

ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	Governance and Audit Committee
Date:	26 June 2025
Subject:	Internal Audit Annual Report 2024-25
Head of Service:	Marc Jones, Director of Function (Resources) and Section 151 Officer MarcJones@anglesey.gov.wales
Report Author:	Marion Pryor, Head of Audit and Risk MarionPryor@anglesey.gov.wales
<p>Nature and Reason for Reporting: The Local Government (Wales) Measure 2011 mandates that the Governance and Audit Committee oversee the Council's internal audit arrangements. The Committee's terms of reference require it to:</p> <ul style="list-style-type: none"> • Review an annual report from the Head of Audit and Risk on internal audit performance (3.4.8.10.6). • Consider the evaluation of the overall adequacy and effectiveness of the Council's governance, risk management, and control framework, and the work supporting this assessment, and to consider this when reviewing the Annual Governance Statement (3.4.8.10.7). • Assess the level of conformance with Public Sector Internal Audit Standards and the results of the Quality Assurance and Improvement Programme, which support the reliability of internal audit conclusions (3.4.8.10.8). <p>Additionally, the Public Sector Internal Audit Standards mandate that the chief audit executive produces an Internal Audit Annual Report (Standard 2450).</p>	

1. Introduction

- 1.1. This report provides the Committee with the Internal Audit Annual Report for 2024-25, which provides the Head of Audit and Risk's overall opinion on the adequacy and effectiveness of the Council's framework of governance, risk management and control during the year.
- 1.2. Based on the work carried out during the year and the assurances provided, for the 12 months ended 31 March 2025, the Isle of Anglesey County Council's Head of Audit and Risk's opinion is that the organisation has an adequate and effective framework for risk management, governance and internal control.
- 1.3. While I do not consider any areas of significant corporate concern, some areas require the introduction or improvement of internal controls to ensure the achievement of objectives, and these are the subject of monitoring. There are no qualifications to this opinion.
- 1.4. In addition, following an internal assessment, the internal audit function 'generally conforms' with the Public Sector Internal Audit Standards.

2. New requirements going forward

- 2.1. For 2025-26, the new 'Global Internal Audit Standards in the UK Public Sector' will apply, which is a framework based on the [Global internal Audit Standards](#) (GIAS), issued by the Institute of Internal Auditors (IIA), an [Application Note – Global Internal Audit Standards in the UK Public Sector](#), issued by the Relevant Internal Audit Standards Setters (RIASS) and a [CIPFA Code on the Governance of Internal Audit](#), which provides specific requirements applicable to the local government sector.
- 2.2. This has introduced the requirement for the chief audit executive to make a conclusion at the level of the organisation about the effectiveness of governance, risk management and/or control. In the UK local government sector, a chief audit executive is already required to prepare such an overall conclusion at least annually in support of wider governance reporting. Therefore, the annual report as currently drafted, complies with the new requirements going forward.

3. Recommendation

- 3.1. That the Committee considers and comments on the Head of Audit and Risk's annual report and overall 'opinion', in particular, to assist the Committee when reviewing the Annual Governance Statement:
 - the summary of the work carried out during the year and the assurances provided.
 - the overall opinion.
 - the performance of the internal audit function, in particular, noting the level of conformance with the Public Sector Internal Audit Standards.

Internal Audit Annual Report 2024-25

June 2025



Marion Pryor BA MA CMIIA CPFA ACFS
Head of Audit and Risk



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Introduction

1. For the financial year 2024-25, the Public Sector Internal Audit Standards (PSIAS)¹ require the ‘chief audit executive’, in the Council’s case the Head of Audit and Risk, to deliver an annual internal audit opinion that the organisation can use to inform its Annual Governance Statement.
2. The annual opinion includes:
 - An [opinion](#) on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes.
 - Disclosure of any [qualifications](#) to that opinion, together with the reason for the qualification.
 - Any [issues](#) the chief audit executive judges particularly relevant to the preparation of the Annual Governance Statement.
 - A [summary](#) of the audit work from which the opinion is derived, including reliance placed on other assurance bodies.
 - A summary of the [performance](#) of the internal audit function against its performance measures.
 - Commentary on [compliance](#) with the PSIAS and communicates the results of the Internal Audit quality assurance programme.
 - A [Statement of Independence](#)

¹ From 1 April 2025, the Public Sector Internal Audit Standards (PSIAS) are superseded by the Global Internal Audit Standards in the UK Public Sector, detailed [later](#) in the report.

