
Southern Internal Audit Partnership

Assurance through excellence
and innovation

WEST SUSSEX COUNTY COUNCIL INTERNAL AUDIT PLAN 2022-23 (Q3)

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Introduction

The role of internal audit is that of an:

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

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council’s response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation’s objectives.

The aim of internal audit’s work programme is to provide independent and objective assurance to management, in relation to the business activities; systems or processes under review that:

- the framework of internal control, risk management and governance is appropriate and operating effectively; and
- risk to the achievement of the Council’s objectives is identified, assessed and managed to a defined acceptable level.

The internal audit plan provides the mechanism through which the Chief Internal Auditor can ensure most appropriate use of Internal Audit resources to provide a clear statement of assurance on risk management, internal control and governance arrangements.

Internal Audit focus should be proportionate and appropriately aligned. The plan will remain fluid and subject to on-going review and amendment, in consultation with the relevant Executive Directors, Directors and Audit Sponsors, to ensure it continues to reflect the needs of the Council. Amendments to the plan will be identified through the Southern Internal Audit Partnership’s continued contact and liaison with those responsible for the governance of the Council.

Your Internal Audit Team

Your internal audit service is provided by the Southern Internal Audit Partnership. The team will be led by Neil Pitman, Head of Southern Internal Audit Partnership, supported by Karen Shaw, Deputy Head of Partnership; and Keith Phillips, Bev Davies, Iona Bond and James Short, Audit Managers.

Conformance with internal auditing standards

The Southern Internal Audit Partnership service is designed to conform to the Public Sector Internal Audit Standards (PSIAS). Under the PSIAS there is a requirement for audit services to have an external quality assessment every five years. In September 2020 the Institute of Internal Auditors were commissioned to complete an external quality assessment of the Southern Internal Audit Partnership against the PSIAS, Local Government Application Note and the International Professional Practices Framework.

In selecting the Institute of Internal Auditors (IIA) a conscious effort was taken to ensure the external assessment was undertaken by the most credible source. As the authors of the Standards and the leading Internal Audit authority nationally and internationally the IIA were excellently positioned to undertake the external assessment.

In considering all sources of evidence the external assessment team concluded:

'The mandatory elements of the IPPF include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles. It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles.'

We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN). We are pleased to report that SIAP conform with all relevant, associated elements.'

Conflicts of Interest

We are not aware of any relationships that may affect the independence and objectivity of the team which are required to be disclosed under internal auditing standards.

West Sussex County Council – Our Council Plan 2021 – 2025

In the development of the Our Council Plan, West Sussex County Council have recognised it needs to operate in a different context to that prior to the COVID-19 pandemic and have responded by building a new model of priorities for the next four years and beyond.

Our Council Plan acts as a framework for the Council to operate in a way that means they are clear on what they want to achieve and what they will do to achieve their priorities, but we are flexible to respond to whatever comes our way.



This plan sets out where the Council will focus its efforts over the next four years. It is set out and organised around four priorities with an underpinning theme of climate change.

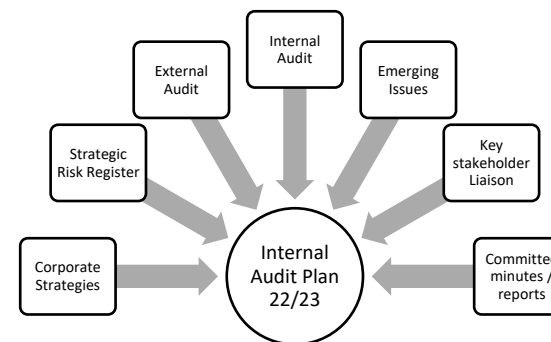
- **Keeping people safe from vulnerable situations**
- **A sustainable and prosperous economy**
- **Helping people and communities to fulfil their potential**
- **Making the best use of resources**

The priorities are underpinned by a range of ‘outcomes’ of things they will aim to achieve for people who live and work in the county and ‘key performance indicators and targets to measure their progress and impact in achieving their stated outcomes.

