

AUDIT REPORT - As of 27.01.17*

Directorate/Service: Audit, Risk Assessment open, Current Risk version, Risk is open, Final Risk Rating is at or greater than Low Green 1, Final Risk Rating is at or less than High Red 9

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Audit <i>Items in Group: 17</i>						
Failure to fully identify all relevant controls	Failure to fully identify all relevant controls	3	6	Access to web sites for information	Access to web sites for information	6
				Audit manual	Audit manual	
				CIPFA matrices	CIPFA matrices	
				Information sharing with other authorities	Information sharing with other authorities	
Failure to meet requirements of External Auditors	Grant Thornton taken over from AC as External Auditors wef Nov 12. Requirements of IA essentially remains the same however GT in process of compiling portfolio of IA work and outstanding audit recommendations from the AC.	3	3	Audit Plan document	Audit Plan document	6
				Improve relationships and have regular meetings between External Audit and Audit Manager	Improve relationships and have regular meetings between External Audit and Audit Manager	
				Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues	Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues	
				Statutory Officers Group	Statutory Officers Group - group meets bimonthly and comprises of CEO, Monitoring Officer and S151 Officer	

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Failure to recognise/be aware of fraud/corruption	Failure to recognise/be aware of fraud/corruption	3	6	Anti-fraud and anti-corruption framework Financial Regulations Fraud manual for Heads of Service Money laundering policy Standing Orders Fraud Awareness - A Guide for Managers Countering Fraud and Corruption Staff Survey Fraud Response Plan Whistleblowing policy and fraud response plan for parties contracting with the Council Member Code of Condu to be followed Employee Code of Conduct to be followed	Anti-fraud and anti-corruption framework and fraud response plan Financial Regulations Fraud manual for Heads of Service Standing Orders Fraud Awareness - A Guide for Managers Countering Fraud and Corruption Staff Survey Fraud Response Plan Whistleblowing policy and fraud response plan for parties contracting with the Council Member Code of Condu to be followed Employee Code of Conduct to be followed	6
Failure to retain key staff with experience & skills	Failure to retain key staff with experience & skills	3	9	Employee Development interviews Homeworking Flexible working Business continuity identified through process mapping Workforce Development Plan	Employee Development interviews Homeworking Flexible working Business continuity identified through process mapping Workforce Development Plan	6
High Risk Recommendations not being implemented	High Risk Recommendations not being implemented	3	6	Communication process in place 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 February 2014	Communication process in place 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 February 2014	6

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Information provided not accurate or timely	Information provided not accurate or timely	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 February 2014	Notification of Audits given 5 days in advance 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 February 2014	6
Lack of co-operation from Managers	Lack of co-operation from Managers	3	6	Communication process in place 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	Communication process in place Escalation process for information reminders Notification of Audits given 5 days in advance 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	6
Lack of resources	Lack of resources to complete the audit plan	3	6	Employee Development interviews Flexible working Homeworking Reallocate audit plan to free up capacity Audit manual Agency staff used when necessary Knowledge transfer Staffing reviewed and benchmarked with other Staffordshire authorities.	Employee Development interviews Flexible working Homeworking Reallocate audit plan to free up capacity Audit manual Agency staff used when necessary Knowledge transfer Staffing reviewed and benchmarked with other Staffordshire authorities.	6

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Other work priorities taking over completion of the audit plan	Other work priorities taking over completion of the 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	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	5
Failure of External Audit providers to inform of changing policies and procedures	Failure of External Audit providers to inform of changing policies and procedures when satisfactory time scales to plan for alternations to service delivery are unachievable	3	9	Continuing consultation and dialogue with External audit Improve relationships and have regular meetings between External Audit and Audit Manager Communication process in place Audit Plan document	Continuing consultation and dialogue with External Audit Improve relationships and have regular meetings between External Audit and Audit Manager Communication process in place Audit Plan document	3
Failure to Comply with the Public Sector Internal Audit Standards (PSIAS)	Failure to Comply with the Public Sector Internal Audit Standards (PSIAS) is mandatory from 1st April, 2013.	3	3	Audit Plan document Anti-fraud and anti-corruption framework Audit manual CIPFA matrices Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues	Audit Plan document Anti-fraud and anti-corruption framework and fraud response plan Audit manual CIPFA matrices Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues	3

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Failure to provide efficient staff capacity to deal with unplanned investigations	Failure to provide efficient staff capacity to deal with unplanned investigations	3	9	<p>New Staffordshire Chief Auditors Group Terms of Reference</p> <p>Corporate Governance issues reinforced through the Corporate Governance Working Group and associated processes</p> <p>Officers trained in investigation procedures</p> <p>Outside investigators employed as and when</p> <p>Reallocate audit plan to free up capacity</p> <p>Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues</p> <p>Investigating procedures training undertaken</p>	<p>New Staffordshire Chief Auditors Group Terms of Reference (updated to reflect shared services and potential interaction between authorities).</p> <p>Corporate Governance issues reinforced through the Corporate Governance Working Group and associated processes</p> <p>Officers trained in investigation procedures</p> <p>Outside investigators employed as and when</p> <p>Reallocate audit plan to free up capacity</p> <p>Regularly report to Audit & Risk Committee, Chair and Director of Resources (Sec 151 Officer) on capacity issues</p> <p>Investigating procedures training undertaken</p>	3
Long-term sickness	Long-term sickness	3	6	<p>Homeworking</p> <p>Knowledge transfer</p> <p>Agency staff used when necessary</p> <p>Employee Development interviews</p> <p>Absence management policy</p>	<p>Homeworking</p> <p>Knowledge transfer</p> <p>Agency staff used when necessary</p> <p>Employee Development interviews</p> <p>Absence management policy</p>	3
Low Risk recommendations not being implemented	Low Risk recommendations not being implemented	1	4	<p>Communication process in place</p> <p>Reminders for information given by email and telephone</p> <p>Revised Internal Audit Protocol document recirculated with Audit Plan in February 2014</p>	<p>Communication process in place</p> <p>Reminders for information given by email and telephone</p> <p>Revised Internal Audit Protocol document recirculated with Audit Plan in February 2014</p>	4

Risk	Risk Description	Impact	Risk Rating	Existing Control Measure	Treatment Description	Final Risk Rating
Medium Risk recommendations not being implemented	Medium Risk recommendations not being implemented	1	4	Communication process in place Escalation process for information reminders Reminders for information given by email and telephone Revised Internal Audit Protocol document recirculated with Audit Plan in February 2014	Communication process in place Escalation process for information reminders Reminders for information given by email and telephone Revised Internal Audit Protocol document recirculated with Audit Plan in February 2014	4
Implementation of New Audit Management Software - PENTANNA	Failure to implement new software before old server storing existing software is decommissioned.	2	2	Use of Microsoft Office Products	If APACE fails then its likely that alternative ICT systems will be needed i.e. Microsoft Office Products.	2
Failure of PENTANNA	Possible failure of the audit management and planning system that provides the information for the audit plan, time recording, recommendations and performance information.	2	5	Use of Microsoft office products	If PENTANNA fails then its likely that alternative ICT systems will be needed i.e. Microsoft Office Products.	1