Internal Audit Opinion

Head of Internal Audit Opinion 2024-25

For the 12 months ended 31 March 2025, the Isle of Anglesey County Council's Head of Audit and Risk's opinion is that the organisation has an adequate and effective framework for risk management, governance and internal control.

While I do not consider any areas of significant corporate concern, some areas require the introduction or improvement of internal controls to ensure the achievement of objectives, and these are the subject of monitoring.

There are no qualifications to this opinion.

Issues relevant to the preparation of the Annual Governance Statement

3. There are no issues which are of a significantly high risk or impact that warrant inclusion in the Annual Governance Statement.
4. During 2024-25, we have found senior management at the Council to be supportive and responsive to the issues we have raised. We have a good relationship with management; they openly share the areas where they perceive to be potential problems and take on board the results of our work as an opportunity for making improvements.
5. We have also been commissioned to undertake advisory work in the year at the request of management, which gives a strong indicator that managers are willing to engage with Internal Audit to establish good risk and control environments.

Basis of My Opinion

Scope

6. I have reached my opinion by considering the work and activities we have carried out during the year, further discussed below. The opinion does not imply that we have reviewed all risks and assurances relating to the Council. It is substantially derived from the setting of a risk-based strategy, which management have fed into, and the Governance and Audit Committee approved in April 2024. It should provide a reasonable level of assurance, subject to the inherent limitations below.

Limitations

7. The matters raised in this report are only those that came to our attention during the course of our work and activities within the Council. They are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Neither this report, nor our work, should be taken as a substitute for management's responsibilities for the application of sound internal control practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist.

Third Line Assurance²

8. Key to being able to obtain sufficient assurance to inform the opinion was to take into account internal audit reviews of the strategic risks and other audit work, and the assurance ratings provided:

Audits of Strategic Risks

9. During 2024-25, following a comprehensive review of the Council's risks to achieving its corporate priorities, 11 risks were rated as having a red or amber residual risk rating and were recorded in a strategic risk register.
10. We aim to audit 80% of red and amber residual risks over a two-year cycle. We reviewed 8 (80%) (9 / 82% in 2023-24) of these over a 24-month period. ([Appendix B](#) refers).
11. We were able to provide 'Reasonable' assurance that the Council was effectively managing all but one of the strategic risks we reviewed.
12. We provided 'Limited' assurance for one audit (IT Supplier Management) in July 2024.
13. The IT Audit Team at Salford Council conducted this piece of work on our behalf. They concluded that, in the main, the Council is not adequately mitigating the key risks associated with managing its IT suppliers to an acceptable level.
14. The review found that these issues were symptomatic of a wider procurement issue within the Council which is being addressed as part of a two-year improvement programme led by an external procurement specialist.
15. We are currently undertaking a follow up review in this area to assess progress in addressing the issues/risks/opportunities identified.

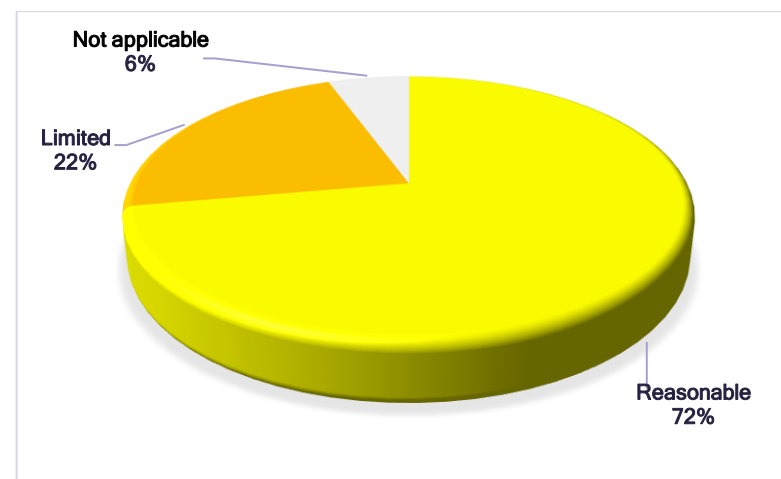
² Definitions of assurance ratings in place during 2024-25 can be found at [Appendix A](#)

