



ReLondon

Annual Internal Audit Plan 2021/22

2021/22

February 2022



FINAL

OVERVIEW

Introduction

The Audit Plan for 2021/22 has been developed to enable sufficient Internal Audit work to be undertaken to enable the Annual Governance and Accountability Return to be completed.

Providing Assurance during the COVID-19 pandemic

From the outset, we successfully transitioned to new and remote ways of working without any diminution of the service and we recognise that many if not all of our clients have had to implement changes in the way that they work. We continue to consider any gaps in control or exposures that have arisen as a result of this. Whilst many measures have largely been relaxed, it is not inconceivable that further measures might be implemented to stem any increases in cases. We continue to adopt a hybrid approach with a mix of remote and on-site working and tailor this approach to client requirements and the nature of each assignment.

Adequacy of the planned audit coverage

The reviews identified in the audit plan for 2021/22 support the AGAR requirements on the overall adequacy and effectiveness of ReLondon's framework of governance, risk management and control, as required.

INTERNAL AUDIT PLAN

Audit Strategy Methodology

We adopt a pragmatic approach to the audit having due regard to any external audit recommendations and previous internal audit work we have undertaken. Our approach is based on the International Standards for the Professional Practice of Internal Auditing which have been developed by the Institute of Internal Auditors (IIA) and incorporate the Public Sector Internal Audit Standards (PSIAS).

Risk Prioritisation

Each year an updated risk assessment is carried out to ensure the Audit Plan remains fully aligned with the key risks facing ReLondon. We take into account any emerging or heightened risks that are facing the sector, to ensure that the work of internal audit remains appropriately focused.

Internal Audit Plan

The Annual Plan (Appendix A) sets out the reviews that will be carried out.

The overall agreed time for the delivery of the Annual Plan includes: research; preparation; site work (remote); production and review of working papers; and reporting.

The Annual Plan has been prepared on the assumption that the expected controls will be in place.

The total number of days required to deliver the Audit Plan is as agreed in the contract between TIAA and ReLondon. This number of days is fixed and it is TIAA’s responsibility to deliver the Audit Plan for this number of days. Where ReLondon agrees additional work the required number of days and the aggregate day rate will be agreed in advance with ReLondon and will be clearly set out in the terms of reference for the additional work.

Release of Report

The table below sets out the history of this plan.

| | |
|--------------------------|---------------|
| Date plan issued: | February 2022 |
|--------------------------|---------------|

APPENDIX A: ANNUAL INTERNAL AUDIT PLAN – 2021/22

At this time (February/March 2022) we are unable to consider an alternative to a remote internal audit for the 2021/22 financial year. The list below provides the audit plan of work for 2021/22.

Strategic Risks

Governance

- 1) Review Constitution, Standing Orders, Financial Regulations, Award of Contracts and other procedures (We will obtain this data from your website)
- 2) Review Board agendas and minutes for the year (We will require the latest three meetings data – agendas and minutes please. Also include the latest meeting agenda)
- 3) Review any Committee agendas and minutes for the year (We will require the latest three meetings data – agendas and minutes please. Also include the latest meeting agenda)
- 4) The authority has published information on its website to comply with the Transparency Code for smaller authorities (We will obtain this data from your website)
- 5) The authority for the previous year correctly provided for the period for the exercise of public rights as required by the Accounts and Audit Regulations (We will obtain this data from your website, and from sight of your Board minutes approving the dates set)
- 6) The authority has complied with the publication requirements as stated by the Accounts and Audit Regulations 2015 (Please provide evidence that these have been complied with)

Risk Management

- 1) Review risk management policy and procedures (These should be on the website, but please provide if not)
- 2) Review risk register (If not on the website please provide)
- 3) Review process and procedures for how risk is managed on a day by day basis (A brief note on this please)
- 4) Review key objectives for the authority and the risks associated with achieving these objectives (This should flow from the risk register)
- 5) Review the controls in place to mitigate these risks and see how effective they are. (These should be contained within the risk register. We may select a sample for review to confirm working as expected)

Operational Risks

Accounting Records

- 1) Review the accounting records for the authority
- 2) Are these up to date and in balance (A current trial balance please and a copy of the profit and loss account and balance sheet at the time of the audit)

Expenditure

- 1) Review accounts payable (creditors) (An aged creditors list please)
- 2) Test a sample of payments made to verify they have been correctly paid. Check if possible the receipt of the goods. Check accuracy, procedures (purchase order system) and approval process – was this in accordance with Financial Regulations. (We will select my sample from the expenditure items reported to the Board meetings) (Copies of the supporting documents for the sample selected will be required)
- 3) Check treatment of VAT (included above)

Budget

- 1) Review the budgetary arrangements. (This should be available in the Board papers)
- 2) Review the precept of rates (Please provide the Board agenda and minute approving the penny rate for 20/21 if not already provided above)

- 3) Review how the budget is monitored (These should be included in the Board papers above)
- 4) Review reserves and the policy for these (Please provide latest reserves position and 5/10 year forecast that shows how general reserves are expected year on year in the future)

