

County Buildings
Wellington Square
AYR KA7 1DR
Telephone No. 01292 612436



1 November 2023

To: Councillors Dettbarn (Chair), Bell, Cullen, Kilpatrick, Lamont, McGinley, Ramsay and Weir

All other Elected Members for information only

Dear Councillors

AUDIT AND GOVERNANCE PANEL

You are requested to participate in the above Panel to be held **on Wednesday, 8 November 2023 at 10.00 a.m.** for the purpose of considering the undernoted business.

This meeting will be held in the County Hall County Buildings, Ayr on a hybrid basis for Elected Members, will be live-streamed and available to view at <https://south-ayrshire.public-i.tv/>

Yours sincerely

CATRIONA CAVES
Head of Legal and Regulatory Services

B U S I N E S S

1. Declarations of Interest.
2. Call-ins from Cabinet.
3. Minutes of previous meetings of:-
 - (a) 27 September 2023; and
 - (b) 4 October 2023(copies herewith).
4. Action Log and Work Programme (copy herewith).

Internal Audit Reports

5. Internal Audit - Progress Report (i) Progress of Annual Internal Audit Plan 2022/23 (ii) Progress of the Annual Internal Audit Plan 2023/24 (iii) Implementation of Internal Audit Action Plans (iv) Quality Assurance and Improvement Programme Update - Submit report by the Chief Internal Auditor (copy herewith).
6. Internal Audit Plan 2023/24 – Midyear Review - Submit report by the Chief Internal Auditor (copy herewith).

Other Governance Report

7. Risk Implications – Panel Reports – Submit report by the Head of Legal and Regulatory Services (copy herewith).

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| <p>For more information on any of the items on this agenda, please telephone Andrew Gibson, Committee Services on 01292 612436, Wellington Square, Ayr or e-mail: committeeservices@south-ayrshire.gov.uk www.south-ayrshire.gov.uk</p> |
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AUDIT AND GOVERNANCE PANEL (SPECIAL).

Minutes of a hybrid webcast meeting on 27 September 2023 at 10.00 a.m.

- Present in
County Hall: Councillors Julie Dettbarn (Chair), Brian McGinley and Gavin Scott.
- Present
Remotely: Councillors Kenneth Bell, Mary Kilpatrick and Cameron Ramsay.
- Apologies: Councillors Chris Cullen and George Weir.
- Attending in
County Hall: E. Howat, Chief Executive; T. Baulk, Head of Finance, ICT and Procurement; W. Carlaw, Service Lead – Democratic Governance; T. Simpson, Service Lead – Corporate Accounting; C. McGhee, Chief Internal Auditor; F. Mitchell-Knight, A. Kerr and G. McNally, Audit Scotland; A Gibson, Committee Services Officer; and C. McCallum, Clerical Assistant.

Opening Remarks.

The Chair

- (1) welcomed everyone to the meeting; and
- (2) outlined the procedures for conducting this meeting and advised that this meeting would be broadcast live.

1. Sederunt and Declarations of Interest.

The Chair called the Sederunt for the meeting and having called the roll, confirmed that there were no declarations of interest by Members in terms of Council Standing Order No. 17 and the Councillors' Code of Conduct.

Councillor Ramsay joined the meeting at 10.10 a.m., during consideration of the undernoted item.

2. Final Report on the 2022/23 Audit.

There was submitted a report (issued) of 21 September 2023 by the Head of Finance, ICT and Procurement

- (1) providing the Annual Accounts for the financial year ended 31 March 2023 and the proposed independent auditor's report to Members of the Council; and
- (2) allowing the auditor to communicate the matters raised during the audit to the Panel.

After the Service Lead – Corporate Accounting gave an introduction to the report, representatives from Audit Scotland spoke on the key issues arising from the report.

A Member of the Panel advised that he had full confidence in the staff running the financial aspects of the Council; that he had doubts over the current culture of the organisation; and that leadership needed to be evidence based and required to be improved to achieve Best Value. He further asked if Audit Scotland was confident that the Council was on a journey to achieve best value. A representative from Audit Scotland advised that decisive leadership was important to an organisation and that progress would be monitored and reported to this Panel.

The Chair thanked the representatives from Audit Scotland for attending the meeting today.

The Panel

Decided:

- (a) to note the Audit Scotland audit confirmation letter, as detailed in Annex 1 of the report;
- (b) to note the 2022/23 Annual Audit Report by Audit Scotland, as detailed in Annex 2 of the report and that the Annual Accounts and Charitable Trust Accounts had an unmodified audit opinion;
- (c) to note that Annex 2 of the report included best value information that had previously been presented to Members;
- (d) to approve the Council's audited Annual Accounts, as detailed in Annex 3 of the report for signature and their subsequent issue by 30 September 2023; and
- (e) to approve the Charitable Trusts' audited Annual Accounts, as detailed in Annex 4 of the report for signature and their subsequent issue by 30 September 2023.

The meeting ended at 10.30 a.m.

AUDIT AND GOVERNANCE PANEL.

Minutes of a hybrid webcast meeting on 4 October 2023 at 10.00 a.m.

Present in
County Hall: Councillors Julie Dettbarn (Chair), Mary Kilpatrick, Brian McGinley, Gavin Scott and George Weir.

Present
Remotely: Councillors Chris Cullen and Cameron Ramsay.

Apology: Councillor Kenneth Bell.

Attending in
County Hall: E. Howat, Chief Executive; M. Newall, Depute Chief Executive and Director of Housing, Operations and Development; J. Bradley, Director of Strategic Change and Communities; T. Baulk, Head of Finance, ICT and Procurement; W. Carlaw, Service Lead – Democratic Governance; K. Anderson, Service Lead – Policy, Performance and Community Planning; C. McGhee, Chief Internal Auditor; A Gibson, Committee Services Officer; and E. Moore, Clerical Assistant.

Opening Remarks.

The Chair

- (1) welcomed everyone to the meeting; and
- (2) outlined the procedures for conducting this meeting and advised that this meeting would be broadcast live.

1. Sederunt and Declarations of Interest.

The Chair called the Sederunt for the meeting and, having called the roll, confirmed that there were no declarations of interest by Members in terms of Council Standing Order No. 17 and the Councillors' Code of Conduct.

2. Call-ins from Cabinet.

The Panel noted that there were no call-ins from Cabinet of 26 September 2023.

3. Minutes of Previous Meeting.

The Minutes of the meeting of 6 September 2023 ([issued](#)) were submitted and approved.

4. Action Log and Work Programme.

There was submitted an update of the Action Log and Work Programme for this Panel ([issued](#)).

Having heard the Head of Finance, ICT and Procurement in explanation and a Member of the Panel intimate that it was helpful that the Work Programme was laid out in a manner to show the items that would be considered in the forthcoming year, the Panel

Decided: to note the current status of the Action Log and Work Programme.

External Audit Reports.

5. Accounts Commission Annual Report 2022/23.

There was submitted a report ([issued](#)) of 20 September 2023 by the Head of Finance, ICT and Procurement advising of the Accounts Commission Annual Report 2022/23.

In relation to paragraph 3.2.3 of the report and having heard a Member of the Panel ask to what extent other Councils Annual Audit reports were useful to this Council, the Head of Finance, ICT and Procurement advised that they were very useful in identifying learning opportunities from reports on other councils. The Chief Executive advised that this Council's Best Value report would be presented to the Accounts Commission on 12 October 2023 and reiterated the previous comment that it was indeed helpful to look at other Council's Audit reports.

A Member of the Panel advised that the Accounts Commission Annual report was a helpful report and as it was easy to read, asked if the layout of this report could be adopted by this Council in their presentation of financial reports. The Head of Finance, ICT and Procurement advised that he would consider this suggestion.

Having heard a Member of the Panel enquire if officers could dissect national reports and report matters which were relevant to this Panel, the Head of Finance, ICT and Procurement advised that this was already undertaken and is included in the contents section of the covering report for each national report presented.

The Chief Executive advised that Audit Scotland were always willing to discuss with Members the contents of their reports.

Having considered the findings outlined in the Accounts Commission Annual Report 2022/23, attached as Appendix 1 to the report, the Panel

Decided: to note the contents of the report.

6. Audit Scotland: Fraud and Irregularity 2022/23.

There was submitted a report ([issued](#)) of 20 September 2023 by the Head of Finance, ICT and Procurement advising of the Audit Scotland report “Fraud and Irregularity 2022/23”.

Following a question from a member of the Panel, it was noted that the report published by Audit Scotland entitled “Fraud and Irregularity 2022/23” covered all local authorities in Scotland.

A Member of the Panel asked where this Council’s Fraud Team were in relation to Audit Scotland’s recommendations and the Head of Finance, IT and Procurement advised that while the Chief Internal Auditor would review the recommendations, he could not answer on her behalf.

Following a question from a Member of the Panel, it was noted that all fraud was taken seriously by this Council but each case had to be looked at on its merits.

Having considered the findings outlined in the Audit Scotland Report ‘Fraud and Irregularity 2022/23’, attached as Appendix 1 to the report, the Panel

Decided: to note the contents of the report.

7. Audit Scotland: Local Government in Scotland Overview 2023.

There was submitted a report ([issued](#)) of 20 September 2023 by the Director of Strategic Change and Communities advising of the findings from the Audit Scotland Local Government Overview Report 2023.

A Member of the Panel advised that a Members’ Briefing would be helpful in relation to this subject matter and the Service Lead – Policy, Performance and Community Planning advised that this was currently being considered and this would allow Audit Scotland to attend and talk around their expectations of Members around Best Value.

Having heard a Member of the Panel raise the five key messages, as detailed within the report, and ask questions relating to each particular message, various officers responded.

Having heard a Member of the Panel raise the matter of digital exclusion, it was noted that although work was being carried out in this area, more work was required.

The Panel, having considered the findings outlined in the Audit Scotland report ‘Local Government in Scotland Overview 2023’, attached as Appendix 1 to the report; and having considered Supplement 2 (Questions/Checklist for Elected Members), as highlighted in paragraph 4.6 of the report, the Panel

Decided: to note the contents of the report.

8. **Best Value Action Plan 2023.**

There was submitted a report ([issued](#)) of 20 September 2023 by the Director of Strategic Change and Communities seeking approval for an expanded Best Value Action Plan.

A Member of the Panel raised the issue of making performance reports more accessible to the public. The Service Lead – Policy, Performance and Community Planning advised that these reports were already made available online to allow scrutiny of performance and progress on accessibility would continue to be made.

Following a Member of the Panel asking when results would begin to be seen, the Service Lead – Policy, Performance and Community Planning advised that a definitive date could not be given but changes would begin to be seen shortly and that this would be an ongoing process. It was also noted that reporting would be more focussed on performance rather than narrative of what was happening.

Having heard a Member of the Panel raise if there was a requirement for this Panel to consider Key Performance Indicators, the Service Lead – Policy, Performance and Community Planning advised that he would raise the matter at the Executive Leadership Team.

Having considered the response to the comments made by the Audit and Governance Panel in June 2023, as outlined in Appendix 1 of the report, the Panel

Decided: to agree the augmented action plan, noting the additional improvement activity identified through the Best Value Thematic Work in South Ayrshire Council 2022/23 report.

9. **Concluding Remarks.**

Having noted that this was the last meeting of this Panel that the Chief Executive would attend prior to her retirement, the Chair thanked her for the work she had done relating to this Panel over the years. The Chief Executive responded in suitable terms.

The meeting ended at 10.45 a.m.

