

TITLE	Internal Audit and Investigations Q3 Progress Report 2014/15
FOR CONSIDERATION BY	Audit Committee on 10 February 2015
WARD	None Specific
DIRECTOR	Catherine Hickman, Service Manager – Shared Audit & Investigations Service (Head of Internal Audit)

OUTCOME / BENEFITS TO THE COMMUNITY

The Internal Audit and Investigations Progress Report details the work of the team from the 1 October 2014 and 31 December 2014. This is an update on the progress towards the formation of the Head of Internal Audit opinion which forms part of the Annual Governance Statement. It provides assurance through the Audit Committee to Council and the wider public that the Council is managing its key risks and identifies any weaknesses identified in the governance, risk management and internal control environment. This assurance supports the Council in the achievement of its vision, priorities, principles and objectives and provides for better and improved outcomes for our residents.

RECOMMENDATION

That the Audit Committee notes the Internal Audit and Investigations Progress Report.

SUMMARY OF REPORT

The report summarises the work completed by Internal Audit and Investigations during the period and enables the Committee to discharge its oversight function in relation to these activities.

The report provides the opportunity for the Service Manager, Shared Audit and Investigations Service to provide details of the work undertaken this financial year and highlight any areas of weakness the Committee should be aware of.

Note the tables and information in the body is up to 31 December 2014 and Appendix A gives the position at 23 January 2015.

Background

This progress report fulfils two functions for the Audit Committee:

- It enables the committee to hold the Service Manager, Audit and Investigations Service to account for the performance of internal audit and investigations.
- It facilitates the Audit Committee in holding management to account for managing weaknesses identified during the course of internal audit and investigations activities.

Analysis of Issues

The Committee should ensure that the coverage, performance and results of Internal Audit and Investigations activity are clearly communicated to the Audit Committee and any additional assurances are identified by the Committee.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	Yes	N/A
Next Financial Year (Year 2)	N/A	Yes	N/A
Following Financial Year (Year 3)	N/A	Yes	N/A

Other financial information relevant to the Recommendation/Decision

Not applicable.

Cross-Council Implications

Not applicable.

Reasons for considering the report in Part 2

Not applicable.

List of Background Papers

None.

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Date 23 January 2015	Version No. v1

**Internal Audit and
Investigations**

Q3 Progress Report

2014/15

Wokingham Borough Council

27 January 2015

Contents

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Internal Audit and Investigations Q3 Progress Report 2014/15

1. INTRODUCTION

- 1.1 This report summarises the main findings arising from the Internal Audit (IA) and Investigations work completed in the period 1 April 2014 to 31 December 2014.
- 1.2 IA provides an independent review that underpins good governance, which is essential in helping the council achieve its strategic objectives and realise its vision for the borough of Wokingham. It is also a requirement of the Accounts and Audit (England) Regulations 2011 that the council undertakes an adequate and effective IA of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control.
- 1.3 Investigations are responsible for providing a comprehensive range of investigation services to all key stakeholders. Our primary objective is to meet the Chief Finance Officer's statutory obligation to prevent and detect fraud and corruption against the council. This includes whistleblowing allegations and other types of corporate fraud such as Housing Tenancy Fraud.
- 1.4 The Investigations team also helps to drive improvements in performance across the council by investigating any serious breaches of the council's policies including the staff code of conduct. Other main areas of their work include delivery of the Government's National Fraud Initiative (NFI) and providing anti-fraud and anti-corruption awareness training to staff and Members.

Purpose of the Internal Audit and Investigations Progress Report

- 1.5 This report presents the council's Chief Executive, Directors and Audit Committee with information on all Internal Audit and Investigations work covered and assurance in this respect during the period 1 April 2014 to 31 December 2014. It also provides an opportunity for the Service Manager, Shared Audit and Investigations Service to highlight to the Council's Corporate Leadership Team (CLT) and Audit Committee any significant issues that they need be aware of.

2. EXECUTIVE SUMMARY

- 2.1 There are no significant findings from work completed this quarter that identifies risks that the committee need to be aware of.
- 2.2 On the 1 October the Internal Audit service transferred to the Shared Internal Audit Service (SIAS) with RBWM. All the work completed to 30 September was performed under Business Improvement. On the 1 November Benefit Fraud Work transferred to the Single Fraud Investigation Service in DWP. Between the 1 October and 30 November Investigations work was performed under Business Improvement. On 1 December the Investigations Team transferred into the Shared Service.
- 2.3 Internal audit have finalised the Housing Benefits Report and this has provided a good level of assurance. Two other substantial audit reports have been issued in draft; Public Health and Section 106/Community Infrastructure Levy (CIL).
- 2.4 The Investigations Team has designed a risk based proactive work plan. This allows the Investigation Team to focus resources on the highest fraud risks to the authority. Due to resource issues, work is currently focusing on reactive investigations and recruiting new staff.

