Risks, Controls and Actions - Audit

as at 27.01.14

| Risk Identified Audit | Potential Consequences | Impact | Risk Rating Control Measure | Final Risk Rating | Further Action Required | Risk Count: | 16 |
|---|--|--------|--|----------------------|--|-------------|----|
| Lack of resources | affect on use of resources, failure to give full assurance on internal controls, affect on the annual governance statement. | 3 | 6 Employee Development interviews Flexible working Homeworking Reallocate audit plan to free up capacity Staffing reviewed and benchmarked with other Staffordshire authorities Audit manual Agency staff used when necessary Knowledge transfer | | Raise with Kelvin Turner Review audit plan | | |
| Failure to Comply with the Public Sector Internal Audit Standards (PSIAS) | Criticism that we are not providing a level of assurance over the systems of internal control. Reputational damage and financial loss | 3 | Audit Plan document Anti-fraud and anti-corruption strategy Audit manual CIPFA matrices Regularly report to Audit Risk Committee, Chair and Director of Resource (Sec 151 Officer) on capacity issues | | First review of internal audit against the revised PSIAS 5 year review of PSIAS | | |

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| Risk Identified | Potential Consequences | Impact | Risk Rating | Control Measure | Final Risk Rating | Further Action Required | | |
|--|--|--------|-------------|--|----------------------|--|-------------|----|
| Audit | | | | | | | Risk Count: | 16 |
| Information provided not accurate or timely | Results in a false audit report - recommendations being made that are not relevant. Reputational issues for the Council. Possible financial implications dependant upon the nature of the audit and the information wrongly provided. Potential legal issues. Political issues possibly. | 3 | 9 | Notification of Audits given Reminders for information given by email and telephone Escalation process for information reminders Verification of the source of the information Analysis of information provided Revised Internal Audit Protocol document recirculated with Audit Plan in January 2012. | 6 | Staff development Internal Audit protocol document to be circulated | | |
| Failure to retain key staff with experience & skills | Failure to provide the correct information and service to members and staff. | 3 | 9 | Flexible working Business continuity identified through process mapping Employee Development interviews Homeworking Workforce Development Plan | 6 | | | |
| Major investigation taking priority over audit plan | Failure to deliver on risk based audit plan | 3 | 6 | Agency staff used when necessary Reallocate audit plan to free up capacity Officers trained in investigation procedures Outside investigators employed as and when Investigating procedures training undertaken | 6 | Shared service arrangements with other authorities for assistance with investigations and/or the audit plan. | | |

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| Risk Identified | Potential Consequences | Impact | Risk Rating | Control Measure | Final Risk Rating | Further Action Required | | |
|--|--|--------|-------------|--|----------------------|---|-------------|----|
| Audit | | | | | | | Risk Count: | 16 |
| High Risk Recommendations not | Financial Implications, Reputational Damage, Polictical | 3 | 6 | Communication process in place | 6 | Internal Audit protocol document to be circulated | | |
| being implemented | Consequences | | | Escalation process for information reminders | | | | |
| | | | | Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues | | | | |
| | | | | Reminders for information given by email and telephone | | | | |
| | | | | Revised Internal Audit Protocol document recirculated with Audit Plan in January 2012. | | | | |
| Lack of co-operation from Managers | Financial Implications, Reputational Damage, Political Consequences, Disciplinary Action | 3 | 6 | Communication process in place | 6 | Internal Audit protocol document to be circulated | | |
| | | | | Escalation process for information reminders | | | | |
| | | | | Notification of Audits given | | | | |
| | | | | Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues | | | | |
| | | | | Reminders for information given by email and telephone | | | | |
| Failure to deliver managed audit requirement of the Audit Commission | Financial Implications, Reputational Damage, Political Consequences, Third Party intervention | 3 | 3 | Audit Plan document Improve relationships and have regular meetings between External Audit and Audit Manager | 6 | | | |

