

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Thursday 11 April 2024

Notice of Meeting

Dear Member

Corporate Governance and Audit Committee

The **Corporate Governance and Audit Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.00 am** on **Friday 19 April 2024**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Governance and Audit Committee members are:-

Member

Councillor James Homewood (Chair)
Councillor Yusra Hussain
Councillor Naheed Mather
Councillor Harry McCarthy
Councillor Melanie Stephen
Councillor John Taylor
Councillor Kath Pinnock
Chris Jones (Co-Optee)

When a Member of the Corporate Governance and Audit Committee cannot attend the meeting, a member of the Substitutes Panel (below) may attend in their place in accordance with the provision of Council Procedure Rule 35(7).

Substitutes Panel

Conservative

B Armer
D Bellamy
A Gregg
D Hall
R Smith
M Thompson

Green

K Allison
A Cooper
S Lee-Richards

Labour

B Addy
S Hall
P Moore
M Sokhal E Firth
T Hawkins
H Zaman

Liberal Democrat

PA Davies
J Lawson
A Munro
A Marchington
A Smith
A Pinnock

Ex Officio Members

Councillor Paul Davies
Councillor Elizabeth Smaje

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting and details of substitutions and for whom they are attending to the Committee membership.

2: Minutes of Previous Meeting

1 - 4

To approve the Minutes of the meeting of the Committee held on the 8th March 2024.

3: Declaration of Interests

5 - 6

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Committee will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Implementation of Democracy Commission Recommendations update 7 - 28

To receive the Implementation of Democracy Commission Recommendations update.

Contact: Leigh Webb, Acting Head of Governance.

7: Proposed revisions to the terms of reference for the Kirklees Health and Wellbeing Board 2024/25 29 - 42

To consider the proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board.

Contact: Alex Chaplin, Strategy and Policy Officer (Adults Social Care).

8: Internal Audit Plan for 2024/25 and Associated Matters 43 - 86

To consider the Internal Audit Plan for 2024/25 and associated matters.

Contact: Martin Dearnley, Head of Audit & Risk.

Contact Officer: Nicola Sylvester

KIRKLEES COUNCIL

CORPORATE GOVERNANCE AND AUDIT COMMITTEE

Friday 8th March 2024

Present: Councillor James Homewood (Chair)
Councillor Naheed Mather
Councillor John Taylor
Councillor Kath Pinnock

Co-optees Chris Jones

In attendance: Rachel Spencer Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health,
Leigh Webb, Acting Head of Governance,
Gareth Mills, Grant Thornton
Greg Charnley, Grant Thornton
Simon Straker, Audit Manager (Virtual) Isabel Brittain,
Service Director Finance (Virtual)
Councillor Elizabeth Smaje (ex-Officio)

Apologies: Councillor Harry McCarthy
Councillor Melanie Stephen
Councillor Paul Davies (ex-Officio)

1 Membership of the Committee

Apologies for absence were received on behalf of Councillor Harry McCarthy, Councillor Melanie Stephen and Councillor Paul Davies (ex-Officio).

2 Minutes of Previous Meeting

RESOLVED: That the minutes of the meeting held on 19th January 2024 be approved as a correct record.

3 Declaration of Interests

Councillor John Taylor declared 'an other' interest as a Member of the Housing Improvement Board.

4 Admission of the Public

All items were considered in public session.

5 Deputations/Petitions

There were no deputations or petitions received.

6 Public Question Time

No questions were asked.

7 Representation on Outside Bodies

The Committee received an update on the Representation on Outside Bodies.

The Service Director, Legal, Governance & Monitoring has delegated authority, in consultation with Group Business Managers, to receive and process nominations to the Outside Bodies. Any Changes in the Council's representation on Outside Bodies are reported to Corporate Governance and Audit Committee for Information.

Since the last update to Committee, changes to the Council's Outside Body representation had occurred and had been incorporated into the Council's database of outside body representation.

RESOLVED: That the update on Representation of Outside Bodies be received and noted.

8 Annual Governance Statement 2022/23

The Committee received a progress report against the Annual Governance Statement 2022/23 action plans.

Simon Straker, Audit Manager advised the Committee that issues identified in the 2022/23 statement would form part of the draft 2023/24 Annual Governance Statement. Further actions taken and planned actions in 2023/24 were provided in the report.

During consideration of this item, the Committee referenced the recommendations of the Democracy Commission, and requested an update on the Democracy Commission recommendations at a future meeting.

The Committee felt that the Annual Governance Statement was unclear on the impact of delivery on services and focussed more on process. Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health advised that the Annual Governance Statement was a focus and through the audit committee and scrutiny panel would ensure the correct content was in future reports.

A discussion took place on housing improvements. The regulator of Social Housing submitted notice to make improvements to the standards of fire safety, damp and mould. It was noted that Kirklees had self-referred to the regulator and understood its responsibilities. Kirklees were taking actions to complete the overdue fire safety actions and were addressing reports of damp and mould.

The Committee reflected on the agenda items of the Corporate Governance and Audit Committee meetings scheduled throughout the year and requested that documents and agenda items that complimented each other were on the same agenda. The Committee suggested an agenda plan be published and agreed to an additional meeting of this Committee in May 2024.

RESOLVED: That the Annual Governance Statement 2022/23 be received and noted.

9 Audit Progress Report and Sector Update

The Committee received a verbal update on the audit progress report and sector update.

Gareth Mills, Grant Thornton, updated the Committee on audit team changes following conclusion of the 2022-23 audit cycle and explained that the auditor's statutory responsibilities were to provide an opinion on the audited body's financial statements and work on value-for-money arrangements. The update included a summary of emerging national issues and developments that were relevant along with a number of challenging questions in respect of emerging issues.

The Committee noted that work on the 2023-24 financial statement audit had commenced at the end of 2023. The Value for money report was presented to the Committee in January 2024 which highlighted two key recommendations in respect of the Council's overall financial position and the deficit position on reserves, and that the Council's responses and arrangements would be followed up as part of their 2023-24 Value-for-Money work, along with other improvement recommendations raised. Planned dates for the Audit plan, Audit Findings Report, Auditor's Report and Auditor's Annual Report on VFM arrangements were provided.

RESOLVED: That the Audit Progress Report and Sector Update be received and noted.

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Corporate Governance and Audit Committee				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



REPORT TITLE: Implementation of Democracy Commission Recommendations - update

Meeting:	Corporate Governance and Audit Committee
Date:	19 April 2024
Cabinet Member (if applicable)	N/A
Key Decision Eligible for Call In	No No
<p>Purpose of Report To provide an update on the implementation of recommendations arising from the Democracy Commission review into current and alternative models of governance.</p>	
<p>Recommendations Corporate Governance and Audit Committee are requested to note and comment on the report.</p> <p>Reasons for Recommendations The report is submitted in response to the agreed resolution of this Committee at its meeting on 2 December 2022</p>	
<p>Resource Implications: The implementation of the recommendations contained in this report have been met from within existing resources.</p>	
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer Henshall – 8.4.2024
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Julie Muscroft – 9.4.24

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes

1. **Executive Summary**

On 2 December 2022, this committee approved the recommendations of the Democracy Commission, following a review into current and alternative models of governance. The recommendations were subsequently agreed by Full Council in January 2023 and this report sets out details of progress made in relation to the implementation of those recommendations. Details of all the recommendations and progress are summarised at Appendix 3, with more detailed information set out in the report.

2. **Information required to take a decision**

2.1 **Background**

The Corporate Governance and Audit Committee has a clearly defined and important role in ensuring the adequacy of the Corporate Governance arrangements and monitoring and reviewing the operation of the Council's constitution. As a result, the Committee was central in the oversight of the work in relation to the review and examination of alternative models of Governance.

Following a review into the current and alternative models of governance, the Democracy Commission recommended to Council that current Leader and Cabinet model be retained. In coming to this conclusion, the Commission did highlight a number of areas for further work, particularly in relation to the development and strengthening of the existing scrutiny function.

2.2 **Democracy Commission recommendations**

The Council recognises the key role of the scrutiny function, including key strategy formation in engaging non cabinet members in the decision-making process, which can be further developed through the following suggested enhancements:

- (i) Improvements to enhance and improve pre-decision scrutiny to include reviewing the current scrutiny panels*
- (ii) Clear guidance as far as reasonably practicable in defining pre-decision scrutiny and associated timelines*
- (iii) Annual training and work programme briefings provided to all Members of the Council's Scrutiny Panels.*
- (iv) Providing clear information to Members and officers on the benefits of pre decision scrutiny and to ensure there is an understanding of the requirements to engage in early pre-decision scrutiny to enhance good decision making*

The Council recognises that good scrutiny and decision making relies on the provision of transparent, accessible information in a timely manner and supports the development of sharing information to raise awareness, increase understanding of and ensure clarity for Members and Officers around scrutiny, Access to Information Rules and the sharing of information.

That Cabinet be requested to increase dialogue on key strategic issues with Members to increase transparency and develop both formal and informal engagement with Members.

That consultation be undertaken with Group Business Managers and Members, to identify any potential barriers preventing some Members being appointed to Committees/Panels such as timing, frequency, location, format of meetings and any actions appropriately co-ordinated.

That information be communicated to all Members (across different roles) in relation to engagement with the decision-making process, including access to information rules, scrutiny, raising a notice of concern, speaking and questioning rights at committees.

That work is considered to explore enhancing training and development for Councillors to help understand and carry out their roles.

Set out below is progress in relation to delivery of these recommendations to date.

2.3 Review of Scrutiny Structure

A report was submitted to this Committee on 12 May 2023 reviewing the Overview and Scrutiny structure. The report, subsequently approved at the Annual Meeting in 2023, set out a number of changes which are summarised below:

- Dis-establishment of the Corporate Scrutiny Panel
- Retaining an overarching Overview and Scrutiny Management Committee (OSMC) to manage the overall work programme and prioritise the work of the Scrutiny Panels. The Panel will pick up high-level performance monitoring in relation to financial management, scrutinising the performance and implementation of financial policy and the delivery of the Council Plan. The OSMC have responsibility for the Corporate portfolio and will to continue to carry out the statutory requirements in relation to crime and disorder and flood risk management.
- Renaming the Economy and Neighbourhoods Scrutiny Panel to Environment and Climate Change Panel (to pick up work under the Environment and wider climate change agenda in addition to highways/street scene and culture)
- Dis-establishing the Ad- Hoc Regeneration Panel and establishing a Growth and Regeneration Panel (remit to include skills, growth and regeneration along with housing)

The new structure, adopted by Council in May 2023, is set out at appendix 1.

A large focus of the changes to the structures involved the change of remit in relation to financial management, performance and risk, which was previously undertaken by the Corporate Scrutiny Panel. Under the new structure this now sits with the Overview and Scrutiny Management Committee (OSMC).

At the OSMC work programme planning workshop, on 6th June 2023, it was agreed that financial management should be the prime focus for the Committee in 2023/24 and that there would be a substantive item at every meeting. This would include submission of the financial monitoring reports, at the appropriate time, and a focus on other areas of interest, as identified throughout the year.

To help implement this, meetings have been held between the Chair of Scrutiny, the relevant Cabinet members/Portfolio Holders and the Strategic Director on a regular basis to undertake horizon scanning to identify issues where pre-decision scrutiny may be of assistance and to discuss agendas and forward planning.

Meetings have also been held with the Service Director Finance to assist in planning the timing of reports and to keep the Chair of Scrutiny updated.

The Key Corporate Risk Matrix, and associated documents, and a summary of the performance information (from the Demand and Capacity Graphs) is shared with the Lead Members prior to every meeting and discussed in an informal session to identify any issues that may benefit from scrutiny. The 6 monthly Performance Management reports are also shared at the relevant point.

2.4 **Pre- decision scrutiny**

There was a strong desire to enhance pre-decision scrutiny by ensuring there was an understanding that pre-decision scrutiny is carried out some time before a decision is made, at the point decision-makers may still be weighing up different evidence and assessing available options.

Scrutiny is an essential part of ensuring that local government remains transparent, accountable and open, resulting in improved public policies and services. Cabinet and Overview and Scrutiny recognise that in order for effective scrutiny to happen they need to work together for the benefit of the Council and to improve decision-making. Pre-decision scrutiny is viewed as non-executive Members performing a 'critical friend' role in relation to the Executive.

Scrutiny carried out well in advance of a decision being made will allow for more time and resources with which to delve into the fundamentals of the decision and propose alternative options.

Pre- decision scrutiny can help the decision-making process by:

- Providing an impartial perspective
- Challenging assumptions
- Developing realistic plans and targets
- Engaging with the public

To assist the delivery of more effective pre-decision scrutiny a draft protocol has been developed. The pre-decision protocol provides a framework to ensure good lines of communication between Lead Members, Cabinet Members and Strategic Directors and has been implemented during this municipal year. The protocol, set out below, aims to ensure potential items are identified in a timely manner which allows time for scrutiny to influence and add value to the decision-making process.

2.5 **Pre – Decision Protocol**

1. Overview and Scrutiny Panels will monitor and review the Council's Forward Plan of forthcoming key decisions to determine which items they would like to identify for pre-decision scrutiny before decisions are made by the Cabinet.
2. Regular informal meetings will be held involving individual Scrutiny Panel Chairs, relevant Portfolio holder/s and/or Strategic Directors or relevant officers. The purpose of these meetings is to discuss forthcoming decisions and requests for pre-decision scrutiny, based on strategic impact, public interest, financial implications, resources and relevance to the corporate priorities, panel's remit and work programme. Should agreement not be reached, the decision will rest with the Cabinet and/or Leader following discussion with the Scrutiny Lead Member.
3. The importance of early input from Scrutiny into policy development is recognised by Cabinet and it is acknowledged that it adds value to reports through wider consultation.

Scrutiny can act as a critical friend as explained above bringing added value and insight. Cabinet Members and Officers should draw to the attention of the relevant scrutiny committee any key policy that is being developed or is due for review to ensure timely input, so Scrutiny can develop a thorough understanding of an issue, ensuring the decision making process includes different options and approaches. Cabinet is mindful of this and supports this approach through scrutiny and acknowledges this approach can positively impact on the delivery of services and achievement of outcomes.

4. The Leader or individual Cabinet Members may suggest topics for pre-decision scrutiny. These requests will be discussed with the relevant Chair of Panel, Portfolio Holder and Strategic Director at the informal meetings set out above at paragraph 2.
5. Where pre-decision scrutiny has been undertaken, the scrutiny panel will make recommendations and the Cabinet Member and relevant Director will consider and address the views of the Scrutiny Panel in the final Cabinet report ensuring the input of scrutiny is referenced and a response by Cabinet is provided.

Although the Municipal year is not yet complete it does appear that there has been an increased volume of pre decision work undertaken when measured against the previous year. However, it is acknowledged simply comparing the volume of pre-decision work is not necessarily the most appropriate way of measuring how effective scrutiny has been. In terms of pre-decision work undertaken by the Panels under the new structure, Appendix 2 sets out a number of examples and a brief outline of the nature of the pre-decision input.

Lead Members have regular meetings scheduled with relevant Cabinet Members and Strategic Directors to discuss current work programmes, discuss upcoming issues on the horizon and schedule pre-decision items where appropriate. The Chair of Scrutiny has met with the Leader of the Council to discuss scrutiny matters and also meets with the Chief Executive on a regular basis to discuss the current work of scrutiny.

The Governance Manager and Chair of Scrutiny attended a meeting of the Executive Leadership Team to discuss the protocol and the recommendations of the Democracy Commission as they relate to scrutiny. Additionally, Governance Officers have attended Leadership Team meetings across Council departments to highlight the value of pre decision scrutiny and explain the process around scheduling items. Decision flightpath documents now include a prompt to consider pre-decision scrutiny as decisions progress and the Council's report template has an updated guidance note which prompts report writers to reference any input from scrutiny panels.

In some instances, timing scrutiny input before a Cabinet decision can be a challenge and an internal process has been developed to allow for this to happen where an issue is going to be considered by a scrutiny committee/panel but the flightpath does not allow sufficient time for scrutiny's comments/recommendations to be included in the written report. Early engagement with scrutiny is key to allowing meaningful input to influence and shape decisions but it is acknowledged there will be occasions where this proves difficult and the process to allow input at a relatively late stage has been used this year, for example in relation to the decision on Kirklees Active Leisure taken in December 2023.