Audit and Governance Panel

Agenda Item No. 4

Action Log

| No | Date of Meeting | Issue | Actions | Assigned/ Re-assigned to | Update | Completed |
|----|-----------------|--|--|--|--|------------|
| 1. | 31 May 2023 | Corporate Fraud Team – Activity Report and Update on 2022/23 National Fraud Initiative | To provide a Members Briefing regarding the work of the Corporate Fraud Team | Chief Internal Auditor | Members briefing has been arranged for Wednesday 1 November at 2pm | NO |
| 2. | 28 June 2023 | Delivering Good Governance - 2022/23 Assessment | A Member advised that, in the spirit of self-evaluation and in relation to page 15 of Appendix 1, where it stated that “All Panel and Council reports include ‘Risk Implications of Accepting or Rejecting Recommendations”, should a sample of these be reviewed to see if they were being used successfully. | Head of Legal and Regulatory Services/ Service Lead – Risk and Safety | On agenda for this meeting – 8 November 2023 | YES |

Audit and Governance Panel

Work Programme 2023

| No | Issue | Actions | Assigned To | Due Date To Panel | Latest update |
|----|--|----------------------|---------------------------------------|--|---|
| 1. | Internal Audit - Progress Report (i) Progress of Annual Internal Audit Plan 2022/23 (ii) Progress of the Annual Internal Audit Plan 2023/24 (iii) Implementation of Internal Audit Action Plans (iv) Quality Assurance and Improvement Programme Update | Report to Panel | Chief Internal Auditor | 8 November 2023 (progress reported quarterly) | Report to this Panel |
| 2. | Internal Audit Plan 2023/24 – Midyear Review | Report to this Panel | Chief Internal Auditor | 8 November 2023 (Annually) | Report to this Panel |
| 3. | Risk Implications – Panel Reports | Report to this Panel | Head of Legal and Regulatory Services | 8 November 2023 | Report to this Panel |
| 4. | Corporate Fraud Team - Activity Report | Report to this Panel | Chief Internal Auditor | 6 December 2023 (Biannually) | |
| 5. | Treasury Management Mid-Year Report 2023/24 | Report to Panel | Head of Finance, ICT and Procurement | 6 December 2023 (reported quarterly following changes to Code of Practice) | |
| 6. | External Audit Reports – Progress to 30 June 2023 | Report to Panel | Head of Finance, ICT and Procurement | 6 September 2023 (Quarterly) | Item to be deferred to 6 December 2023 as no change from report to June AGP |

Audit and Governance Panel

| No | Issue | Actions | Assigned To | Due Date To Panel | Latest update |
|-----|---|----------------------|---|---|---------------|
| 7. | Audit and Governance Panel – 2023 Annual Self-Assessment Outcome | Report to Panel | Head of Finance and ICT and Head of Legal and Regulatory Services | 6 December 2023 | |
| 8. | Best Value Action Plan 2023 | Report to this Panel | Director of Strategic Change and Communities | February 2024 (Quarterly) | |
| 9. | Annual Audit Plan 2023/24 | Report to Panel | Head of Finance, ICT and Procurement | March 2024 (Yearly) | |
| 10. | Annual Internal Audit Plan | Report to Panel | Chief Internal Auditor | March 2024 (Yearly) | |
| 11. | Strategic Risk Management | Report to this Panel | Head of Legal and Regulatory Services | March 2024 (Biannually) | |
| 12. | Annual Accounts 2023/24 | Report to this Panel | Head of Finance, ICT and Procurement | June 2024 (Yearly) | |
| 13. | Delivering Good Governance – 2023/24 Assessment | Report to Panel | Head of Legal and Regulatory Services | June 2024 (Yearly) | |
| 14. | Internal Audit Annual Report 2023/24 | Report to Panel | Chief Internal Auditor | June 2024 (progress reported quarterly) | |

Audit and Governance Panel

| No | Issue | Actions | Assigned To | Due Date To Panel | Latest update |
|-----|--|----------------------|--------------------------------------|---------------------------|---------------|
| 15. | Treasury Management Annual Report 2023/24 | Report to Panel | Head of Finance, ICT and Procurement | June 2024 (Annually) | |
| 16. | Internal Audit Annual Update Report – Integration Joint Board (IJB) Performance and Audit Committee (PAC) | Report to Panel | Chief Internal Auditor | September 2024 (Annually) | |
| 17. | Accounts Commission Annual Report 2022/23 | Report to this Panel | Head of Finance, ICT and Procurement | October 2024 (Annually) | |

South Ayrshire Council

**Report by Chief Internal Auditor
to Audit and Governance Panel
of 8 November 2023**

Subject: Internal Audit – Progress Report

- (i) Progress of Annual Internal Audit Plan 2022/23**
 - (ii) Progress of the Annual Internal Audit Plan 2023/24**
 - (iii) Implementation of Internal Audit Action Plans**
 - (iv) Quality Assurance and Improvement Programme Update**
-

1. Purpose

1.1 The purpose of this report is to advise Members of progress of the 2022/23 internal audit plan, progress of the 2023/24 internal audit plan, directorates' progress against implementation of internal audit action plans and the status of the current Quality Assurance and Improvement Programme.

2. Recommendation

2.1 **It is recommended that the Panel considers the content of this report.**

3. Background

3.1 Progress against the Internal Audit annual plan and implementation of actions is reported to the Audit and Governance Panel on a quarterly basis. The last quarterly progress report was reported to Panel on 6 September 2023 and included progress for the first quarter of 2023/24 to 30 June 2023.

3.2 This report provides an update on the progress of the 2022/23 and the 2023/24 Plans for the first quarter to 30 September 2023 and the directorates' progress of implementation of Internal Audit actions to 11 October 2023.

3.3 The Public Sector Internal Audit Standard (PSIAS) requires the Chief Internal Auditor to maintain a Quality Assurance and Improvement Programme (QAIP) that covers all aspects of the internal audit activity including both periodic internal self-assessments and five-yearly External Quality Assessments (EQA) and reports the results of this to the Panel. The status of the latest QAIP is included at section 4.5 of this report.

4. Proposals

4.1 *Progress of Internal Audit Plan 2022/23*

4.1.1 A summary of all 2022/23 assignments can be found in [Appendix 1](#). Four final reports have been issued since the last quarterly update report in September 2023. Two 2022-23 assignments were outstanding at 30 September 2023.

| Ref | Assignment | Assurance | No of Actions |
|---------|---|-------------|----------------------|
| 2023-05 | Transformational Change | Reasonable | 5 (2 medium, 3 low) |
| 2023-09 | Fostering and Adoption | Reasonable | 6 (4 medium, 2 low) |
| 2023-11 | Implementation of Progress against Care Inspectorate/SG Improvement Plans | Substantial | 3 (1 medium, 2 low) |
| 2023-14 | Schools - Internal Control Self-Assessment Toolkit | Reasonable | 10 (3 medium, 7 low) |

4.2 *Internal Audit Annual Audit Plan 2023/24 Progress*

4.2.1 A summary of all 2023/24 assignments can be found in [Appendix 2](#). One final report has been issued for South Ayrshire Council since the last quarterly update report in September 2023. In addition one final report for the Ayrshire Valuation Joint Board (Voters Authority Certificate Process Review) has also been issued to the Service.

| Ref | Assignment | Assurance | No of Actions |
|---------|--|-------------|---------------|
| 2024-05 | NDR Relief Anti-Fraud Review Follow Up | Substantial | N/A |

4.3 *Performance Indicators 2023/24*

4.3.1 Three performance indicators are included in the plan for 2023/24:

- Productivity/utilisation (para 4.3.2);
- Percentage of reviews completed in audit plan (para 4.3.4); and
- Number of ad-hoc requests and investigations (para 4.3.5).

4.3.2 As at 30 September 2023, direct audit time for 2023/24 was as follows:

| | Target % | 2023/24 | 2022/23 | 2021/22 |
|------------|----------|---------|---------|---------|
| Direct | 83% | 82% | 80% | 80% |
| Indirect | 11% | 13% | 10% | 14% |
| Management | 6% | 5% | 10% | 6% |
| | 100% | 100% | 100% | 100% |

4.3.3 Direct audit time is slightly lower than target but is due to additional indirect time being spent in the first half of the year. It is expected the targets will be met by the year end. Indirect audit time is higher at this stage of the year than the target due to the attendance of the team at a biennial training event held by the Scottish Local Authority Internal Auditors Group (SLACIAG), the completion of the annual Performance Development Review (PDR) process and completion of mandatory training by the whole team.

4.3.4 The internal audit plan for 2023/24, approved by the Panel on 22 March 2023, includes 30 deliverable assignments for South Ayrshire Council. There is also an allocation of time for Internal Audit to deliver audit plans for the IJB and the AVJB (assignment numbers 31 and 32 in the audit plan). The full plan including the status of each assignment is at [Appendix 2](#). A summary of the 2023/24 plan completion for SAC deliverable assignments as at 30 September 2023 is included in the table below:

| Status | No. of Deliverables | Percentage |
|------------------|---------------------|-------------|
| Complete | 1 | 3% |
| Work in progress | 13 | 44% |
| Not started | 16 | 53% |
| Total | 30 | 100% |

4.3.5 In addition to planned Internal Audit assignments, allocations of time are included within the plan for contingency, ad-hoc requests for advice and guidance and investigations. There were four requests for advice and guidance in the period to 30 September 2023. These requests were in relation to safe checks, anti-fraud checks within the grant process in Thriving Communities, advice on the treatment/recoding of Museum archives and advice on proposed changes to employability grant procedures. One contingency assignment relating to procurement of training within Health and Social Care (HSC) was started in this period and is currently ongoing.

4.3.6 There were three referrals for investigations received in the quarter to 30 September 2023. One investigation was taken forward and concluded by the Service, this investigation related to a fraudulent attempted to change bank details which was not actioned by the service. Procedures were updated by the Service to strengthened existing controls. The remaining two investigations were taken forward by Internal Audit. One investigation was in relation to cash collection and was not substantiated. The second

investigation relates to the award of grants. The audit work in this area has concluded and the report is currently being drafted.

- 4.3.7 Management information is retained for all assignments which tracks progress of the assignment from the terms of reference at the outset through to the issue of the draft report, and ultimately to the issue of the final report. This management information is used to review progress of the assignment against the budgeted audit days in the plan, assign work within the team and track overall completion of the plan.

4.4 ***Implementation of Internal Audit Action Plans***

- 4.4.1 Nine follow up assignments are included in the 2023/24 internal audit plan. One follow up assignment has been completed and three are in progress. The remaining assignments will be programmed into the Internal Audit work plan in line with agreed action implementation dates.

- 4.4.2 The follow up of all other internal audit actions is undertaken through review of Ideagen (formerly known as Pentana), where all recommendations are uploaded for management action. Quarterly alerts are issued from Ideagen to action owners requesting action status to be updated and notes to be added where required.

- 4.4.3 There are currently ten overdue actions and 32 actions due for completion in the next six months. Full details of these action points are included in [Appendix 3](#).

- 4.4.4 Extensions to implementation dates may be agreed with Services where progress of implementation has been impacted by factors outwith their control and/or which were not known at the time the original due date was agreed. Up to two extension may be agreed between the Service and the Chief Internal Auditor. Ten extensions to due dates have been agreed as follows:

- Six School Self-Assessment overdue actions (IA2023/14.02 – IA2023/14.05, IA2023/14.07 and IA2023/14.08); the implementation of these actions was impacted by the School strikes and by a delay in the provision of information from other services. These delays could not have been predicted at the time of agreeing the original implementation dates.
- Two System Access Controls overdue actions (IA2023/07.04 and IA2023/07.08); the first action relates to documenting and communicating the dismissal/suspension processes to line managers. The dismissal process has been updated through the introduction of Fusion and line managers have been reminded of the process regarding suspension. The extension is required to allow communication to be prepared to confirm this process formally in writing. The second action relates to line manager responsibilities in relating to system access controls which have been documented by the Service but the extension has been granted to allow for Communications to input to the design/format of the document prior to distribution throughout the Council. Communications input was delayed due their involvement in the Ayr Show.

- One Climate Change Duty Report overdue action (IA2023/12.03); the extension was granted to coincide with the completion of the annual statutory return.
- The remaining Scottish Housing Regulator Annual Return 2019/20 action (IA2021/06.02) was due for implementation by 31 March 2024. This extension is required to allow for the upgrade of the existing Housing system and for time to procure and implement a new Housing Asset module.

4.4.5 Where more than two extensions to due dates have been requested, a representative from the Service will be asked to attend the AGP and provide an explanation for the request. There are no such request being made to the Panel during this reporting period.

4.5 **Quality Assurance and Improvement Programme (Compliance with PSIAS)**

4.5.1 A quality assurance and improvement programme (QAIP) designed to enable an evaluation of the internal audit activity's conformance with PSIAS is in place with Internal Audit. The QAIP also assesses the efficiency and effectiveness of the service and encourages and identifies opportunities for improvement.

4.5.2 The QAIP includes both internal and external assessments. External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The previous external assessment was undertaken in 2017/18 by the Chief Internal Auditor of East Renfrewshire Council. The next external review is being undertaken by the Chief Internal Auditor of Inverclyde Council and is currently ongoing.

4.5.3 While monitoring of the service is undertaken on an ongoing basis, in line with the performance indicators at 4.3 above and improvements made where required, a formal periodic self-assessment is also required. This is carried out annually by a member of internal audit. The internal assessment for 2023/24 has started and the results of both the internal and external assessments will be included within the quarterly update report to Panel once both have completed.