Developing the internal audit plan 2022/23

We have used various sources of information and discussed priorities for internal audit with the following groups:

- Executive Leadership Team
- Directorate Management Teams
- Other Key Stakeholders
- Regulation, Audit and Accounts Committee



In accordance with the Public Sector Internal Audit Standards there is a requirement that Internal audit establish a risk-based audit plan to determine the resourcing of the internal audit service, consistent with the organisation's goals.

To ensure internal audit focus remains timely and relevant to the changing needs and requirements of the organisation, the Southern Internal Audit Partnership has moved to a quarterly planning process. This report details proposed internal audit coverage during quarter 3.

The Council are reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not seek to cover all risks and processes within the organisation. We will however continue to work closely with other assurance providers to ensure that duplication is minimised, and a suitable breadth of assurance is obtained.

Internal Audit Plan 2022-23 (Q3)

| Audit Review | Directorate Sponsor | Potential Scope | Risk | Proposed Timing |
|---|---------------------|--|------|-----------------|
| Governance | | | | |
| Company Governance Framework | DL&A | Governance arrangement to support LA trading company(s) considering recent highly publicised failings (Nottingham, Croydon etc) | | Q1 |
| Capita Contract | DF&SS | Assurance on the implementation of the CCEFSS Programme to delivering a smooth transition of staff and services from the SSO contract into the agreed delivery model solutions for support services. | | Q1 |
| Regulation of Investigatory Powers Act | DL&A | Review of the management function and oversight of the use of Covert Human Intelligent Sources (CHIS) powers. | | Q3 |
| Programme & Project Management | Corporate | To review approach and application of programme and project management across Council directorates. | | Q3-Q4 |
| Data Quality | Corporate | To determine key data requirements and provide assurance over the quality and completeness using data analytics to optimize coverage. | | Q3-Q4 |
| Keeping people safe from vulnerable situations | | | | |
| Children's Care Placements | DCYP&L | Assurance over mitigations in place to address stipulations that children in care under 16 will not be allowed to be accommodated in unregulated placements. | CR72 | Q1 |
| Grenfell Tower – Action Plan | CFO | Governance, monitoring and progress against the action plan | | Q1 |
| SEND Strategy | DCYP&L | To review progress and embeddedness of revised SEND strategy. | | Q2 |
| Homes for Ukraine | DPS | Compliance with guidance in the administration of the scheme, including governance, due diligence, process etc. | | Q3 |
| WSFRS – Overtime & TOIL | CFO | To review the process, recording, authorisation and accuracy of overtime and TOIL | | Q3 |
| WSFRS – Safe & Well – Follow Up | CFO | Follow up of the 21/22 audit review of safe and well visits | | Q3 |

| Audit Review | Directorate Sponsor | Potential Scope | Risk | Proposed Timing |
|---|---------------------|--|------|-----------------|
| Helping people and communities to fulfil their potential | | | | |
| School Thematic – School buildings upkeep / maintenance | DCYP&L | Select a sample of school to obtain assurance that they are meeting obligations on the upkeep and maintenance of the school building(s) | | Q1 |
| SFVS | DE&S | Mandatory requirement - review of the SFVS returns to identify areas of weakness / non-compliance to inform School Thematic Reviews / Individual School Visits | - | Q1 |
| SFVS | DE&S | Analysis and follow up of 2021/22 returns | | Q3 |
| Shaw Homes – Contract Management | DA&H | The contract is effectively managed and expected levels of service / outcomes are received. | CR58 | Q2 |
| Assurance Mapping-Adult Services | DA&H | To map service assurances across the three lines to determine duplication / gaps in the assurance to support pending CQC inspection(s). | CR58 | Q1 |
| Direct Payments | DA&H / DFS&S | To provide assurance over Direct Payments processes and compliance with the Care Act requirements | | Q1 |
| Adults – Advocacy - CQC | DA&H | Review areas to be determine following completion of assurance mapping to support pending CQC inspection(s). | CR58 | Q3 |
| Adults – Transitions - CQC | DA&H | Review areas to be determine following completion of assurance mapping to support pending CQC inspection(s). | CR58 | Q3 |
| Adults – Improvement Plan - CQC | DA&H | Review areas to be determine following completion of assurance mapping to support pending CQC inspection(s). | CR58 | Q3 |
| Adult Thematic – Medicine Control | DA&H | Medicine control in WSCC establishments - Res homes and potentially Day Care Centres. To include authorisation, qualification, accuracy, data quality. | | Q2 |