3. ANALYSIS OF INTERNAL AUDIT ACTIVITY: 1 APR 2014 to 31 DECEMBER 2014

3.1 2014/15 IA Work

3.1.1 The individual IA reviews carried out in the year to date 1 April 2014 to 31 December 2014 are listed at Appendix A, which details the assurance levels achieved and provides an analysis of recommendations made (in accordance with the recommendation priorities outlined at Appendix B & Appendix C).

3.1.2 The results of the work completed in quarter 2 are detailed below.

- One full report was finalised. (Benefits)
- Two reports were issued in draft. (Public Health and S106/CIL)
- One Memo was finalised. (Retrospective Purchase Orders)
- 3 Grants were Certified.
- 4 Terms of Reference were issued.

3.1.3 In addition Internal Audit has facilitated the certification of the Twyford Orchards and Hillside Homes and Community Agency claim by liaising between Tenant Services and KPMG to facilitate the certification process.

3.2 Key Performance Indicators (KPIs)

3.2.1 KPI 1 - Client Satisfaction Score

The client satisfaction score out of 100% based on client feedback from post audit engagement questionnaires.

The overall cumulative client satisfaction is **75%** for IA reviews completed since 1 April 2014. The benchmark is 67% which equates to 'agree' against the four key criteria that comprised the previous performance indicators. Above this figure requires 'strongly agree' to one or more of the statements.

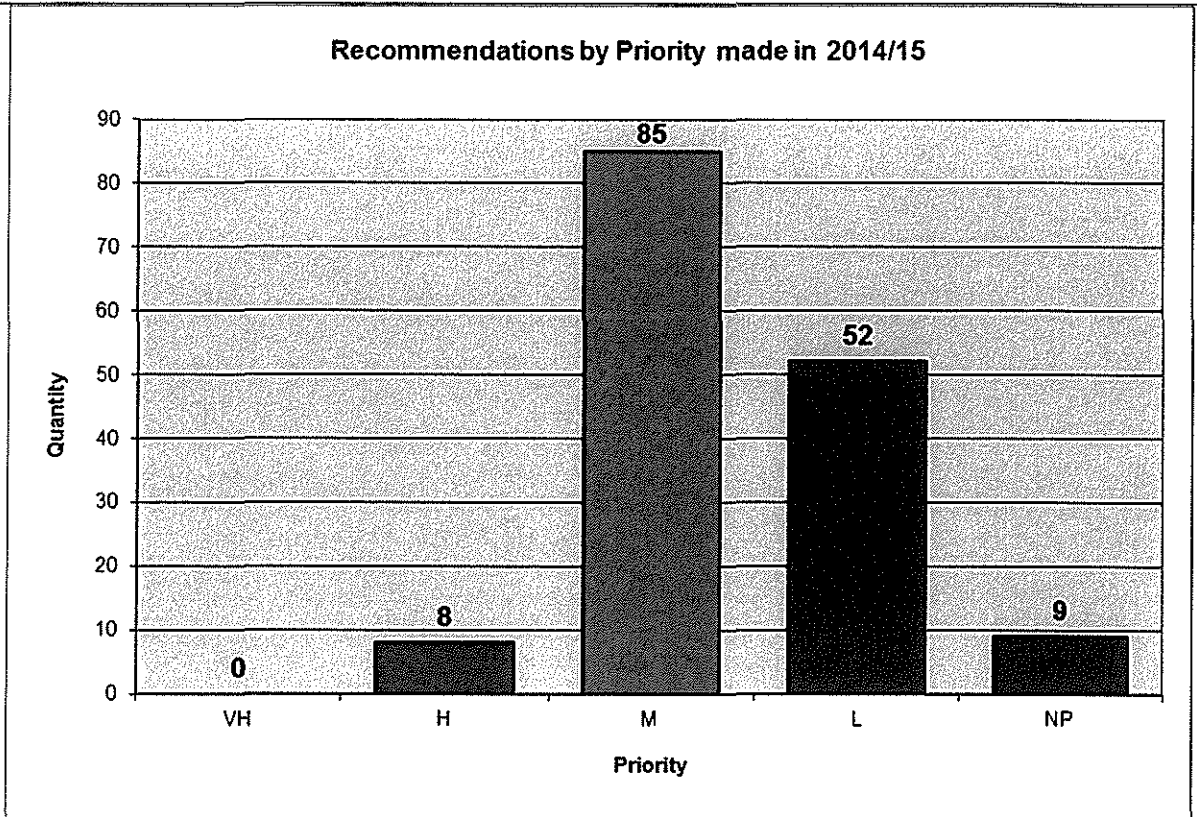
3.2.2 KPI 2 - Improvements to the Control Environment

