual Governance Statement
- The annual review of the effectiveness of Internal Audit (see QAIP section below)

A range of Internal Audit services are provided to form the annual opinion. The approach is determined by the Audit Manager and will depend on the level of assurance required, the significance of the objectives under review to the organisation's success, the risks inherent in the achievement of objectives and the level of confidence required that controls are well designed and operating as intended. Internal Audit assessments include evaluating whether:

- Risks relating to the achievement of Uttlesford District Council's strategic objectives are appropriately identified and managed
- The actions of Uttlesford District Council's employees, senior management and contractors are in compliance with the Council's policies, procedures and applicable laws, regulations and governance standards
- The results of operations or programme are consistent with established goals and objectives
- Operations or programmes are being carried out effectively and efficiently
- Established processes and systems enable compliance with the policies, procedures, laws and regulations that could significantly impact Uttlesford District Council
- Information and the means used to identify, measure, analyse, classify and report such information are reliable and have integrity
- Resources and assets are acquired economically, used efficiently and protected adequately.

In accordance with the annual audit plan, auditors will plan and evaluate their work so as to have a reasonable expectation of detecting fraud and identifying any significant weaknesses in internal controls.

Internal Audit may perform consulting activities (that is, provide independent advice and guidance to management on governance, risk management and control issues) as appropriate for the organisation. It may also evaluate specific operations at the request of the Audit and Standards Committee or management, as appropriate.

The Audit Manager will report periodically to senior management and the Audit and Standards Committee regarding:

- Internal Audit's purpose, authority and responsibility
- Internal Audit's plan and performance relative to its plan
- Internal Audit's conformance with the IIA's Code of Ethics and Standards and action plans to address any significant conformance issues
- Significant risk exposure and control issues including fraud risks, governance issues, and other matters requiring the attention of, or requested by the Audit and Standards Committee.
- Results of audit engagements or other activities

- Resource requirements
- Any response to risk by management that may be unacceptable to Uttlesford District Council.

The Audit Manager also co-ordinates activities where possible and considers relying upon the work of other internal and external assurance and consulting service providers as needed. Internal Audit may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided Internal Audit does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

## Responsibility

The Audit Manager has the responsibility to:

- Submit at least annually, to senior management and Audit and Standards Committee a risk based Internal Audit plan for review.
- Communicate to senior management and the Audit and Standards Committee the impact of resource limitations on the Internal Audit plan.
- Review and adjust the Internal Audit plan, as necessary, in response to changes to Uttlesford District Council's operations, risks, programmes, systems and controls.
- Communicate to Senior Management and the Audit and Standards Committee any significant interim changes to the Internal Audit plan
- Ensure each engagement of the Internal Audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programmes and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings and corrective action, and report periodically to senior management and the Audit and Standards Committee any corrective actions not effectively implemented.
- Deliver an annual audit opinion and report that can be used by the Council to inform its governance statement. The annual opinion will conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- Lead and deliver on the Council's Counter Fraud and Corruption Strategy.

Ensure the principles of integrity, objectivity, confidentiality and competency are applied and upheld.

- Ensure Internal Audit collectively possesses or obtain the knowledge, skills and other competencies needed to meet the requirements of the Internal Audit charter.
- Ensure trends and emerging issues that could impact Uttlesford District Council are considered and communicated to senior management and the Audit and Standards Committee as appropriate.
- Establish and ensure adherence to Uttlesford District Council's relevant policies and procedures, unless such policies and procedures conflict with the Internal Audit Charter. Any such conflicts will be resolved or otherwise communicated to senior management and the Audit and Standards Committee
- Ensure conformance of Internal Audit with the Standards.

## Internal Audit Plan and Resources

Internal Audit services are provided by internal council employees. The Section 151 Officer will provide the Audit Manager with the resources necessary to fulfil the Council's requirements and expectations as to the robustness and scope of the Internal Audit opinion.

At least annually, the Audit Manager will submit to senior management and the Audit and Standards Committee an Internal Audit plan for review, including risk assessment criteria. The Internal Audit plan will include timing as well as budget and resource requirements for the next financial year. The Audit Manager will communicate the impact of resource limitations and significant interim changes to senior management and the Audit and Standards Committee. Senior Management and the Audit and Standards Committee will be advised where, for whatever reason, Internal Audit is unable to provide assurance on any significant risks within the timescale envisaged by the risk assessment process.