2.6 Training

Scrutiny training was delivered to all Members in advance of the first meeting of the Scrutiny Panels in the 2023/24 Municipal Year. The programme was developed in consultation with the Chair of Scrutiny and included:

- Scrutiny Structure in Kirklees
- Relevant Legislation and powers
- Call-In guidance
- Meeting Preparations
- Questioning Techniques
- Access to Information/Forward Plan
- Pre decision scrutiny
- Work Programme prioritisation

A further specific training programme was developed and delivered to Scrutiny Lead Members. Going forward, these courses will be delivered annually, early in the Municipal Year. Training material relating to the sessions has been uploaded to My Learning and is available to officers and Members. Scrutiny web pages have been updated to include details of all the new Panel's and provide information about the process for engaging with scrutiny, including guidance on call-in, councillor call for action and notice of concern.

The Governance Team are developing an online suite of documents/videos/training material to assist officers and Members navigate the decision-making processes of Council. This will include information relating to key decisions, delegated decision making, overview and scrutiny, access to information and chairing skills.

3. Implications for the Council

3.1 Council Plan

Effective scrutiny assists in the provision of efficient and modern services to the residents of Kirklees. The scrutiny function of the Council can contribute to the delivery of the priorities set out in the Council Plan through policy development work, performance monitoring and challenging assumptions on which decisions are based.

3.2 Financial Implications

The change in structure was delivered without an increase in special responsibility allowances. Other changes to processes and training were met from within existing resources.

3.3 Legal Implications

The new structure introduced from May 2023 meets with the requirements of the Local Government Act 2000 and subsequent legislation in relation to the provision of a scrutiny function.

3.8 Other (eg Risk, Integrated Impact Assessment or Human Resources)

4. Consultation

The contents of this report have been shared with Members of the (now disestablished) Democracy Commission and the Chair of Scrutiny.

5. Engagement

6. Options

6.1 Options considered

N/A

6.2 Reasons for recommended option

N/A

7. Next steps and timelines

Further progress monitoring of the recommendations will be overseen by the Corporate Governance and Audit Committee or the Overview and Scrutiny Management Committee as appropriate.

8. Contact officer

Leigh Webb – Acting Head of Governance – leigh.webb@kirklees.gov.uk

9. Background Papers and History of Decisions

Committee System Proposal – Democracy Commission Report (January 2023) [Draft report to Council v.2.pdf \(kirklees.gov.uk\)](#)

Amendments to Overview and Scrutiny – Annual Council May 2023

[2023-05-24 Council Overview and Scrutiny Changes Report v1.pdf \(kirklees.gov.uk\)](#)

10. Appendices

Appendix 1 – Scrutiny Structure 2023

Appendix 2 – Pre-decision log

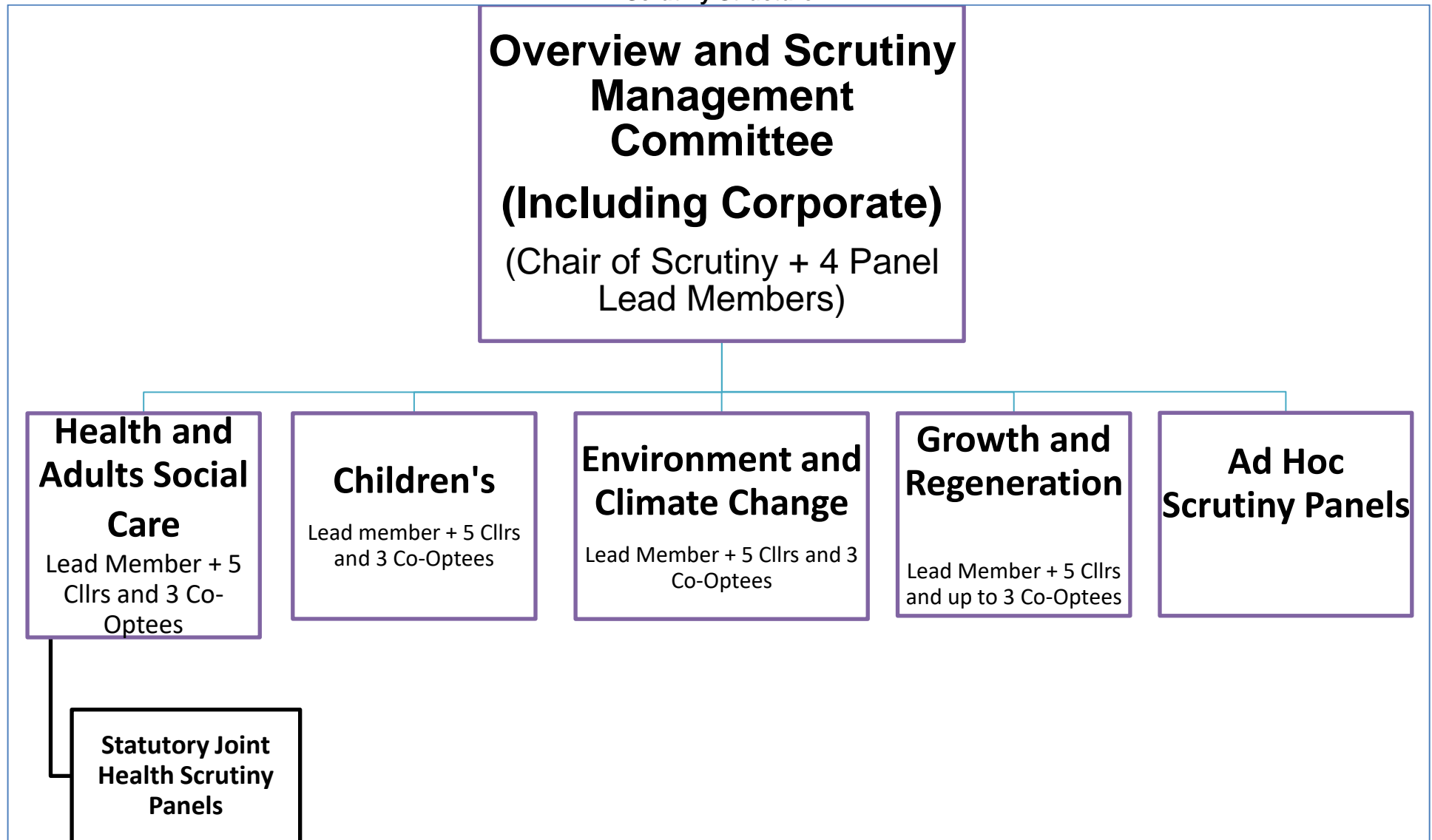
Appendix 3 – Recommendation summary

11. Service Director responsible

Julie Muscroft – Service Director Legal and Commissioning

APPENDIX 1

Scrutiny Structure



APPENDIX 2

Pre- Decision Scrutiny 2023/4

Appendix 2

Scrutiny Panel	Issue/Item	Date Item considered by Scrutiny Panel	Date Item considered by Cabinet	Outcome/Value added
OSMC	Kirklees Active Leisure	01/08/23 & 04/12/23	12/12/23	<p>Members explored the issue, asking a number of questions and making a number of comments, and requested that:</p> <p>(1) The views of the Committee be sought during the review consultation period and that the results of the analysis of the different models of operation be provided to members of the Committee when available.</p> <p>(2) That the importance of the links with health and wellbeing be acknowledged.</p> <p>In December the Committee received a report which provided a briefing on the early analysis of the Leisure Centre Consultation. The Committee's views were also sought in respect of the report to Cabinet about the future Leisure Centre offer, which had been published on 4th December 2023 and would be considered by Cabinet on 12th December 2023.</p> <p>The views of the Committee, as set out below, were presented to Cabinet on 12th December:</p> <p>The Committee</p> <p>(i) Stresses the importance of:</p> <ul style="list-style-type: none"> • Ensuring sustainability for the future and building headroom into the budget to respond to future challenges, such as a rise in energy costs. • The development of a forward plan for future capital investment across all sites.

				<ul style="list-style-type: none"> • Systems to ensure oversight by the Council and early identification of any future funding issues. • Developing and building upon the relationships and partnerships that have been established with community groups and other stakeholders in order to; maximise the possibilities for external funding opportunities and fundraising, and explore all options in respect of the future model, including pricing structure. • Effective communication with residents about the benefits of retaining the current partnership model and to ensure understanding of the issues and the implications of the proposals. • Establishing a timetable for the establishment of the future model. • The recognition that the facilities contribute to the health and wellbeing of the residents of Kirklees and have a positive impact in terms of social connectivity. <p>(ii) Acknowledges the significant response to the consultation and the work undertaken to analyse the responses, and welcomes the proposed review to identify any lessons learned for future Council consultations.</p> <p>(iii) Recognises the benefits of fundraising by community groups being directed towards supporting capital projects.</p> <p>(iv) Notes:</p> <ul style="list-style-type: none"> • That a future plan for physical activity across Dewsbury is to be developed and the feasibility of keeping dry-side facilities at Dewsbury Sports Centre will be explored, whilst balancing the sustainability of the whole of the model. It is recommended that timescales for this work should be put in place.
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				<ul style="list-style-type: none"> • That Deighton Sports Arena will remain open, and continue to be operated by KAL, in the short term so that options to maintain community access to the facility can be explored. • That the position in respect of the revised treatment of VAT for leisure centres is to be explored. • The re-modelling of finances undertaken by KAL to increase income.
G&R	Damp Mould and Condensation	14.08.23	23.01.24	<p>No recommendations but many comments made by the panel for officers to consider including in relation to:</p> <ul style="list-style-type: none"> • Prioritising decants based on vulnerability, health, health risks • The use of local trades to help with the market constraints and capacity • The additional support that will be provided to frontline staff that will help with them triage, to enable them to effectively deal with calls.
E&CC	Re-Profile of Kirklees Resource and Waste Strategy 2021-2030	30/08/23	17.10.23	<p>The Panel noted the Re-profile of the Kirklees Resource and Waste Strategy 2021- 30, and it was recommended that:</p> <ol style="list-style-type: none"> (1) Work be undertaken around increasing capacity for the emptying of community recycling points. (2) Data be obtained to understand any potential impacts the reuse shop may have on local charities. (3) Data be provided to the Panel in respect of the projected impact of contamination. (4) Comparison between Kirklees and other Local Authorities with a similar demographic be undertaken in respect of contamination rates. (5) Information in respect of any impact on net zero targets be included in scrutiny reports going forwards. (6) The presentation material be provided to the Panel in advance of the meeting.

				<p>(7) A mechanism to allow businesses to express their interest in the recycling service be investigated further.</p> <p>(8) Engagement with local businesses around collection points be implemented.</p> <p>(9) The possibility of (i) enabling vulnerable residents to dispose of garden waste through assisted bulky waste collections and (ii) the 5-year timeframe for the 'Period Dignity Scheme' be investigated.</p>
G&R	Local Plan Review	25.09.23	17.10.2023	Initial discussion before the plan goes to cabinet and council with a commitment made that this would come back to the panel at a later date
E&CC	Environment Strategy	21.02.24	June 2024	<p>The Panel considered the Environment Strategy which is on route to Cabinet and Council and made the following recommendations:</p> <ol style="list-style-type: none"> 1. That it be made clear in the strategy that the projected cost of transition was a combination of public and private investment. 2. The reference to high inflation rates be revisited prior to Cabinet to ensure current information was included at the time of consideration. 3. It be referenced in the Strategy that reliance on fossil fuels increased vulnerability to national inflation pressures. 4. Elected members continued to be engaged in the delivery of the strategy. 5. The language used in relation to actions and targets be reassessed to ensure the information was accessible as a public facing document. 6. A glossary setting out definitions of key terms and acronyms be included at the close of the strategy to increase accessibility. 7. The Panel's comments in relation to revisiting targets including (i) clarity of language (ii) influence and impact of individual behaviour change and (iii) scope for delivery be reflected upon and reshared with the Panel as an additional stage in the flightpath.

				8. Regular updates on progress be provided to the Environment and Climate Change Scrutiny Panel during delivery of the strategy.
G&R	Interim housing position statement to boost supply	20.11.23	12.12 2023	No recommendations but many comments made by the panel for officers to consider
OSMC	Council Plan	09/01/24	13/02/24 Council 06/03/24	<p>On 9th January 2024, in an informal session, Committee members undertook pre-decision scrutiny of the Council Plan prior to its submission to Cabinet on 13th February 2024 and Council on 6th March 2024.</p> <p>Questions and comments were put forward by Committee Members to the Portfolio Holder and Head of Policy, Partnerships and Corporate Strategy: It was considered that the plan needed to have more clarity in respect of the timespan associated with the stated priorities and commitments and to reflect the strategic approach in the longer-term as well as the key actions to be focussed on for the twelve-month period covered by the plan. The priority of health inequalities in the plan. That future performance reporting should include key outcomes to assist in assessing successes/progress against the priorities.</p>
G&R	Update on our Cultural Heart, part of Huddersfield Blueprint	20.11.23	21.12.2023	No recommendations but many comments made by the panel for officers to consider. Regular reports to be received as Blueprint progresses.
H&ASC	Claremont House and Castle Grange	22.11.23	12.03.23	<p>The Panel considered the consultation which took place in relation to the proposals to close 2 care home in Kirklees with a focus on:</p> <ul style="list-style-type: none"> • What has been done to date with the consultation. • Emerging themes coming out of the consultation process and how these would be addressed.

				<ul style="list-style-type: none"> • The plans for the remaining weeks before a decision would be formulated and decided upon by Cabinet. • The Integrated Impact Assessment • Longer term impact information <p>The Panel heard from officers within Adult Social Care who outlined the proposals for approval in principle to withdraw from the long stay residential care market. The report considered by the Panel also covered a summary of the aims, principles, methodology and emerging themes of the public consultation.</p> <p>The Panel heard from families of residents of Claremont House and Castle Grange and was informed that measures were in place for families to engage with, and ask questions of, officers of the Council. The Panel noted that individual conversations were offered to families and carers.</p> <p>The Panel requested clarity on the financial details contained within the Cabinet report.</p>
CSP	Post 16 Home to School Transport	Informal meeting on 22.9.23 and 1.12.23 and at Public meeting on 26.3.24	April 2024	<p>An update report was considered by the Panel in December 2024</p> <p>Officers attended the Panel on 26th March to give an update on the consultation exercise and key elements going into the decision report to Cabinet on 9.4.24 and invited comments from Scrutiny prior to the report to Cabinet on 9 April 24 – the Panel noted the report.</p>
OSMC	Local Flood Risk Management Strategy	05/12/2023	20/02/2024	<p>A report was submitted in respect of the new Local Flood Risk Management Strategy 2024, which was being brought to the Committee, for pre-decision scrutiny, prior to its submission to the Cabinet for approval in early 2024.</p> <p>It was recommended that reference within the strategy to the work and engagement undertaken with and alongside other local authorities in respect of surface water should be strengthened.</p>

				<p>In addition the following points were put forward:</p> <ul style="list-style-type: none"> • There were a number of key performance indicators that were monitored on a monthly basis, such as the increase in asset data, number of properties/businesses that had been better protected, and educational campaigns. It was acknowledged that monitoring could be strengthened. • Work was being undertaken to formalise the use of flood wardens/champions and community groups in the response to incidents, in a similar way to the snow warden initiative. • Trials were being undertaken with the deployment of flood-sacks in high-risk locations. The focus of the Council's approach was on making more permanent changes to properties, so that dependence on the low-levels of defence, such as sandbags or flood-sacks, was reduced. • The team worked closely with colleagues from across West Yorkshire, with different districts taking a lead on particular issues and then sharing knowledge and best practice. There was also an established link with ICAS (the Institute for Climate and Atmospheric Science), based at Leeds University. • A new strategic flood risk assessment would be produced, based around site allocations, which would help to influence the review of the Local Plan. • Regular engagement was undertaken with the Environment Agency and concerns raised where necessary. The team would work closely alongside a range of partners to ensure awareness of the authority's issues and concerns and to work supportively together to identify funding and deliver projects. • It was considered that local residents in high-risk locations often did not have the relevant information about who they should contact in the event of issues with surface water.
OSMC	Communications Strategy	05/12/23	tbc	The Committee received a report which provided an update in respect of the Communications Strategy.