5. **Legal and Procurement Implications**

5.1 There are no legal implications arising from this report.

5.2 There are no procurement implications arising from this report.

6. **Financial Implications**

6.1 Not applicable.

7. **Human Resources Implications**

7.1 Not applicable.

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8. Risk

8.1 Audit reports include, in the action plans, a separate risk assessment detailing the risk of not implementing each of the Internal Audit recommendation. A recommendation to consider whether the Directorate risk register requires to be updated to reflect issues raised within the report is also included in the report. In addition, quarterly meetings have been set up between Risk and Safety and Internal Audit to ensure new emerging risks are included in Council Risk Registers and the Annual Internal Audit Plan where required.

8.2 *Risk Implications of Adopting the Recommendations*

8.2.1 There are no risks associated with adopting the recommendations.

8.3 *Risk Implications of Rejecting the Recommendations*

8.3.1 Rejecting the recommendation could result in failure to perform a scrutiny role in relation to the application of the Public Sector Internal Audit Standards (PSIAS).

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the three priorities in the Council Plan; Spaces and Places; Live, Work, Learn and, Civic and Community Pride.

13. Results of Consultation

13.1 There has been no public consultation on the contents of this paper.

13.2 Consultation has taken place with Councillor Ian Davis, Portfolio Holder for Finance, Human Resources and ICT, and the contents of this report reflect any feedback provided.

Background Papers [Internal Audit Plan 2023-24](#)
[Public Sector Internal Audit Standard](#)

Person to Contact Cecilia McGhee, Chief Internal Auditor
County Buildings, Wellington Square, Ayr, KA7 1DR
Phone 01292 612432
E-mail Cecilia.McGhee2@south-ayrshire.gov.uk

Date: 31 October 2023

PROGRESS AGAINST INTERNAL AUDIT PLAN 2022/23

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|------------------------------|----------------------------|--|----------------------|-----------------------|----------------|----------|---|
| Key Corporate Systems | | | | | | | |
| 1 | Main Accounting | Anti-Fraud Review - NDR Relief Review (Joint review between Internal Audit and Corporate Fraud) | 4.4 | 4 | 15 | Complete | Final Report Issued |
| 2 | HR and Payroll | Conflict of Interests - Review of arrangements in place to ensure conflict of interests are declared. (consider using NFI report for sample checking). | 1.2 | 3/10 | 15 | Complete | Final Report Issued |
| Governance/Best Value | | | | | | | |
| 3 | Following the Public Pound | Ayrshire Growth Deal Testing of internal governance arrangements | 4.1 | 1 | 20 | Started | Draft Report Issued to Service for Management Actions |
| 4 | Contract Audit | Review of arrangements in place around the use of HubSW | 5.2 | 9 | 20 | Started | Audit Testing in Progress |
| 5 | Transformational Change | Follow up of the 2021/22 Change Management assignment - review of progress of the South Ayrshire Way Change Programme specifically in relation to transformational change projects and COVID recovery. | 1/2.5/4.2 | 1 | 20 | Complete | Final Report Issued |
| 6 | National Fraud Initiative | Commencement of 2022/23 Data Matching exercise | - | 4 | 10 | Complete | Final Report Issued |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|---------------------|-----------------------------------|---|----------------------|-----------------------|----------------|----------|---------------------|
| ICT Auditing | | | | | | | |
| 7 | System Access Control | Review process and controls over granting and removing access to Council System and Data. | 6.2 | 11 | 30 | Complete | Final Report Issued |
| Directorates | | | | | | | |
| 8 | Place | Void Repairs - Procedural Review | 1.3/5.2 | 12 | 25 | Complete | Final Report Issued |
| 9 | H&SCP | Fostering & Adoption Payments | 3.2 | 5 | 15 | Complete | Final Report Issued |
| 10 | People | Education Maintenance Allowance (Data Match) | 2.3 | 5 | 5 | Complete | Final Report Issued |
| 11 | H&SCP | Review of progress against implementation of Care Inspectorate/Scottish Government Improvement Plans | 3 | 5 | 15 | Complete | Final Report Issued |
| 12 | Place | Review of Climate Change Public Sector Report (CCPSR) (Sample Check return to confirm supporting documentation available to support the contents) | 6.1 | 1/3 | 20 | Complete | Final Report Issued |
| 13 | Finance, Economic Dev, Regulatory | Review of COVID-19 business grants | 4.4 | 4/9 | 10 | Complete | Final Report Issued |
| Regularity | | | | | | | |
| 14 | Schools | Internal Control Self-Assessment Toolkit - Initial Rollout and Management of the Annual Process | 2 | 4 | 6 | Complete | Final Report Issued |
| 15 | Social Work Locations | Internal Control Self-Assessment Toolkit - Management of the Annual Process | 3 | 4 | 5 | Complete | Final Report Issued |
| 16 | Continuous auditing | Development of Continuous Auditing to other key risk areas including procurement and payroll | 1.3 | 4 | 20 | Complete | Final Report Issued |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|--------------------------|-------------------------------|--|----------------------|-----------------------|----------------|----------|---|
| Follow Up Reviews | | | | | | | |
| 17 | Main accounting | Follow up of 2020/21 Findings | 1 | 9 | 3 | Deferred | Included in 2023/24 Internal Audit Plan |
| 18 | Benefits | Benefits - Scottish Welfare Fund | 1.4 | 9 | 2 | Complete | Final Report Issued |
| 19 | Following the Public Pound | Ayrshire Growth Deal | 4.1 | 9 | 4 | Complete | Final Report Issued |
| 20 | ICT Auditing | PCI DSS | 6.2 | 11 | 3 | Complete | Final Report Issued |
| 21 | Contract Audit | Capital contract | 5.2 | 9 | 4 | Complete | Final Report Issued |
| 22 | Directorate and other Systems | Controls around Hall letting Procedure | 2.4/6.2 | 4 | 2 | Complete | Final Report Issued |
| 23 | Directorate and other Systems | Controls around fuel systems | 6.1 | 4 | 4 | Complete | Final Report Issued |
| 24 | Directorate and other Systems | Carefirst | 3 | 4 | 2 | Complete | Final Report Issued |
| 25 | Regularity | Museums Stores | 5.4 | 4 | 2 | Deferred | Included in 2023/24 Internal Audit Plan |
| Other Entities | | | | | | | |
| 26 | AVJB | AVJB - Core System Review (Migration of CT Data) (Estimated days includes Internal Audit support to the AVJB) | - | - | 25 | Complete | Final Report Issued |
| 27 | IJB | Performance Monitoring Arrangements Follow Up of Risk Management Arrangements (Estimated days includes Internal Audit support to the IJB) | - | - | 25 | Complete | Final Report Issued |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|--------------|-----------------------------------|---|----------------------|-----------------------|----------------|----------|--|
| Other | | | | | | | |
| 28 | Investigations | Allowance for investigations of irregularities. | - | 4 | 20 | Complete | Investigations concluded and reports issued where required |
| 29 | Advice and Guidance | Client requests, advice and consultancy - including participation on working groups | - | - | 15 | Complete | |
| 30 | Contingency | Contingency budget for unplanned commitments arising during the year | - | - | 30 | Complete | Three reviews completed under contingency during 2022/23 |
| 31 | Closure of prior year assignments | Allowance of time for the closure of prior year audit work into 2021/22 | - | - | 50 | Complete | |
| 32 | Management and Audit development | Internal Audit planning, annual reporting, and quarterly reporting | - | - | 35 | Complete | |
| 33 | EQA2 | South Ayrshire Council independent review of Renfrewshire Council's compliance with PSIAS | - | - | 10 | Complete | Report Issued |
| 34 | QAIP | Annual self-assessment of compliance with PSIAS | - | - | 10 | Complete | |
| TOTAL | | | | | 497 | | |

PROGRESS AGAINST INTERNAL AUDIT PLAN 2023/24

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|------------------------------|----------------------------|--|-----------------------------|-----------------------|----------------|-------------|----------------------------------|
| Key Corporate Systems | | | | | | | |
| 1 | Main Accounts | Obtain assurance that there are adequate controls included in updated procedures following implementation of Oracle Fusion and that the controls are operating effectively. | Best Value | 11 | 20 | Not Started | |
| 2 | HR & Payroll | Obtain assurance that there are adequate controls included in updated procedures following implementation of Oracle Fusion and that the controls are operating effectively. | Live, Work Learn/Best Value | 11 | 20 | Not Started | |
| 3 | Organisational Development | Review and Assess progress of implementation of the Corporate Workforce Plan 2022-2025 Action Plan | Live, Work Learn/Best Value | 13 | 20 | Not Started | |
| Governance/Best Value | | | | | | | |
| 4 | National Fraud Initiative | Co-ordination and Monitoring of Exercise and review of Procurement Matches. | Best Value | 4 | 15 | Started | Investigation of matches ongoing |
| 5 | Following the Public Pound | Ayrshire Growth Deal - Follow Up of actions from 2022/23 Assignment. Objective of the assignment to be agreed when the outcome of the 2022/23 assignment is known. Potentially review arrangements with consultants/suppliers/contractors or project management. | Best Value | 1 | 25 | Not Started | |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|---------------------|-------------------------------------|--|---|-----------------------|----------------|-------------|-------------------------------------|
| 6 | Procurement | Review of "Off Contract Spend" to obtain assurance that spend is properly authorised and that standing orders in relation to contracts and/or procurement legislation is being adhered to. | Best Value | 4 | 20 | Not Started | |
| 7 | Participatory Budgets | Obtain assurance that there are adequate arrangements in place to meet the National target for at least 1% of Local Government Budgets to be subject to participatory budgeting | Civic and Community Pride/ Best Value | 1/11 | 15 | Not Started | |
| 8 | Records Management | Obtain assurance that services are complying with SCARRS/the Councils records management procedures, retention schedules are up to date, relevant and adhered to. | Equalities and the Fairer Scotland Duty | 4 | 20 | Not Started | |
| ICT Auditing | | | | | | | |
| 9 | Social Media Accounts | Obtain assurance that there are adequate controls in place around; access to Social Media Channels; creation and deletion of Social Media pages/ channels and monitoring of content/ followers/ following | Equalities and the Fairer Scotland Duty | 14 | 15 | Started | Audit Testing in Progress |
| Directorates | | | | | | | |
| 10 | Housing, Operations and Development | Review of Waste Management procedures to obtain assurance that controls are in place and operating effectively | Spaces and Places | 15 | 25 | Started | Audit Testing in Progress |
| 11 | Housing, Operations and Development | Anti-Fraud Review - Review of Housing Let procedures to ensure they include adequate controls to identify and prevent fraud (testing will be carried out jointly by Internal Audit and the Corporate Fraud Team) | Live, Work, Learn | 4 | 15 | Started | Research and Audit Planning started |
| 12 | Education | Review the use of funding allocated to South Ayrshire Council from the Attainment Scotland Fund (ASF) to confirm it complies with the condition of the | The Promise,/Live Work Learn | 9 | 20 | Not Started | |


| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|-------------------|------------------------|--|---|-----------------------|----------------|-------------|--|
| | | fund/national guidance and ensure there are adequate arrangements in place to monitor and report impacts and outcomes | | | | | |
| 13 | HSCP | External Providers - Confirm there are adequate arrangement in place to undertake pro- active due diligence on external provider's financial stability | The Promise, Our Ageing Population | 6 | 10 | Not Started | |
| 14 | HSCP | Premises - Confirm there are adequate arrangement in place to ensure the HSCP have adequate premises to provide services/operate its business | The Promise, Our Ageing Population | 6 | 10 | Not Started | |
| 15 | Change and Communities | Follow up of Actions from 2022/23 Audit Assignment and review of annual Climate Change Duty Compliance return for 2022/23 | Sustainability, climate change and biodiversity | 8 | 10 | Started | Research and Audit Planning started |
| 16 | Change and Communities | Review of Cash Collection Arrangements in Leisure Facilities and sample testing | Spaces and Places | 4 | 10 | Started | Research and Audit Planning started |
| Regularity | | | | | | | |
| 17 | Continuous Auditing | Accounts Payable, Payroll and Debtors (including Housing Rent Debtors) | Best Value | 4 | 40 | Started | Testing in Progress |
| 18 | Grants | Audit of claims and annual review of procedures, Ayrshire Rural and Island Ambition Fund (ARIA) | Live, Work, Learn | 4 | 10 | Started | Review of grant procedures completed. Review of grant claims will be completed in quarter 4. |
| 19 | Grants | Review of evidence to support Network Support Grant claim | Spaces and Places/Live, Work Learn | 9 | 5 | Started | Completed for six month period to 31 March 2023. Review of second claim will be completed in quarter 3/4 |



| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|--------------------------|---------------------------|--|-----------------------------------|-----------------------|----------------|-------------|---|
| 20 | Schools | Internal Control Self Assessment Toolkit - Management of the Annual Process | Live Work Learn/The Promise | 4 | 10 | Not Started | |
| 21 | Social Work Locations | Internal Control Self Assessment Toolkit - Management of the Annual Process | The Promise/Our Ageing Population | 4 | 7 | Started | Self-Assessment Questionnaire being updated |
| Follow Up Reviews | | | | | | | |
| 22 | Regularity | Follow Up of actions from 2021/22 Audit Assignment - Museum Stores | - | 5 | 4 | Started | Supporting Evidence being gathered ahead of audit testing |
| 23 | Main accounting | Follow up of Actions from 2020/21 Audit Assignment - Main Accounting Review | - | 5/11 | 3 | Not Started | |
| 24 | ICT Auditing | Follow up of Actions from 2022/23 Audit Assignment - Systems Access Controls | - | 5/14 | 10 | Not Started | |
| 25 | Directorate | Follow up of Actions from 2022/23 Audit Assignment - Void repairs | - | 5/15 | 3 | Started | Supporting Evidence being gathered ahead of audit testing |
| 26 | Directorate | Follow up of Actions from 2022/23 Audit Assignment - Fostering and Adoption | - | 5/6 | 3 | Not Started | |
| 27 | Main Accounting | Follow up of Actions from 2022/23 Audit Assignment - NDR Relief Review | - | 5/4 | 3 | Complete | Final Report Issued |
| 28 | Directorate | Follow up of Actions from 2022/23 Audit Assignment - Implementation of Care Inspectorate/Scottish Government Improvement Plans | - | 5/6 | 3 | Not Started | |
| 29 | Governance and Best Value | Follow up of Actions from 2022/23 Audit Assignment - arrangements in place around the use of SWHub | - | 5/11 | 4 | Not Started | |
| 30 | Contingency | Follow up of Actions from 2022/23 Audit Assignment - Golf Club House Income Controls | - | 5/4 | 5 | Started | Audit testing in progress |


| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|-----------------------|---|--|----------------------|-----------------------|----------------|-------------|--|
| Other Entities | | | | | | | |
| 31 | AVJB | Review of implementation of Voters Authority Certificate (VAC) process Review of implementation of Non Domestic Rate (NDR) legislative changes | - | - | 25 | Started | Draft Report issued for VAC assignment. Testing concluded and report being drafted for NDR legislative change review |
| 32 | IJB | Workforce Planning Follow Up – Performance Monitoring Arrangements | - | - | 25 | Not Started | |
| Other | | | | | | | |
| 33 | Investigations | Allowance for investigations of irregularities. | - | 4 | 20 | Ongoing | Three as at 30 September 2023 Two investigations concluded (One by Service and One by Internal Audit) Testing concluded on third assignment and report being drafted |
| 34 | Advice and Guidance (general) | Client requests, advice and consultancy - including participation on working groups | - | - | 5 | Ongoing | Advice and Guidance provided in four separate areas |
| 35 | Advice and Guidance (Service Reviews/ Redesign) | Time to allow Internal Audit to respond to requests from services to provide advice & guidance or to review updated/changes to procedures following Service redesigns, or implementation of new processes or ICT Systems | - | 3 | 30 | Started | Initial meeting with Service to discuss audit participation in the project to replace Carefirst within HSC |
| 36 | Contingency | Contingency budget for unplanned commitments arising during the year | - | - | 15 | Ongoing | Review of HSC procurement of Training Courses |





| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Estimated Days | Status | Progress |
|--------------|-----------------------------------|---|----------------------|-----------------------|----------------|-------------|--|
| 37 | Closure of prior year assignments | Allowance of time for the closure of prior year audit work into 2022/23 | - | - | 50 | In Progress | One assignment (HubSw) to be concluded |
| 38 | Management and Audit development | Internal Audit planning, annual reporting, and quarterly reporting and Chief Internal Auditor Review of assignments | - | - | 50 | Ongoing | Ongoing |
| 39 | QAIP | Annual self-assessment of compliance with PSIAS | - | - | 10 | Started | Completion of the Self Assessment Checklist ongoing. External Assessment by Inverclyde Council ongoing |
| TOTAL | | | | | 610 | | |



Overdue Actions (As At Date of Report 11 October 2023)

| IA2022/18 Fuel Management | | | | | | | |
|-----------------------------------|-------------|-----------------|-------------|--|---|----------|--|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2022/18.07 Review of Procedures | 30-Apr-2023 | Kenny Dalrymple | Fiona Ross | 04-Oct-2022 This action relates to all the outcomes of the recent audit and on each component being completed. There is a risk that the overall review will not be complete by the current due date. |  | 20% | 1st extension granted to 31/1/23 to allow other actions to be implemented (AGP 9/11/22) 2nd extension granted to 30/4/23 to allow other actions to be implemented (AGP 22/2/2023) |


| IA2023/07 System Access Controls | | | | | | | |
|---|-------------|--------------|----------------|---|---|----------|---|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/07.04 Employee Dismissal/ Suspension | 31-Aug-2023 | | Wendy Wesson | 11-Oct-2023 HR Advisors have communicated the suspension process to their Service areas and a further communication is being prepared to confirm this process in writing. The Disciplinary Policy will be amended in line with our policy review timescales. |  | 80% | 1 st extension granted to 31/12/2023 |
| IA2023/07.08 Line manager responsibilities | 30-Sep-2023 | Kevin Mullen | Jennifer Blake | 29-Sep-2023 The Cheat Sheet to accompany the Device Governance Standards has been devised and awaiting final completion in poster format after which, it will be distributed to Service Leads etc using existing communication channels. |  | 90% | 1 st extension granted to 31/12/2023 |

| IA2023/12 Climate Change Duty Report | | | | | | | |
|--|-------------|----------------|--------------|--|---|----------|---|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/12/03 Guidance on completion of report for officers | 30-Sep-2023 | Kevin Anderson | Lorna Jarvie | 3-Oct-2023 The schedule of information holders and support has been used to complete the template and will be updated accordingly. |  | 55% | 1 st extension granted to 30/11/2023 |

| IA2023/14 School Self-Assessment Checklist results 22-23 | | | | | | | |
|--|-------------|-------------------|----------------|---|---|----------|---|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/14.02 Cash Limits | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 Along with mitigating factors outwith Education's control (school strikes), information on the maximum value of cash which can be held in safes or locked cash tins is yet to be received. This information will inform the final, revised version 6 of the management Guideline on School Funds. Consideration on the extension of the original due date to 31 October 2023 has been requested. |  | 50% | 1 st extension granted to 31/10/2023 |
| IA2023/14.03 Cash Storage | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 Along with mitigating factors outwith Education's control (school strikes), information on the maximum value of cash which can be held in safes or locked cash tins is yet to be received. This information will inform the final, revised version 6 of the management Guideline on School Funds. Consideration on the extension of the original due date to 31 October 2023 has been requested. |  | 50% | 1 st extension granted to 31/10/2023 |
| IA2023/14.04 Cash Holdings | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 Along with mitigating factors outwith Education's control (school strikes), information on the maximum value of cash which can be held in safes or locked cash tins is yet to be received. This information will inform the final, revised version 6 of the management Guideline on School Funds. Consideration on the extension of the original due date to 31 October 2023 has been requested. |  | 50% | 1 st extension granted to 31/10/2023 |
| IA2023/14.05 Safe keys - physical security | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 On receipt of information relative to actions 2,3 & 4 Education's updated Management Guideline on School Funds, version 6, can be finalised and circulated. |  | 50% | 1 st extension granted to 31/10/2023 |





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|-------------------------------------|-------------|-------------------|----------------|---|---|-----|---|
| | | | | Consideration on the extension of the original due date to 31 October 2023 has been requested. | | | |
| IA2023/14.07 Banking | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 On receipt of information relative to actions 2,3 & 4 Education's updated Management Guideline on School Funds, version 6, can be finalised and circulated. Consideration on the extension of the original due date to 31 October 2023 has been requested. |  | 50% | 1 st extension granted to 31/10/2023 |
| IA2023/14.08 School Fund Procedures | 31-Aug-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 On receipt of information relative to actions 2,3 & 4 Education's updated Management Guideline on School Funds, version 6, can be finalised and circulated. Consideration on the extension of the original due date to 31 October 2023 has been requested. |  | 50% | 1 st extension granted to 31/10/2023 |

Actions Due within next 6 Months (As At Date of Report 11 October 2023)


| IA2021/06 Scottish Housing Regulator Annual Return 2019/20 | | | | | | | |
|--|-------------|-------------------|------------|--|---|----------|---|
| Action | Due Date | Managed By | Assigned | Latest Note | Status | Progress | Agreed Revisions |
| IA2021/06/02 Asset management system | 31-Mar-2024 | Michael Alexander | John Hodge | <p>03-Oct-2023 A decision in principle has been reached on the procurement of a proposed Housing Asset Management system. Work is ongoing between Housing Services and ICT to upgrade the Housing system to the current supported version. This upgrade is expected to be completed by the end of November 2023, thereafter negotiations will take place with the software provider on the procurement and implementation of the Housing Asset Module. The Software provider has advised that following procurement, the implementation of the Assets module will take a minimum period of 18 months. Therefore, it is requested that the due date for this action is extended to 30 November 2025 to allow the necessary time for procurement and implementation, and is in line with the timescales outlined in the Housing Service Plan.</p> <p>To inform decisions relating to procurement, demonstrations have been provided by the Software provider, and we have reached out the other Councils identified as 'early adopters' to learn from their experience in terms of the preparation work required and lessons learned from the implementation stages. Both Council's are in the early stages of implementation, and neither were using the module to its full capacity at that time. Further meetings are being arranged with both Council's to gain and updated position on their experiences to date.</p> <p>Although the new housing asset system has not yet been procured, work has been ongoing to prepare for future implementation. Core stock condition date has been extracted from the retired database, a partial external stock condition survey was undertaken during 2021/22 and this data has been used to update and refresh data held. This data is being maintained on ongoing basis in preparation to</p> |  | 30% | 1 st extension granted to 30/11/2025 |




| | | | | | | | |
|--|--|--|--|---|--|--|--|
| | | | | <p>populate to the new system when available and it is the core data used to determine current investment programmes.</p> <p>The next stage of the data cleanse exercise has been agreed with ICT and this is expected to take a period of 6 months to complete. This cleansed data will be updated and used to provide source data for the implementation of the housing asset module.</p> | | | |
|--|--|--|--|---|--|--|--|



| | | | | | | | |
|--|--|--|--|--|--|--|--|
| IA2021/40 Main Accounting System Review | | | | | | | |
|--|--|--|--|--|--|--|--|








| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
|---|-------------|------------|-------------|--|---|----------|--|
| IA2021/40.06 Format of service level budget monitoring reports for all SAC services to be reviewed to include commitments and obligations to present complete spend against budget. | 31-Mar-2024 | Tim Baulk | Tom Simpson | 06-Sep-2023 Extension agreed - AGP 6/9/2023 |  | 90% | 1st extension granted to Oracle Fusion Go Live date 31/3/23 2 nd Extension Granted to 31/3/2024 |
| IA2021/40.10 Internal training to be made available to those with budget monitoring responsibilities to enhance their knowledge and skills to effectively manage their budget. | 31-Mar-2024 | Tim Baulk | Tom Simpson | 06-Sep-2023 Extension to 31/3/2024 agreed - AGP 6/9/2023 |  | 75% | 1st extension granted to Oracle Fusion Go live date 31/3/23 2 nd Extension Granted to 31/3/2024 |
| IA2021/40.11 Format of budget monitoring reports to be reviewed to enable budget holders to drill down on the information presented. Consideration should be given to providing budget holders with real time budget and expenditure information. | 31-Mar-2024 | Tim Baulk | Tom Simpson | 06-Sep-2023 Extension to 31/3/2024 agreed - AGP 6/9/2023 |  | 85% | 1st extension granted to Oracle Fusion go live dated 31/3/2023 2 nd Extension Granted to 31/3/2024 |
| IA2021/40.15 Basis of internal recharges to be reviewed where based on historic pre-approved rates | 31-Mar-2024 | Tim Baulk | Tom Simpson | 06-Sep-2023 Extension to 31/3/2024 agreed - AGP 6/9/2023 |  | 35% | 1st extension granted to 31/12/2022 2nd extension granted to 30/3/2023 3rd Extension Granted to 31/3/2024 (AGP 6/9/2023) |