Other audit work

16. We also reviewed other key areas of the Council's activities, including areas where the Director of Function (Resources) and Section 151 officer and Leadership Team had raised concerns ([Appendix C](#) refers).
17. Of the 12 audits (14 in 2023-24) of this type we undertook during 2024-25, we were able to provide:
 - None with 'Substantial' assurance (none in 2023-24),
 - Eight with 'Reasonable' assurance (eight in 2023-24),
 - Three with 'Limited' assurance (two in 2023-24), and,
 - One investigation which did not provide an assurance rating.
18. Two of the three limited assurance reports relate to an audit of the administration of Disabled Facilities Grants. Following the original audit in April 2024, we carried out a follow up in March 2025. Though our follow up work found that the Housing service had made some progress in addressing the issues/risks raised in our original review, further work was needed and we were unable to increase the assurance rating from limited. We will conduct a second follow up during 2025-26.
19. We also revisited an audit of Recovery of Council Tax, Non-Domestic Rates and Sundry Debts. The Service had made further progress in improving its recovery processes, notably establishing advance payments, simplifying customer payment processes on the Council's website, and aligning the sundry debt financial system with billing and recovery processes.
20. However, substantial older debts remain unresolved due to limited resources and legal action to recover sundry debts had not been fully pursued. Without additional resource, resolving this situation would be challenging. A full review of the revised recovery process will be included in the Internal Audit Strategy and Plan for 2025-26.

Internal Audit Assurance ratings provided during 2024-25

21. Overall, we were able to provide 'Reasonable' assurance or above for 72% (86% in 2023-24) of the audits we undertook during 2024-25.



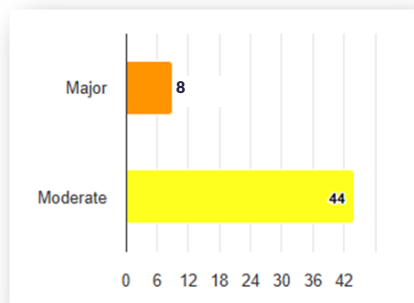
22. Four audits (22%) received 'Limited' assurance during the year, compared to two (14%) in 2023-24. In accordance with our protocol, we formally revisit all the 'Issues/Risks/Opportunities' raised in reports with a 'Limited' assurance, when they become due, to ensure they are effectively addressed.
23. Notably, no audits received 'No' assurance and no 'Critical' (red) 'Issues/Risks/Opportunities' were raised during the year.
24. Where we identified 'Issues/Risks/Opportunities', management accepted them all. The remaining 'Issues/Risks/Opportunities' were monitored via our action tracking system, 4action, discussed in further detail in the following section.

Issues / Risks / Opportunities Raised

25. We use the Council's action tracking system 4action to monitor the 'Issues', 'Risks' and 'Opportunities' we raise during our work. We have developed and refined a user dashboard on 4action, which displays a real-time snapshot of current performance in addressing outstanding actions and enables effective tracking and reporting of this information. We continuously monitor 'overdue' actions and so are able to obtain updates from management as to progress with addressing them.
26. The following graphs show the outstanding actions as at 31 March 2025. It should be noted that no 'Critical' (red) issues/ risks/ opportunities were raised during the year and there are no 'Critical' (red) 'issues/risks/opportunities' currently outstanding.