				<p>Outcomes:</p> <p>The Portfolio Holder and the Head of Strategic Communications were asked to take account of the following in taking the strategy forward:</p> <ul style="list-style-type: none"> • Use of the team to promote and support the work undertaken in particular places and wards, whilst noting that this would have a resource implication. • Ensuring that the more traditional methods of communication remained part of the approach, so that they were accessible to those who did not use social media. • Consideration be given to strengthening communications in respect of providing updates further to a decision being taken. • It would be helpful for the explanation for the continuation of the mission statement from 2022/23 to be reflected within the strategy document.
OSMC	Corporate Property Strategy	24.10.23	tbc	<p>The Committee received a report which provided a summary of the approach to property asset management, and the use of good practice in developing and bringing forward the Council's Corporate Property Strategy.</p> <p>Outcomes:</p> <p>Noting that the strategy was at a relatively early stage, it was requested that it be brought back to the Committee for further consideration at an appropriate point.</p> <p>Questions and comments, including the following points:</p> <ul style="list-style-type: none"> • The strategy being at an early stage did not prevent the authority taking considered and transparent decisions on the disposal of land and building assets, as it had done in the past. A process had been undertaken to ensure that there was an understanding of which assets were being utilised to their full effect, the necessary geographical spread in terms of service delivery, and the Capital Plan, revenue and maintenance budgets in respect of the ongoing needs of each asset,

				<p>prior to proposals being brought forward. All service delivery buildings would have an Integrated Impact Assessment associated with them.</p> <ul style="list-style-type: none"> • Regular reviews would be undertaken and reports taken to Cabinet as appropriate. • It was anticipated that the strategy would be in place in 2024. There were existing, approved, policies and procedures in place that were being followed, the strategy aimed to bring these together. Assurance was given that these were fit for purpose for the decisions that had been/were being undertaken. • Key stakeholders included both local and regional NHS, blue light services and more local organisations and partners. • Engagement would be undertaken with local organisations and Ward Councillors about proposals for future use of building assets, where appropriate, and taking account of commercial sensitivities. Land could be more complex and may involve the Planning Authority which had a significant reach in terms of engagement with the public. • The Authority had a duty to seek to achieve best value in disposing of assets; this could include consideration of the end use of an asset. • Consideration of internal need and possible future need would be taken into account when developing the core estate. The use of a building if converted, such as to meet a need for housing, would also be considered.
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APPENDIX 3

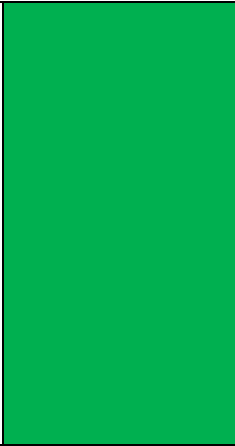
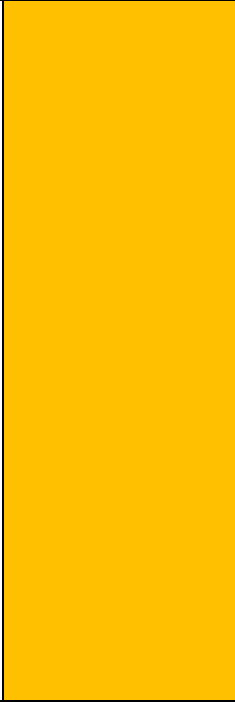
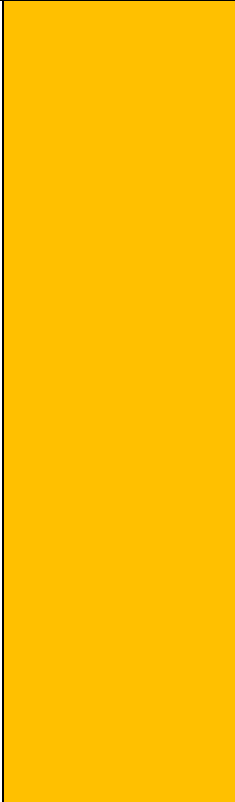
Democracy Commission Recommendation Proposals – Update

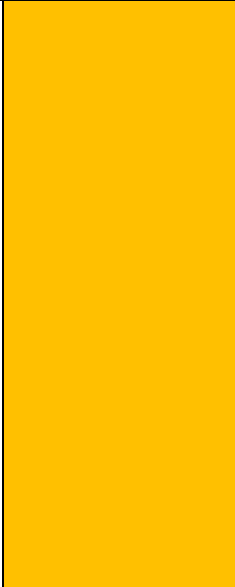
Key

	Actioned
	In development
	Longer term

Recommendation	Current Position	Rating
<p>(i) Improvements to enhance and improve pre-decision scrutiny to include reviewing the current scrutiny panels</p> <p>Measures</p> <ul style="list-style-type: none"> - Reviewed scrutiny panels - Updated scrutiny panels – agreed at Council - Updated and enhanced scrutiny training - scheduled all meetings with Scrutiny Chairs, Portfolio Holders and Directors for 23/24 - Constitution updates 	<p>Review of panels (Actioned- Report to CGA and Annual Council for approval 12th May 2023 and 24th May 2023)</p> <p>Enhanced Scrutiny training (Actioned)</p> <p>Programme delivered municipal year 23/24 (Actioned)</p> <p>Consequential updates to O & S Procedure rules (Actioned)</p>	Completed
<p>(ii) Clear guidance as far as reasonably practicable in defining pre-decision scrutiny and associated timelines</p>		Completed

<p>Measures</p> <ul style="list-style-type: none"> - Pre decision protocol agreed and implemented - Cabinet and Scrutiny members, governance officers briefed - Developed in consultation with Cabinet and Scrutiny Lead Members 	<p>Pre-decision protocol and approach agreed</p> <p>Briefings completed</p>	
<p>(iii) Annual training and work programme briefings provided to all Members of the Council's Scrutiny Panels.</p> <p>Measures</p> <ul style="list-style-type: none"> - Training and all workshops to be completed by end of June 2023 - Scrutiny officer slides updated and uploaded to My learning 	<p>Programme developed and enhanced to include for Lead members</p> <p>Actioned – in place from May/Jun 23</p> <p>Lead Member Training Feb 2024</p>	<p>Completed (Plans in place to deliver sessions annually at start of Municipal Year)</p>
<p>(iv) Providing clear information to Members and officers on the benefits of pre decision scrutiny and to ensure there is an understanding of the requirements to engage in early pre-decision scrutiny to enhance good decision making</p> <p>Measures</p> <ul style="list-style-type: none"> - Discussed and highlighted at Departmental Leadership team meetings - Included within induction and scrutiny training to Members 	<p>Actioned – see above</p> <p>Actioned throughout year.</p> <p>Actioned May 23</p>	<p>Completed</p>
<p>3. The Commission recognises that good scrutiny and decision making relies on the provision of transparent, accessible information in a timely manner and supports the development of sharing information to raise awareness, increase understanding of and ensure clarity for Members and Officers around scrutiny (see above), Access to Information Rules and the sharing of information.</p> <p>Measures</p> <ul style="list-style-type: none"> - Referenced in Scrutiny Training and New Member induction training - Digital Training Offer 	<p>Ongoing</p> <p>Actioned May/June 2023</p>	

<p>4. That Cabinet be requested to explore increasing dialogue on key strategic issues with Members to increase transparency and explore developing both formal and informal engagement with Members.</p> <p>Measures Scrutiny work programme meetings currently diarised Regular meetings as Chair of O&S meetings with Chief/Exec</p>	<p>Meetings scheduled. Ongoing process in place</p>	
<p>5. Identify any potential barriers preventing some Members being appointed to Committees/Panels such as timing, frequency, location, format of meetings and any actions appropriately co-ordinated.</p> <p>Measures Liaison with GBM's Committee Training</p>	<p>Mandatory training in place for Planning/Licensing. Scrutiny Training offered to all Members including Cabinet</p>	
<p>6. That information be communicated to all Members (across different roles) in relation to engagement with the decision-making process, including access to information rules, scrutiny, raising a notice of concern, speaking and questioning rights at committees.</p> <p>Measures: Update website and online resource</p> <p>Further develop digital offer and/or in person training to Members/Officers</p>	<p>Scrutiny web pages updated (Actioned May 24) My Learning online module (Actioned June 24)</p> <p>In development</p>	

<p>7. That work is considered to explore enhancing training and development for Councillors to help understand and carry out their roles.</p> <p>Measures</p> <ul style="list-style-type: none"> Enhanced scrutiny training 	<p>Training being developed within governance and scrutiny to address areas outlined above</p> <p>Actioned – in place May/June 2023</p>	
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Report title: Proposed revisions to the terms of reference for the Kirklees Health & Wellbeing Board 2024/25

Meeting	Corporate Governance & Audit (CGA) and Council
Date	19 April 2024, CGA & 22 May 2024 Council
Cabinet Member (if applicable)	Cllr Jackie Ramsay – Health and Social Care
Key Decision Eligible for Call In	No N/A
Purpose of Report The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.	
<p>Recommendations</p> <ul style="list-style-type: none"> To approve the updated Terms of Reference for the Kirklees Health and Wellbeing Board for the year 2024/25 and refer final approval to Full Council on 22 May 2024. To delegate authority to the Chair of the Health and Wellbeing Board for the appointment of a Deputy Chair from among its members. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> The updated Terms of Reference reflect the evolving landscape of health and social care provision in Kirklees and ensure alignment with both statutory requirements and local priorities as set out in the Kirklees Health and Wellbeing Strategy. The revised Terms of Reference will ensure that the Health and Wellbeing Board can meet its statutory obligations and fulfil the local and national policy commitment to partnership based approaches to improving health and wellbeing. Delegating authority to the Chair for the appointment of a Deputy Chair facilitates efficient leadership within the Board. 	
<p>Resource Implication:</p> <p>The implementation of the revised Terms of Reference will require administrative support and coordination from officers involved in scheduling and facilitating Health and Wellbeing Board meetings within existing arrangements.</p>	
Date signed off by <u>Strategic Director</u> & name	Richard Parry, Strategic Director for Adults and Health
Is it also signed off by the Service Director for Finance?	Isabel Brittain
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Julie Muscroft

Electoral wards affected: N/A

Public or private: Public

Has GDPR been considered? N/A

1. Executive Summary

The report outlines proposed revisions to the Terms of Reference for the Kirklees Health and Wellbeing Board for the year 2024/25, aimed at aligning its strategic objectives with evolving health and social care priorities in the district.

2. Information required to take a decision

Background:

The Health and Social Care Act 2012 set out the core membership that health and wellbeing boards must include:

- at least one councillor from the relevant council
- the director of adult social services
- the director of children's services
- the director of public health
- a representative of the local Healthwatch organisation
- a representative of each relevant clinical commissioning group (CCG, as relevant at the time of legislation passing, now ICB)
- any other members considered appropriate by the council.

The current membership as set out in the Terms of Reference was amended in May 2022. Those changes to membership reflected the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan. The report also highlighted other policy changes that were enshrined in the Health and Care Act 2022:

- 'primacy of place' which the White Paper recognised as 'most usually aligned with local authority boundaries'
- 'working together to integrate care' - embedding 2 forms of integration
 - within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle
 - greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The revised changes to the Terms of Reference for 24/25 includes additional considerations for a whole systems approach to health in all local policies and providing systems leadership to support the Director of Public Health annual report and associated findings and recommendations.

Other significant revisions include additional considerations to the accountability of Board Members, with the expectation to initiate and lead systems change within their own organisations and to ensure effective integration of board priorities.

There are no changes to Board membership for 24/25.

Cost Breakdown: N/A

Timescale: Implementation upon approval at Annual Council on 22 May 2024.

Expected Impact/Outcomes: Enhanced collaboration and integration in health and care provision.

Evaluation: Ongoing review of Board performance against priorities outlined in the Kirklees Health and Wellbeing Strategy through both public board meetings and private development sessions.

Sustainability: Ensuring continued effectiveness and relevance of the Board's operations.

Services & Agencies Involved:

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (including as a representative of the Children & Young Peoples Partnership)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- Independent Chair (or Member) of the Kirklees Integrated Care Board Committee
- Kirklees (ICB) Accountable Officer/Place-based Lead
- Chief Executive Kirklees Council
- Nominated representative of significant partners:
 - General Practice
 - Community Pharmacy
 - Kirklees Care Association
 - Mid Yorkshire Hospitals Trust
 - Calderdale and Huddersfield Foundation Trust
 - South West Yorkshire Partnership Foundation Trust
 - Locala
 - West Yorkshire Police
 - West Yorkshire Fire & Rescue
 - Third Sector Leaders
 - Schools
 - University of Huddersfield
 - Housing providers
- Invited observers:
 - Representative of Kirklees Council Overview and Scrutiny

3. Implications for the Council

3.1 Council Plan

The proposed revisions to the Terms of Reference for the Kirklees Health and Wellbeing Board align closely with the council's priority to address its financial position in a fair and balanced way. By promoting cooperation, integration, and systems change across services and organisations, the Health and Wellbeing Board aims to optimise resource allocation and maximise the efficiency of service delivery within the health and care system in Kirklees.

The Board's function in understanding needs and assets, as outlined in sections a, b, and c of the Terms of Reference, directly contributes to informed decision-making and resource allocation strategies. By developing and owning the Joint Strategic Needs Assessment (JSNA), the Board ensures that local planning, policy development, and service delivery are tailored to address the most pressing health and wellbeing needs of the Kirklees community. This strategic approach enables the council to target resources effectively, mitigating financial pressures while delivering positive outcomes for residents.

Furthermore, the Board's role in promoting cooperation and integration across various stakeholders, as highlighted in sections d, e, and f, fosters collaborative efforts to streamline service provision and optimise resource utilization. By establishing and maintaining active cooperation with regional bodies and partners, the Board facilitates the sharing of resources and best practices, ultimately enhancing service efficiency and effectiveness.

The revised Terms of Reference for the Kirklees Health and Wellbeing Board provide a structured framework for promoting efficient resource management and effective service delivery within the health and care sector. By aligning closely with the council's priority to address its financial position in a fair and balanced way, the Board contributes to the council's overarching objective of delivering positive outcomes for the people and places of Kirklees while navigating financial challenges.

3.2 Financial Implications

There are no direct financial implications for the population.

3.3 Legal Implications

Ensures compliance with statutory regulations governing health and wellbeing boards.

3.4 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

The Board has no decision taking responsibilities for service provision or finance. However, the Board will be represented on the Kirklees Integrated Care Board Committee that will have delegated powers to allocate funding and change service provision.

4 Consultation

All Board members have been consulted on the revised changes, with the opportunity to provide feedback and amendments to the development of the proposed revisions, ensuring alignment with both community and organisational needs and priorities.

5 Engagement

There was no Board meeting prior to CGA and Council, however Board members reviewed and made revisions via email correspondence. All amendments were formally signed off by the Chair.

The revised Terms of Reference has been reviewed and approved by ELT on 9 April 2024, and will be seeking final approval from Council on 22 May 2024.

6 Options

6.1 Options Considered: The report outlines the rationale behind the proposed revisions, taking into account the evolving healthcare landscape and statutory requirements.

6.2 Reasons for Recommended Option: The recommended option reflects the collective input of stakeholders and addresses identified gaps in the current Terms of Reference.

6 Next steps and timelines

Following consideration by Corporate Governance and Audit Committee, the report will progress to Full Council for approval on 22 May 2024.

8 Contact officer

Alex Chaplin

Strategy and Policy Officer Adults and Health

Alex.chaplin@kirklees.gov.uk

9 Background Papers and History of Decisions

Approved at ELT on 9 April 2024

10 Appendices

Appendix 1 - current version with proposed changes marked with tracked changes.

Appendix 2 - proposed new version with tracked changes removed.