| | | | | | | | |
|--|--|--|--|--|--|--|--|
| IA2022/31 Museum Stores Control | | | | | | | |
|--|--|--|--|--|--|--|--|







| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
|---|-------------|------------|----------------|---|---|----------|------------------|
| IA2022/31.01 Reconciliation of Collection | 31-Oct-2023 | Laura Kerr | Heather Murphy | 03-Oct-2023 Within the archive store we have one rack of items left to check. Everything else is tagged and it's location as updated. On track to finish next week, |  | 95% | |

| | | | | | | | |
|--|-------------|------------|----------------|---|---|-----|--|
| IA2022/31.02 Object Marking and recording items | 31-Oct-2023 | Laura Kerr | Heather Murphy | 03-Oct-2023 Within the archive store we have one rack of items left to check. With the remainder of items or groups of items tagged and locations as updated. On track to finish next week. |  | 95% | |
| IA2022/31.03 Update Museum Policies | 31-Oct-2023 | Laura Kerr | Heather Murphy | 03-Oct-2023 With the recent accreditation for the McLaurin, all shared documentation has been reviewed. We are working to a calendar of dates of review. The Access Policy/ Care & Conservation/ Documentation/ Volunteers/ collections development policies all reviewed in the 2023. Our Environmental and internal loan policy are still relevant. We have been working on a review of the Valuation policy with Asset management. |  | 80% | |
| IA2022/31.05 Recording values in museum database | 31-Oct-2023 | Laura Kerr | Heather Murphy | 03-Oct-2023 Following the meeting with Asset management we have a clear policy - Heritage Assets – Accounting Policy and Processes Document. This has been reviewed and updated. It has been sent back to Asset Management for approval. With regards to the difference between the insurance and valuation levels as this related to Archives, this is being taken forward by Wynne Carlaw and Deborah McVey who are responsible for archives as per email discussion. |  | 60% | |


| IA2023/05 Transformational Change | | | | | | | |
|---|-------------|----------------|------------------|--|---|----------|------------------|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/05.04 Completion of relevant project documents as specified in the Document Control System | 31-Dec-2023 | Kevin Anderson | Stuart MacMillan | 20-Sep-2023 Officers are updating project documents as per recommendation and on target to achieve this before the set deadline. |  | 80% | |
| IA2023/05.05 Risk Management | 31-Dec-2023 | Kevin Anderson | Stuart MacMillan | 20-Sep-2023 The Risk Management Strategy has been updated to reflect recommendations in the Audit report and will be presented at SCE on 3 October for approval. |  | 80% | |

| IA2023/07 System Access Controls | | | | | | | |
|--|-------------|----------------|-------------------------------|---|---|----------|------------------|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/07.02 Turnaround time | 31-Mar-2024 | Tim Baulk | Kevin Mullen; Wendy Wesson | |  | 0% | |
| IA2023/07.03 Leaver notifications issued | 30-Nov-2023 | | Wendy Wesson | 11-Oct-2023 HR have received the mailing list of the System Administrators from ICT and will be contacting the relevant services to confirm the employees identified should remain on the mailing lists. This practice will be carried out every six months. |  | 50% | |
| IA2023/07.07 Policy for systems managed out with ICT | 31-Dec-2023 | Stewart McCall | Anne Yeo | 04-Oct-2023 The document includes requirement for administrative responsibilities, managing data, technology, and working with ICT. When the standard is written and approved comms will need to be issued to ensure the document is distributed appropriately and available as necessary to those it will impact. |  | 55% | |
| IA2023/07.09 Equipment and System Inventory templates | 31-Mar-2024 | Kevin Mullen | Jennifer Blake | 29-Sep-2023 Template has been shared with services in an hoc basis for now and will form part of the wider inventory exercise planned for early 2024, to help ensure that all completed templates are returned in advance of 31.03.24 |  | 75% | |
| IA2023/07.10 ICT equipment records and Device Governance Standard roll-out | 31-Mar-2024 | Kevin Mullen | Jennifer Blake | 29-Sep-2023 Template to record ICT equipment has been finalised and will be part of a wider inventory exercise that will take place early in the new year to ensure all completed responses are received prior to 31.03.24. The Device Governance Standards will be communicated to all staff via Service Leads and other appropriate communication channels. |  | 75% | |
| IA2023/07.11 Review of Staff Access Rights | 31-Mar-2024 | Kevin Mullen | Jennifer Blake | 29-Sep-2023 This will be tackled as part of a wider inventory exercise planned for the new year. However, as per the original response, it should be noted that ICT will only be responsible for network access. The rights have staff have to individual systems e.g. Care First etc will be governed by whatever protocols are being enforced by the various System Administrators. |  | 55% | |
| IA2023/07.12 Compliance with Access Control Standard | 31-Dec-2023 | Tim Baulk | Stewart McCall | 04-Oct-2023 Existing Access Control Standards reviewed and we have identified a number of gaps based on our existing technology and processes. Standard now being re-written, but unlikely to have the new version ready for review before the end of December. An annual review |  | 25% | |



| | | | | | | | |
|------------------------------|-------------|-----------|----------------|--|---|-----|--|
| | | | | of standards is impractical due to resourcing constraints, so we will aim to review them every 2 years | | | |
| IA2023/07.13 Shared Password | 31-Dec-2023 | Tim Baulk | Stewart McCall | 04-Oct-2023 All-Council communication in progress and will be issued in next few weeks. |  | 90% | |

| IA2023/09 Fostering & Adoption Payments | | | | | | | |
|--|-------------|--------------|---------------|---|---|----------|------------------|
| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
| IA2023/09/01 Review of key fostering documents | 31-Dec-2023 | Andrew Craig | Ashley Judge | 26-Sep-2023 The foster carers handbook, partnership agreement and foster carers allowances leaflet have all been reviewed. However, there have been some recent changes to legislation which has impacted finances which will need to now be incorporated into documentation related to finances once these have been approved by ELT |  | 50% | |
| IA2023/09/02 Review "Record of Placements" spreadsheet | 31-Dec-2023 | Andrew Craig | Ashley Judge | 26-Sep-2023 FPT team leader has requested access to Record of Placements Spreadsheet. Initial meeting has occurred with Admin TL and agreed meeting with be held with admin in terms of reviewing Spreadsheet and holding quarterly meetings to review document. |  | 10% | |
| IA2023/09/03 Documented procedures for terminating fostering/adoption allowances. | 31-Dec-2023 | Andrew Craig | Ashley Judge | 26-Sep-2023 Meeting arranged with both FPAT team leader to finalise process maps on 24th October |  | 20% | |
| IA2023/09/04 Documented procedures for undertaking a review/variation of adoption allowances. | 31-Dec-2023 | Andrew Craig | Elaine Mullin | 20-Sep-2023 Team Leader has devised a guidance note for the review/variation of adoption allowances. This has been sent to the Family Placement Admin Team for consideration/ remediation. |  | 50% | |
| IA2023/09/05 Develop & circulate procedures to verify requests for changing Foster/Adopters' bank account details. | 31-Dec-2023 | Andrew Craig | Elaine Mullin | 20-Sep-2023 Prior to any procedures being developed information has firstly been sought from Finance and admin teams in relation to current practice/ guidance.. This is to ensure there is no duplication or changes made without consultation. Depending on what information is received, procedures will be developed/ updated and circulated accordingly. |  | 20% | |
| IA2023/09/06 Matching Panel minutes should be authorised by the chair of the Panel. | 31-Dec-2023 | Andrew Craig | Elaine Mullin | 20-Sep-2023 Management action has already been taken and all recent minutes where adoption allowances have been awarded in conjunction with an adoption match or post adoption assessment, have been signed off by the Chair and the ADM prior to any adoption allowances being put in place. Team Leader has devised a guidance note which has been sent to the Family Placement Admin Team for consideration/ remediation. |  | 50% | |





IA2023/11 Implementation of progress against CI/SG Reports

| action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
|---------------------------|-------------|----------------|---------------|---|---|----------|------------------|
| IA2023/11.03 Decision log | 31-Mar-2024 | Tim Eltringham | Sheila Tyeson | 21-Sep-2023 Initial discussion due to take place to map out how to implement and manage a decision log scheduled for mid October. |  | 15% | |

IA2023/12 Climate Change Duty Report

| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
|---|-------------|---------------------------|-----------------------|---|---|----------|------------------|
| IA2023/12/01 Evidence of peer review and required fields completed. | 30-Nov-2023 | Kevin Anderson | Lorna Jarvie | 3-Oct-2023 The template for this year's reporting is now largely populated and analysis has begun although further conversations regarding verification are still required before completion. |  | 55% | |
| IA2023/12/04 Review and update of Energy Strategy | 31-Mar-2024 | Christina Cox; Neil Grant | Tom Burns; Neil Grant | 26-Sep-2023 Action still on target, Consultant work ongoing on the Ayrshire Energy Masterplan. |  | 65% | |

IA2023/14 School Self-Assessment Checklist results 22-23

| Action | Due Date | Managed By | Assigned To | Latest Note | Status | Progress | Agreed Revisions |
|--|-------------|-------------------|----------------|---|---|----------|------------------|
| IA2023/14.01 Governance | 31-Dec-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 Training will take place following issue of the revised, version 6, of the Education Management Guideline on School Funds in October 2023. |  | 25% | |
| IA2023/14.06 Imprest | 31-Dec-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 A review of the 18 remaining schools, identified as having an imprest account, will be undertaken and appropriate advice provided following issue of the revised, version 6 of the Education Management Guideline on School Funds in October 2023. |  | 25% | |
| IA2023/14.09 Update to Management Guidelines on school funds | 31-Dec-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 The Education Management Guideline on 'School Funds' (proposed version 7) will be updated by the due date, with guidance on the use of online banking / bank cards by schools, to ensure there is a consistency of use and control |  | 25% | |
| IA2023/14.10 Inventory records | 31-Dec-2023 | Lyndsay McRoberts | Gavin Cockburn | 29-Sep-2023 Education Support Services will review existing inventory processes and update the current School Self Assessment Checklist Toolkit document to incorporate guidance for schools on the requirement to undertake an annual inventory exercise. This will include a corresponding, template inventory document detailing items to be included. This action will be completed by the due date and prior to the next self-assessment exercise commencing |  | 25% | |

South Ayrshire Council

**Report by Chief Internal Auditor
to Audit and Governance Panel
of 8 November 2023**

Subject: Internal Audit Plan 2023/24 – Midyear Review

1. Purpose

- 1.1 The purpose of this report is to seek approval for a revision to the 2023/24 Internal audit plan.

2. Recommendation

- 2.1 **It is recommended that the Panel approves the revised 2023/24 Internal Audit plan.**

3. Background

- 3.1 The 2023/24 Internal Audit plan was approved by the Audit and Governance Panel on 22 March 2023.
- 3.2 The audit plan is flexible, and the Chief Internal Auditor is required to continually reassess and amend the audit plan throughout the year and where changes are taking place around emerging risks and the environment in which audit work is carried out.
- 3.3 In line with Public Sector Internal Audit Standards (PSIAS), the changes to the plan require communication to the Panel for review and approval.

4. Proposals

4.1 *Revision to the 2023/24 internal audit plan*

- 4.1.1 The 2023/24 Internal Audit Plan approved by the Panel on 22 March 2023 included 610 available audit days. There is no proposal to amend the number of available audit days estimated in the approved plan and there have been no significant changes to date around emerging risks and the environment in which audit work is carried out.
- 4.1.2 However since approval of the plan and completion of outstanding 2022/23 audit assignments, it has been established that:
- Follow up assignment, Implementation of Care Inspectorate/Scottish Government Improvement Plans (28), planned for 2023/24 is no longer required as the original audit concluded with substantial assurance.

- Follow up assignment, System Access Controls (24), can no longer be completed within the current plan as the action implementation dates are outwith the plan year.
- Follow up assignment, Main Accounting Review (23), included within the 2023/24 Internal Audit Plan had been deferred from 2021/22 to allow implementation of Oracle Fusion. On further review of the audit actions from the original report it is felt that it would be more effective for the follow up of the audit actions to be incorporated into the 2023/24 Main Accounts Oracle Fusion assignment (1) and to include the findings within one audit report.