Current Actions

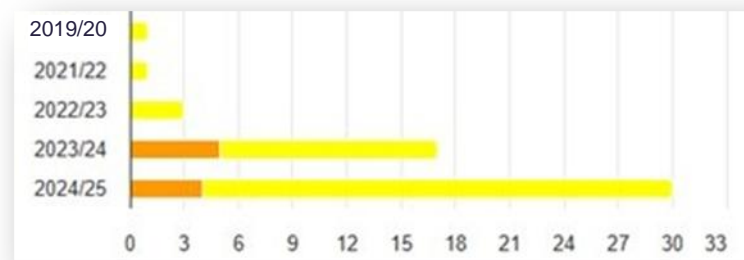
27. We actively monitor all actions and pursue them with management when they become due to ensure they are addressed.
28. As at 31 March 2025, we are tracking 52 outstanding actions (39 as at 31 March 2024). Of these, eight (four in 2023-24) are assessed as 'major' (amber) and 44 (35 in 2023-24) 'moderate' (yellow) risks, as shown below.



Overdue Actions

29. At the 31 March 2025, there are currently no actions that have reached their target date for completion which have become 'overdue'.

Issues / Risks / Opportunities by Year



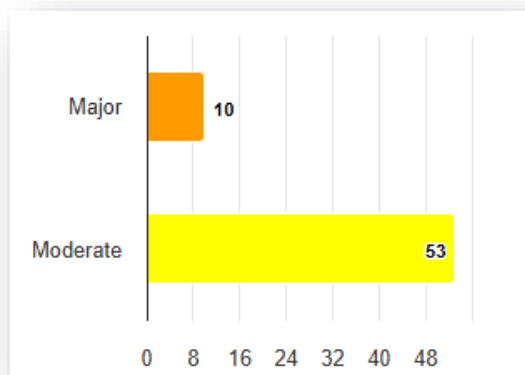
30. Of the 52 (39 in 2023-24) actions we are tracking, these were raised between 2019-20 and 2024-25.
31. While the graph above indicates the majority relate to the current and last financial year, there are two 'issue/risks' dating back to 2019-20 and 2021-22 that management has yet to fully address.
32. These relate to finalising the Council's assurance mapping arrangements and work to digitise the Council's housing application process, which are both in the process of being addressed.
33. They are both rated as 'moderate' or 'yellow' in risk priority, and we are assured by management that:
- The Council has completed the upgrade of its Risk Management system and Internal Audit routinely populates third line assurances following relevant audit work. However, as the Chartered Institute of Public

Finance and Accountancy (CIPFA) will shortly be publishing guidance for local authorities on assurance mapping, the Council has paused developing its assurance map further until this guidance is available.

- Final testing of the Council's housing application process through its Customer Relationship Management (CRM) system is underway. The Housing service expects online applications to go live in the next 2-3 months.

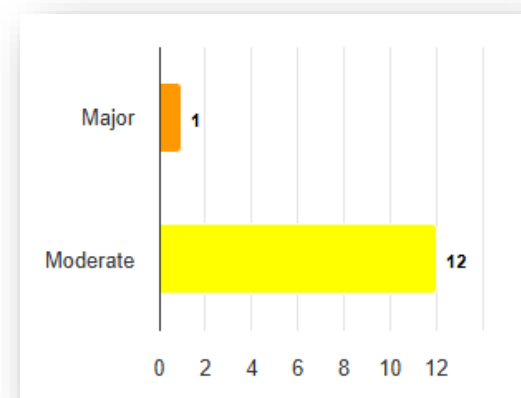
34. It should be noted that there are no 'major' rated issues/risks/opportunities dating back further than 2023-24. This demonstrates that management are prioritising addressing risks of higher priority.

Issues / Risks / Opportunities raised in 2024-25



35. During 2024-25, we raised 63 (59 in 2023-24) 'Issues/Risks/Opportunities' that required management attention. Of these, we classified ten (nine in 2023-24) as 'major' (amber) and 53 (50 in 2023-24) as 'moderate' (yellow).

Issues / Risks / Opportunities raised, became due and addressed in 2024-25



36. 13 (22 in 2023-24) of the actions raised became due for completion in 2024-25 and management addressed all 13 (21 in 2023-24) before 31 March 2025. This represents 100% performance in this area (95% in 2023-24).