11 Service Director responsible

Julie Muscroft

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Kirklees Health and Wellbeing Board

Membership and Terms of Reference for 2024/25

1. Membership

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (including as a representative of the Children & Young Peoples Partnership)
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- Kirklees (ICB) Accountable Officer/Place-based Lead
- Chief Executive Kirklees Council
- Nominated representative of significant partners:
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 - Community Pharmacy
 - Kirklees Care Association
 - Mid Yorkshire Hospitals Trust
 - Calderdale and Huddersfield Foundation Trust
 - South West Yorkshire Partnership Foundation Trust
 - Locala
 - West Yorkshire Police
 - West Yorkshire Fire & Rescue
 - Third Sector Leaders
 - Schools
 - University of Huddersfield
 - Housing providers
 - Invited observers:

- Representative of Kirklees Council Overview and Scrutiny

The Council will appoint a Chair at the start of each Municipal Year. The Board can appoint a Deputy Chair from its members at the first meeting of the Board in each municipal year. The Deputy Chair will normally be from a partner organization other than the Council.

Terms of Reference for 2024/25

2. Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council. The Board is a critical part of the governance structures for health and wellbeing across Kirklees and West Yorkshire. It is one of the main strategic partnership boards for Kirklees bringing together the NHS, the Council, and partners to:

- Set the strategic direction for improving the health and wellbeing of the people who live, work, and study in Kirklees.
- Reduce health and wellbeing inequalities.
- Ensure a whole systems approach to health in all policies.
- Promote cooperation, integration and systems change across services and organisations.

The Board will achieve this through:

Understanding Needs and Assets

a) Developing, publishing, and owning the Joint Strategic Needs Assessment for Kirklees (JSNA) (known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, policy development, commissioning, delivery of services and broader organisational and system change.

b) Publishing and maintaining a statement of needs for pharmaceutical services (the Pharmaceutical Needs Assessment) across the Kirklees area.

c) Providing systems leadership to support the Director of Public Health annual report and associated findings and recommendations.

Promoting/Leading Cooperation and Integration

c) Promoting/leading cooperation and integration across the Council, NHS, social care, public health, the voluntary sector and other bodies in the planning, commissioning, and delivery of services to improve wellbeing.

d) Establishing and maintaining links and active cooperation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB), the West Yorkshire Combined Authority and other regional working structures.

e) Work closely with the Kirklees Place-based subcommittee of the ICB on shared and complementary agendas

Setting out and overseeing delivery of the Health and Wellbeing Strategy

g) Developing, publishing, and owning/evaluating the Kirklees Health and Wellbeing Strategy for Kirklees (KHWS), based on the KJSA and other local intelligence, to provide the overarching framework for the planning, commissioning, and delivery of services, interventions and policy.

h) Assuring plans and delivery of key partnerships (e.g. Kirklees Health and Care Partnership) and programs. This includes ensuring that these have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to cooperation and integration.

i) Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.

j) Exercise any other functions of the Council delegated to the Board by the Council including Executive Governance Board for SEND

To facilitate coordination and integration, the Chair, or their nominee, will:

- Represent the Kirklees Health and Wellbeing Board at the West Yorkshire Integrated Care Partnership
- Attend the formal meetings of the Kirklees Integrated Care Board Committee
- Participate in the formal Kirklees health and care system assurance process
- Liaise with the Chairs of the Children's Safeguarding Partnership, Adult Safeguarding Board, and other formal partnership bodies in Kirklees as required.

3. Voting Rights

All members of the Board are entitled to vote. The Chair has the casting vote. In accordance with The Local Authority (Public Health, Health and Wellbeing boards, and Health Scrutiny) Regulations 2013, if the Council wishes to alter the voting rights and membership, the board must first be consulted on any proposed amendments.

4. Substitute Members

Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

5. Quorum

The quorum for the board will be attendance by one third of the membership.

6. Accountability of Board Members

All Board members are accountable for their actions and decisions within the Board. It is expected that members act in the best interests of the community and engage in open and constructive dialogue during Board meetings. As a result of Board discussions all board members are expected to initiate and lead systems change within their own organisations and to ensure effective integration of board priorities. Any conflicts of interest should be declared and managed appropriately.

7. Updates to the Board

Members are responsible for providing regular updates on relevant developments within their respective areas of responsibility. Updates should include progress reports on key initiatives, challenges, and opportunities. The Board Chair and supporting officers will coordinate the scheduling of updates and ensure that timely and accurate information is disseminated to all members prior to meetings.

The Board requires standing agenda items from Healthwatch at each board. Representatives of each partner organisation will be required to provide updates at regular intervals.

There is also a requirement for regular community/ user voice participation outside of the standing item from Healthwatch. This should be facilitated by all partners and their various co-production arrangements, where relevant and appropriate.

8. Continuous Improvement

The Board is committed to continuous improvement in its functioning and impact. Members are encouraged to provide constructive feedback on the effectiveness of the Board's processes and to actively participate in any development sessions and initiatives aimed at enhancing collaborative working and achieving the Board's strategic objectives. Periodic reviews of the Board's performance will be conducted, and recommendations for improvement will be considered and implemented as appropriate.

Kirklees Health and Wellbeing Board

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- Ensure a whole systems approach to health in all policies.
- Promote cooperation, integration and systems change across services and organisations.

The Board will achieve this through:

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- b) Publishing and maintaining a statement of needs for pharmaceutical services (the Pharmaceutical Needs Assessment) across the Kirklees area.
- c) Providing systems leadership to support the Director of Public Health annual report and associated findings and recommendations.

Promoting/Leading Cooperation and Integration

- d) Promoting/leading cooperation and integration across the Council, NHS, social care, public health, the voluntary sector and other bodies in the planning, commissioning, and delivery of services to improve wellbeing.
- e) Establishing and maintaining links and active cooperation with the West Yorkshire Integrated Care Partnership, the West Yorkshire Integrated Care Board (ICB), the West Yorkshire Combined Authority and other regional working structures.
- f) Work closely with the Kirklees Place-based subcommittee of the ICB on shared and complementary agendas

Setting out and overseeing delivery of the Health and Wellbeing Strategy

g) Developing, publishing, and owning/evaluating the Kirklees Health and Wellbeing Strategy for Kirklees (KHWS), based on the KJSA and other local intelligence, to provide the overarching framework for the planning, commissioning, and delivery of services, interventions and policy.

h) Assuring plans and delivery of key partnerships (e.g. Kirklees Health and Care Partnership) and programs. This includes ensuring that these have taken sufficient account of the Kirklees Joint Strategic Assessment, the Kirklees Health and Wellbeing Strategy, and the commitment to cooperation and integration.

i) Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.

j) Exercise any other functions of the Council delegated to the Board by the Council including Executive Governance Board for SEND

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The quorum for the board will be attendance by one third of the membership.

6. Accountability of Board Members

All Board members are accountable for their actions and decisions within the Board. It is expected that members act in the best interests of the community and engage in open and constructive dialogue during Board meetings. As a result of Board discussions all board members are expected to initiate and lead systems change within their own organisations and to ensure effective

integration of board priorities. Any conflicts of interest should be declared and managed appropriately.

7. Updates to the Board

Members are responsible for providing regular updates on relevant developments within their respective areas of responsibility. Updates should include progress reports on key initiatives, challenges, and opportunities. The Board Chair and supporting officers will coordinate the scheduling of updates and ensure that timely and accurate information is disseminated to all members prior to meetings.

The Board requires standing agenda items from Healthwatch at each board. Representatives of each partner organisation will be required to provide updates at regular intervals.

There is also a requirement for regular community/ user voice participation outside of the standing item from Healthwatch. This should be facilitated by all partners and their various co-production arrangements, where relevant and appropriate.

8. Continuous Improvement

The Board is committed to continuous improvement in its functioning and impact. Members are encouraged to provide constructive feedback on the effectiveness of the Board's processes and to actively participate in any development sessions and initiatives aimed at enhancing collaborative working and achieving the Board's strategic objectives. Periodic reviews of the Board's performance will be conducted, and recommendations for improvement will be considered and implemented as appropriate.



REPORT TITLE: INTERNAL AUDIT PLAN FOR 2024/25 AND ASSOCIATED MATTERS

Meeting:	Corporate Governance & Audit Committee
Date:	19 April 2024
Cabinet Member (if applicable)	
Key Decision Eligible for Call In	No No – Information report
<p>Purpose of Report To request approval for the Internal Audit Plan for the first half of 2024/25, for the Internal Audit Charter and Mandate, and to consider a number of associated matters</p>	
<p>Recommendations</p> <ul style="list-style-type: none"> • That the proposed audit plan for 2024/25 (April to September 2024/ draft October 2024 to March 2025) be approved. • The Committee notes the resourcing position and determines any further information that they require and actions that they may wish to take. • The Head of Risk & Internal Audit be delegated authority to make changes to the Audit Plan as he considers reasonable, reflecting the needs of the organisation, subject to this being reported back to this Committee. • The Internal Audit Mandate, Charter & Strategy be approved • The Committee note the other matters raised in the report and determine if any further actions are required in relation to these. <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • A risk-based audit plan is necessary to achieve maximum assurance from a limited level of resource. • The Internal Audit Mandate, Charter and Strategy document is in fulfilment of the requirements of the Institute of Internal Auditors Global Internal Audit Standards and Public Sector Internal Audit Standards. 	
<p>Resource Implications:</p> <ul style="list-style-type: none"> • It is anticipated that the proposed internal audit plan can be delivered within the envisaged resource availability. 	
<p>Date signed off by <u>Strategic Director</u> & name.</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning?</p>	Not applicable

Electoral wards affected: all

Ward councillors consulted: none

Public or private: public

Has GDPR been considered? yes

1. Executive Summary

The Council has an internal audit function lead by the Head of Risk and Internal Audit, who reports for governance purposes to the Corporate Governance & Audit Committee. Each year it is necessary to identify how internal audit resources will be deployed. It is now considered good practice to determine an audit plan for half a year, based on a risk assessment. The regulator regime for internal audit, requires the approval of an Internal Audit Mandate, Charter and Strategy which are included in this report. The report sets out resource availability and how this may impact on the level of assurance that can be provided.

2. Information required to take a decision

- 2.1 Internal Audit is a statutory obligation for local authorities and exists to provide independent assurance about the business processes of the Council.
- 2.2 Internal Audit work is designed to provide assurance through following a programme of work designed to give coverage across the organisations areas of risk.

Audit Planning & Resourcing 2024/25

- 2.3 This report sets out in appendix 1 the key areas of operational activity where default or difficulty causes risk that are considered to be in scope for assurance activity. In addition, the organisations corporate risk matrices should identify areas of potential concern, which should be subject to review. Although the councils risk management processes are much improved, they cannot alone provide areas for internal audit review, as core systems require assessment of reliability in a way which may not be obvious from a strategic corporate risk assessment.
- 2.4 Internal Audit have identified areas of risk with an assessment between high, medium and low risks, that have not been reviewed for some time, from the schedule of risk areas shown in appendix 1 and these have been included alongside a selection of areas of activity that management have indicated they consider would help meet the needs of the organisation. The combination of these items should produce a balanced programme that meets the needs for assurance, and also as a potential aid to management and decisions to be taken.
- 2.5 Traditionally audit plans were prepared annually. The changing needs of the organisation, and risk assessment, together with limited resources, mean that it is now considered more appropriate to plan over a shorter horizon.
- 2.6 Appendix 2 contains a proposed Audit Plan for the first half of 2024/25; and Appendix 2A contains an indicative Plan for the second half of 2024/25. Appendix 3 contains a list of potential audit areas based on a risk assessment
- 2.7 However, to retain some flexibility, there needs to be scope to move audit projects around, both to reflect urgent needs of the organisation and staffing and skill levels. Accordingly, some flexibility for the Head of Risk & Internal Audit to make changes to the plan need to be available.
- 2.8 In addition, the risk-based assurance work needs to be supplemented by time to review and authorise grant claims on behalf of government departments, West Yorkshire Mayoral Combined Authority (WYMCA) and other organisations, Time is also retained as a contingency for unexpected urgent work. There is also some time used for dealing with general advice (of an audit and assurance nature), other tasks such as contractor

evaluation and contract advice and assistance. Whilst these do not fall within the definition of consultancy work, or other work, this does help the organisation to achieve a higher level of broad internal control and assurance.

- 2.9 The resources available to internal audit have been reduced in line with current budget pressures. The council is also committed to providing audit work for West Yorkshire Fire & Rescue Authority and Kirklees Active Leisure. These clients pay for the work they receive and so it is important that resources are available for this requirement.
- 2.10 Current staffing means that availability of staff to carry out audit tasks for the council for the half a year is as shown below:
5.0 posts, less time for other clients, a contingency for unplanned and investigation work (15%), and additional time required to complete some planned audits where issues are identified (10%), contracts and grants (c 7.5%) means that likely availability of time for planned assurance based audit work (excluding grants) is 540 days per annum of which school capacity/capability is 120, leaving 220 days in the half year (440 days per annum). There will be some additional capacity to provide follow up audits under a new model where an initial triage will determine if progress has been made and determine if a full follow up audit is required.
- 2.11 Internal Audit has funds under the current approved budget for one additional mid-level post which has not currently been progressed for recruitment. Additionally, Internal Audit resource has been supplemented in recent years by trainee accountants working for internal audit, although due to recruitment issues this resource is effectively now zero. If both these rolls were filled full time this would increase capacity per half year by c 150 days (which would be more than 50% additional capacity).
- 2.12 Appendix 3 is a more detailed audit plan. The plans are based on an expectation that work takes an allocated time, with the contingency available to carry out unanticipated prolongation of audit work-which may be due to adverse findings, poor record keeping, delays in provisions of information requested, or responses from clients, or other inefficiencies. It includes - shaded grey- the pieces of work that are being forgone as result of the reduced staffing availability.
- 2.13 The proposed audit plan includes a combination of assurance based around core financial systems, other important financial systems, other business control systems, and other operational arrangements, including what is quite a large share of time spent on schools review. Schools are semi-autonomous units whose operations could present various risk to the council, and the work is carried out essentially separately from other review work.
- 2.14 There is also time for investigations of irregularity (related to finance, governance, fraud or similar). At the present time, it is sometimes the case that services are left to initially assess these concerns and asked to report back with findings. There are clearly some risks with this approach, which does not fully align with a culture of openness, and independent review.
- 2.15 It is important that every aspect of the councils operations remain in view of internal audit (otherwise this is suggesting that some areas are specifically “outside” of the view of internal audit, with governance consequence).
- 2.16 The proposals are “balanced”. There would be options to put greater emphasis on some areas, at the expense of others. This might for example put emphasis on core financial systems, or to look at areas that are identified as high risk in corporate risk assessments, or to look principally at non-financial areas where there are concerns about assurance arrangements. An approach might also be to emphasise investigations into irregularity, although the danger from such an approach is the equivalent of firefighting rather than fire prevention. It is for this Committee to ask for information about options for a different direction if they wish to, or to ask about overall resourcing.
- 2.17 The report notes that there are challenges to the amount of resourcing available. The Chief Executive has acknowledged that if the Head of Risk and the Corporate

Governance & Audit Committee both feel that the internal audit function needs additional resources, this will need to be considered.

Internal Audit Mandate, Strategy & Charter and the Global Internal Audit Standards

- 2.18 The Institute of Internal Auditors (IIA), an international- USA based organisation- has published standards for internal audit for some years. These standards were then adopted into United Kingdom Public Sector Internal Audit Standards (PSIAS), and further interpreted by CIPFA for use by local authorities. The current international standard is quite short, though the interpretations are substantially more complex. Early in 2024 the IIA published new Global Internal Audit Standards (GIAS), which are substantially more specific and complex (over one hundred pages of text), though there is little change in the actual objectives or intentions, but some more obligations or expectations about reporting and involvement are codified in more detail.
- 2.19 The UK government is still determining if any additional guidance or interpretation is required, as some areas, as relates to matters like recruitment, pay and discipline of the Head of internal Audit do not fit with the typical arrangements in a UK public body (recognised as an issue by the GIAS). It is thought extremely unlikely that the government will look to derogate from any of the GIAS standards.
- 2.20 The standards do not apply until 2025, and a further report will be brought when it is clearer what additional obligations arise. It will be noted that at a time of limited resource already, additional process will potentially further reduce the amount of work that can be achieved (albeit the contra should be that the work is produced to a clearer and purer standard).
- 2.21 For this year, it is proposed make a few modifications to the existing Charter and Strategy, to reflect that it should now also include a Mandate -a statement of rights and responsibilities. Further amendments are likely to be necessary next year to reflect further GIAS obligations and their UK public sector interpretation. The draft suggested Mandate, Strategy & Charter is included at Appendix 5.