The Internal Audit plan will be developed based on a prioritisation of the potential audit activities across the Council using a risk-based methodology, including input of senior management and the Audit and Standards Committee. Prior to submission to the Audit and Standards Committee, the plan will be discussed with appropriate senior management. Significant matters that jeopardise the delivery of the plan or require changes to the plan will be identified, addressed and reported to senior management and the Audit and Standards Committee. The risk-based plan must take in to account the requirement to produce an annual Internal Audit opinion and the assurance framework.

The Audit Manager will be responsible for delivery of the plan and will ensure that the Internal Audit service has access to an appropriate range of knowledge, skills, qualifications and experience required to deliver the audit plan. The plan will be kept under review to ensure it remains responsive to the changing priorities and risks of the Council.

If the Audit Manager, the Audit and Standards Committee or Senior Management considers that the scope or coverage of Internal Audit is limited in any way, or the ability of Internal Audit to deliver a service consistent with the Standards is prejudiced, they will advise the Section 151 Officer accordingly.

The Audit Manager must seek approval from the Audit and Standards Committee for any significant additional consulting activities not already included in the audit plan, prior to accepting the engagement.

## **Reporting and monitoring**

For each audit assignment, terms of reference are developed and agreed with the client setting out the scope of the audit. At the completion of the audit, a written report is produced which provides an audit opinion/assurance statement on the control environment in place. The Internal Audit report will include management's response and corrective action to be taken regarding the specific findings and recommendations. Management's response will also include a timetable for anticipated completion of action to be taken and an explanation for any corrective action that will not be implemented.

Internal Audit may also undertake work which does not contribute explicitly to the overall audit opinion. This includes leading on the Council's counter fraud and corruption arrangements. These may include certification of grant claims or consulting activities where Internal Audit provide independent and objective advice and guidance to management on risk and control issues within individual systems to improve those systems and processes where necessary. Where such work is undertaken, this will be set out as part of Internal Audit's annual report. In order to protect Internal Audit's independence and minimise the impact on the delivery of the overall plan, the Audit Manager will give due consideration to the appropriateness of undertaking such work.

Internal Audit will also be responsible for appropriate follow-up on engagement findings and recommendations. All significant findings will remain open until cleared.

A summary of Internal Audit findings, as well as follow ups will be communicated to senior management and the Audit and Standards Committee via interim and annual audit reports. Any significant emerging risks which arise in year will be reported as they occur.

## **Quality Assurance and Improvement Programme (QAIP)**

The Chartered Institute of Internal Auditors (IIA) sets out mandatory Core Principles, which taken as a whole, articulate internal audit effectiveness. For an internal audit function to be considered effective and achieve its mission, all Principles must be present and operating effectively:

1. Demonstrates integrity
2. Demonstrates competence and due professional care
3. Is objective and free from undue influence
4. Aligns with the strategies, objectives and risks of the organisation
5. Is appropriately positioned and adequately resourced
6. Demonstrates quality and continuous improvement
7. Communicates effectively
8. Provides risk-based assurance
9. Is insightful, proactive and future-focused
10. Promotes organisational improvement

Internal Audit will maintain a QAIP that covers all aspects of the Internal Audit activity. The program will include an evaluation of Internal Audit's conformance with the above Principles, the Standards and an evaluation of whether Internal Auditors apply the IIA's Code of Ethics. The program will also assess the efficiency and effectiveness of Internal Audit and identify opportunities for improvement.

In addition, the Audit Manager will communicate to senior management and the Audit and Standards Committee on Internal Audit's (QAIP), including results of ongoing internal self-assessments and external assessments conducted at least every five years by a qualified, independent assessor from outside of Uttlesford District Council.

Any instances of non-conformance with the Standards will be included in the annual Internal Audit report. If there is significant non-conformance, this will be included in the Council's Annual Governance Statement.

**Signatures:**

**Audit Manager:**

**Chief Executive:**

**Chair of Audit and Standards Committee:**



## Internal Audit Draft Annual Plan 2024-25

It should be noted that the audit titles and high-level scopes included below are only indicative at this stage. At the start of each audit, an initial discussion will be held to agree the specific objective and scope of the review.