Income

- 1) Review accounts receivable (debtors) (An aged debtors list please)
- 2) Review debt collection procedures (Please confirm debt collection arrangements and dates)
- 3) Review any write off arrangements (Please provide details of any write offs – approval/procedures)
- 4) Review recording and banking of income (Please confirm banking arrangements particularly cash or cheque)
- 5) Test a sample of payments received to verify they have been correctly dealt with. Check accuracy and procedures – was this in accordance with Financial Regulations. (Please provide a list of debts raised in the year and I will select a sample for a more detailed review)
- 6) Check treatment of VAT (included above)

Petty Cash

- 1) Check the Petty Cash arrangements where held
- 2) Verify Petty cash is in balance, test a sample of transactions for relevance and accuracy and that a valid receipt is present. (Please provide a short note on petty cash and confirm VAT has been correctly treated)
- 3) Check treatment of VAT (included above)

Payroll

- 1) Review the payroll system
- 2) Test a sample of employees for accuracy of pay and treatment of variations including Tax and NI. (Please provide a summary of payments made to staff which includes all deductions both employee and employer)
- 3) Verify PAYE and NI requirements have been met (Please confirm and evidence that PAYE, NI and pension payments have been made to HMIC and County Council)

Asset Register

- 1) Verify the asset register is complete and up to date. (Please provide a copy of the asset register)
- 2) Verify where possible the asset and investment exists (We will not be confirming that any asset exists for this audit)

Bank

- 1) Verify and confirm bank reconciliations have been regularly undertaken. (Please provide a latest bank reconciliation)
- 2) Confirm end of year bank reconciliation (Year end follow up audit)

Accounting Statements

- 1) Verify accounting statements have been undertaken and reconciled to the cash book. (Please confirm and year end follow up audit)
- 2) Review and verify the audit trail of sums feeding into the accounting statements. (Year end follow up audit)

APPENDIX B: INTERNAL AUDIT CHARTER

The Need for a Charter

The Audit Charter formally defines internal audit's purpose, authority and responsibility. It establishes internal audit's position within ReLondon and defines the scope of internal audit activities. The establishment of the Audit Charter is a requirement of the Public Sector Internal Audit Standards (PSIAS) and approval of the charter is the responsibility of the Audit Committee.

The Role of Internal Audit

The main objective of the internal audit activity carried out by TIAA is to provide, in an economical, efficient and timely manner, an objective evaluation of, and opinion on, the overall adequacy and effectiveness of the framework of governance, risk management and control. TIAA is responsible for providing assurance to ReLondon's governing body (being the body with overall responsibility for the organisation) on the adequacy and effectiveness of the risk management, control and governance processes.

Standards and Approach

TIAA's work will be performed with due professional care, in accordance with the requirements of the PSIAS and the IIA standards which are articulated in the International Professional Practices Framework (IPPF).

Scope

All ReLondon activities fall within the remit of TIAA. TIAA may consider the adequacy of controls necessary to secure propriety, economy, efficiency and effectiveness in all areas. It will seek to confirm that ReLondon management has taken the necessary steps to achieve these objectives and manage the associated risks. It is not within the remit of TIAA to question the appropriateness of policy decisions; however, TIAA is required to examine the arrangements by which such decisions are made, monitored and reviewed.

TIAA may also conduct any special reviews requested by the board, Audit Committee or the nominated officer (being the post responsible for the day-to-day liaison with TIAA), provided such reviews do not compromise the audit service's objectivity or independence, or the achievement of the approved audit plan.

Access

TIAA has unrestricted access to all documents, records, assets, personnel and premises of ReLondon and is authorised to obtain such information and explanations as they consider necessary to form their opinion. The collection of data for this purpose will be carried out in a manner prescribed by TIAA's professional standards, Information Security and Information Governance policies.

Independence

TIAA has no executive role, nor does it have any responsibility for the development, implementation or operation of systems; however, it may provide independent and objective advice on risk management, control, governance processes and related matters, subject to resource constraints. For day-to-day administrative purposes only, TIAA reports to a nominated officer within ReLondon and the reporting arrangements must take account of the nature of audit work undertaken. TIAA has a right of direct access to the chair of the board, the chair of the Audit Committee and the responsible accounting officer (being the post charged with financial responsibility).

To preserve the objectivity and impartiality of TIAA's professional judgement, responsibility for implementing audit recommendations rests with ReLondon management.

Conflict of Interest

Consultancy activities are only undertaken with distinct regard for potential conflict of interest. In this role we will act in an advisory capacity and the nature and scope of the work will be agreed in advance and strictly adhered to.

We are not aware of any conflicts of interest and should any arise we will manage them in line with TIAA's audit charter and internal policies, the PSIAS/IIA standards and ReLondon's requirements.

Irregularities, Including Fraud and Corruption

TIAA will without delay report to the appropriate regulator, serious weaknesses, significant fraud, major accounting and other breakdowns subject to the requirements of the Proceeds of Crime Act 2002.