Performance Standards

- 2.22 The new GIAS continues to expect that internal audit has established targets for and monitoring of its performance. Some suggested monitoring targets are set out in Appendix 4.

Fraud Work

- 2.23 There is an expectation under the PSIAS and GIAS that internal auditors have an awareness of fraud risk, and test as a part of routine audit assurance work that fraud risk is identified, understood and addressed, with recommendations made as appropriate. Linked to this is a practice that suspected internal fraud, or that by contractors, is addressed through internal audit work. External fraud risk (from clients and customers) is executed through the councils dedicated fraud team. In the past this has been distinct and separate, and largely remains so, but the common management does now enable additional assurance-based learning about fraud risk and potential system changes. Depending on skill and capacity it may also be potentially possible to use some fraud specialist skills on internal or contractor fraud investigations.

3. Implications for the Council

Having an effective internal audit function, as a part of a strong assurance and governance framework is important for the Council. As resources are limited it is important that the deployment or resources is effective.

3.1 Working with People

No directly applicable.

- 3.2 **Working with Partners**
No directly applicable.
- 3.3 **Place Based Working**
No directly applicable.
- 3.4 **Climate Change and Air Quality**
No directly applicable.
- 3.5 **Improving outcomes for children**
No directly applicable.
- 3.6 **Financial Implications**
Refers in part to improving strategic and operational financial controls. The current cost of internal audit services to the council is approximately £400,000 (including overheads). Any request for additional Internal Audit resourcing would come at a cost
- 3.7 **Legal Implications**
No directly applicable.
- 3.8 **Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**
Implementation of recommendations should improve overall control arrangements and promote good governance. An absence of adequate resources for internal audit impacts on the degree of assurance that internal audit can provide.
4. **Consultation**
There have been discussions with Executive Leadership Team (ELT) and Service directors in preparing the proposed audit plan.
5. **Engagement**
ELT have seen and are aware of the content of this report
6. **Options**
An Audit Plan is required; There are multiple options for the contents of the Plan. Some potential alternatives are described in the text to the report.
7. **Next steps and timelines**
Delivery of the Audit Plan
8. **Contact officer**
Martin Dearnley Head of Audit & Risk.
9. **Background Papers and History of Decisions**
None.
10. **Appendices**
Appendix 1 Areas of risk that are considered to be in scope for assurance activity.
Appendix 2 The proposed Audit Plan April 2024 to September 2024
Appendix 2A The draft Audit Plan for October 2024 to March 2025
Appendix 3 All prioritised audit areas for 2024/25 based on risk assessments
Appendix 4 Performance standards
Appendix 5 Internal Audit Mandate, Strategy & Charter

11. Service Director responsible

The Head of Risk & Internal Audit holds responsibility for the planning, operation and reporting by Internal Audit.

The statutory officers with a responsibility for overseeing the internal audit function are
Julie Muscroft Director of Legal Governances & Commissioning
Isabel Britain Director of Finance

Areas of risk that are considered to be in scope for internal audit assurance activity.

Listed below are areas of risk that are considered to be in scope for internal audit activity
These set out the principal areas of risk.

In addition, any location or operation centre should be considered in scope for an occasional visit or review.

KEY CORPORATE SYSTEMS 2023/24

Financial Systems & Controls

Payroll (SAP) Debtors (SAP) Procurement / Creditors (SAP) Council Tax Business Rates Housing Rents
Part or whole of this activity should be subject to internal audit review each year

Council Tax Reduction Scheme (residual Benefits) Treasury Management Payments for Social Care School Payments Internal Recharging (such as for building maintenance)
This activity should be subject to internal audit review every 2 years

Key Organisation & Business Controls

Code of Corporate Governance Contract Procedure Rules Financial Procedure Rules Contract Management HR Operations Risk Management IT Controls Performance Management Systems Partnership Governance Emergency & Business Continuity Planning Information Security Health & Safety Fraud, Bribery & Corruption Risk Corporate Complaints Whistleblowing
These areas would typically be subject to review every 2 or 3 years

Schools

Applies to all community schools.
These areas would typically be subject to review every 3 years. Those with a deficit budget or other governance issues will be given priority

Appendix 2 **The Proposed Audit Plan April 2024 to September 2024**

DRAFT PLAN 2024/25	April to September 2024
<p><u>Children</u> 1x High Schools 10 x Primary Schools School Exclusions (Follow-Up) SENDACT (Follow-Up) Foster Care (Internal and IFA) In House Residential Accommodation Regional Adoption Agency (Follow-Up) Direct Payments</p> <p><u>Corporate</u> Bank reconciliation Treasury management SAP Creditors Key Controls Information Governance (toolkit) IG - data sharing / security e-tendering Members' Allowances & Expenses/ Code of Conduct</p>	<p><u>Environment & Growth & Regeneration</u> Fire Safety- Corporate Estate Asbestos Management - Corporate Estate HRA Tenancy Allocation HRA Gas Servicing Regulator of Social Housing compliance progress (Fire Safety; Damp & Mold)</p> <p><u>Adults</u> Direct Payments Prevent Domestic Abuse</p> <p><u>All</u> WYCA Grants</p>

Appendix 2A **The Draft Audit Plan for October 2024 to March 2025**

PROVISIONAL DRAFT PLAN 2024/25	October 2024 to March 2025
<p><u>Children</u> 12 x Primary Schools SENDACT (Follow-Up) Leaving Care (follow up) External Residential Placements Youth Offending Team</p> <p><u>Corporate</u> National Fraud Initiative 24/25 Claims Processing CT/ NDR Recovery & Enforcement SPD Matching Government Grant income SAP Debtors Key Controls Agency Labour Contract HD One BACS Bureau Accreditation Local Code of Corporate Governance Procurement Act 2023 Cyber Security</p>	<p><u>Environment, Growth & Regeneration</u> Capital Plan Delivery Waste Management Contract Fuel Procurement & Control Structures Safety HRA Rent System Control & Reconciliation HRA Mould/ Damp</p> <p><u>Adults</u> Personal Care Mosaic Implementation Safeguarding</p> <p><u>All</u> WYCA Grants</p>

Appendix 3

POTENTIAL AUDIT PLAN AREAS FOR 2024/25

THE SCHEDULE BELOW SHOWS THOSE AUDIT AREAS THAT ARE CONSIDERED TO BE OF MEDIUM RISK OR HIGHER, THAT HAVE NOT BEEN SUBJECT TO AUDIT REVIEW FOR SOME TIME (OR REQUIRE FOLLOW UP).

The proposed audits have an entry in the right-hand column

(1 means April-September 2024; 2 means October 2023 to March 2024)

(Those overshadowed in grey are not resourced)

	Audit	Risk	Time Allocated	Yearly Timing
CHILDREN AND FAMILIES	12		240	
Learning and Support	Schools	6	125	Both
	School Exclusions (Follow-Up)	8	5	1
	SENDACT (Follow-Up)	12	5	Both
	Careers Partnership	6	10	
Resources Improvement & Partnerships	Foster Care Internal vs IFA	9	15	1
	In House Residential Accommodation	9	15	1
	External Residential	9	15	2
Child Protection and Family Support	RAA (Follow-Up)	9	5	1
	Leaving Care (Follow-Up)	9	5	2
	Purchasing Cards	9	15	
	Direct Payments	9	15	1
	Youth Offending Teams	9	10	2
ADULTS AND HEALTH	16		165	
Communities and Access	Personal Care	9	10	2
	Prevent	9	15	1
	Domestic Abuse	9	15	1
	Digital Transformation	9	10	
	Voluntary Sector Support	8	10	
Social Care and Learning Disabilities & Mental Health	Mosaic Post Implementation Review	9	15	2
	CFA Project	9	15	
	CQC Assurance (Quality of Care)	9	5	
	Care Phones (Follow-Up)		5	
	Gateway to Care (Follow-Up)		5	

	Third Party Domiciliary Care		10	
	Direct Payments	9	10	1
	Better Care Fund	8	10	
	Clients Benefit and Pension Fund	8	10	
	Safeguarding	8	15	2
Culture and Visitor Economy	School Meals Income - Follow-up	8	5	
GROWTH & REGENERATION	16		165	
Development	Corporate Estate Fire Safety	9	10	1
	Capital Plan Delivery	12	15	2
	Asbestos Management - Corporate Estate	9	10	1
Skills & Regeneration	Major Regeneration Loans	9	10	
	Hudds Blueprint	9	10	
	Dewsbury Blueprint	9	10	
	Building Control Approvals	9	10	
Highways & Streetscene	Car Parks Income	9	5	
	Waste Management Contract	9	10	2
	Fuel Procurement & Control	9	10	2
	Hwy Accident Damage	9	5	
	Structures Safety	9	10	2
Homes & Neighbourhoods	Tenancy Allocation	9	15	1
	Gas Servicing	9	5	1
	Rent System Control & Reconciliation	12	15	2
	Mould/ Damp	9	10	2
	Regulator of Social Housing compliance	12	10	1
CORPORATE STRATEGY, COMMISSIONING & PUBLIC HEALTH	33		348	
Finance	National Fraud Initiative 24/25	12	25	2
	Claims Processing	9	10	2
	CT/ NDR Recovery & Enforcement	9	10	2
	CT Liability	9	10	
	SPD Matching	9	5	2
	Financial Management/ FPR Compliance	9	15	

	Bank Reconciliation	8	10	1
	SAP Ledger and Journals	8	8	
	Treasury Management	8	10	1
	Government Grant Income	8	10	2
	Financial Management Code Compliance	12	10	To be discussed with new CFO
People Services	Discrimination / Staff Inequality Risk	9	15	
	SAP Creditors Key Controls	12	10	1
	SAP Debtors Key Controls	12	10	2
	HD One Direct Debit Income	9	5	
	Equality Impact Assessments	8	10	
	Workforce Planning	8	10	
	Agency Labour Contract	9	10	2
	HD One BACS Bureau Accreditation	9	5	2
	Gifts & Hospitality - Employees	9	5	
	Employee references & qualifications	9	10	
Legal and Governance	Information Governance (toolkit)	12	5	1
	IG - data sharing / security	12	15	1
	Decision Making per Constitution	12	10	
	Corporate Counter Fraud & Corruption	9	5	
	CPR Compliance	9	15	
	Risk Management	12	5	
	Corporate Ethics	12	10	
	Local Code of Corporate Governance	8	10	2
	e-tendering	8	10	1
	Procurement Act 2023		5	2
	Members' Allowances & Expenses/ Code of Conduct	8	10	1
Strategy & Innovation	Cyber Security	12	25	2

Appendix 4 **INTERNAL AUDIT PERFORMANCE TARGETS 2024/25**

<u>Objectives</u>	<u>Performance Measures</u>
Achieve planned audit work as adjusted	80% of planned audits achieved
Achieve each planned audit within budgeted time allowed.	80% of planned work achieved within initial time budget
Achieve high level of work quality and customer satisfaction.	90% good or better responses to customer questionnaires
Delivery of completed audit work	85% of draft reports issued within 10 days of completion of site work

KIRKLEES COUNCIL

INTERNAL AUDIT

MANDATE, MISSION,

STRATEGY AND CHARTER

2024-25

Any areas of addition or amendments to this document are shown by shading

EXECUTIVE SUMMARY

INTERNAL AUDIT MANDATE MISSION, STRATEGY & CHARTER

1. Internal Audits mission is to independently assure the organisation and its management in achieving its objectives, by providing assurance, advice and insight.
2. **The Internal Audits mandate is set out principally in the councils Financial Procedure rules.**
3. Its work will involve.
 - a) Assurance about the internal financial and (other) business controls, and the Council's broader assurance framework, including both a programme of planned assurance based internal reviews, and other more ad hoc assurance based work and projects.
 - b) Advice and insight/consultancy work as commissioned, relating to business, financial and process controls and value for money, efficiency, and effectiveness.
 - c) Development of anti-fraud, anti-corruption and anti-bribery measures and investigation of any suspicions of inappropriate behaviour.
 - d) Information, advice, advocacy, and training in respect of best practice in achieving a high level of internal control, including Financial and Contract Procedure Rules.
 - e) Contributing to corporate/high impact projects, particularly those involving partnership and procurement.

Internal Audit coverage will apply to all the Council's direct operations, all wholly owned or controlled organisations or subsidiaries, including limited companies, and other partnership bodies (where the Council so determines).
4. Internal Audit work will address all the business controls of the organisation, prioritised based on risk. This involves a full coverage of all aspects of the Council's operation, including financial systems, processes and activities, all other business processes, risk management, governance arrangements, information management and appropriate use of technology-
5. Internal Audit activity will be planned, carried out and reported within a general philosophy of providing evidence-based analysis and helpful advice to all levels of management and achieving positive consequential progress.
6. Except where otherwise agreed, written reports will provide summary information, detail on any findings of note, conclusions and recommendations to advise and inform managers at all levels.
7. Establishing effective systems of operation and implementation of audit recommendations is the responsibility of management. It is not the role of Internal Audit to act as a proxy for appropriate performance management of, or by, senior management.
8. Internal Audit will follow up the implementation of accepted recommendations in all cases where there were concerns about a system, process, or activity, or where recommendations result from an investigation. Other agreed recommendations may be followed up on a sample basis.
9. Internal Audit will co-ordinate the overall corporate assessment of business controls and risk management. It will help develop and monitor the Risk Management Statement.
10. Internal Audit will operate in accordance with the (mandatory) Public Sector Internal Audit Standards (PSIAS) and the supplementary CIPFA guidance.
11. Internal Audit officers will act ethically to achieve high professional standards: independence, objectivity and integrity and respect the confidentiality of organisational information.

CONTENTS

1. Mission & Mandate
2. Introduction
3. Objectives of Internal Audit
4. Independence, Responsibilities and Authority
5. Performance Management and Quality Control
6. Reporting
7. Internal Audit Delivery
8. Partnership; Obtaining & Providing Assurance to Others

Appendix 1 Control Environment (definition)

Appendix 2 Financial Procedure Rules (extract)

Appendix 3 Role of the Audit Committee

Appendix 4 Audit Planning, Resourcing & Reporting (detail)

Appendix 5 Public Sector Internal Audit Standards

Appendix 6 Statement of the Responsibilities of Management

Background and Context

1. Local Authorities are required under the Local Government Acts and the Accounts and Audit Regulations 2015 to have a continuous internal audit of their financial and other business controls. It will be delivered in compliance with the Public Sector Internal Audit Standards (PSIAS) This is mandatory guidance which states the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of Internal Audit's performance. These standards in Local Authorities are supplemented by additional guidance from CIPFA that has regulatory authority for local government in the UK. From 2025 revised Global Internal Audit Standards (GIAS) apply. Any UK public sector interpretations are awaited.
2. The PSIAS require that there is a formal Internal Audit Charter defining the purpose, authority and responsibilities of Internal Audit, which must be consistent with the PSIAS definition of internal audit, code of ethics and professional standards. For the purposes of comparability, the following terms apply.

PSIAS Term	Kirklees Arrangement
The Board	Corporate Governance & Audit Committee
Senior Management	Chief Executive & or Executive Team
Chief Audit Executive	Head of Internal Audit

3. The main purpose of Internal Audit is to support the organisation in achieving its objectives, and particularly to play a key role in the Council's Corporate Governance arrangements in ensuring Members and Corporate Managers have adequate assurance that they are meeting their responsibilities.
4. The role of Internal Audit is also to support the Council's statutory officers (Head of Paid Service, Chief Finance Officer and Monitoring Officer) in carrying out their roles, and equally needs their support in fulfilling its role.
5. This Mission, Mandate, Charter and Strategy will be regularly presented to senior management and reviewed regularly by the Corporate Governance & Audit Committee. Its purpose is to set out the purpose, nature, objectives, outcomes and responsibilities of the internal audit service.