Audit Title	Risk Area(s)	Indicative Scope
Corporate Governance	Governance (22-CR-07)	Audit in Q1 to map UDC's Corporate Governance arrangements against the CIPFA / SOLACE framework. This audit will support the Annual Governance Statement.
Consultants and Agency Staff	Financial risk (22-CR-01) People (22-CR-04) Contracts and Partnership Management (22-CR-13) Regulatory Compliance	The audit will analyse use of consultants and agency staff across the council and review processes for their appointment. It will seek to ensure that value for money is achieved, financial rules are adhered to and the tax treatment of consultants is correct. <i>(Audit Carried forward from 2023/24)</i>
Capital Expenditure	Financial risk (22-CR-01) Governance (22-CR-07) Contracts and Partnership Management (22-CR-13)	Review of the Council's reporting for its capital programme (excluding commercial assets). The audit will examine the accuracy of reporting, ensuring that physical progress monitored alongside financial information.
Cash and Banking	Financial risk (22-CR-01) Information Governance and Cyber Security (22-CR-05)	A review of the cash and bank key financial system to ensure all income received by the Council is accounted for correctly. There will also be a light touch review of compliance with the Payment Card Industry Data Security Standard by the Customer Contact Centre.
Payroll – Overtime and Expenses	Financial risk (22-CR-01) People (22-CR-04) Fraud (22-CR-10)	The audit will identify services and individuals with high levels of overtime and track a sample of claims to the originating services to confirm legitimacy of the claim and to ensure the overtime was necessary. The audit will also analyse the expenses claims and test a sample of high value / high profile claims to ensure council processes have been followed.
Grant Funding	Financial risk (22-CR-01) Governance (22-CR-07) Regulatory Compliance	This audit will ensure the processes for ensuring application for funding meet UDC's priorities, bids and expenditure, are authorised appropriately, income due is received and spending meets the grant terms and conditions.
Recruitment Vetting	People (22-CR-04) Regulatory Compliance	A review of recruitment processes to ensure new employees do not start with the Council until all pre-employment checks have been completed satisfactorily. The audit will also review monitoring arrangements to ensure that employees who are on training contracts fulfil their commitments to obtain the relevant qualifications.

Audit Title	Risk Area(s)	Indicative Scope
IT Inventory	Information Governance and Cyber Security (22-CR-05) Financial risk (22-CR-01) Health, Safety and Wellbeing (22-CR-03)	The audit will review the IT inventory in order to ensure all equipment has been accounted for. The audit will also ensure that appropriate checks have been made to ensure working environments (including those in employees' homes) are safe and that electrical safety testing has been completed on all equipment.
Ibox Contract	Information Governance and Cyber Security (22-CR-05) Contracts and Partnership Management (22-CR-13) Climate Change (22-CR-11)	The audit will review the contract and contract management arrangements to protect the Council's data stored on the Ibox system. There will be a light touch review to ensure carbon usage on the hosted servers. The audit will also review logical access controls managed by the local system administrator.
Northgate Contract	Information Governance and Cyber Security (22-CR-05) Contracts and Partnership Management (22-CR-13) Climate Change (22-CR-11)	The audit will review the contract and contract management arrangements to protect the Council's data stored on the Northgate system. There will be a light touch review to ensure carbon usage on the hosted servers. The audit will also review logical access controls managed by the local system administrator.
CCTV	Regulatory Compliance Information Governance and Cyber Security (22-CR-05)	The Council engaged consultants who reviewed the CCTV code of practice and operations in 2022. They reported in February 2023 and made 8 recommendations including the development of a CCTV strategy. The audit will review the status of these recommendations and confirm they have been implemented
Blueprint Uttlesford Cross Cutting Workstreams	Financial risk (22-CR-01) Communications, reputation and stakeholder relations People (22-CR-04) Climate Change (22-CR-11)	A review in Q3/Q4 focusing on the cross-cutting workstreams within the Blueprint Uttlesford programme to ensure expected outcomes are being delivered: <ul style="list-style-type: none"> <li>• Benefits realisation</li> <li>• Customer impact</li> <li>• Workforce plan</li> <li>• Shared services</li> <li>• How we work</li> <li>• Income</li> <li>• Climate crisis</li> <li>• Stakeholder mapping</li> </ul>