Internal control and risk management improvements recommended to management not accepted or implemented.

There were 145 recommendations made in reports issued since 1 April 2014. **100%** of these were accepted by management.

There was no follow-up activity completed against 2013/14 recommendations in the quarter. Following our Lean review process review we will be focusing Internal Audit resources on high risk areas for follow up.

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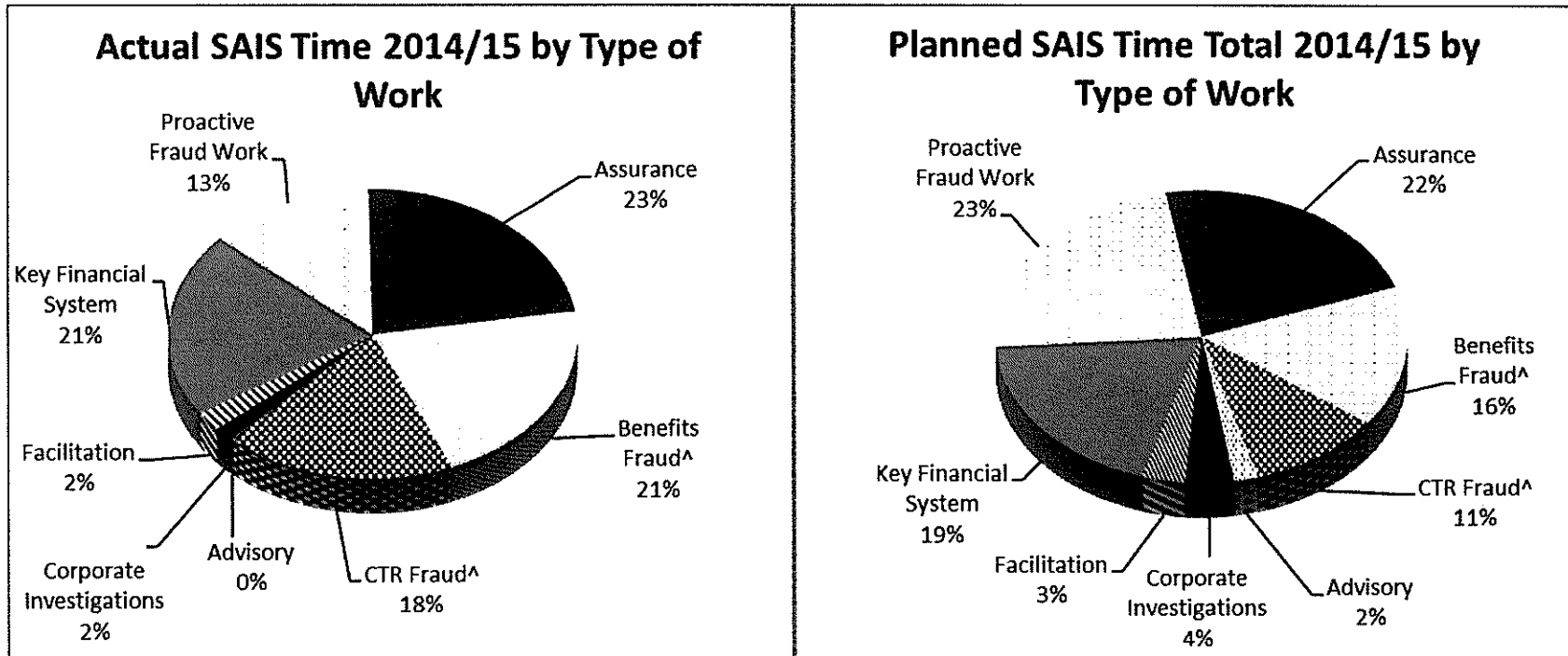
This relates to recommendations made in the reporting period but relate primarily to recommendations that form part of the 2013/14 internal audit plan.