1. MISSION AND MANDATE OF INTERNAL AUDIT

The mission of Internal Audit is to provide an independent, objective assurance and advice and insight designed to add value and improve the organization's operations. Internal Audit aims to help the organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

The mandate of Internal Audit is prescribed by the council Financial Procedure Rules under the obligation and intention to provide assurance to the Council about all its financial and business systems and control arrangements.

Responsibility

The Chief Executive, (in consultation with the Chief Finance Officer and Monitoring Officer) must arrange a continuous internal audit, which is an independent review of the accounting, financial and other operations of the Council. The Head of Audit & Risk will report directly to the Chief Executive, the Chair of the Corporate Governance & Audit Committee or the External Auditor in any circumstance where the functions and responsibilities of the Chief Finance Officer are being reviewed. (Other than routine reporting of work carried out)

The Head of Audit and Risk has authority to

- (a) Enter at all times any Council premises or land or location from which Council services are provided.
- (b) Have access to all property, records, documents and correspondence relating to all activities of the Council.
- (c) Require and receive explanations concerning any matter; and
- (d) Require any employee of the Council, without prior notice, to produce cash, stores or any other property for which they are responsible.
- (e) Require any Director to ensure that within 5 working days notice (or such other time as might be agreed by the Head of Audit & Risk)
 - i) to ensure sufficient resource by way of time or otherwise, that an adequate response by employees of the service to any request for information, and, or
 - ii) any employee attends a meeting at any location (within the Kirklees area,) chosen by the Head of Audit & Risk and or
 - iii) (the provision of any information, data, records, currently held in any media format be provided that that format, or in any other reasonable format chosen by the Head of Audit & Risk, and as appropriate delivered to a location chosen by the Head of Audit & Risk and
 - iv) to be accountable to the Corporate Governance & Audit Committee should they fail to act

The Head of Audit & Risk may delegate the rights of access to premises, information, explanation etc. to any employee or agent of the council (albeit this will normally be staff within the Internal Audit or Fraud team). [# Subject to any overriding national statutory restrictions]

Planning and Reporting

The Head of Audit & Risk must plan and report (in accordance with the approved Audit Strategy and Charter, Public Sector Internal Audit Standards and any instruction from the Councils Corporate Governance & Audit Committee) upon

- a) The risks inherent in and associated with each system.
- b) The soundness, adequacy and application of the financial and other management controls and systems within each Service
- c) The extent of compliance with, and the financial effects of, established policies, plans and procedures.
- d) The extent to which the organisation's assets and interests are accounted for and safeguarded from losses of all kinds arising from fraud, other offences, waste, extravagance and inefficient administration, poor value for money and other cause.
- e) The suitability, accuracy and reliability of financial and other management data within the organisation; and
- f) Value for money aspects of service provision.

In respect of any audit report or communication issued, the Director must reply within 4 weeks indicating the action proposed or taken, by whom and including target dates. Where a draft report is issued for initial comments, a reply must be made within 2 weeks of issue.

The Head of Audit & Risk will provide a written summary of the activities of the Internal Audit function to the Corporate Governance & Audit Committee at least four times per year and an Annual Report produced for consideration by, Cabinet and Corporate Governance & Audit Committee, including an audit opinion on the adequacy and effectiveness of the Council's risk management systems and internal control environment.

The Head of Audit & Risk will review the system of internal audit on an annual basis (and arrange for an external assessment once every 5 years) and report the outcome to the Corporate Governance & Audit Committee.

Investigations and Suspected Fraud, Corruption or Bribery.

The Head of Audit & Risk is responsible for the development and maintenance of the Anti-Fraud, Anti-Corruption and Anti Bribery Strategy and Whistleblowing Strategy and for directing the Council's efforts in fraud investigation.

The Director concerned must immediately notify the Head of Audit & Risk who may act by way of investigation and report. Where, following investigation, the Head of Audit & Risk considers that there are reasonable grounds for suspecting that a loss has occurred as a result of misappropriation, irregular expenditure or fraud, consultations will be held with the Director on the relevant courses of action, including the possibility of police involvement and the invoking of any internal disciplinary procedure in accordance with the relevant conditions of service.

THE INTERNAL AUDIT CHARTER

2.1 Objectives of Internal Audit

2.1.1 Internal Audit's objectives can be defined as:

“Internal auditing is 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”. (PSIAS)

This definition goes beyond basic compliance by evaluating and improving the effectiveness of the entire risk, control and governance arrangements (including financial and non-financial control systems). As an independent appraisal function Internal Audit can offer assurance on the effectiveness of internal control arrangements, contributing to the efficient use of resources and generally helping management to monitor performance, improve operational efficiency and target objectives. These actions will add value by supporting the organisation in achievement of the Council's objectives.

2.1.2 Specifically the role is to provide:

- *Assurance, principally by a review of the control environment* - The 'control environment' comprises the business systems which are operated to implement the Council's statutory obligations and its policies and objectives. This includes systems and processes, governance and decision making, and risk identification and management. It involves the review of all the major financial and accounting systems and practices, and controls of other kinds (such as purchasing and human resources). For financial controls it involves a more detailed review of information, records, assets and other resources to identify appropriate financial stewardship. (See Appendix 1). It also includes matters relating to organisational ethics, use of technology and matters such as management of data and information.
- *Consultancy* - Undertake, when commissioned, other reviews and projects which use investigative, analytical and consultancy skills. This work can be specific or involve on-going advice and may include value for money related activity. Where this advice is provided it is given notwithstanding the responsibility to provide assurance as above. Any work performed will be accepted only within the competencies of staffing.
- *Assurance and Investigation into suspected Fraud, Corruption and Bribery* - Internal Audit oversees the Corporate Anti-Fraud, Anti-Corruption and Anti-Bribery policies and undertake investigations into suspected irregularity, fraud, or corruption, provides guidance for managers and Members and helps to promote good corporate governance and the highest ethical standards. It also coordinates the Council's approach to the mandatory national fraud initiative. (NFI). The Head of Audit is also required to be notified of all cases of suspected or detected fraud, corruption or impropriety.

- *Advice* - Provide operational advice on the development of processes and systems and on the interpretation of the Council's rules (principally Financial Procedure Rules and Contract Procedure Rules).
 - i. Audit advice and recommendations are given in all cases without prejudice to the right of Internal Audit to review the relevant policies, procedures and operations at a later date.
 - ii. The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal Audit advises the Council on whether effective and efficient arrangements exist, cumulating in the annual opinion of the Head of Internal Audit, which informs the Annual Governance Statement. Optimum benefit to the Council should arise when Internal Audit work in partnership with management to
 - improve the control environment.
 - achieve organisational objectives.

2.2. Independence, Responsibility and Authority

2.2.1 An effective internal audit function must be independent, objective and unbiased, operating in an ethical way.

2.2.2 Governance

It is the responsibility of the Council and its senior management, and in particular the statutory officers (Head of Paid Service, Chief Finance Officer and Monitoring Officer) to ensure that the organisation has all appropriate operational and business control arrangements.

Internal Audit is a part of the Directorate of Legal, Governance, Commissioning and Risk, within the Corporate Resources and Public Health Strategic Directorate and reports both to the senior management and to the Corporate Governance & Audit Committee.

2.2.4 The Head of Internal Audit

- Reports functionally to the Corporate Governance & Audit Committee which operates as the Audit Committee of the Council, and issues reports under his own name.
- Reports managerially to the Chief Executive, Service Director for Finance and Service Director, Legal, Governance & Commissioning (Monitoring Officer) and for supervisory purposes to the Service Director, Legal, Governance & Commissioning
- Has the right to communicate directly with any Strategic or Service Director, or any other Council officer. The Head of Internal Audit may also communicate with any Cabinet Member or Councillor, or other person.
- Has the right to communicate confidentially with the Chair of the Corporate Governance & Audit Committee on any matters.

- Must advise the Corporate Governance & Audit Committee on any matter where any significant risk or threat to the organisation, identified through audit assurance work, has not been adequately addressed by management.
- Is responsible for the delivery of the Internal Audit function and achievement of the standards described within this document.

The Head of Internal Audit will ensure that audit work is shared with Strategic Directors, Service Directors and other senior managers and their appointees, and commissioning officers for investigations and reviews. Additionally, summaries will be provided to the Corporate Governance & Audit Committee, individual Members or others (e.g., whistle-blowers) who refer matters to Internal Audit, the external auditor and to other authorities and agencies to facilitate joint and partnership working as appropriate. Audit work will (except when otherwise agreed) be treated as confidential, but in certain circumstances may be wholly or partially subject to disclosure under the Freedom of Information.

2.2.5 Responsibilities of Internal Audit

The responsibilities and objectives of Internal Audit are as follows:

- To provide soundly based assurances to management on the adequacy and effectiveness of their internal control, risk and governance arrangements, including ethics, information management and technology.
- To review, appraise and report on the extent to which the assets and interests of the Authority are accounted for and safeguarded from loss.
- To review, appraise and report on the suitability and reliability of financial and other management data and information.
- To assess the adequacy and effectiveness of the Authority's procurement, contract and partnership arrangements.
- To support schools in achieving high standards of control and governance.
- To assess the corporate risk management processes.
- To evaluate the risk of fraud and how it is managed and controlled. To provide corporate fraud and irregularity prevention, detection and investigation services in accordance with the Counter Fraud, Corruption and Bribery Strategy.
- To reach conclusions about the effectiveness of the Council's control environment, and to recommend improvements to management.
- To contribute to assurances in relation to the robustness and reliability of internal controls and governance to support the Annual Governance Statement (AGS).
- To support the achievement of efficiency, value for money and effective change management.
- To provide advisory and consultancy services intended to add value and improve value for money, governance, risk management and control processes.

- To provide advice in respect of the development of new or significant changes to existing programmes and processes including the design of appropriate controls. This is usually through membership of groups, boards or working parties as well as direct contact with officers within Services.
- To support effective procurement.
- To support activities of the Corporate Governance & Audit Committee to discharge its responsibilities.
- To support the Service Director of Finance as the Council's Chief Financial (s151) Officer and all senior management in meeting their corporate responsibilities.
- To monitor the implementation of agreed recommendations.
- To plan, manage and operate the internal audit function in an efficient and effective manner.

2.2.6 Responsibilities and expectations of Internal Auditors

Internal Auditors must exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined, working with honesty, diligence and responsibility. They must always observe the law and respect and contribute to the legitimate and ethical objectives of the Council.

Objectivity:

Internal Auditors must make a balanced assessment of all the relevant circumstances and not be, or appear to be, unduly influenced. This means.

- Not taking part in any activity or relationship that may impair or be presumed to impair their unbiased assessment.
- Declaring any real or perceived interests on an annual basis, or at any time that they recognise any impairment to the objectivity.
- Not accepting anything that may impair or be presumed to impair their professional judgement such as gifts, hospitality, inducements or other benefits from employees, clients, suppliers or other third parties.
- Disclosing all material facts known to them that, if not disclosed, may distort the reporting of activities under review.
- Not using information obtained during duties for personal gain and.
- Complying with the Bribery Act 2010.

Confidentiality:

Internal Auditors must.

- Act prudently when using information acquired in the course of their duties and protecting that information, and
- Not use information (derived or obtained through their official role) for any personal gain.

All records, documentation and information accessed while undertaking internal audit activities are to be used solely for the conduct of these activities. The Head of Internal Audit and all Internal Audit staff are

responsible and accountable for maintaining the confidentiality of the information they receive during their work.

Integrity:

In the conduct of audit work, Internal Audit staff will:

- Comply with relevant professional standards of conduct and perform their work with honesty, diligence and responsibility.

Competency:

Internal Auditors are expected to be competent in their role by:

- Possessing the knowledge, skills and technical proficiency relevant to the performance of their duties.
- Being skilled in dealing with people and communicating audit, risk management and related issues effectively.
- Maintaining their technical competence through a programme of continuous professional development.
- Exercising due professional care in performing their duties; and
- Complying with all requirements of the PSIAS.

Awareness:

- Being alert to the issue of fraud and corruption.

Internal Audit staff must declare any conflict of interest, or potential conflicts of interest, actual or perceived, to their manager.

2.2.7 Independence & Objectivity

Internal Audit has no operational or non-audit functions to perform and is therefore independent of all Council operational activities that it audits. Accordingly, they will not implement internal controls, develop procedures, install systems, prepare records or engage in any other activity that may impair an internal auditor's judgement. This allows Internal Audit to make independent, impartial and effective professional judgements and recommendations on the area under review. The internal audit activity will remain free from undue interference from any part of the Council, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of a necessary independent and objective mental attitude.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited and will exhibit the highest level of professional objectivity in gathering, evaluating and communicating information about the activity or process being examined. Internal auditors will make a balanced assessment of all of the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgements.

Audit responsibilities are periodically rotated to avoid over-familiarity and complacency and to provide for service continuity and resilience. Internal Auditors are not involved in undertaking non audit activities and an Auditor will

not be involved in the audit of any system or process for which they had previous operational responsibility.

2.2.8 Statement of pre-existing areas of conflict in current audit activity

The Head of Internal Audit – as “Head of Risk” has direct operational responsibility for the Insurance, Risk Management and Corporate Customer Standards (complaints) functions and provides input into certain procurement functions and corporate projects. When audits are required of these areas, the Audit Manager reports direct to the Service Director Legal, Governance & Commissioning. This arrangement helps maintain independence and avoid any conflicts of interest.

This arrangement is not in compliance with the Global Standard, which requires any internal audit assurance work in relation to areas managed by the Head of Internal Audit to be conducted by a third party.

In practice:

- *Audit work of insurance activity is conducted by the external insurer (who retain ultimate rights and responsibilities).*
- *Work by internal audit on (corporate) complaints management is essentially that of consultancy. The standard would not prevent audit of directorate-based complaints handling, as that is not managed by the Head of IA.*
- *Fraud and Risk Management, and Whistleblowing are seen as an intrinsic part of internal audit work.*

On an advisory basis, but as a matter of routine, Internal Audit staff provide advice about the methods of financial evaluation of contracts and contractors and carry out on a task specific basis financial evaluation of prospective suppliers to the Council.

2.3. Performance Management & Quality Control

2.3.1 Performance Management

The Corporate Governance & Audit Committee will establish performance measures for the Council, in respect of the control environment, and for the Internal Audit function, and consider performance against those measures in reviewing the activity of Internal Audit.

2.3.2 Quality Control

The PSIAS and GIAS requires the operation of quality assessment and review mechanisms, which must be assessed internally at least annually, and by an external assessor at least every 5 years.

The Head of Internal Audit is responsible for advising the Committee on the appropriateness of measures and targets, and on collecting this information.

The Head of Internal Audit will establish internal quality control and review practices consistent with the requirements of the PSIAS/ GIAS, and report on the outcome of this review work to the Corporate Governance & Audit Committee as a part of the Annual Report.

Quality control will include direction and supervision of work performed, the retention of appropriate, reliable and relevant evidence to justify findings and conclusions and recommendations, and the internal review and assessment of work, including its preparation in accordance with detailed standards, and compliance with the requirements of PSIAS and CIPFA.

The Head of Internal Audit is responsible for arranging for the external assessment, providing the necessary information, and acting on any outcomes from the assessment. This will be done under the oversight of the Chair of the Corporate Governance & Audit Committee, **in accordance with GIAS and PSIAS standards.**

The external auditor and other external review agencies may evaluate the work of Internal Audit as part of their assessment of Council activity.

2.4. **Reporting**

The Head of Audit and Risk will report to the Corporate Governance & Audit Committee.

- Quarterly on each piece of work completed in the period, the opinion arising from that work and performance of internal audit (achievement of the annual audit plan (as revised when required), client satisfaction and quality assessment).
- Annually on the overall achievement and assessment of the Council's internal audit work programme, including an opinion on the control system, risk management and governance arrangements, and performance information, such as issuing reports on time, completing work within time allocated.
- Annually on the overall risk environment and the overall planned work on assurance in the forthcoming year, plus any investigative and consultancy tasks. This will include an assessment on the availability of resources, and any impact this may have on the ability to assess the control environment.
- As necessary on any matter impacting on the overall integrity of the Council's control environment, typically indicated by a "no assurance" audit opinion, or on any operational matter that seriously impacts on the delivery of the audit plan or resourcing of the internal audit function.

