



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

GOVERNANCE AND AUDIT COMMITTEE

22nd October 2024

Report of the Audit Manager – Steph Payne

Matter for Information

Wards Affected: All Wards

Internal Audit Update Report 2024/25

1. Purpose of the Report

To inform Members of the Internal Audit activity progress against the approved Internal Audit Plan 2024/25.

2. Executive Summary

The Internal Audit Update Report is the first report in relation to the Internal Audit Plan 2024/25. The report summarises:

- The outcomes of the 2024/25 Internal Audit activity delivered up to September 2024 (**Appendix 1**);
- The progress against the Internal Audit Plan 2024/25 (**Appendix 2**);
- Service Lead responses in relation to Limited Assurance Rating Reports (**Appendices 3 to 5**); and
- Post Audit Reviews completed up to September 2024.

3. Background

Governance and Audit Committee agreed the [Neath Port Talbot County Borough Council Internal Audit Plan 2024/25](#) on 21st March 2024.

In accordance with the [Public Sector Internal Audit Standards \(PSIAS\) 2017](#) and the [Governance and Audit Committee terms of reference](#), this report details the outcomes of Internal Audit work carried out in accordance with the agreed Plan.

4. Internal Audit resourcing

The new Audit Manager has been in post from September 2024, following retirement of the original post holder in May 2024.

The Audit Manager is the lead for the Internal Audit service. From September 2024 onwards, the Council does not have a separate Head of Internal Audit role.

Two members of the team are currently on long term sick leave.

As at September 2024, approximately 62 days have been lost in 2024/25 due to team sickness. Audit Manager turnover has also had an impact. Both are being managed through Plan allocations and reduction of the available contingency budget.

5. Audit Work Undertaken

As at 25th September 2024, a total of 20 audit reports have been issued in line with normal reporting processes:

- Six Schools;
- Four National Fraud Initiative (NFI) activities;
- Two Mandatory Training Spot Check activities;
- Ethics – Members;
- Agency Costs – Waste Services;
- Fundamental Financial System Control Risk Self-Assessments 2023/24;
- Schools Data Protection;
- Glamorgan Further Education Trust Fund Independent Examination;
- Live Kilometre Support Grant Claim 2023/24;
- Procurement Cards Non-Compliance; and
- Officers Declarations.

In addition to the above, the following work has also been undertaken:

- The Senior Auditor has attended the iTrent System (Payroll and HR) Project Board meetings;

- The Senior Auditor has attended the Mosaic System (Social Services) Project Board meetings;
- Six investigations have been progressed or concluded;
- The Internal Audit team have continued to provide advice to staff from across the Council; and
- 10 Post Audit Reviews have been completed (report section 6) confirming the implementation and progression of audit recommendations.

6. Post Audit Reviews Undertaken and Recommendations Tracking

| Audit Report Title | Recommendations Made | Post Audit Review Outcome |
|----------------------------------|----------------------|--|
| Court Deputy Service | 12 | Six recommendations have been implemented. Six recommendations are in progress and are due to be actioned by 2024/25 year-end. A second Post Audit Review will be completed in April 2025. |
| Creditors | 6 | Three recommendations have been implemented. Three are in progress - these relate to update of Accounting Instructions and creation of a new Financial Information System (FIS) report. The three in progress areas will be reviewed as part of the 2024/25 Creditors internal audit activity. |
| Crymlyn Burrows Transfer Station | 2 | Both recommendations (mandatory training relevant) are in progress. The service is now 100% compliant for manual handling training and are gradually improving their overall mandatory training completion rates. |
| Crymlyn Primary School | 1 | The recommendation has been implemented. |

| Audit Report Title | Recommendations Made | Post Audit Review Outcome |
|--|-----------------------------|--|
| Disabled Facilities Grant | 3 | All recommendations have been implemented. |
| Gnoll Primary School | 2 | One recommendation has been implemented. One is in progress - this relates to school meal debtors, which the school are actively pursuing. |
| Mandatory Training – Engineering Services | 8 | Positive progress has been made. The overall mandatory training completion rate has improved from 33.1% (original audit) to 73.4% (post audit review). Staff sick leave and other medium term leave types will impact the service’s ability to achieve 100%. |
| Mandatory Training – Strategy and Corporate Services Directorate | 8 | Positive progress has been made. The overall mandatory training completion rate has improved from 35.8% (original audit) to 73.8% (post audit review). Staff sick leave and other medium term leave types will impact the service’s ability to achieve 100%. |
| South Wales Trunk Road Agency (SWTRA) Payment Processes | 3 | All recommendations have been implemented. |
| St. Joseph’s Catholic Primary School | 2 | All recommendations have been implemented. |

7. Integrated Impact Assessment

There is no requirement to undertake an Integrated Impact Assessment as this report is for information and monitoring purposes only.

8. Valley Communities Impact

No implications.

9. Workforce Impacts

No implications.

10. Legal Impacts

Monitoring the implementation of Internal Audit recommendations assists the Council in managing identified risk areas and thereby reduces the prospects of legal challenge.

11. Risk Management Impacts

The work of Internal Audit provides independent assurance on the adequacy and effectiveness of the Council's control environment (comprising of risk management, control systems and governance arrangements).

Failure to deliver effective governance would negatively impact on the achievement of the Council's objectives and priorities.

12. Consultation

There is no requirement for external consultation on this item.

13. Recommendations

That Members note the content of the report and appendices.

14. Reason for Proposed Decisions

This is a matter for information therefore no decision is required.

Completion of the Internal Audit Update Reports ensures compliance with the PSIAS, the [Council Constitution](#) and the Governance and Audit Committee Terms of Reference.

15. Appendices

Appendix 1 – Issued reports to September 2024

Appendix 2 – Internal Audit Plan 2024/25 position at September 2024

Appendix 3 – Response from the Director of Social Services, Health and Housing and the Principal Officer, Business and Performance Management in relation to Report Number 7 – Mandatory Training: Business Support for Children’s Services Case Management Teams

Appendix 4 – Response from the Head of Support Services and Transformation in relation to Report Number 8 – Mandatory Training: Management Information Service and Data Unit

Appendix 5 – Response from the Director of Finance in relation to Report Number 19 – Procurement Cards Non-Compliance

Officer Contact:

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