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3.2.3 KPI 3 – Where the work of Internal Audit and Investigations is focused

Comparison of actual and planned focus of Internal Audit and Investigations by type of work undertaken.

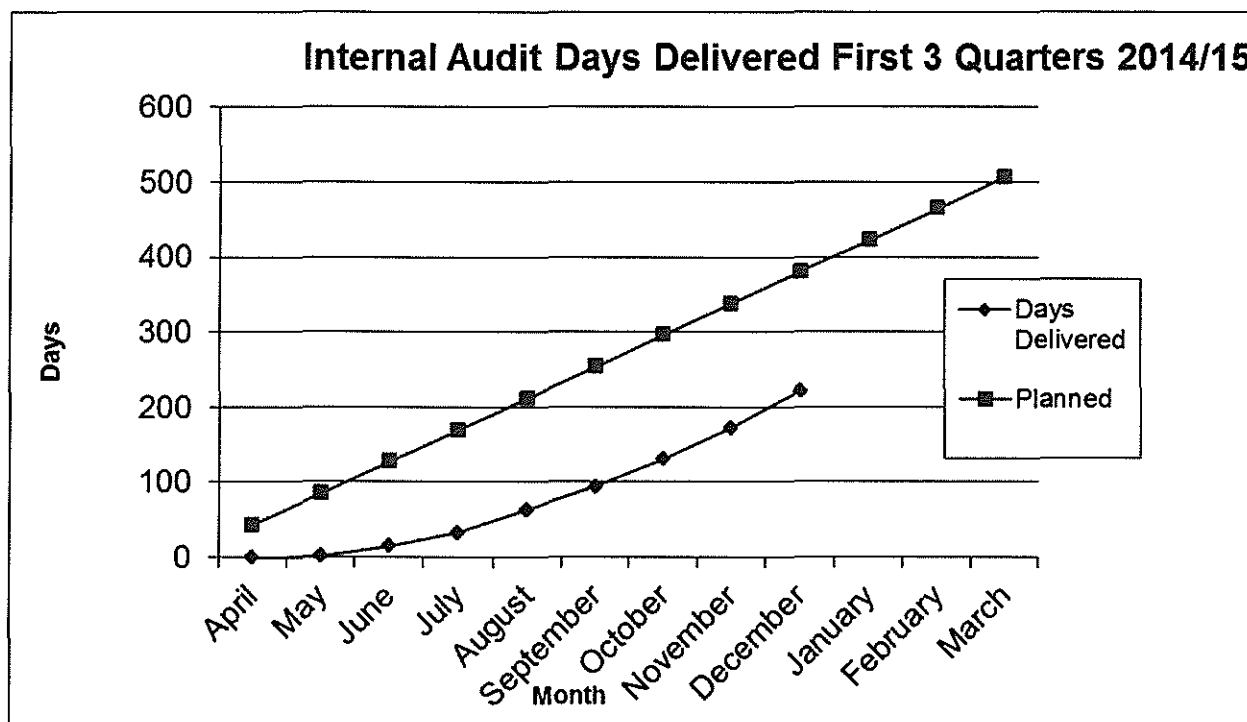
These two charts detail the distribution of days by type of work. This enables CLT and the Audit Committee to maintain an overview of where resources are being used. Both charts detail Internal Audit and Investigations work at Wokingham Borough Council and exclude any work provided to other local authorities/external Clients.



CTR Fraud and Benefits Fraud has been separated as this will enable a distinct post transfer of benefits fraud to SFIS (see para 4.5).

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3.2.4 KPI 4 – Delivery of Internal Audit Days



Internal Audit has a revised target to deliver an audit plan of 507 days in 2014/15. This does not include work provided to other local authorities/ external clients and is the total resources provided to WBC. This graph shows only planned days delivered to enable CLT and the Audit Committee to identify progress against plan.

There was a significant carry forward of work from the 2013/14 financial year amounting to 128 days. Therefore Internal audit were below target at the end of Q2; the Service Manager Shared Audit & Investigations Service has secured additional resources to deliver the Internal Audit Plan (IAP).