Internal Audit reports to all levels of management, with reporting of detailed operational work usually being to Service-Directors. The Chief Executive and Strategic Directors receive the full Council wide summary of activity.

2.5 **Partnerships, and Obtaining & Providing Assurance to Others**

In respect of operations through partnership and semi-independent organisations:

- (i) Usually, the Council will require its internal auditors to have access to property, records, documents and correspondence in respect of any activity operated or controlled by the organisation working for the Council, and for its auditors to be provided with explanations by officers of the organisation. Contracts and agreement documents will set out these rights where it is appropriate.
- (ii) The Council (through agreement by the Head of Internal Audit) may agree that alternative review arrangements operated by or on behalf of the organisation, or independently, will provide sufficient evidence to enable the Council to secure assurance conclusions about the aspects of the effectiveness of the Council's control environment to which the partnership relates, although the Council will retain an ultimate right to review any activity dependent on the Council's funding. In this context the Head of Internal Audit will seek to develop relationships, formalised where practical, with other internal auditors and other review agencies to facilitate this. This may include obtaining all or some elements of assurance from the internal auditors employed by the organisation, and/or participating with other internal auditors (e.g., employed by local authorities in the sub region) to evaluate the procedures operated by shared partners (such as a regional wide public body) and using such assurance instead of obtaining direct assurance.
- (iii) The Council will, when requested and appropriate, provide assurance (based on work performed) to other partner organisations.

2.6 The external auditor of the Council

The Council's external auditor has full and free access to any records and work performed by Internal Audit. Action will be taken to coordinate work to avoid any duplication, and to ensure effective mutual working.

Appendices set out the following.

Appendix 1 Control Environment (definition)

Appendix 2 Financial Procedure Rules (extract)

Appendix 3 Role of the Audit Committee

Appendix 5 Public Sector Internal Audit Standards

3 INTERNAL AUDIT STRATEGY

This strategy statement must be read alongside the Annual Strategy

b. Internal Audit Delivery

- 3.1.1 The Head of Internal Audit is responsible for the effective use of resources to deliver the Audit Plan.
- 3.1.2 Delivery is by direct employees of the Council, including trainees and secondees and, where necessary, temporary and casual employees. The use of specialist consultancy and contractors will be considered, if necessary, to deliver specific elements of the workload.
- 3.1.3 At least **annually, (in practice now 2 x per annum)** the Head of Internal Audit will submit to the Corporate Governance and Audit Committee a risk based Internal Audit Plan for review and approval. The plan will consist of a schedule of planned assurance and consultancy work (including some contingency) which will establish resource requirements for the next financial year. This will be balanced between resource requirement and capacity. The standard requires the Head of Internal Audit to advise the Corporate Governance & Audit Committee if the number of resources available compromises the ability to offer appropriate levels of assurance.
- 3.1.4 The internal audit plan is based on a risk-based assessment. The current standard is to potentially cover all areas of activity from the most significant to the most minor, although prioritisation is to ensuring that assurance coverage concentrates on those areas of highest risk in terms of potential exposure or likelihood of failure, covering both financial and other business controls (where assurance work utilise the responsibilities and processes for control effected by other teams such as Health & Safety).
- 3.1.5 Necessary material variations from the approved Internal Audit Plan are reported to and approved by the Corporate Governance & Audit Committee.
- 3.1.6 The Council provides Internal Audit services to:
- Kirklees Active Leisure, which is a charitable trust under a service level agreement. Although the Council is the main partner of KAL, audit accountability and reporting are to Kirklees Active Leisure only.
 - The West Yorkshire Fire & Rescue Authority, which is a separate public body. This organisation makes significant use of the Council's financial systems. Audit accountability and reporting is to West Yorkshire Fire & Rescue Service only.

Appendices set out the following

Appendix 1 The control environment

Appendix 2 Financial procedure rules

Appendix 3 Terms of reference Corporate Governance & Audit Committee

Appendix 4 Audit Planning, Resourcing & Reporting (detail)

Appendix 5 Public Sector Internal Audit Standards

Appendix 6 Statement of the Responsibilities of Management

CONTROL ENVIRONMENT

The Control Environment comprises the Council's policies, procedures and operations in place to:

- a) Establish and monitor the achievement of the organisation's objectives.
- b) Identify, assess and manage the risks to achieving organisational objectives.
- c) Facilitate policy and decision making.
- d) Ensure the economical, effective and efficient use of resources
- e) Ensure compliance with established policies (including behavioural and ethical expectation), procedures, laws and regulations.
- f) Safeguard assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
- g) Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes. This encompasses elements of corporate governance and risk management.

Control Environment audit work utilises a risk based, systematic approach for all control environment work to:

- i) Identify and record the objectives, controls and risks of the system or process.
- ii) Establish the congruence of operational objectives with higher-level corporate objectives.
- iii) Evaluate and review the application of risk management processes and documentation.
- iv) Evaluate the controls in principle to decide whether, or not, they are appropriate and can be reasonably relied upon to achieve their purpose.
- v) Identify any instances of over-control.
- vi) Determine and undertake appropriate tests of the effectiveness of controls, i.e., through compliance or substantive testing.
- vii) Arrive at conclusions and recommendations; and
- viii) Provide a written opinion on the effectiveness of the control environment.

EXTRACT OF FINANCIAL PROCEDURE RULES

5. Internal audit

Responsibility & Authority

5.1 The Chief Executive, (in consultation with the Chief Finance Officer and Monitoring Officer) must arrange a continuous internal audit, which is an independent review of the accounting, financial and other operations of the Council.

5.2 The Head of Audit & Risk will report directly to the Chief Executive, the Chair of the Corporate Governance & Audit Committee or the External Auditor in any circumstance where the functions and responsibilities of the Chief Finance Officer are being reviewed. (Other than routine reporting of work carried out)

5.3 The Head of Audit and Risk has authority to

(a) Enter at all times any Council premises or land or location from which Council services are provided.

(b) Have access to all property, records, documents and correspondence relating to all activities of the Council.

(c) Require and receive explanations concerning any matter; and

(d) Require any employee of the Council, without prior notice, to produce cash, stores or any other property for which they are responsible.

(e) Require any Director to ensure that within 5 working days notice (or such other time as might be agreed by the Head of Audit & Risk)

i) to ensure sufficient resource by way of time or otherwise, that an adequate response by employees of the service to any request for information,

and, or

ii) any employee attends a meeting at any location (within the Kirklees area,) chosen by the Head of Audit & Risk

and or

iii) (the provision of any information, data, records, currently held in any media format be provided that that format, or in any other reasonable format chosen by the Head of Audit & Risk, and as appropriate delivered to a location chosen by the Head of Audit & Risk

and

iv) to be accountable to the Corporate Governance & Audit Committee should they fail to act

The Chief Finance Officer has the same authority for any accounting or associated purpose.

For the purposes of FPR 5, the Head of Audit & Risk may delegate the rights of access to premises, information, explanation etc. to any employee or agent of the council (albeit this will normally be staff within the Internal Audit or Fraud team)

Planning and Reporting

5.4 The Head of Audit & Risk must plan and report (in accordance with the approved Audit Strategy and Charter, Public Sector Internal Audit Standards and any instruction from the Councils Corporate Governance & Audit Committee) upon

- a) The risks inherent in and associated with each system.**
- b) The soundness, adequacy and application of the financial and other management controls and systems within each Service**
- c) The extent of compliance with, and the financial effects of, established policies, plans and procedures.**
- d) The extent to which the organisation's assets and interests are accounted for and safeguarded from losses of all kinds arising from fraud, other offences, waste, extravagance and inefficient administration, poor value for money and other cause.**
- e) The suitability, accuracy and reliability of financial and other management data within the organisation; and**
- f) Value for money aspects of service provision.**

5.5 In respect of any audit report or communication issued, the Director must reply within 4 weeks indicating the action proposed or taken, by whom and including target dates. Where a draft report is issued for initial comments, a reply must be made within 2 weeks of issue.

5.6 The Head of Audit & Risk will provide a written summary of the activities of the Internal Audit function to the Corporate Governance & Audit Committee at least four times per year and an Annual Report produced for consideration by, Cabinet and Corporate Governance & Audit Committee, including an audit opinion on the adequacy and effectiveness of the Council's risk management systems and internal control environment.

The Head of Audit & Risk will review the system of internal audit on an annual basis (and arrange for an external assessment once every 5 years) and report the outcome to the Corporate Governance & Audit Committee.

Investigations and Suspected Fraud, Corruption or Bribery.

5.7 The Chief Executive and Directors must ensure that all Members and employees are.

- a) Aware of the Council's Anti-Fraud, Anti-Corruption and Anti-Bribery Strategy**
- b) Aware of the Whistleblowing Strategy; and**
- c) Operating in a way that maximises internal check against inappropriate behaviour.**

The Head of Audit & Risk is responsible for the development and maintenance of the Anti-Fraud, Anti-Corruption and Anti Bribery Strategy and Whistleblowing Strategy and for directing the Council's efforts in fraud investigation.

5.8 It is the duty of any officer who suspects or becomes aware of any matter which may involve loss or irregularity concerning cash, stores or other property of the Council or any suspected irregularity in the operations or exercise of the functions of the Council to immediately advise the Director. The Director concerned must immediately notify the Head of Audit & Risk who may take action by way of investigation and report.

5.9 Where, following investigation, the Head of Audit & Risk considers that there are reasonable grounds for suspecting that a loss has occurred as a result of misappropriation, irregular expenditure or fraud, consultations will be held with the Director on the relevant courses of action, including the possibility of police involvement and the invoking of any internal disciplinary procedure in accordance with the relevant conditions of service.

ROLE OF THE AUDIT COMMITTEE

Extract from Terms of Reference of Corporate Governance & Audit Committee from the Council Constitution.
<p>6. To consider the Council's arrangements relating to Internal Audit requirements including:</p> <ul style="list-style-type: none">(a) considering the Annual Internal Audit report, reviewing and making recommendations on issues contained therein.(b) monitoring the performance of internal audit(c) agreeing and reviewing the nature and scope of the Annual Audit Plan <p>7. To review the adequacy of the Council's Corporate Governance arrangements. This will include (but not be limited to) the following:</p> <ul style="list-style-type: none">7.1 Internal control and risk management.7.2 Oversight of whistleblowing and the Council's whistleblowing policy.7.3 Oversight of the complaints process and the role of the Local Government Ombudsman.7.4 Oversight of Information Governance and the role of the ICO.7.5 To review and approve the annual statement of Corporate Governance. <p>8. To agree and regularly update the Council's Code of Corporate Governance, monitoring its operation and compliance with it, and using it as a benchmark against performance for the annual Statement of Corporate Governance.</p>

Monitoring the performance of Internal Audit might include: -

- i) Reviewing the scope, effectiveness and resourcing of the Internal Audit function;(including ensuring its budget is sufficient to achieve the work programme that the Committee considers to be necessary)
- ii) Assessing the balance between routine/unplanned/investigative work and systems /process/probity/unit/investigations/vfm studies/best value review/other work.
- iii) Appraising the accuracy and coverage of the work carried out.
- iv) Reviewing issues arising out of Internal Audit work.
- v) Reviewing management commitment to implementing audit recommendations.
- vi) Performance Management of Internal Audit work.

The Corporate Governance & Audit Committee can in support of its role:

- i) Call for Internal Audit reports to be submitted to it for consideration.
- ii) Commission specific pieces of Internal Audit work; and
- iii) Summon officers, Members or other persons to explain their actions, or inactions, in relation to Internal Audit work.

AUDIT PLANNING, RESOURCING AND REPORTING (Detail)

1 Corporate Audit Planning

- 1.1 The Head of Internal Audit is responsible for appropriate planning and deployment of Internal Audit resources by production of:
 A Strategic Statement of Areas of Auditable Activities and risk.
 A detailed Annual Audit Plan setting out the specific assignments planned for the year, reflecting risk and priorities and matched to the available resources.
- 1.2 The Annual Audit Plan will identify the work which is necessary to fulfil the following obligations: Assurance on effectiveness of internal controls to deliver efficient operations, safeguard the Council's assets and ensure compliance with relevant legislation, regulations, policies and procedures. including:
- (i) Assurance on key internal controls
 - (ii) Assurance on financial processes and systems.
 - (iii) General assurance on other business systems and processes.
 - (iv) Opinion on Risk Management
 - (v) Opinion on Governance Arrangements
- 1.3 The level of resources allocated, and work planned need to be balanced, to provide the levels of assurance, and other activities, which are expected as outcomes.

2 Risk Assessment

- 2.1 Both of the Strategic and Annual Plans are prepared based on an assessment of risk. Although this can be made ostensibly scientific, at its heart is professional judgement about the: -
- i) Importance of a risk area.
 - ii) Existing level of internal control and risk management.
 - iii) Materiality.
 - iv) Significance in terms of organisational impact, sensitivity and accountability.
 - v) Previous coverage and experience and knowledge gained by Internal Audit; and
 - vi) Coverage by other review agencies.
- 2.2 The key financial systems will usually be subject to triennial review. The frequency of review of other business, governance and major and medium risk financial systems and processes will typically be between 3 and 5 years.-Some operational units and minor financial and business processes will be subject to audit work less frequently than every 5 years.
- 2.3 Any consultancy work will be separate from the control environment work and be based against specific objectives agreed with the Director responsible before the work commences.

3 Other Audit Work

- 3.1 The Counter Fraud, Corruption & Bribery Strategy and the Financial Procedure Rules set down a procedure for investigation, reporting and decision making. Internal Audit will have the opportunity to determine if they wish to investigate any suspected irregularity or inappropriate behaviour by officers of the Council, its partners, suppliers or Service Users which involves the potential misuse or loss of the Council's resources, including cash, stores, or other amounts, and to investigate customer claims for Council Tax Reduction, Housing Benefit, Blue Badges, Right to Buy and other means tested care, or otherwise mandated payments, grants or loans. Investigations into the misuse of Council paid time (e.g. inappropriate absence from work) which, along with non- resource based disciplinary matters, are the responsibility of Service management.
- 3.2 In order to test compliance by management in implementing agreed recommendations, Internal Audit will follow up all cases where planned audit work identified that a system or process was considered to offer only limited assurance, or no assurance and in a sample of other cases. In the case of investigations, or consultancy, any outcome which results in agreed recommendations for improvements to process will also be subject to further review.

4 Audit Resources

- 4.1 The Strategic Audit Plan includes a schedule of risk areas with an assessment of their nature and potential severity in terms of probability and impact.
- 4.2 At the start of each year, an Annual Plan will be prepared that looks at the degree of risk, based on the extent of assessed severity, and the date and findings of the previous work.
- 4.3 The Annual Plan needs to be interactively monitored against emerging risks, with the Plan being amended to reflect need, to ensure that resources are deployed on a priority basis.
- 4.4 The Head of Internal Audit will have the authority to change the plan to achieve this objective, and report back as a part of quarterly reporting of any significant changes made.
- 4.5 The Head of Internal Audit must monitor to ensure that there is sufficient resource to enable adequate coverage, and report at least annually on this.
- 4.6 The Annual Plan (IA control version) will include an allocation of days for each assignment (based on an expectation of an adequate arrangement)
- 4.7 In addition to the programmed audit work there needs to be time allowed:
- i) As a contingency for dealing with unexpected issues/delays in planned work.
 - ii) To allow for un-programmed work and investigations.