TIAA will be informed when evidence of potential irregularity, including fraud, corruption or any impropriety, is discovered so that TIAA can consider the adequacy of the relevant controls, evaluate the implication of the fraud on the risk management, control and governance processes and consider making recommendations as appropriate. The role of TIAA is not to investigate the irregularity unless commissioned to do so.

Limitations and Responsibility

Substantive testing will only be carried out where a review assesses the internal controls to be providing 'limited' or 'no' assurance with the prior approval of ReLondon and additional time will be required to carry out such testing. ReLondon is responsible for taking appropriate action to establish whether any loss or impropriety has arisen as a result of the control weaknesses.

Internal controls can only provide reasonable and not absolute assurance against misstatement or loss. The limitations on assurance include the possibility of one or more of the following situations, control activities being circumvented by the collusion of two or more persons, human error, or the overriding of controls by management. Additionally, no assurance can be provided that the internal controls will continue to operate effectively in future periods or that the controls will be adequate to mitigate all significant risks that may arise in future.

The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.

Reliance will be placed on management to provide internal audit with full access to staff and to accounting records and transactions and to ensure the authenticity of these documents.

The matters raised in the audit reports will be only those that come to the attention of the auditor during the course of the internal audit reviews and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. The audit reports are prepared solely for management's use and are not prepared for any other purpose.

Liaison with the External Auditor

We will liaise with ReLondon’s External Auditor. Any matters in the areas included in the Annual Plan that are identified by the external auditor in their audit management letters will be included in the scope of the appropriate review.

Reporting

Assignment Reports: A separate report will be prepared for each review carried out. Each report will be prepared in accordance with the arrangements contained in the Terms of Reference agreed with TIAA and which accord with the requirements of TIAA’s audit charter and PSIAS/IIA standards.

Progress Reports: Progress reports will be prepared for each Audit Committee meeting. Each report will detail progress achieved to date against the agreed annual plan.

Follow-Up Reports: We will provide an independent assessment as to the extent that priority 1 and 2 recommendations have been implemented. Priority 3 recommendations are low-level/housekeeping in nature and it is expected that management will monitor and report on implementation as considered appropriate.

Annual Report: An Annual Report will be prepared for each year in accordance with the requirements set out in TIAA’s audit charter and PSIAS/IIA standards. The Annual Report will include a summary opinion of the effectiveness of ReLondon’s governance, risk management and operational control processes based on the work completed during the year.

Other Briefings: During the year Client Briefing Notes, Benchmarking and lessons learned digests will be provided. These are designed to keep the organisation abreast of in-year developments which may impact on the governance, risk and control assurance framework.

Assurance Assessment Gradings

We use four levels of assurance assessments as set out below.

| | |
|-----------------------|--|
| Substantial Assurance | There is a robust system of internal controls operating effectively to ensure that risks are managed and process objectives achieved. |
| Reasonable Assurance | The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed and process objectives achieved. |
| Limited Assurance | The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and process objectives achieved. |
| No Assurance | There is a fundamental breakdown or absence of core internal controls requiring immediate action. |

Data Protection

TIAA has policies, procedures and processes in place to comply with all associated regulation and legislation on information security, which is underpinned by mandatory annual awareness training for all staff. To carry out our role effectively, we need to obtain information that is reliable, relevant and sufficient to support our findings and recommendations. The collection of data, particularly sensitive personal data, is minimised and is not shared with unauthorised persons unless there is a valid and legal requirement to do so. We have clear policies on the retention of data and its appropriate, controlled disposal. TIAA has a fully robust Information Security Management System that meets all the requirements of ISO27001:2013.

Quality Assurance

TIAA recognises the importance of Internal Audit being controlled at each stage to ensure that we deliver a consistent and efficient Internal Audit service that is fully compliant with professional standards and also the conditions of contract. We operate a comprehensive internal operational quality review process to ensure that all Internal Audit work is carried out in accordance with these standards. These quarterly reviews are part of our quality management system which has ISO 9001:2015 accreditation.

Audit Committee Responsibility

It is the responsibility of the ReLondon to determine that the number of audit days to be provided and the planned audit coverage are sufficient to meet the Committee’s requirements and the areas selected for review are appropriate to provide assurance against the key risks within the organisation.

By approving this document, the Audit Committee is also approving the Internal Audit Charter.

Disclaimer

The matters raised in this planning report, along with those raised in our audit and annual reports, are only those that came to the attention of the auditor during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all the improvements that might be made. This report has been prepared solely for management’s use and must not be recited or referred to in whole or in part to third parties without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any other purpose. TIAA neither owes nor accepts any duty of care to any other party who may receive this report and specifically disclaims any liability for loss, damage or expense of whatsoever nature, which is caused by their reliance on our report.

Performance Standards

The following Performance Targets will be used to measure the performance of internal audit in delivering the Annual Plan:

| Performance Measure | Target |
|---|--------|
| Completion of planned audits. | 100% |
| Audits completed in time allocation. | 100% |
| Draft report issued within 10 working days of exit meeting. | 100% |
| Final report issued within 10 working days of receipt of responses. | 100% |
| Compliance with TIAA’s audit charter and PSIAS/IIA Standards. | 100% |