Our Performance

37. When delivering the risk-based audit strategy, the Head of Audit and Risk, supported by the Leadership Team, has made every effort to make best use of available internal audit resources during the year.
38. The loss of two members of staff from the Risk and Insurance section of the wider team, due to obtaining other roles within the Council during 2024-25, and part way through the quinquennial insurance tender exercise, put additional strain on the team to backfill these roles urgently.
39. Additional claims handling resource was obtained from our insurers, but some requests for support from services had to be declined and implementation of the counter fraud strategy had to be postponed.

Adding Value

40. Throughout the year we strived to add value wherever possible. We have continued to support managers across the Council by providing training, advice and sourcing external resources to provide assurance, such as training delivered as part of the procurement improvement programme, training of new head teachers and governors around Unofficial School Funds, and IT audit.
41. We have also continued to support peers regionally, nationally across Wales, and the North West of England, by sharing good practice and work programmes, along with areas of emerging risk.

Performance Measures

42. We have a quality assurance and improvement programme to ensure continuous improvement of our internal audit service.
43. In April 2024, the Governance and Audit Committee agreed a number of performance targets within the Strategy for 2024-25, which can be seen below.

Performance Indicator	Target 2023-24	Actual 2023-24	Target 2024-25	Actual 2024-25
Red / Amber Residual Risks in the Strategic Risk Register audited (over a rolling 24-month period)	80%	82%	80%	80%
Audits completed within six months	85%	84%	85%	83%
Clients' responses at least 'satisfied'	100%	100%	100%	100%
Number of staff (FTE ³)	4.0 FTE	3.3 FTE	2.8 FTE	2.8 FTE
All fraud alerts received, considered, distributed.	100%	100%	100%	100%
Outcome of the internal (annually) and external (five-yearly) assessments of the quality assurance and improvement programme.	Generally Conforms	Generally Conforms	Generally Conforms	Generally Conforms

44. We have performed well against most of our targets, with five out of six indicators meeting their target.

³ Full Time Equivalent (FTE)

45. Crucially, we have achieved our target of reviewing 80% of the red and amber residual risks in the Strategic Risk Register, which provides sufficient assurance to allow the Head of Audit and Risk to provide the Annual Audit Opinion.
46. One area failed to fully achieve its target performance level; audits completed within six months. Two audits took longer than the six-month deadline (7.2 and 8.5 months respectively) due to delays caused by the involvement of key staff with the general election, as well as delays in securing agreement to the action plan and final report. The completion of an investigation was delayed (9.9 months) due to waiting for information from the complainant.

Benchmarking

47. The Welsh Chief Auditors Group benchmarks performance. However, the measures are not comparable and therefore do not provide a meaningful indication of performance.

Training and Development

48. All current members of the team have a variety of professional qualifications, with a good mix including CIPFA, CIIA⁴, IRRV⁵, ACFS and ACFTech⁶.
49. The service has invested significantly to ensure they continue their professional development and stay abreast of emerging risks and developments in the sector.
50. We are currently supporting the Senior Auditor in their studies towards the Chartered Institute of Internal Auditors professional qualification.
51. We have also participated in all the mandatory corporate training, where required.

⁴ The Chartered Institute of Internal Auditors (CIIA) is a professional association for internal auditors.

⁵ The Institute of Revenues Rating and Valuation (IRRV) is the professional body for local taxation, benefits and valuation.

⁶ The ACFS and ACFTech are professional counter fraud qualifications accredited by the Counter Fraud Professional Awards Board.

Conformance with the Public Sector Internal Audit Standards

External Assessment (Standard 1312)

- 52. The Public Sector Internal Audit Standards require internal audit services to have an external assessment which must be conducted by a qualified, independent assessor or assessment team from outside the organisation once every five years.
- 53. An external assessment of the Isle of Anglesey County Council Internal Audit Service was last undertaken via peer review, by Flintshire County Council.
- 54. The assessment, concluded in May 2023, confirmed that “Following validation of the self-assessment by Flintshire County Council, the Internal Audit Service of the Isle of Anglesey County Council ‘Generally Conforms’ with the requirements. ‘Generally Conforms’ reflects the highest level of conformance following an external assessment.... Overall, the Ynys Môn County Council’s Internal Audit Service complies with the standards in all significant areas and operates independently and objectively.”