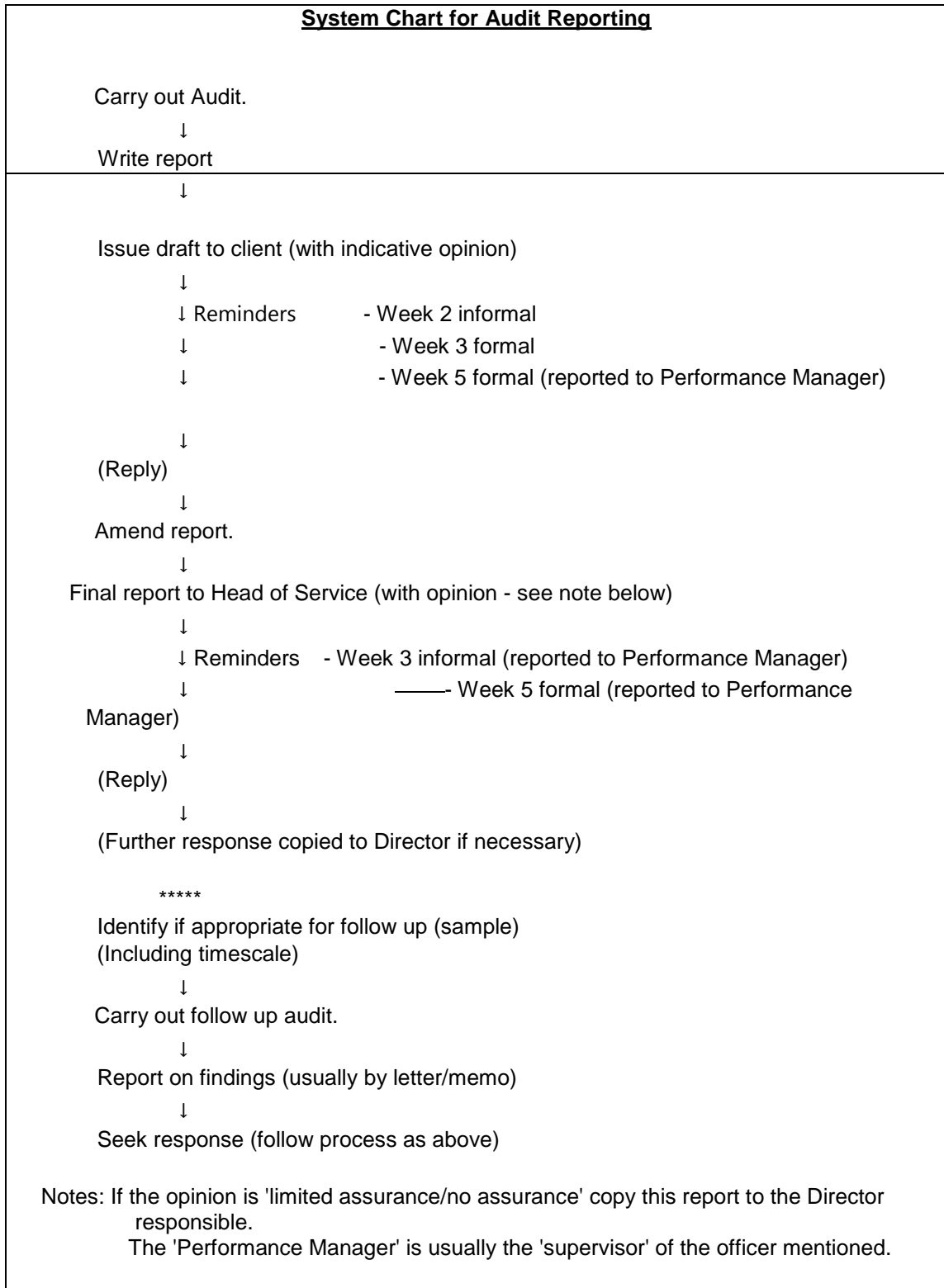
5 Audit Assignments

- 5.1 Each specific Internal Audit assignment will identify its objectives and a time allocation and be either:
- (i) Subject to a routine audit programme developed in relation to the

- activity; or
- (ii) Subject to a specific audit brief developed for the specific task and agreed with the client. (This can be either an infrequent piece of assurance work, or a unique piece of consultancy).
- 5.2 Prior to the commencement of routine audits, Internal Audit will usually inform the manager responsible for the Service area under review about the purpose, scope and expected timing of the work. However, for some types of audits, such as special investigations, advance warning of the audit visit may not be appropriate, and this is at the discretion of the Head of Internal Audit.
- 5.3 Internal audit work will look to assess and provide information on the:
- i) Soundness, adequacy and application of the financial and other management controls and systems within each Service.
 - ii) Extent of compliance with, and the financial effects of, established policies, plans and procedures.
 - iii) Extent to which the organisation's assets and interests are accounted for and safeguarded from losses of all kinds arising from fraud, other offences, waste, extravagance and inefficient administration, poor value for money and other cause.
 - iv) Suitability, accuracy and reliability of financial and other management data within the organisation; and (where applicable)
 - v) Value for money aspects of service provision
- 5.4 During the conduct of reviews, Internal Audit staff will consult, orally and/or in writing, with relevant officers to:
- i) Ensure information gathered is accurate and properly interpreted.
 - ii) Allow management to put their case to ensure that a balanced assessment is made.
 - iii) Keep management informed on the progress of the audit.
 - iv) Ensure recommendations are cost effective and practicable; and
 - v) Ensure that all recommendations agreed are followed up and that action has been taken leading to implementation.
- 5.5 Whatever the source of the evidence, Internal Audit must be satisfied as to its nature, reliability, completeness and relevance before drawing conclusions.
- 5.6 Internal Audit working papers (paper and electronic) will contain the principal evidence to support reports and they also provide the basis for review of work by documenting: -
- i) Planning.
 - ii) Examination and evaluation of the adequacy and effectiveness of internal controls.
 - iii) The audit procedures employed, the information obtained, and the conclusions reached.
 - iv) The management reviews.
 - v) The report; and (as applicable, if any)
 - vi) Follow up.
- 5.7. The Auditor and Audit Manager will use their best endeavours to deliver the completed assignment within the time allocated and the timescale determined. This may not be possible due to inability to access key staff,

other programming difficulties, the state of the records and information presented.

6 Audit Reporting



6.1 Internal Audit Reports

In respect of each assignment Internal Audit will produce a written report. This will usually set out summary information about the objectives and the work performed, providing detail of any adverse findings on an "exception only basis" setting out the extent to which operations fail to conform to the established standard and other important matters identified, stating the conclusions reached and recommendations, with an Action Plan to address these recommendations.

Where a report is issued, generally this will initially be in the form of a draft report, issued to the auditee and line manager, for comment on factual accuracy and the potential practicality of draft recommendations. Services can indicate at this stage if they agree with the recommendations and how they intend to action them. This will be usually issued by email.

In respect of investigative work, the draft report (when produced) will be discussed with the responsible Director (or nominee). For consultancy work, the draft will be discussed with the commissioning manager.

On occasions where there are no adverse findings or recommendations, a report may progress to final stage without a draft being necessary.

The final Internal Audit report will be issued to the Service Director (or where agreed, the Strategic Director). An accompanying letter or email will indicate the Internal Audit opinion on the state of the system / process at the time the audit was undertaken, (and if the report is to feature in detail in subsequent reporting, a summary text).

6.2 Management Response

A formal written reply is required. This should indicate specifically:

- i) That the recommendations are accepted, and actions are to be taken, including timescale and the names of individual officers who are specifically responsible for their implementation.
- ii) That specific recommendations are not accepted. The reason should be provided, and any alternative actions should be listed.

A reply is not required where there are no recommendations, or when a detailed response was made at draft stage.

At this stage the matter will be considered to be finalised, except where the actions / inactions proposed under (ii) appear unjustified or unclear whereupon if the Head of Internal Audit believes the rejection or alternatives are unreasonable, further discussions will take place and, if necessary, the matter will be reported to the relevant Strategic Director, or through the Internal Audit reporting process to the Corporate Governance & Audit Committee.

Management should respond to Internal Audit reports as quickly as possible, and within the following maximum timescales established in FPRs.

Draft Reports: Within 2 weeks of issue

Final Reports: Within 4 weeks of issue

Failure to adhere to the above timescales will be reported to Corporate Governance & Audit Committee on a quarterly basis.

6.3 Audit Opinion

The report will express an opinion on the level of assurance that is offered by the system/process at the time the audit work was undertaken.

In respect of any audit work where the specific objective is to assess value for money, the opinion will reflect the assurance of the extent that current arrangements do, or are likely to, deliver value for money. Where value for money is one of several objectives, a separate opinion will be stated (on the grounds that a system may be highly effective in respect of the controls that it provides but does not do so in a way that is efficient).

Assurance level	Control Adequacy	Control Application
Substantial Assurance	A robust framework of all key controls exists that is likely to ensure that objective will be achieved	Controls are applied continuously or with only minor lapses
Adequate Assurance	A sufficient framework of all key controls exists that is likely to result in objectives being achieved, but the overall control framework could be stronger	Controls are applied but with some lapses
Limited Assurance	Risk exists of objectives not being achieved due to the absence of several key controls in the system	Significant breakdown in the application of several key and/or other controls
No Assurance	Significant risk exists of objectives not being achieved due to the absence of key controls in the system	Serious breakdown in the application of key controls

6.4 The assurance is judgement based, around the following criteria.

Assurance Level	Fundamental	Significant	Merits Attention
Substantial Assurance	There are no fundamental recommendations	There is no more than one significant recommendation	There are no more than five merits attention recommendations
Adequate Assurance	There are no fundamental recommendations	There are 2 to 4 significant recommendations	There are 6 to 10 merits attention recommendations
Limited Assurance	There are one or more fundamental recommendations	There are more than four significant recommendations	There are more than ten merits attention recommendations
No Assurance	The number of fundamental recommendations made reflects an unacceptable control environment	Not applicable	Not applicable

Although the above is a general assessment model, there will be an element of discretion, as a single fundamental failing can, in certain circumstances, mean that an entire operation offers no assurance.

6.5 Prioritisation of Recommendations

Audit recommendations are allocated a priority rating to signify the risk, or level of internal control weakness, associated with the issue identified. The ratings used are: -

Priority Rating	Guidance
Fundamental	A recommendation, often requiring immediate action, which is key to maintaining an appropriate control environment and thereby avoiding exposure to a significant risk to the achievement of the objectives of the system, process or location under review.
Significant	A recommendation requiring action that is necessary to improve the control environment and thereby avoid exposure to a risk to the achievement of the objectives of the system, process or location under review.
Merits Attention	A recommendation where action is advised to enhance control or improve operational efficiency.

6.6 Acting on Audit Reports

It is the responsibility of senior management to consider audit reports and implementation of audit recommendations. The Service Director has the right to accept or reject internal audit advice.

6.7 Consolidating Information to form Overall Opinions and Advice

In respect of key financial systems, the overall opinion on the system will often be informed by several discrete pieces of work.

In addition, Internal Audit will also analyse various discrete audit assignments to ascertain if information or advice of benefit to a wider audience of managers can be obtained and distributed.

6.8 Corporate Management Reporting

Internal Audit will produce:

- i) A Quarterly Report on Internal Audit activity
- ii) An Annual Report on Internal Audit activity expressing an opinion on the integrity and appropriateness of all significant financial systems and business control systems.
The Quarterly Report will contain details of work which has been finalised and agreed in the period, including:
 - i) Specific details of all investigations, special studies and reviews and non-standard work.
 - ii) Summary information on systems and processes reviewed, and key reasons or findings when the system is providing only 'limited assurance' or 'no assurance'.
 - iii) Information about all follow up work; and
 - iv) Information about any senior managers who have failed to comply with their obligations.

- The report will indicate if:
- i) At the time of the audit, the system or process reviewed provided “substantial”, “adequate”, “limited” or “no” assurance.
 - ii) Management have not agreed the recommendations; and
 - iii) In the case of follow up work, if agreed recommendations have not been implemented.

The report will be presented to the Chief Executive and Strategic Directors and formally to the Corporate Governance & Audit Committee.

The Annual Report will use information from the Quarterly Reports and analyse this against systems and across Service areas to provide an opinion in respect of those systems and arrangements that have been subject to review during the year of:

- i) All major financial and business systems.
- ii) Other business control systems.
- iii) The overall quality of the operation of control systems in individual Service areas; and
- iv) An overall assessment of risk, and governance.

The report will be presented to the Chief Executive and Strategic Directors and formally to the Corporate Governance & Audit Committee.

7. Management responsibilities

- 7.1 It is the responsibility of operational managers, Heads of Service, Service Directors, Strategic Directors and Cabinet Members to implement and operate control systems which accord with statute, Council policy and organisational rules (e.g., Financial Procedure Rules).
- 7.2 They must ensure that appropriate records are kept and maintained as necessary to comply and demonstrate compliance with their requirements and ensure that staff employed are suitably skilled and trained.
- 7.3 Managers must ensure that appropriate access is granted for Internal Audit - to employees, premises, and records.
- 7.2 Accountability for the responses to the advice and recommendations of Internal Audit lies with management, who must either accept and implement the advice, offer an alternative action that addresses the deficiency identified (which is acceptable to Internal Audit), or formally reject it.
- 7.5 It is the responsibility of managers to establish systems and procedures to deter, prevent and detect fraud, corruption and bribery and suspected fraud, corruption and bribery.

The Public Sector Internal Audit Standards (PSIAS)

This is replaced by the Global Internal Audit Standards from 2025. It is not yet clear if a revised PSIAS will be produced to supplement the international obligations.

The Public Sector Internal Audit Standards took effect from 1 April 2013 and apply to almost all public organisations in the UK. They are based on a development of international standards for internal auditing, largely developed by the Institute of Internal Auditors.

The document produced is mandatory guidance which states the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of Internal Audit's performance.

These standards in local authorities are supplemented by additional guidance from CIPFA that has regulatory authority for local government in the UK. This includes substantial checklists of process and procedure.

The Public Sector Internal Audit Standards use several specific terms. These include terms which in the Council are as shown below in preparing this charter.

Term in the Public Sector Internal Audit Standards	Interpretation in this Charter Document
Chief Audit Executive	Head of Audit & Risk
Board	Corporate Governance & Audit Committee
Senior Management	Chief Executive and Strategic Directors

The Public Sector Internal Audit Standards document makes several statements as regards employment arrangements of the Chief Audit Executive. Whilst the UK standard and CIPFA identifies that some of the stated practices are not relevant to local government, these rules do look to transfer some employment related matters away from purely the executive arm of the organisation, by involving requirement of the Board.

Statement of the Responsibilities of Management

1. It is the responsibility of management to establish sound and adequate operational systems and processes designed to achieve the organisation's objectives efficiently and effectively. It is their responsibility to organise operations efficiently in a way that achieves required outcomes, statutory compliance and adequate levels of internal control including, as appropriate, matters such as the correct management of information. Senior managers must ensure that operational managers understand their role, operate systems as designed and intended, train staff appropriately in the required systems and procedures, and keep and retain adequate records. It is the responsibility of managers to establish systems and procedures to deter, prevent and detect fraud, corruption and bribery.
2. In dealing with Internal Audit managers should.
 - Arrange appointments for planned audit work promptly.
 - Respond diligently and promptly to any unplanned visit or request for information.
 - Have appropriate records and accesses available as necessary to assist the audit work.
 - Have the appropriate staff available to describe any system or arrangement, and answer questions or resolve queries as the audit work progresses.
 - Be available to discuss the conclusions of audit work and any recommendations.
 - Reply promptly to any draft audit report.
 - Reply promptly to any final audit report.
 - Complete any necessary action plan indicating agreement or otherwise.
 - Implement agreed actions.
3. In respect of assurance, consulting or other activity (such as investigations) it is the role of Internal Audit to assess and report independently on systems and process and the efficiency and effectiveness of an activity. Whilst management will be consulted, and their comments considered, and can seek to offer advice and opinion, the auditor is responsible for production of the report based on the evidence that they have available. Managers are not required to agree with the conclusions reached.
4. Managers are not required to implement audit recommendations. Where they believe that a recommendation is inappropriate, they should say why. Where they would prefer an alternative action, they should propose this.
5. Although internal auditors will always attempt to be helpful, their role is to provide assurance and specific consulting, and it is not their prime role to offer advisory services, although they can often be a useful final arbiter if there is a lack of clarity about appropriateness of a procedure, or interpretation of a rule or requirement.
6. The Chief Executive, Chief Financial Officer (s 151 officer) and Monitoring Officer are ultimately responsible for the implementation of matters as required by their statutory responsibilities.

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