There have been a number of audits deferred and reliance on other sources of assurance that will impact on the total delivery of days i.e. VAT has been subject to an HMRC Inspection and Information Governance will be subject to an audit by the Information Commissioners Office. It is therefore possible that the plan will be delivered without hitting the 507 day target while delivering the same overall assurance. There remains a risk of non-delivery of the plan given significant pressure on delivery and lack of contingency.

3.2.5 KPI 5 – Benefit Overpayments



The year's target for identifying overpaid Housing Benefit/Council Tax Benefit (this can be due to either fraud or error) is £117k for the period to 1st November 2014. A total of £149k of overpaid benefits has been identified by the team for this period. From 1st November 2014, benefit investigation has transferred to Single Fraud Investigation Service (SFIS). As a result, this will be the final time this is reported to Audit Committee.

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3.2.6 KPI 6 - Value of Proactive work



The year's target for identifying non-benefit overpayments detected (this can be due to either fraud or error) is £100k.

	14/15 Target £000	Cumulative Q3 Target £000	Cumulative Q3 Actual £000
Gross Non-benefit overpayment	100	75	21

The outcomes of the proactive drives will be shown in this indicator as the year progresses, as detailed in paragraph 4.3.

The Investigations Team are currently following their Counter Fraud Plan for year, therefore results of individual drives will be seen later on in the financial year. In relation to the results of reactive Council Tax Reduction investigations, overpayments will be visible towards the end of the financial year.

Following the creation of the shared service, and staff turnover, the investigations activity has been impacted by the work involved in transferring the benefit cases to SFIS and staff vacancies. A recruitment campaign is currently underway to increase the team.

3.2.7 KPI 7 – Sanctions Applied

Where evidence indicates an offence has been committed in benefit fraud investigations, the offender can be offered:

- A formal caution (a warning, but the offence must be admitted); or
- An administrative penalty (which is a 30% fine on top of any overpaid benefit identified); or
- The Council will prosecute (for more serious cases).

These are referred to as 'sanctions' and a target was set to achieve **18 sanctions** for the period to 1st November. In total 13 sanctions have been awarded against for this period.

4. ANALYSIS OF INVESTIGATIONS ACTIVITY 2014/15

4.1 The Investigations Team is responsible for providing a comprehensive investigation service to all stakeholders, in order to prevent, detect and take appropriate action to all internal and external fraud, theft and error and to drive improvements in performance across the Council.

4.2 The main areas of work are:

- Preventing and detecting Council Tax Reduction Fraud;
- Managing Corporate Investigations, including Whistleblowing allegations;
- Delivery of the Proactive Counter Fraud Plan resulting in the identification of savings and recommendations for preventing and controlling the risk of fraud in service areas; and
- Delivery of the Audit Commission's National Fraud Initiative (NFI).

4.3 Counter Fraud Work

Counter Fraud Proactive Plan – At the beginning of 2014/15 the Investigations Team undertook a fraud risk assessment of the entirety of the council's operations to assess the risk of fraud. Using literature from the National Fraud Authority high risk areas were identified for risk assessment.

The team are currently working on the following initiatives:

- Highways Infrastructure Spend Review
- Procurement - Commissioning social care
- Direct Payments and Personal Budgets
- Council Tax Student Exemption
- Council Tax Single Person Discount

4.4 Shared Audit & Investigations Services – External Work

In Q3 the team continued to provide audit and investigations services to other local authorities and continues to look to secure external work in future where this is of benefit to the shared service.

5 FORWARD LOOK

5.1 Internal Audit Shared Service

Integrated planning for the two authorities has commenced for 2015/16 and the creation of a single audit methodology is well underway. The second phase of the Lean process has commenced to streamline the audit process and reporting to build efficiencies.

5.2 Investigations Shared Service

The Shared Investigations Service between Wokingham and Windsor and Maidenhead went live on 1 December 2014. The focus for the final quarter of the year will be to set up the processes and policies for the shared service and deal with reactive referrals.

