

SLOUGH BOROUGH COUNCIL

REPORT TO: Audit & Corporate Governance Committee

DATE: 3rd August 2020

CONTACT OFFICER: Neil Wilcox; Director, Finance & Resources
(Section 151 Officer)

(For all Enquiries) (01753) 875368

WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

INTERNAL AUDIT UPDATE – QUARTER 1 2020/21

1. **Purpose of Report**

The purpose of this report is to report to Audit & Corporate Governance Committee on the progress of the implementation of Internal Audit management actions.

2. **Recommendation(s)/Proposed Action**

That the Committee is requested to comment on and note the attached reports.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Joint Wellbeing Strategy Priorities –**

The actions contained within the attached reports are designed to improve the governance of the organisation and will contribute to all of the emerging Community Strategy Priorities

Priorities:

- *Economy and Skills*
- *Health and Wellbeing*
- *Regeneration and Environment*
- *Housing*
- *Safer Communities*

3b. **Five Year Plan Outcomes**

The actions contained within this report will assist in achieving all of the five year plan outcomes

4. **Other Implications**

(a) Financial

There are no financial implications of proposed action

(b) Risk Management

<i>Recommendation</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
<i>That Audit & Risk Committee is requested to comment on and note the attached reports</i>	<i>This report concerns risk management across the Council</i>	

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act or other legal implications in this report

(d) Equalities Impact Assessment

There is no identified need for an EIA

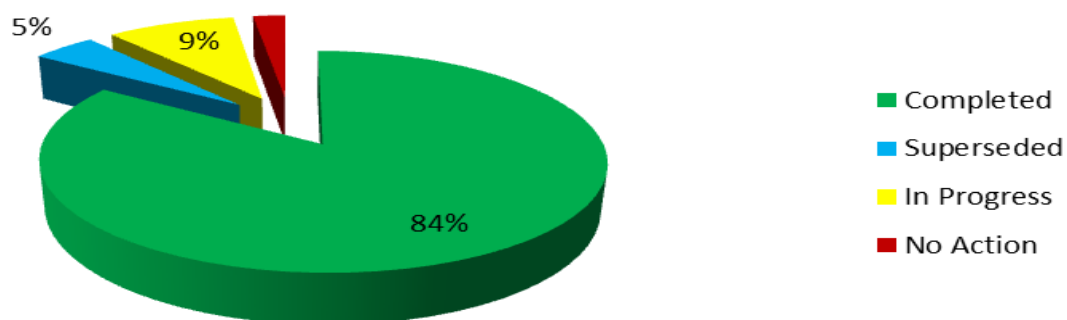
5. **Supporting Information**

5.1 Monitoring Management Actions

5.1.1 The Risk and Insurance Officer regularly monitors the progress of the implementation of the Management Actions made. Below is a graph that shows the percentage of High and Medium risk recommendations, from the current and two preceding audit years, that have either been implemented, are in progress, or no action has been taken.

The information presented below is based on staff confirming the actions are complete, and will be validated by RSM as part of their follow up reviews.

Status of audit recommendations as at 30th June 2020



5.1.2 The percentage of completed actions increased to 84% from last quarter's report which showed a completion rate of 75%.

5.1.3 On a quarterly basis RSM our Internal Auditors conduct a follow up audit to review progress made by the Council to implement the previously agreed management actions. The actions covered are where Council staff have confirmed that the actions have been implemented, and the RSM work involves obtaining supporting evidence to confirm implementation.

5.1.4 The Quarter 4 follow up audit from RSM showed that the Council has made **"little progress"** in implementing the agreed management actions, despite 71% of the sampled actions having being found to have been implemented.

The high priority action not being fully implemented in relation to establishing reporting requirements for **James Elliman Homes 2019/20** has impacted RSM's overall progress opinion. In addition, a further two Medium actions covered had not been implemented. Both of these actions were from the **Neighbourhood ASB Enforcement review from 2017/18** and had not fully been implemented. These related to the lack of clear categorisation of ASB cases on the Flare system and communication of the ASB Policy.

5.1.5 Attached at Appendix 1 is a list of the 'Medium' Management Actions that are classified as still open and remain outstanding past the target date. While the 'target date' column reflects the updated date for implementing the action, the 'update detail' column shows the audit trail from the original date of implementation to the revised date where applicable.

5.1.6 Attached at Appendix 2 is a list of the "High" Management Actions that remain Outstanding past the target date. While the 'target date' column reflects the updated date for implementing the action, the 'update detail' column shows the audit trail from the original date of implementation to the revised date where applicable

Current Position		Previous Audit Committee	
No Action	Partially Complete	No Action	Partially Complete
0	2	0	2

6. **Comments of Other Committees**

There are no comments from other Committees

7. **Conclusion**

Members are requested to consider and note details of the outstanding medium and high agreed management actions.

8. **Appendices Attached**

Appendix 1 – Details of outstanding Medium agreed management actions

Appendix 2 – Details of outstanding High agreed management actions

9. **Background Papers**

None