Audit Title	Risk Area(s)	Indicative Scope
Biodiversity Net Gain	Regulatory Compliance Climate Emergency (22-CR-11)	The 2021 Environment Act comes into force in November 2024. It requires all major planning decisions to include an include a provision for a net gain in biodiversity. The audit will review the preparations made by UDC for the new statutory duty.
Business Continuity	Business Continuity (22-CR-02)	The audit will review existing plans to ensure contact details are up to date, plans are available to key contacts when needed, all single points of failure have been identified and they have been tested in an appropriate range of scenarios. As part of the audit, the use of Environmental Services Business Continuity Plans during the recent Operators licence issues will be considered.
Health and Safety	Health, Safety and Wellbeing (22-CR-03) Regulatory Compliance	An audit to ensure that Health and Safety policies are up to date and that accident reporting and risk assessments are completed and monitored.
<b>Consultancy / advice</b>		
Waste Consultancy	Regulatory Compliance Business Continuity (22-CR-02) Contracts and Partnership Management (22-CR-13) Financial Risk (22-CR-01)	This will support the work ongoing across the Council to review the loss of the Council's Operator licence in January.
NORSE Consultancy	Contracts and Partnership Management (22-CR-13) Financial Risk (22-CR-01) Regulatory Compliance Health, Safety and Wellbeing (22-CR-03)	This piece of work will support the authority's transition from the NORSE contract.
Revenues and Benefits Consultancy	Financial risk (22-CR-01) Regulatory Compliance Fraud (22-CR-10)	This piece of work will support the Revenues and Benefits Blueprint Uttlesford review by providing independent advice to help ensure key controls are retained as the service is restructured.
Counter-Fraud Working Group	Fraud (22-CR-10)	The Audit Manager chairs the Counter-Fraud Working Group which supports the delivery of the Counter Fraud and Corruption Strategy and oversees, co-ordinates and advises on the Council's counter-fraud activities across the Council.

## Internal Audit Reserve Plan 2024-25

It is not anticipated that the audits listed below will be completed in the 2024/25 financial year but events during the year may prevent one or more of the other audits taking place. In this case, one or more of these will be brought forward to fill in the gap.

Audit Title	Risk Area(s)	Indicative Scope
Facilities Contract Management	Contracts and Partnership Management (22-CR-13) Financial Risk (22-CR-01) Health, Safety and Wellbeing (22-CR-03) Regulatory Compliance	1 or 2 audits to review of the contract management arrangements for the post-NORSE compliance and maintenance contracts The audit(s) will be timed for Q3 or Q4 (after new arrangements have had time to bed in).
Leisure PFI	Financial risk (22-CR-01) Contracts and Partnership Management (22-CR-13)	The audit will review the requirements for is to ensure UDC is preparing appropriately for the end of the agreement. <i>(Audit carried forward from 2023/24)</i>
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Page 28</div> <div>                     General Data Protection / Freedom of Information                 </div> </div>	Information Governance and Cyber Security (22-CR-05) Governance (22-CR-07)	Audit to ensure compliance with General Data Protection Regulations and / or Freedom of Information requests. This is a potential audit for Q3 or Q4.
Access databases	Information Governance and Cyber Security (22-CR-05)	Access databases are no longer supported. They should no longer be used by any services. This will be a short audit to identify residual access databases, determine the reasons for their continued use and facilitate transition to more secure systems.