4.1.3 It is proposed that the 16 days allocated within the approved plan for the three assignments detailed in 4.1.2 above are reallocated as follows:

| Category | 2023/24 Original Allocation | 2023/24 Proposed Allocation | Proposed Change |
|------------------------------|-----------------------------|-----------------------------|---|
| Key Corporate Systems | 60 | 63 | +3days |
| Governance/Best Value | 95 | 95 | |
| ICT Auditing | 15 | 15 | |
| Directorates/Other Systems | 100 | 100 | |
| Regularity | 72 | 72 | |
| Follow Up Reviews | 38 | 22 | -16 Days |
| Other Entities | 50 | 50 | |
| Other Commitments | 180 | 193 | +13 days (investigation and prior year work) |
| Total of planned days | 610 | 610 | |

4.1.4 Full details of the revised internal audit plan for 2023/24 is presented in [Appendix 1](#). Proposed changes are highlighted in blue on the Appendix and comments have been included where there is a proposed change to the days allocated to audit assignment.

4.1.5 The revised internal audit plan is based on an assessment of risk in the audit area. The consideration of risk should help ensure there is no limitation of scope which would have a negative impact on the provision of annual audit opinion at the year end. An additional ten days has been allocated to investigation to allow for investigations in the second half of the year, should they arise. If this is not required, consideration will be given to completing an audit included in the reserve list approved by Panel on 22 March 2023. It should be noted that the estimation of days available for routine audit assignments may be subject to change should a large scale investigation requiring Internal Audit Resources arise.

4.1.6 The audit plan will continue to be reviewed and further changes will be brought to the panel for approval where required.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 Not applicable.

7. Human Resources Implications

7.1 Not applicable

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 There are no risks associated with adopting the recommendation.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 Rejecting the recommendation could result in failure to comply with the Public Sector Internal Audit Standards (PSIAS).

9. Equalities

9.1 The proposals in this report have been assessed through the Equalities Impact Assessment Scoping process, and there are no significant positive or negative equality impacts of agreeing the recommendations, therefore an Equalities Impact Assessment is not required. A copy of the Equalities Scoping Assessment is attached at [Appendix 2](#).

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the three priorities in the Council Plan; Spaces and Places; Live, Work, Learn and, Civic and Community Pride.

13. Results of Consultation

13.1 There has been no public consultation on the contents of this paper.

13.2 Consultation has taken place with Councillor Ian Davis, Portfolio Holder for Finance, Human Resources and ICT, and the contents of this report reflect any feedback provided.

Background Papers [Internal Audit Plan 2023-24](#)

[Public Sector Internal Audit Standard](#)

Person to Contact Cecilia McGhee, Chief Internal Auditor
County Buildings, Wellington Square, Ayr, KA7 1DR
Phone 01292 612432
E-mail Cecilia.McGhee2@south-ayrshire.gov.uk

Date: 31 October 2023

PROPOSED ADJUSTMENTS TO INTERNAL AUDIT PLAN 2023/24

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Original Days | Revised Days | Status | Notes |
|------------------------------|----------------------------|--|-----------------------------|-----------------------|---------------|--------------|-------------|--|
| Key Corporate Systems | | | | | | | | |
| 1 | Main Accounts | Obtain assurance that there are adequate controls included in updated procedures following implementation of Oracle Fusion and that the controls are operating effectively. | Best Value | 11 | 20 | 23 | Not Started | Original Estimate increased by 3 days to incorporate follow up testing |
| 2 | HR & Payroll | Obtain assurance that there are adequate controls included in updated procedures following implementation of Oracle Fusion and that the controls are operating effectively. | Live, Work Learn/Best Value | 11 | 20 | 20 | Not Started | |
| 3 | Organisational Development | Review and Assess progress of implementation of the Corporate Workforce Plan 2022-2025 Action Plan | Live, Work Learn/Best Value | 13 | 20 | 20 | Not Started | |
| Governance/Best Value | | | | | | | | |
| 4 | National Fraud Initiative | Co-ordination and Monitoring of Exercise and review of Procurement Matches. | Best Value | 4 | 15 | 15 | Started | |
| 5 | Following the Public Pound | Ayrshire Growth Deal - Follow Up of actions from 2022/23 Assignment. Objective of the assignment to be agreed when the outcome of the 2022/23 assignment is known. Potentially review arrangements with consultants/suppliers/contractors or project management. | Best Value | 1 | 25 | 25 | Not Started | |
| 6 | Procurement | Review of "Off Contract Spend" to obtain assurance that spend is properly authorised and that standing orders in relation to contracts and/or procurement legislation is being adhered to. | Best Value | 4 | 20 | 20 | Not Started | |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Original Days | Revised Days | Status | Notes |
|---------------------|-------------------------------------|--|---|-----------------------|---------------|--------------|-------------|-------|
| 7 | Participatory Budgets | Obtain assurance that there are adequate arrangements in place to meet the National target for at least 1% of Local Government Budgets to be subject to participatory budgeting | Civic and Community Pride/ Best Value | 1/11 | 15 | 15 | Not Started | |
| 8 | Records Management | Obtain assurance that services are complying with SCARRS/the Councils records management procedures, retention schedules are up to date, relevant and adhered to. | Equalities and the Fairer Scotland Duty | 4 | 20 | 20 | Not Started | |
| ICT Auditing | | | | | | | | |
| 9 | Social Media Accounts | Obtain assurance that there are adequate controls in place around; access to Social Media Channels; creation and deletion of Social Media pages/ channels and monitoring of content/ followers/ following | Equalities and the Fairer Scotland Duty | 14 | 15 | 15 | Started | |
| Directorates | | | | | | | | |
| 10 | Housing, Operations and Development | Review of Waste Management procedures to obtain assurance that controls are in place and operating effectively | Spaces and Places | 15 | 25 | 25 | Started | |
| 11 | Housing, Operations and Development | Anti-Fraud Review - Review of Housing Let procedures to ensure they include adequate controls to identify and prevent fraud (testing will be carried out jointly by Internal Audit and the Corporate Fraud Team) | Live, Work, Learn | 4 | 15 | 15 | Started | |
| 12 | Education | Review the use of funding allocated to South Ayrshire Council from the Attainment Scotland Fund (ASF) to confirm it complies with the condition of the fund/national guidance and ensure there are adequate arrangements in place to monitor and report impacts and outcomes | The Promise,/Live Work Learn | 9 | 20 | 20 | Not Started | |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Original Days | Revised Days | Status | Notes |
|--------------------------|------------------------|--|--|-----------------------|---------------|--------------|-------------|-------|
| 13 | HSCP | External Providers - Confirm there are adequate arrangement in place to undertake pro- active due diligence on external provider's financial stability | The Promise, Our Ageing Population | 6 | 10 | 10 | Not Started | |
| 14 | HSCP | Premises - Confirm there are adequate arrangement in place to ensure the HSCP have adequate premises to provide services/operate its business | The Promise, Our Ageing Population | 6 | 10 | 10 | Not Started | |
| 15 | Change and Communities | Follow up of Actions from 2022/23 Audit Assignment and review of annual Climate Change Duty Compliance return for 2022/23 | Sustainability , climate change and biodiversity | 8 | 10 | 10 | Started | |
| 16 | Change and Communities | Review of Cash Collection Arrangements in Leisure Facilities and sample testing | Spaces and Places | 4 | 10 | 10 | Started | |
| Regularity | | | | | | | | |
| 17 | Continuous Auditing | Accounts Payable, Payroll and Debtors (including Housing Rent Debtors) | Best Value | 4 | 40 | 40 | Started | |
| 18 | Grants | Audit of claims and annual review of procedures, Ayrshire Rural and Island Ambition Fund (ARIA) | Live, Work, Learn | 4 | 10 | 10 | Started | |
| 19 | Grants | Review of evidence to support Network Support Grant claim | Spaces and Places/Live, Work Learn | 9 | 5 | 5 | Started | |
| 20 | Schools | Internal Control Self Assessment Toolkit - Management of the Annual Process | Live Work Learn/The Promise | 4 | 10 | 10 | Not Started | |
| 21 | Social Work Locations | Internal Control Self Assessment Toolkit - Management of the Annual Process | The Promise/Our Ageing Population | 4 | 7 | 7 | Started | |
| Follow Up Reviews | | | | | | | | |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Original Days | Revised Days | Status | Notes |
|-----------------------|---------------------------|--|----------------------|-----------------------|---------------|--------------|-------------|---|
| 22 | Regularity | Follow Up of actions from 2021/22 Audit Assignment - Museum Stores | - | 5 | 4 | 4 | Started | |
| 23 | Main accounting | Follow up of Actions from 2020/21 Audit Assignment - Main Accounting Review | - | 5/11 | 3 | 0 | Not Started | Original Estimate of 3 days removed and added to Oracle Fusion assignment (1) |
| 24 | ICT Auditing | Follow up of Actions from 2022/23 Audit Assignment - Systems Access Controls | - | 5/14 | 10 | 0 | Not Started | Original Estimate of 10 days removed and added to Investigations (33) |
| 25 | Directorate | Follow up of Actions from 2022/23 Audit Assignment - Void repairs | - | 5/15 | 3 | 3 | Started | |
| 26 | Directorate | Follow up of Actions from 2022/23 Audit Assignment - Fostering and Adoption | - | 5/6 | 3 | 3 | Not Started | |
| 27 | Main Accounting | Follow up of Actions from 2022/23 Audit Assignment - NDR Relief Review | - | 5/4 | 3 | 3 | Complete | |
| 28 | Directorate | Follow up of Actions from 2022/23 Audit Assignment -Implementation of Care Inspectorate/Scottish Government Improvement Plans | - | 5/6 | 3 | 0 | Not Started | Original Estimate of 3 days removed and added to Closure of prior year assignments (37) |
| 29 | Governance and Best Value | Follow up of Actions from 2022/23 Audit Assignment - arrangements in place around the use of SWHub | - | 5/11 | 4 | 4 | Not Started | |
| 30 | Contingency | Follow up of Actions from 2022/23 Audit Assignment - Golf Club House Income Controls | - | 5/4 | 5 | 5 | Started | |
| Other Entities | | | | | | | | |
| 31 | AVJB | Review of implementation of Voters Authority Certificate (VAC) process Review of implementation of Non Domestic Rate (NDR)legislative changes | - | - | 25 | 25 | Started | |

| No | Audit Area | Objectives | Link to Council Plan | Link To Risk Register | Original Days | Revised Days | Status | Notes |
|--------------|---|--|----------------------|-----------------------|---------------|--------------|-------------|---|
| 32 | IJB | Workforce Planning Follow Up – Performance Monitoring Arrangements | - | - | 25 | 25 | Not Started | |
| Other | | | | | | | | |
| 33 | Investigations | Allowance for investigations of irregularities. | - | 4 | 30 | 30 | Ongoing | Original Estimate increased by 10 Days to allow for unplanned investigations assignment |
| 34 | Advice and Guidance (general) | Client requests, advice and consultancy - including participation on working groups | - | - | 5 | 5 | Ongoing | |
| 35 | Advice and Guidance (Service Reviews/ Redesign) | Allocation of time to allow Internal Audit to respond to requests from services to provide advice & guidance or to review updated/changes to procedures following Service redesigns, or implementation of new processes or ICT Systems | - | 3 | 30 | 30 | Started | |
| 36 | Contingency | Contingency budget for unplanned commitments arising during the year | - | - | 15 | 15 | Ongoing | |
| 37 | Closure of prior year assignments | Allowance of time for the closure of prior year audit work into 2022/23 | - | - | 53 | 53 | In Progress | Original Estimate increased by three days to allow for completion of outstanding assignment |
| 38 | Management and Audit development | Internal Audit planning, annual reporting, and quarterly reporting and Chief Internal Auditor Review of assignments | - | - | 50 | 50 | Ongoing | |
| 39 | QAIP | Annual self-assessment of compliance with PSIAS | - | - | 10 | 10 | Started | |
| TOTAL | | | | | 610 | 610 | | |

**South Ayrshire Council
Equality Impact Assessment
Scoping Template**

Equality Impact Assessment is a legal requirement under the Public Sector Duty to promote equality of the Equality Act 2010. Separate guidance has been developed on Equality Impact Assessment's which will guide you through the process and is available to view here: <https://www.south-ayrshire.gov.uk/equalities/impact-assessment.aspx>

Further guidance is available here: <https://www.equalityhumanrights.com/en/publication-download/assessing-impact-and-public-sector-equality-duty-guide-public-authorities/>

The Fairer Scotland Duty ('the Duty'), Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018. It places a legal responsibility on Councils to actively consider ('pay due regard to') how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. [FSD Guidance for Public Bodies](#) in respect of the Duty, was published by the Scottish Government in March 2018 and revised in October 2021. See information here: <https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/>