Catherine Hickman

Service Manager – Head of Shared Audit & Investigations Service (and Head of Internal Audit)

16 January 2015

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APPENDIX A

DETAILED INTERNAL AUDIT WORK UNDERTAKEN IN 2014/15

Key:

- **VH** = Very High
- **H** = High
- **M** = Medium
- **L** = Low
- **NP** = Notable Practice
- **IAC** = Internal Audit Contingency (ad-hoc requests for work, etc)

Residual 2013/14 IA Reviews (completed after 31 March 2014)

IA Ref.	IA Review Area	Status as at 20 January 2015	Assurance Level	Priority					PAQ Received?
				VH	H	M	L	NP	
11	Major Project Governance	Final Report issued 20 June 2014	Reasonable	-	1	5	-	-	-
12	Housing Benefits	Final Report issued 1 April 14	Good	-	-	1	4	1	Yes
14	Financial Reporting and Budgetary Control	Final Report issued 22 July 2014.	Good	-	-	1	4	-	Yes
15	Capital Programme (Accounting)	Final Report issued 29 July 2014	Reasonable	-	2	6	3	-	-
16	Council Tax & NNDR	Final Report issued 7 May 2014	Good	-	-	1	9	1	Yes
23	Cashiers	Final Report issued 11 April 2014	Good	-	-	2	5	1	Yes
24	Creditors	Final Report issued 9 April 2014	Good	-	-	3	3	-	-
25	Debtors	Final Report Issued 20 June 2014	Reasonable	-	4	6	1	-	-
27	Main Accounting	Final report issued 15 May 2014	Good	-	-	2	2	-	-
28	Payroll	Final Report issued 29 July 2014	Reasonable	-	-	10	1	1	-
33	Loss of Confidential Data	Final report Issued 15 July 2014	Reasonable	-	-	8	3	-	-
34	Corporate Manslaughter	Final report issued 18 September 2014	Reasonable	-	-	8	-	-	-
35	Corporate Governance	Final report issued 18 September	Reasonable	-	1	3	2	-	-

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IA Ref.	IA Review Area	Status as at 20 January 2015	Assurance Level	Priority					PAQ Received?
				VH	H	M	L	NP	
		2014							
36	Ethical Governance	Final Memo issued 2 July 2014	Reasonable	-	-	6	-	-	-
37	Information Governance	Final Report issued 19 June 2014	Reasonable	-	-	8	2	2	-
38	Effectiveness of Internal Audit and Counter Fraud	Final Report Issued	Effective	-	-	3	2	1	-
39	Effectiveness of Audit Committee	Final Report issued 5 September 2014.	Effective	-	-	4	5	1	-
40	Risk Management	Final Report issued 4 June 2014	Reasonable	-	-	4	-	-	-
42	Balanced Scorecard	Final Memo Issued	N/A	-	-	-	-	-	-
43	Service Planning	Final Memo Issued	N/A	-	-	-	-	-	-
44	Schools financial controls	All testing completed. Memos written and being reviewed.							
44a	Crazies Hill	Memo issued 12 May 2014	N/A	-	-	-	-	-	Yes
44b	Emmbrook Infant	Memo issued 21 May 2014	N/A	-	-	-	-	-	-
44c	Emmbrook Junior	Memo issued 8 May 2014	N/A	-	-	-	-	-	-
44d	Hawthorns Primary	Memo issued 21 May 2014	N/A	-	-	-	-	-	-
44e	Robert Piggott	Memo issued 27 May 2014	N/A	-	-	-	-	-	-
44f	South Lake	Memo issued 9 June 2014	N/A	-	-	-	-	-	-
44g	St Nicholas	Memo issued 27 May 2014	N/A	-	-	-	-	-	-
44h	Westende	Memo issued 8 May 2014	N/A	-	-	-	-	-	Yes
44i	Winnersh	Memo issued 2 May 2014	N/A	-	-	-	-	-	-
44j	All Saints	Memo issued 8 May 2014	N/A	-	-	-	-	-	Yes
44k	Coombes	Memo issued 30 April 2014	N/A	-	-	-	-	-	-
49	Early Years	Final Memo issued 8 August 2014	N/A	-	-	-	-	-	-