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| F | isk Identified | Potential Consequences | Impact | Risk Rating | Control Measure | Final Risk Rating | Further Action Required | | |
|----|--|---|--------|-------------|--|----------------------|---|-------------|--------|
| / | Audit | | | | | J | | Risk Count: | 16 |
| | | | | | Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues Statutory Officers Group | | | | |
| | ailure to recognise/be ware of fraud/corruption | Financial Implications, Reputational Damage, Third | 3 | 6 | Anti-fraud and anti-corruption strategy | 6 | Staff training using Moodle | | |
| a | wate of fraud/corruption | Party Intervention, Political Consequences | | | Financial Regulations | | Results of staff survey to be analysed | | |
| | | Consequeneces | | | Fraud manual for Heads of Service | | Policies need to be revised for the Bribery Act | | |
| | | | | | Fraud Awareness - A Guide for Managers | | Publish online training | | |
| | | | | | Money laundering policy | | package on fraud/corruption on | | |
| | | | | | Standing Orders | | Intranet site. | | |
| | | | | | Countering Fraud and Corruption Staff Survey | | New training module will be delivered via STEP | | |
| | | | | | Member Code of Condut to be followed | | | | |
| | | | | | Employee Code of Conduct to be followed | | | | |
| | | | | | Fraud Response Plan | | | | |
| | | | | | Whistleblowing policy and fraud response plan for parties contracting with the Council | | | | |
| | ailure to fully identify all | Financial Implications, | 3 | 6 | Access to web sites for | 6 | Refresher training in | | |
| re | elevant controls | Reputational Damage, Third Party Intervention, Political | | | information Audit manual | | CIPFAs systems based audot methodology | | |
| | | Consequeneces | | | CIPFA matrices | | | | |
| | | | | | Information sharing with other authorities | | | | |
| L | ong-term sickness | failure to deliver audit plan | 3 | 6 | Homeworking | 3 | | | |
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| Risk Identified Audit | Potential Consequences | Impact | Risk Rating | Control Measure | Final Risk Rating | Further Action Required | Risk Count: |
|---|--|--------|-------------|---|----------------------|--|-------------|
| | | | | Knowledge transfer Agency staff used when necessary Employee Development interviews | | | |
| Failure of APACE | Failure to deliver the Audit Plan and to provide management reports to the Audit and Risk Committee and EMT Financial Implications | 2 | 5 | Absence management policy Use of Microsoft Office Products | 1 | Purchase of new Audit Management Sytem | |
| Failure to provide efficient staff capacity to deal with unplanned investigations | Failure of staff to follow correct procedures, leading to damage to Council reputation, adverse publicity, and loss of confidence from outside bodies and staff. | 3 | 9 | Outside investigators employed as and when Reallocate audit plan to free up capacity Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues Corporate Governance issues reinforced throug the Corporate Governance Working Group and associated processes Officers trained in investigation procedures Investigating procedures training undertaken New Staffordshire Chief Auditors Group Terms of Reference | 3 | Shared service arrangements with other authorities for assistance with investigations and/or the audit plan. | |

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| Risk Identified | Potential Consequences | Impact | Risk Rating | Control Measure | Final Risk Rating | Further Action Required | | |
|---|--|--------|-------------|---|----------------------|---|-------------|----|
| Audit | | | | | | | Risk Count: | 16 |
| Failure of External Audit providers to inform of changing policies and procedures | Damage to reputation. Failure to comply with legislation or best practice. Intervention from District Audit or the Law Courts. | 3 | 9 | Improve relationships and have regular meetings between External Audit and Audit Manager | 3 | | | |
| | | | | Communication process in place | | | | |
| | | | | Audit Plan document | | | | |
| | | | | Continuing consultation and dialogue with External audit | | | | |
| Medium Risk recommendations not | | 1 | 4 | Communication process in place | 4 | Internal Audit protocol document to be circulated | | |
| being implemented | | | | Escalation process for information reminders | | | | |
| | | | | Reminders for information given by email and telephone | | | | |
| | | | | Revised Internal Audit Protocol document recirculated with Audit | | | | |
| Low Risk | | 1 | 4 | Plan in January 2012. Communication process in | 4 | Internal Audit protocol | | |
| recommendations not | | ' | 4 | place | | document to be circulated | | |
| being implemented | | | | Reminders for information given by email and telephone | | | | |
| | | | | Revised Internal Audit Protocol document recirculated with Audit | | | | |
| | | | | Plan in January 2012. | | | | |

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