Internal Assessment (Standard 1311)

- 55. The Public Sector Internal Audit Standards also require internal audit services to undertake periodic assessments to evaluate ongoing conformance with the Standards and the Code of Ethics.
- 56. The self-assessment is undertaken annually with an action plan developed to address any areas for improvement ([Appendix D](#) refers). Just one area of partial conformance remains, relating to Standard 2050 ‘Coordination and Reliance, which requires the risk-based plan to include an adequately developed approach to using other sources of assurance and any work that may be required to place reliance upon those sources.

- 57. Whilst current processes for developing the risk based internal audit plan comply with PSIAS, the completion of an assurance map would ensure greater visibility of any assurance gaps or any areas of over-assurance.
- 58. An assurance map has been developed. Internal Audit has populated the third line assurance, and the assurance map is currently with the Performance Team for the first- and second-line assurances to be populated. However, little progress has been made and was postponed pending the publication of guidance from CIPFA, which was published in May 2025.

Statement of Independence (Standard 1110)

- 59. Standard 1110 requires the chief audit executive to confirm, at least annually, the organisational independence of the internal audit activity.
- 60. The Internal Audit Charter defines how internal audit independence is established and maintained, which is submitted to the Governance and Audit Committee annually and was approved by the Committee on 18 April 2024.
- 61. Accordingly, the Head of Audit and Risk has taken no part in the undertaking and reporting of audits in areas where a conflict exists in accordance with the Internal Audit Charter.

Global Internal Audit Standards in the UK Public Sector)

62. From 1 April 2025, the Public Sector Internal Audit Standards (PSIAS) are superseded by the 'Global Internal Audit Standards in the UK Public Sector', consisting of the [Global Internal Audit Standards](#) (GIAS) of the IIA and the [Application Note: Global Internal Audit Standards in the UK public sector](#).
63. In addition, the Application Note directs local government sector bodies to apply the [CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government](#) to support authorities in establishing their internal audit arrangements and providing oversight and support for internal audit.
64. This new standards framework for internal auditing within local government organisations, such as the Council, is applicable from 2025-26 onwards.
65. GIAS 11.3 'Communicating Results' references the possibility that a chief audit executive may be required to make a conclusion at the level of the organisation about the effectiveness of governance, risk management and/or control. In the UK public sector, a chief audit executive must prepare such an overall conclusion at least annually in support of wider governance reporting, mindful of any specific sector obligations or processes. This overall conclusion must encompass governance, risk management and control.⁷ For 2025-26 onwards, this annual report will satisfy this requirement.

Challenges and opportunities going forward

66. We continue to play a key role in helping the Council to ensure that its risks are identified and appropriately controlled. This is at the heart of what we do as we examine the effectiveness of the Council's controls in managing its risks.
67. However, assurance requirements are fluid and constantly evolving, meaning internal audit must keep up with the pace of change to be able to stay relevant and provide assurance on areas such as climate change, cyber security and evolving financial risks.
68. Demonstrating stewardship of public funds, building and maintaining public trust and confidence in decision making and delivering a sustainable future for taxpayers and service users are fundamental expectations of all those working within the public services. Internal audit can contribute to this complex web of expectations, obligations, ambitions and challenges by providing support in a unique and independent way.
69. Achieving this requires trained internal auditors supported by modern approaches and professional standards. It needs both capacity and capability.
70. An enthusiastic and dedicated team places internal audit in a good position to ensure delivery of its strategy and continue to support the Council as a key component of its governance structure.