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2014/15 Planned IA Reviews

IA Ref.	IA Review Area	Status at 23 January 2015	Assurance Level	Priority					PAQ Received?
				VH	H	M	L	NP	
1	Benefits	Final Report Issued 8 December 2014	Good	-	-	-	4	1	-
2	Housing Rents	Draft Report issued 19 January 2015							
3	Budgetary Control & Reporting	Fieldwork commenced 19 January 2015							
4	Capital Programme (Allocation, Accounting & Budgetary Control)	Terms of Reference Drafted and audit scheduled							
5	Council Tax & NNDR	Draft Report issued 15 January 2015							
6	Fixed Asset Register	Draft memo issued 23 January 2015							
7	Material School - Waingels	Booked in 12 February 2015							
8	VAT	Assurance from HMRC review	N/A	-	-	-	-	-	-
9	Treasury Management	Terms of Reference issued 23 January 2015							
10	BACS	Terms of Reference Drafted and audit scheduled March 2015							
11	Bank Reconciliations	Terms of Reference Drafted and audit scheduled February 2015							
12	Cashiers	Terms of Reference Drafted and audit scheduled February 2015							
15	Main Accounting	Fieldwork commenced 14 January 2015							
16	WISEr Reconciliation Checks	Final Memo issued 14 August 2014	N/A	-	-	4	-	-	-
17	Payroll	Draft Terms of Reference issued 23 January 2015							
18	Schools financial controls	Fieldwork completed 8 January 2015							
18a	Early St Peter's	Report issued 22 January 2015	N/A	-	-	2	-	-	-
18b	Oaklands Infant	Report issued 22 January 2015	N/A	-	-	6	-	-	-

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18c	Bulmershe	Visit completed 11 December 2014							
18d	Southfield	Report issued 22 January 2015	N/A	-	-	11	-	-	-
18e	Foundry College	Report issued 22 January 2015	N/A	-	-	2	-	-	-
19	Corporate Governance								
20	Ethical Governance	Memo drafted							
21	Information Governance	Assurance from ICO audit scheduled March 2015	N/A	-	-	-	-	-	-
22	Effectiveness of Internal Audit	Delayed due to Shared Service Set up scheduled for completion April 2015	N/A	-	-	-	-	-	-
23	Effectiveness of Audit Committee	Delayed due to Shared Service Set up scheduled for completion April 2015	N/A	-	-	-	-	-	-
24	Risk Management	ToR issued 16 January 2015							
25	Balanced Scorecard	Fieldwork Ongoing							
26	Corporate/Service Planning	Fieldwork Ongoing							
27	School Place Provision - Corporate Risk 2	Fieldwork Ongoing							
28	Safeguarding Vulnerable Adults - Corporate Risk 8	Fieldwork commenced on 14 January 2015.							
29	Infrastructure Repair - Corporate Risk 12	Fieldwork commenced 21 October 2014. Delay due to maternity leave.							
30	Safeguarding Vulnerable Children - Corporate Risk 7	Draft Memo being reviewed							
31	Delivery of Key Objectives - Corporate Risk 14	Fieldwork completed							
32	Judicial Review - Corporate Risk 15	Deferred to 2015/16	N/A	-	-	-	-	-	-
33	Strategic Infrastructure Provision - Corporate Risk 19	Draft Terms of Reference issued 22 August 2014							
34	Health and Social Care Failure - Corporate Risk 27	Open meeting arranged for 18 February 2015	N/A	-	-	-	-	-	-
35	HWB Strategic Response to Increased Demand	Deferred to 2015/16	N/A	-	-	-	-	-	-

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39	Property Services	Fieldwork underway								
40	Procurement	Deferred to 2015/16	N/A	-	-	-	-	-	-	-
41	Coaching Culture Embeddedness Review	Deferred to 2015/16 replaced with 68 Retrospective Purchase Orders	N/A	-	-	-	-	-	-	-
44a	Troubled Families/Family First Grant Certification (August)	Grant Certified 22 August 2014	N/A	-	-	-	-	-	-	-
44b	Troubled Families/Family First Grant Certification (Oct)	Grant Certified 31 October 2014	N/A	-	-	-	-	-	-	-
44c	Troubled Families/Family First Grant Certification (Feb)	In progress for 21 February 2015 claim								
48	WISEr Security Controls	Final Memo issued 30 September 2014	N/A	-	-	-	-	-	-	-
50	Major Corporate Projects	Fieldwork Ongoing								
53	Community Infrastructure Levy (S106 Transition)	Final Report issued 23 January 2015	Reasonable	-	1	7	1	2	-	-
56	Integrated Transport IT Block & Integrated Transport Maintenance Block	Grant certified 30 September 2014	N/A	-	-	-	-	-	-	-
57	Local Sustainable Transport Fund (Travel Behaviour and Sustainable Chilterns Gateway grants)	Grant certified 23 January 2015	N/A	-	-	-	-	-	-	-
58	Decent Homes and Twyford Orchards grant	All Grant work certified 14 December 2014	N/A	-	-	-	-	-	-	-
59	Facilitating the AGS	Briefing at CLT on 13 January 2015.								
64	Tender Opening Attendance and Analysis of Tender Results	Final memo issued 23 January 2015								
65	Public Health	Final Report issued 20 January 2015	Reasonable	-	1	6	5	2	-	-
66	Creditors	Terms of Reference Drafted and audit scheduled February 2015								
67	Debtors	Terms of Reference Drafted and audit scheduled February 2015								
68	Retrospective Purchase Orders	Memo issued 21 November 2014	N/A	-	-	4	1	-	-	-