1. Policy details

| | |
|---------------------------------------|---|
| Policy Title | Proposed Internal Audit Plan 2023/24 |
| Lead Officer (Name/Position/Email) | Cecilia McGhee, Chief Internal Auditor - Cecilia.McGhee2@south-ayrshire.gov.uk |

2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this policy? Please indicate whether these would be positive or negative impacts

| Community or Groups of People | Negative Impacts | Positive impacts |
|---|------------------|------------------|
| Age – men and women, girls & boys | No | No |
| Disability | No | No |
| Gender Reassignment (Trans/Transgender Identity) | No | No |
| Marriage or Civil Partnership | No | No |
| Pregnancy and Maternity | No | No |
| Race – people from different racial groups, (BME) ethnic minorities and Gypsy/Travellers | No | No |
| Religion or Belief (including lack of belief) | No | No |
| Sex – (issues specific to women & men or girls & boys) | No | No |
| Sexual Orientation – person's sexual orientation i.e. LGBT+, lesbian, gay, bi-sexual, heterosexual/straight | No | No |
| Thematic Groups: Health, Human Rights & Children's Rights | No | No |

3. What likely impact will this policy have on people experiencing different kinds of social disadvantage i.e. The Fairer Scotland Duty (This section to be completed for any Strategic Decisions). Consideration must be given particularly to children and families.

| Socio-Economic Disadvantage | Negative Impacts | Positive impacts |
|--|------------------|------------------|
| Low Income/Income Poverty – cannot afford to maintain regular payments such as bills, food, clothing | Low | Low |
| Low and/or no wealth – enough money to meet Basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future | Low | Low |
| Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies | Low | Low |
| Area Deprivation – where you live (rural areas), where you work (accessibility of transport) | Low | Low |
| Socio-economic Background – social class i.e. parent's education, employment and income | Low | Low |

4. Do you have evidence or reason to believe that the policy will support the Council to:

| General Duty and other Equality Themes Consider the 'Three Key Needs' of the Equality Duty | Level of Negative and/or Positive Impact (High, Medium or Low) |
|--|---|
| Eliminate unlawful discrimination, harassment and victimisation | No |
| Advance equality of opportunity between people who share a protected characteristic and those who do not | No |
| Foster good relations between people who share a protected characteristic and those who do not. (Does it tackle prejudice and promote a better understanding of equality issues?) | No |
| Increase participation of particular communities or groups in public life | No |
| Improve the health and wellbeing of particular communities or groups | No |
| Promote the human rights of particular communities or groups | No |
| Tackle deprivation faced by particular communities or groups | No |

5. Summary Assessment

| | |
|---|---|
| <p>Is a full Equality Impact Assessment required? (A full Equality Impact Assessment must be carried out if impacts identified as Medium and/or High)</p> | <p>YES <input type="checkbox"/></p> <p>NO <input checked="" type="checkbox"/></p> |
|---|---|

Rationale for decision:

This report seeks approval of Members for a revision to the internal audit plan for 2023/24. Their decision on this has no specific equality implications.

Signed : Cecilia McGhee, Chief Internal Auditor

Date: 4 October 2023

South Ayrshire Council

**Report by Head of Legal and Regulatory Services
to Audit and Governance Panel
of 8 November 2023**

Subject: Risk Implications - Panel Reports

1. Purpose

- 1.1 The purpose of this report is to update Members on a review to ascertain if the 'Risk Implications' detailed in Council/ Panel reports are being used successfully.

2. Recommendation

2.1 It is recommended that the Panel:

2.1.1 considers the analysis of 'risk implications' in sample Council and Cabinet Reports since January 2023;

2.1.2 agrees that the Head of Legal and Regulatory Services reinforces existing guidance to report authors and request that they seek any additional support, if required, from the Service Lead – Risk and Safety; and

2.1.3 agrees that the Head of Legal and Regulatory Services reminds Members that ongoing scrutiny of the Risk Implications section of Panel reports will support informed decision making.

3. Background

- 3.1 When considering the Delivering Good Governance Report at Audit and Governance Panel in June 2023, Members made reference to Appendix 1: DGG 2022-23 Year End Assessment which includes the Core Principle F. Managing risks and performance through robust internal control and strong public financial management.

- 3.2 A Member advised that, in the spirit of self-evaluation and in relation to page 15 of Appendix 1, where it stated that 'All Panel and Council reports include 'Risk Implications of Accepting or Rejecting Recommendations'', it would be helpful for a sample of these be reviewed to see if they were being used successfully. The Chief Executive agreed that a review would be undertaken to ascertain the position on this.

- 3.3 Guidance outlining requirements for Panel Reporting is provided to Chief Officers, Service Leads and Report Authors. This includes the mandatory reference to the inclusion of the risk implications of two potential outcomes as follows:

- Risk Implications of Adopting the Recommendations
- Risk Implications of Rejecting the Recommendations

3.4 An extract from this guidance is provided at [Appendix 1](#). This provides detail on the purpose of this inclusion and how consideration of risks to the Council should be addressed by those preparing and approving reports.

4. Proposals

4.1 The review considered reports to full Council or Cabinet since January 2023 and was conducted over two phases.

4.2 Firstly, an analysis was undertaken on the number of reports submitted at each meeting, with data gathered on how many (and what percentage) of those reports indicated the following:

1. There were risk implications relating to the approval of the recommendations.
2. There were risk implications relating to the rejection of the recommendations.

4.2.1 It is worth noting that a number of reports highlight risks on the basis of *both* acceptance and rejection of the recommendations where this applies. This allows Members to consider the balance of risk and supports informed decision making.

4.2.2 The review, by necessity, excluded confidential reports on the basis that they were not available for consideration.

4.2.3 The undernoted table provides data on the number of reports submitted at each meeting, the number and percentage of reports indicating some level of risk if report recommendations were accepted alongside the number and percentage of reports highlighting risks to the organisation if the recommendations were rejected.

| Meeting & Date | No. of reports | No. with risks for approval | % of total | No. with risks for rejection | % of total |
|--------------------|----------------|-----------------------------|------------|------------------------------|------------|
| Cabinet 17/01/2023 | 9 | 2 | 22% | 8 | 89% |
| Cabinet 15/02/2023 | 13 | 2 | 15% | 11 | 85% |
| Council 01/03/2023 | 11 | 2 | 18% | 8 | 73% |
| Cabinet 14/03/2023 | 6 | 1 | 17% | 5 | 83% |
| Cabinet 25/04/2023 | 11 | 1 | 9% | 10 | 91% |
| Cabinet 3/05/2023 | 7 | 2 | 29% | 5 | 71% |
| Cabinet 20/06/2023 | 18 | 4 | 22% | 15 | 83% |
| Council 29/06/2023 | 14 | 1 | 7% | 11 | 79% |
| Cabinet 29/08/2023 | 12 | 1 | 8% | 12 | 100% |

4.2.4 Accepting the recommendations of reports, would appear to create less risk to the organisation, with an average of 16% indicating the presence of risk should the paper be approved.

- 4.2.5 On average, 84% of Council reports advise of risk to the organisation should the recommendations be rejected.
- 4.2.6 This part of the analysis would support a theory that Officers are proposing projects and initiatives that are aimed at improving the risk profile of the organisation.
- 4.3 The second phase involved more detailed scrutiny of a sample of reports, including one from each of the Council Meetings noted above.
- 4.3.1 An examination was undertaken on the specific risk information provided to Members from each sample report. This was considered alongside the decision Members were recorded as having taken with regards to the recommendations in each report.
- 4.3.2 The review included a discussion with the report author on their view of whether they felt the risk implications they had outlined:
- a Remain valid for the report.
 - B Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet.
 - C Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset.
- 4.3.3 Finally, the review was concluded with an online check of the webcast of each of the reports selected for the sample to establish if any specific questions had been raised by Members in respect of the risk implications of the decisions they were making.
- 4.3.4 A breakdown of the findings of the second phase of the review is outlined at [Appendix 2](#).
- 4.4 The findings can be summarised as follows:
- On each of the sample reports analysed, report authors confirmed that the risks identified remain valid.
 - Where specific risks were identified in relation to approving a recommendation they were queried by Members prior to approval.
 - Report authors confirmed that no additional risks had arisen following the decisions taken against the recommendations of the reports sampled.
- 4.5 Whilst the findings of the review suggest that 'risk implications' are being considered in an appropriate manner, it can be helpful to reinforce guidance to report authors on a regular basis. To this end, it is proposed that the Head of Legal and Regulatory Services progresses this and request that report authors seek any additional support, if required, from the Service Lead – Risk and Safety. It may also be helpful for the Head of Legal and Regulatory Services to remind Members that ongoing scrutiny of the Risk Implications section of Panel reports will support informed decision making.

5. Legal and Procurement Implications

5.1 The recommendations in this report are consistent with legal requirements.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 There are no cost implications associated with the recommendations in this report.

7. Human Resources Implications

7.1 There are no human resource implications associated with the recommendations in this report.

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 The management of risk forms the basis of this report. There are no risks in adopting the recommendations.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 Rejecting the recommendations may give rise to internal or external criticism.

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the delivery of all Council strategic priorities.

13. Results of Consultation

- 13.1 Consultation has taken place with Councillor Martin Dowey, Portfolio Holder for Corporate and Strategic, and the contents of this report reflect any feedback provided.

Background Papers **Report to Audit and Governance Panel of 28 June 2023 – [Delivering Good Governance – 2022/23 Assessment](#)**
[Audit and Governance Panel – 28 June 2023 – Minutes](#) (page 4, item 7)

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Date: 31 October 2023

South Ayrshire Council - Risk Implications - Panel Reports

Extract from South Ayrshire Council – Report Template and Guidance Notes:

Guidance on Risk Implications –

8. Risk

- 8.1 The purpose of this section is to assist Members in fulfilling their role in good decision making.
- 8.2 You should identify the risks of which Members should be aware when they are considering adopting the recommendations, or rejecting them, that may affect the achievement of agreed objectives or threaten the assets of the organisation. Such assets include employees, Elected Members, volunteers, property, infrastructure, image or relationships with the public and the ability to perform statutory or voluntary functions.
- 8.3 Risk identification is focused on the key risks against the achievement of Council's objectives. When identifying significant risks, the undernoted categories should be taken into account. This list is not exhaustive and acts as a prompt only, it does, however, ensure that a holistic approach to identification is taken.
- (i) political;
 - (ii) economic;
 - (iii) social;
 - (iv) technological;
 - (iv) legal/ regulatory;
 - (v) environmental;
 - (vi) competitive;
 - (vii) customer /citizen;
 - (ix) managerial/ professional;
 - (x) financial;
 - (xi) health and safety;
 - (xii) partnership/ contractual; and
 - (xiii) physical.
- 8.4 Officers are asked to give consideration to:
- (i) any risks relating to approval of the proposal; and
 - (ii) any risks that might arise if the proposal is rejected.
- 8.5 In any of the above cases, officers should try to address:
- (i) what, if any, the risks are;
 - (ii) how serious they are;

- (iii) what actions have been taken, or will be taken, to mitigate the risk;
- (iv) why no action can be taken to manage the risk, for example, it is out with the Council's control; or
- (v) who is responsible for the risk, when actions will be implemented and how they are monitored.

NB: Advice should be sought, where appropriate, from the Head of Legal and Regulatory Services or Service Lead – Risk and Safety

8. Risk

8.1 Risk Implications of Adopting the Recommendations

Insert one of the following statements:

8.1.1 New risk(s) has/ have been identified and assessed in line with the Council's risk management process as follows #####. These will be managed within existing operational activities and reference to the status of mitigations will be available through the XXXX Risk Register or the SAC Strategic Risk Register.

Or

8.1.1 These risks are out with the control of the Council and will continue to be monitored.

Or

8.1.1 There are no risks associated with adopting the recommendations.

8.2 Risk Implications of Rejecting the Recommendations

Insert one of the following statements:

8.2.1 The risks associated with rejecting the recommendations are [insert text, where you wish to mention specific risks].

Or

8.2.1 There are no risks associated with the rejection of the recommendations.

Or

8.2.1 Rejecting the recommendations will have a negative impact on the achievement of the following strategic outcomes within the Service and Improvement Plan for ###service###: ###insert details and also cross refer to the strategic objectives in the Council Plan###.