MAP OF 2024/25 INTERNAL AUDIT PLAN TO RISK

Risk Area <sup>1</sup>	Planned Internal Audit Work	Other assurance
Financial Risk (22-CR-01)	Consultants and Agency Staff Capital Expenditure Cash and Banking Payroll – Overtime and Expenses Grant Funding IT Inventory Blueprint Uttlesford Cross Cutting Workstreams Waste Consultancy NORSE Consultancy Revenues and Benefits Consultancy	External Audit Housing Benefit Subsidy Claim
Regulatory Compliance	Consultants and Agency Staff Grant Funding Recruitment Vetting CCTV Biodiversity Net Gain Waste Consultancy NORSE Consultancy Revenues and Benefits Consultancy	CCTV Consultants Report Housing Ombudsman Service Museum – Arts Council England Accreditation Planning Advisory Service Safeguarding – section 11 Audit
Contracts and Partnership Management (22-CR-13)	Consultants and Agency Staff Capital Expenditure Idox Contract Northgate Contract Waste Consultancy NORSE Consultancy	
People (22-CR-04)	Consultants and Agency Staff Payroll – Overtime and Expenses Recruitment Vetting Blueprint Uttlesford Cross Cutting Workstreams	
Information Governance and Cyber Security (22-CR-05)	Cash and Banking IT Inventory Idox Contract Northgate Contract CCTV	Payment Card Industry - Data Security Standard Public Service Network
Governance (22-CR-07)	Corporate Governance Capital Expenditure Grant Funding	Internal Audit External Quality Assessment Local Government & Social Care Ombudsman
Business Continuity (22-CR-02)	Business Continuity Waste Consultancy	
Health, Safety and Wellbeing (22-CR-03)	IT Inventory Health and Safety NORSE Consultancy	

<sup>1</sup> UDC Risk Register reference in brackets

Risk Area <sup>1</sup>	Planned Internal Audit Work	Other assurance
Fraud (22-CR-10)	Payroll – Overtime and Expenses Revenues and Benefits Consultancy Counter-Fraud Working Group	National Fraud Initiative
Climate Change (22-CR-11)	Idox Contract Northgate Contract Blueprint Uttlesford Cross Cutting Workstreams Biodiversity Net Gain	
Communications, reputation and stakeholder relations	Blueprint Uttlesford Cross Cutting Workstreams	
Organisational Culture	Entire audit plan	

UDC Quality Assurance Improvement Programme

No	Area	Action	Current Status	Target Date
1	External Quality Assessment (EQA)	Ensure this is completed and reported.	Agreement in principle through the London Audit Group for the EQA to be completed by peer review.	April 2024? (TBC)
2	Audit Charter	Update the charter to reflect: <ul style="list-style-type: none"> <li>• Audit and Standards replacing GAP</li> <li>• Revised audit reporting lines</li> <li>• Relationship with Monitoring Officer</li> <li>• Counter-fraud responsibility</li> </ul>	Updated charter included in this report.	March 2024
3	Audit Planning	Make links between the Internal Audit risk assessment and the Corporate Risk Register more explicit. Ensure the risk-based plan assesses the resource requirement against the audit need.	Incorporated in this report	March 2024
4	Audit Processes	Update audit processes to: <ul style="list-style-type: none"> <li>• Agree outline timings for audits at the start of the financial year.</li> <li>• Specify budgets in audit terms of reference</li> <li>• Ensure audit files retain evidence that terms have been agreed and findings have been discussed with management.</li> <li>• Review process – re-introduce documentation to capture the file review.</li> <li>• Improve timeliness of reporting</li> <li>• Implement revised processes for following up recommendations as they become due</li> <li>• Introduce Senior Stakeholder Survey</li> </ul>	Anticipated quarters identified in this report. Outline timings to be agreed April / May 2024 To be introduced for 2024/25 audit plan Ongoing  Complete Ongoing Work ongoing to populate Ideagen (Pentana) with outstanding recommendations. Reporting yet to be completed Now in place	April / May 2024  April 2025  Complete Ongoing April 2024  Complete

		<ul style="list-style-type: none"> <li>Review document retention policy</li> <li>Compile audit manual incorporating all audit processes</li> </ul>	<p>Work ongoing in conjunction with preparations to migrate work to sharepoint.</p> <p>Work will be completed over the course of the year. This will incorporate details from the new standards</p>	<p>June 2024</p> <p>March 2025</p>
5	Assurance mapping	Work with Risk Management and Directors to develop an assurance map for the Council.	This report includes first elements.	March 2025 and ongoing
6	Training and development	Ensure team has training necessary to obtain key information from Integra and other systems.	Training needs to be confirmed during U-perform process.	March 2025
7	Financial Regulations state Monitoring Officer is responsible for compliance with PSIAS	Transfer responsibility from monitoring officer to Director of Business Performance and People	The Director of Business Performance and People is making the necessary arrangements.	March 2024