| Audit Review | Directorate Sponsor | Potential Scope | Risk | Proposed Timing |
|--|---------------------|---|-----------|-----------------|
| School Thematic - Related Party Transactions | DCYP&L | Select a sample of school to obtain assurance that they appropriate arrangements are in place to attain and record RPT | | Q2 |
| CYP&L Practice Improvement Plan | DCYP&L | To review governance and implementation of a sample of workstreams within the revised practice improvement plan. | | Q3 |
| Making the best use of resources | | | | |
| Workforce Planning | DHR/OD | Assurance over effective workforce planning (capacity, recruitment, retention, succession) | CR11 CR70 | Q1 |
| Fraud (Proactive / Reactive) | DF&SS | Range of proactive and reactive initiatives to help identify and mitigate the risk of fraud (see Fraud Plan). | - | Q1-Q4 |
| Fraud Framework | DF&SS | Review of Anti Fraud & Corruption Strategy (and associated policies) to ensure complete and aligned to best practice. | | Q2 |
| Procurement | DF&SS | Sub £100k spend – data analytical review. | | Q1 |
| Contract Management | Corporate | Assurance on the deliverables of a selection of key contracts and the effectiveness of contract management arrangements. Scope to be discussed and agreed with ELT. | | Q3 |
| Use of Agency Staff | DHROD | Effective use and commissioning of agency staff to support service requirements. | CR11 | Q1 |
| XMA Contract Delivery | DF&SS | Assurance over contract management and monitoring to ensure delivery against milestones and service performance KPIs. | | Q2 |
| Vulnerability Management | DF&SS | Assurance over the governance and approach to vulnerability management across the organisations IT infrastructure. | CR39a/b | Q3 |
| Smartcore | DF&SS | Assurance over the governance and delivery of the Smartcore project. | | Q3 |
| IT Contingency | DF&SS | Reviews to be confirmed following completion of assurance mapping. | CR39a/b | Q3 |

| Audit Review | Directorate Sponsor | Potential Scope | Risk | Proposed Timing |
|--------------------------------|---------------------|---|------|-----------------|
| Payroll | HR&OD | Core system (include travel, overtime and enhancements) | | Q2 |
| Accounts Payable | DF&SS | Core System (plus reestablishment of in-house function) | | Q3 |
| Grants | | | | |
| Contracted Public Bus Services | ADHTP | Grant certification | | Q1 |
| Supporting Families Q1 claim | DCYP&L | Grant certification | | Q1 |
| Supporting Families Q2 claim | DCYP&L | Grant certification | | Q2 |
| Grants contingency | - | Contingency for grant certification requests | | Q3 |
| Management and review | | | | |
| | | | | Q3 |

Audit Sponsor

Chief Executive
Becky Shaw

| | | | | | | | |
|-----------------------|-----------------------------|--|----------------------------|---------------------------|--|-------------------|-----------------------------|
| Chief Fire Officer | Director of Adults & Health | Director of Children, Young People & Learning (DCYP&L) | Director of Place Services | Assistant Chief Executive | Interim Director of Finance & Support Services (DF&SS) | Director of HR/OD | Director of Law & Assurance |
| (CFO) | (DA&H) | (DCYP&L) | (DPS) | (ACE) | (DF&SS) | (DHR/OD) | (DL&A) |
| Sabrina Cohen- Hatton | Alan Sinclair | Lucy Butler | Lee Harris | Sarah Sturrock | Tony Kirkham | Gavin Wright | Tony Kershaw |