⁷ Application Note: Global Internal Audit Standards in the UK public sector (10.B)

Appendix A: Definition of Assurance Ratings 2024-25

Level of Assurance	Definition
Substantial Assurance	<p>Arrangements for governance, risk management and internal control are good.</p> <p>We found no significant or material Risks/Issues.</p>
Reasonable Assurance	<p>Arrangements for governance, risk management and/or internal control are reasonable.</p> <p>There are minor weaknesses in the management of risks and/or controls but there are no risks to the achievement of objectives. Management and heads of service can address.</p>
Limited Assurance	<p>Arrangements for governance, risk management and internal control are limited.</p> <p>There are significant weaknesses in the management of risks and/or controls that put the achievement of objectives at risk. Heads of service need to resolve, and Leadership Team may need to be informed.</p>
No Assurance	<p>Arrangements for governance, risk management and internal control are significantly flawed.</p> <p>There are fundamental weaknesses in the management of risks and/or controls that will lead to a failure to achieve objectives. The immediate attention of Leadership Team is required, with possible Executive intervention.</p>

Appendix B – Assurance Map (Third Line) - Red and Amber Residual Risks in the Strategic Risk Register 2024-25

Risk Ref	Risk	Inherent Risk Priority	Residual Risk Priority	Created Date	Audit Year 2018/19	Audit Year 2019/20	Audit Year 2020/21	Audit Year 2021/22	Audit Year 2022/23	Audit Year 2023/24	Audit Year 2024/25
YM1	The risk that a real term reduction in Council funding will lead to a reduction in statutory services	5:5 25	4:5 20	14/05/19 12/01/22		Financial Resilience (April 2020)			Financial Resilience (November 2022)		Robustness of estimates and adequacy of reserves assessment (Section 25 of the Local Government Act 2003) (July 2024)
YM2	The risk that the Council is unable to recruit, retain and develop suitable staff, or that the staffing structure is not suitable	4:5 20	4:4 16	20/06/18 12/01/22	Recruitment & Retention (March 2019)				Recruitment & Retention (June 2022)		Recruitment & Retention (December 2024)
YM3	The risk that IT failure significantly disrupts service delivery	5:5 25	4:4 16	21/06/18 10/09/18 12/01/22	IT Audit - Cyber Security (February 2019)	IT Audit - IT Resilience (April 2020)	IT Audit - IT Resilience (Follow Up) (May 2021)	IT Audit - Software Licence Management (January 2022)	IT Audit - Cloud Computing (March 2023)	Corporate Access Management (Key Risks) (March 2024)	IT Supplier Management (July 2024)
							IT Audit - IT Service Continuity (Phishing) (April 2021)		IT Audit - IT Service Continuity (Phishing) (Follow Up) (September 2022)		
									IT Vulnerability		IT Audit - Cyber Security

Risk Ref	Risk	Inherent Risk Priority	Residual Risk Priority	Created Date	Audit Year 2018/19	Audit Year 2019/20	Audit Year 2020/21	Audit Year 2021/22	Audit Year 2022/23	Audit Year 2023/24	Audit Year 2024/25
									Management (September 2022)		- NCSC CAF Gap Analysis (November 2024)
									IT Vulnerability Management (January 2023)		
YM5	The risk of failing to implement national changes to the education system and meet the educational challenges of the future	4:5 20	4:4 16	20/06/18 12/01/22						Modernising Learning Communities Programme (August 2023)	
YM7	The risk that the Council is not resilient enough to be able to provide services in light of external changes	4:4 16	3:4 12	20/06/18 12/01/22		Managing the Risks of Brexit (January 2020)	Review of COVID-19 Emergency Response (April 2020)	COVID-19 Emergency Management Assurance (May 2021)		Organisational Resilience (November 2023)	
						Business Continuity (February 2020)					
YM9	The risk of a lack of suitable housing that local residents can afford in their communities	4:5 20	4:5 20	12/01/22					The Council's arrangements for the provision of suitable housing (June 2022)		Housing Development (December 2024)