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69	Keep Mobile	Draft Follow Up Memo issued 23 January 2015	N/A	-	-	-	-	-	-
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APPENDIX B

INTERNAL AUDIT ASSURANCE LEVEL DEFINITIONS

The classifications of assurance levels for 2014/15 are set out below:

Assurance Level	Definition
Outstanding	There is outstanding management of the key risks to the council objectives. There is significant innovation or high levels of user satisfaction. There are examples of best practice. There is an appropriate control environment ¹ with due regard to the Council's risk appetite ² . There is positive assurance that objectives will be achieved.
Good	There is a good level of assurance over the management of the key risks to the council objectives. The control environment ¹ is robust with no major weaknesses in design or operation. There is good assurance that objectives will be achieved.
Reasonable	There is a reasonable level of assurance over the management of the key risks to the council objectives. The control environment ¹ is in need of improvement in either design or operation. There is a misalignment of the level of residual risk ³ to the objectives and the designated risk appetite. There remains a risk that objectives will not be achieved.
Limited	There is a limited level of assurance over the management of the key risks to the council objectives. The control environment ¹ has significant weaknesses in either design and/or operation. The level of residual risk to the objectives is not aligned to the relevant risk appetite. There is a significant risk that objectives will not be achieved.
Nil	There is no assurance to be derived from the management of key risks to the council objectives. There is an absence of several key elements of the control environment ¹ in design and/or operation. There are extensive improvements to be made. There is a substantial variance between the risk appetite ² and the residual risk ³ to objectives. There is a high risk that objectives will not be achieved.

1. Control Environment – The control environment comprises the systems of governance, risk management and internal control. The key elements of the control environment include:

- establishing and monitoring the achievement of the authority's objectives;
- the facilitation of policy and decision-making;
- ensuring compliance with established policies, procedures, laws and regulations – including how risk management is embedded in the activity of the authority, how leadership is given to the risk management process, and how staff are trained or equipped to manage risk in a way appropriate to their authority and duties;
- ensuring the economical, effective and efficient use of resources, and for securing continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness as required by the Best Value duty
- the financial management of the authority and the reporting of financial management, and
- the performance management of the authority and the reporting of performance management.

2. Risk Appetite - The amount of risk that the council is prepared to accept, tolerate, or be exposed to at any point in time.

3. Residual Risk - The risk remaining after management takes action to reduce the impact and likelihood of an adverse event, including control activities in responding to a risk.

APPENDIX C

INTERNAL AUDIT RECOMMENDATIONS PRIORITY LEVELS

To assist management in using IA reports, IA categorise their recommendations according to the level of priority, which in 2014/15 was as follows:

Priority	Definition
Very High ●	The recommendation relates to a highly significant threat or opportunity that impacts directly on the council's corporate objectives. The action required is to mitigate a serious risk to the council. In particular it has a critical impact on the council's reputation, statutory compliance, finances or strategic priorities. The risk requires immediate senior management attention.
High ●	The recommendation relates to a significant threat or opportunity that impacts the council's corporate objectives. The action required is to mitigate a substantial risk to the council. In particular it has an impact on the council's reputation, statutory compliance, finances or key corporate objectives. The risk requires senior management attention.
Medium	The recommendation relates to a potentially significant threat or opportunity that impacts on either corporate or operational objectives. The action required is to mitigate a moderate level of risk to the council. In particular an adverse impact on the department's reputation, adherence to council policy, the departmental budget or service plan objectives. The risk requires management attention.
Low ●	The recommendation relates to a minor threat or opportunity that impacts on operational objectives. The action required is to mitigate a minor risk to the council as a whole. This may be compliance with best practice or minimal impacts on the service's reputation, adherence to local procedures, local budget or Section objectives. The risk maybe tolerable in the medium to short term.
Notable Practice ●	The activity reflects current best management practice or is an innovative response to the management of risk within the council. The practice should be shared with others.