Or

8.2.1 Rejecting the recommendations may impact on the reputation of the Council.

Or

8.2.1 Rejecting the recommendations may increase the financial burden on the Council.

[Delete as applicable]

South Ayrshire Council - Risk Implications – Panel Reports

Appendix 2

Sample - analysis of reports to Council or Cabinet (January 2023 – August 2023)

| 1. Council / Cabinet - Date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|---|---|---|---|--|
| Cabinet 17/01/2023 | <p>Risk implications of adopting the recommendations on the report: None.</p> <p>Risk implications of rejecting recommendations on the report: May limit the Council’s ability to achieve Best Value, impact on the reputation of the Council and/ or may give rise to breach of statute, legal challenge or Council liability.</p> | <p>Decided: (1) to approve the updated Procurement Strategy for 2023/24, as detailed in Appendix 1 of the report; (2) to agree to publishing the Procurement Strategy for 2023/24 on the South Ayrshire Council website and that a copy be sent to the Scottish Government; and (3) to request that a written briefing be provided to Members giving an update on local spend and Community Wealth Building, and that Members be advised of future supplier engagement events.</p> | <p>a/ Risks identified remain valid for the report. YES</p> <p>b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. NO</p> <p>c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO</p> | <p>Report presented by David Alexander. Members were satisfied and comments were positive. Members bulletin followed in February 2023.</p> |
| Report Title | | | | |
| Procurement Strategy Update 2023/24 | | | | |
| Report Lead and Person to Contact | | | | |
| Head of Finance, ICT and Procurement and David Alexander, Service Lead – Procurement. | | | | |

| 2. Council / Cabinet - Date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|-----------------------------|--|--|---|--|
| Cabinet – 15/02/2023 | <p>Risk implications of adopting the recommendations: Proceeding with options 3 or 4 would require an application to Planning for a</p> | <p>Decided: (a) to note the progress of the Maybole Community Campus; and (b) to request officers to proceed with option 3 – Football Pitch, as</p> | <p>a/ Risks identified remain valid for the report. YES (non-material consent was applied for and granted, therefore risk of accepting</p> | <p>Report presented by Derek Yuille. Members posed a</p> |
| Report Title | | | | |

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|---|--|--|--|---|
| Maybole Community Campus Update (Pitch Provision) | Non-Material Variation to the Planning Consent. It is understood that this should be successful. Risk implications of rejecting the recommendations | outlined at Paragraph 4.2 in the report with funding from slippage within the Capital Programme. | recommendations did not come to fruition). b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. YES c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO | number of questions relating to sports pitch options and these were responded to by Officers. |
| Report Lead and Person to Contact | Not proceeding with one of these options or proceeding with option 2 to not progress with a 2nd pitch would breach the Planning Condition requiring two outdoor pitches to be available within one year of occupation of the school. | | | |
| Depute Chief Executive and Director of Housing, Operations and Development and Derek Yuille, Service Lead – Special Property Projects | | | | |

| 3. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|---|--|--|--|---|
| Council – 01/03/2023 | Risk implications of adopting the recommendations: | Decided: | a/ Risks identified remain valid for the report. YES | Report presented by Jane Bradley and Kevin Anderson. |
| Report Title | The ongoing risks associated with the delivery of the Council Plan will be managed within existing operational activities and reference to the status of mitigations will be updated through the Strategic Risk and Service Registers. | (a) to approve the Council Plan for 2023-2028 attached as Appendix 1 to the report; and (b) to note that, following approval, service plans based on the agreed outcomes would be developed by each service area and made available for scrutiny by Members at the Council meeting in June 2023 | b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. NO | Members discussed priorities and actions and were satisfied with all aspects. |
| Council Plan 2023-28 | Risk implications of rejecting the recommendations: | | c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. | |
| Report Lead and Person to Contact | | | | |
| Director of Strategic Change and Communities and Kevin Anderson, Service Lead – Policy, Performance and Community Planning. | | | | |

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| | Failure to approve the Council Plan could result in a perceived lack of a clear strategic direction, and that the Council is not seen as maintaining its agreed performance management framework. | | NO. (cross reference to ongoing management of strategic planning risk within SAC Strategic Risk Register). | |
|--|---|--|---|--|

| 4. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|--|--|--|---|--|
| Cabinet – 14/03/2023 | <p>Risk implications of adopting the recommendations: There is a risk that the Council will not be able to fund the required action and recovery plan over the next 7 years without financial support from the Scottish Government.</p> <p>Risk implications of rejecting the recommendations: There is a risk that in rejecting this proposal the Council will fail to deal with a known health and safety risk within its assets that could have serious or fatal consequences breaching its duty of care. If South Ayrshire Council were found not to have fulfilled its duty</p> | <p>Decided: (1) to approve the Ash Dieback Plan at Appendix 1, with year 1 funding coming from the Council’s uncommitted reserves; and (2) to agree that Members lobby CoSLA to fund the full project through the Scottish Government. If the Scottish Government do not agree to fund the remaining work for years 2 to 7 a report will be brought to Cabinet to seek instruction from Members</p> | <p>a/ Risks identified remain valid for the report. YES</p> <p>b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. YES. Risk implications were queried extensively prior to and during Cabinet meeting.</p> <p>c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO</p> | <p>Report presented by Fiona Ross. Risks outlined within both the report and the presentation. Members asked a range of risk related questions. This risk is also managed and monitored via the SAC Strategic Risk Register.</p> |
| Report Title | | | | |
| Ash Dieback | | | | |
| Report Lead and Person to Contact | | | | |
| Depute Chief Executive and Director of Housing, Operations and Development and Fiona Ross, Service Lead - Neighbourhood Services and Kevin Braidwood, Head of Ayrshire Roads Alliance. | | | | |

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| | of care under the Occupiers' Liability (Scotland) Act 1960, the local authority could be held liable for injury or damage caused as a result. | | | |
|--|---|--|--|--|

| 5. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author on | Webcast Review |
|---|--|--|--|---|
| Cabinet – 25/04/2023 | <p>Risk implications of adopting the recommendations: None.</p> <p>Risk implications of rejecting the recommendations: The risks associated with rejecting the recommendations are that staff are not alert to instances where they may be, or could be perceived to be, vulnerable to a conflict of interest which may jeopardise their impartiality, integrity and reputation which may in turn, result in reputational damage. to the Council and be subject to police investigation.</p> | <p>Decided: to approve the revised Code of Conduct for Employees, as detailed in Appendix 1 of the report</p> | <p>a/ Risks identified remain valid for the report. YES.</p> <p>b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. NO.</p> <p>c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO.</p> | <p>Report presented by Wynne Carlaw. There was a general understanding that the revisions within the Code of Conduct would strengthen the position of the organisation as regards conflict of interest.</p> |
| Report Title | | | | |
| Code of Conduct for Employees – Conflict of Interest | | | | |
| Report Lead and Person to Contact | | | | |
| Head of Legal and Regulatory Services and Wynne Carlaw, Service Lead – Democratic Governance. | | | | |

| 6. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author on | Webcast Review |
|-----------------------------|-------------------|-----------------|--------------------------------|----------------|
| Cabinet – 23/05/2023 | | Decided: | | |

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|--|--|--|---|--|
| Report Title | Risk Implications of Adopting the Recommendations: Some recommendations may not be feasible. However, feasibility will be fully considered in the business cases that are developed for each asset and recommended action. Risk Implications of Rejecting the Recommendations: The risks with rejecting the recommendations are that the Council is unable to benefit from opportunities, particularly financial, to transform its estate and better meet the needs of residents and the Council. | (1) to approve the strategic recommendations following conclusion of the consultant’s review as shown at Appendix 1 of this report; (2) to authorise that a review of the proposals is carried out for each asset type and validate cashable benefits and costs for the Council to deliver the outline work plan at Appendix 2 of this report; (3) to request that, an update report on progress be provided to Cabinet in June 2024; and (4) to acknowledge that, additional resources will be required to complete the review. | a/ Risks identified remain valid for the report. YES on basis that Officers will return to Cabinet for approval for proposed business cases and risks for each will be subject to further scrutiny. b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. YES c/ Whether any additional risks had arisen as a result of the Council or Cabinet decision which have not been foreseeable at the outset. NO, but as above, each business case will include further examination of risk for members to consider. | Report presented by Christina Cox and Tom Burns. Members asked a range of questions and provided comment on risk related issues before approving report. |
| Transforming the Estate | | | | |
| Report Lead and Person to Contact | | | | |
| Depute Chief Executive and Director of Housing, Operations and Development and Chris Cox, Assistant Director, Planning and Development; Tom Burns, Service Lead – Asset Management and Community Asset Transfer. | | | | |

| 7. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|--|---|--|---|---|
| Cabinet – 20/06/2023 | Risk implications of adopting the recommendations: There are no risks associated with adopting the recommendations. | Decided: (1) to approve the updated Performance Management Framework as set out in Appendix 1 of the report. | a/ Risks identified remain valid for the report. YES b/ Whether the risk implications on either acceptance or rejection had been queried by Members at | Report presented by Kevin Anderson. Members commended |
| Report Title | | | | |
| Performance Management Framework 2023-28 | | | | |
| Report Lead and Person to Contact | | | | |

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|--|---|--|---|--|
| Director of Strategic Change and Communities and Kevin Anderson, Service Lead - Policy, Performance and Community Planning | Risk implications of rejecting the recommendations: The risks associated with rejecting the recommendations are that the Council will not have an agreed PMF in place to monitor performance and improvement. | | consultation phase or via reporting at Council / Cabinet. NO c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO | report. No issues raised regarding risk. |
|--|---|--|---|--|

| 8. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|---|---|---|---|--|
| Council – 29/06/2023 | Risk implications of adopting the recommendations: There are no risks associated with adopting the recommendations. | Decided: (draft minutes) (1) to note that the review required to be undertaken jointly by the parties to the Integration Scheme, namely South Ayrshire Council and NHS Ayrshire and Arran; | a/ Risks identified remain valid for the report. YES b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. NO c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO | Report presented by Tim Eltringham. No issues raised around risk implications. Short discussion on consultees. Report was commended. |
| Report Title Review of South Ayrshire Integration Scheme | Risk implications of rejecting the recommendations: The Integration Scheme is the principal governance document that governs the operation of the South Ayrshire Integration Joint Board and the South Ayrshire Health and Social Care Partnership. It requires to articulate clearly the role not only of the IJB in the integration of health and | (2) to agree that officers proceed with arrangements for the review and joint consultation as described in paragraphs 4.2 and 4.3 of the report; (3) to note that further reports would be provided to Council as the review progressed; and (4) to otherwise note the contents of this report. | | |
| Report Lead and Person to Contact Director of Health and Social Care and Sheila Tyeson, Senior Manager – Planning and Performance | | | | |

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| | <p>social care, but the way in which the Board and the Parties – the Council and the NHS Board - will work collaboratively to deliver National and Local Outcomes and Integration Planning Principles as defined by the Public Bodies (Joint Working) (Scotland) Act, 2014, in South Ayrshire. The IJB has included a strategic level risk in its approved Risk Register regarding the strategic objectives of Health and Social Care Integration not being realised under the existing arrangements. This has been rated at 12 (High Risk)</p> | | | |
|--|---|--|--|--|

| 9. Council / Cabinet - date | Risk Implications | Decision | Feedback from Report Author | Webcast Review |
|---|---|---|---|---|
| Cabinet 29/08/2023 | Risk implications of adopting the recommendations: | Decided: | a/ Risks identified remain valid for the report. | Report presented by |
| Report Title | There are no risks associated with adopting the | (1) to acknowledge the challenges being encountered in terms of recruiting staff to these | YES – (but recommendations agreed, therefore risk is mitigated). | Tim Baulk. |
| Corporate Support Services Capacity Issues – Update | recommendations. | temporary posts; | | Members were satisfied with information |
| Report Lead and Person to Contact | | | | |

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|--|---|--|---|---------------------------------------|
| <p>Joint Report by Head of Finance, ICT and Procurement and Head of Legal and Regulatory Service – author - Tim Baulk, Head of Finance, ICT and Procurement.</p> | <p>Risk implications of rejecting the recommendations: There is a risk that Central Support Service functions will be unable to maintain an adequate service provision if the recommendations are rejected</p> | <p>(2) to agree to convert seven temporary posts to permanent posts (per 4.5) immediately and fund from the available reserves until the balance had been expended, and thereafter include the posts in future annual staff budgets; and (3) to request officers to undertake a review of Communications support to be presented to Cabinet in October 2023.</p> | <p>b/ Whether the risk implications on either acceptance or rejection had been queried by Members at consultation phase or via reporting at Council / Cabinet. NO c/ Whether any additional risks have arisen as a result of the Council or Cabinet decision which had not been foreseeable at the outset. NO</p> | <p>provided. No questions raised.</p> |
|--|---|--|---|---------------------------------------|

2 October 2023