Risk Ref	Risk	Inherent Risk Priority	Residual Risk Priority	Created Date	Audit Year 2018/19	Audit Year 2019/20	Audit Year 2020/21	Audit Year 2021/22	Audit Year 2022/23	Audit Year 2023/24	Audit Year 2024/25
YM10	The risk that a serious safeguarding error leads or contributes to serious harm to the vulnerable individuals the Council is responsible for	5:4 20	4:2 8	20/06/18 12/01/22	Deprivation of Liberty Safeguards (June 2018)		Corporate Parenting Panel (January 2021)			Managing Strategic Risk - Safeguarding (YM10) (January 2024)	
YM11	The risk that an increase in poverty increases demand on Council services	4:5 20	4:5 20	18/08/20 12/01/22	Welfare Reform (April 2019)				Poverty (March 2023)		
YM13	The risk that climate change affects the Island and that the Council is not a net zero organisation by 2030	4:4 16	4:3 12	12/01/22					Climate Change Health Check (ZM) (September 2022)		Net Zero Review (External Assessment) (WIP)
YM14	The risk that the Council's physical assets will not be suitable or meet the future needs of residents, businesses and visitors	5:5 25	4:4 16	12/01/22				Investment In Assets (November 2021)			Management of the Council's Physical Assets (March 2025)

Risk Ref	Risk	Inherent Risk Priority	Residual Risk Priority	Created Date	Audit Year 2018/19	Audit Year 2019/20	Audit Year 2020/21	Audit Year 2021/22	Audit Year 2022/23	Audit Year 2023/24	Audit Year 2024/25
YM16	The risk that the Council is unable to manage change effectively which limits its ability to modernise and deliver sustainable, effective and efficient services	4:5 20	3:4 12	11/07/23 02/01/24							IT Audit – Service Desk Management (Draft Report)

Appendix C: Other Internal Audit Work in 2024-25

Title of Audit	Date of Final Report	Assurance Level	Critical	Major	Moderate
The Administration of Disabled Facilities Grants	April 2024	Limited	0	2	4
Destination – Maritime Team: Income Processes	June 2024	Reasonable	0	1	6
Direct Debit Processes	August 2024	Reasonable	0	0	3
Continuous Monitoring – Duplicate Invoices	September 2024	Reasonable	0	0	0
Partnership Oversight (YM15)	October 2024	Reasonable	0	0	6
Revenues Refunds – Insider Threat Risk	November 2024	Reasonable	0	0	4
Electrical Contractor Expenditure (Investigation)	January 2025	n/a	0	0	4
IT Audit – Payment Card Industry Data Security Standards (PCI DSS)	March 2025	Reasonable	0	2	3
Council Tax, NNDR and Sundry Debt Recovery (second follow up)	March 2025	Limited	0	2	3
The Administration of Disabled Facilities Grants (first follow up)	March 2025	Limited	0	0	4
Destination – Maritime Team: Income Processes (first follow up)	March 2025	Reasonable	0	1	1
Early Education and Childcare Grant Programmes	March 2025	Reasonable	0	2	5
		12	0	10	43

Appendix D: Public Sector Internal Audit Standards Annual Self-assessment Action Plan

Ref No.	PSIAS Standards and IPPF	Improvement Area	Responsible Officer	Progress Update – 2024-25
1.	2050 - Coordination and Reliance	<p>PSIAS Standard 2050 confirms the requirement for the risk-based plan to include an adequately developed approach to using other sources of assurance and any work that may be required to place reliance upon those sources.</p> <p>Whilst current processes for developing the risk based internal audit plan comply with PSIAS, the completion of an assurance map would ensure greater visibility of any assurance gaps or any areas of over-assurance.</p> <p>An assurance map has been developed. Internal Audit has populated the third line assurance, and the assurance map is currently with the Performance Team for the first- and second-line assurances to be populated.</p>	Head of Audit and Risk / Corporate Planning, Performance and Programme Manager / Executive Manager (Leadership Team) / Service Business Managers	<p>On-going</p> <p>CIPFA has recently (May 2025) published guidance on the annual review of governance and internal controls and the preparation of the annual governance statement (AGS) that comes into effect for the 2025-26 financial year. The decision was taken to await this publication before progressing further with populating first and second line assurances. Third line assurances are routinely completed by Internal Audit following relevant audit work.</p>