

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE: Draft 2026-27 Internal Audit and Investigations Plan	
REPORT OF: Executive Director Corporate Services Interim	
FOR SUBMISSION TO: Audit and Corporate Governance Committee	DATE: 26 March 2026
<p>SUMMARY OF REPORT: The report seeks approval for the Annual Internal Audit and Investigations Plan for 2026-27.</p> <p>In line with Committee’s Terms of Reference, the report asks Committee to approve the risk-based internal audit plan, including internal audit’s resource requirements (and any significant changes to either), the approach to using other sources of assurance and any work required to place reliance upon those other sources.</p> <p>Local Government Act 1972 – Access to Information No documents that require listing were used in the preparation of this report.</p> <p>Contact Officer: Nasreen Khan Head of Internal Audit, Investigations and Risk Management 5 Pancras Square London N1C 4AG Telephone: 020 7974 2211 E-mail: Nasreen.Khan@camden.gov.uk</p>	
<p>RECOMMENDATION: The Committee is asked to note the contents of the report and to approve :</p> <ul style="list-style-type: none"> i) the Internal Audit Strategy at Appendix A; ii) the 2026-27 Internal Audit Plan at Appendix B; iii) the Principal Risk Assurance map at Appendix C; iv) the 2026-27 Annual Investigations Plan at Appendix D. 	

Signed: As agreed by the Executive Director Corporate Services Interim
Date: 12th March 2026

1. Purpose of the report

- 1.1. The report fulfils responsibilities under item 8 of the Committee's Terms of Reference i.e. to approve the risk-based internal audit plan, including internal audit's resource requirements (and any significant changes to either), the approach to using other sources of assurance and any work required to place reliance upon those other sources.
- 1.2. The Council has a statutory duty to maintain an effective Internal Audit function. The Internal Audit, Investigations and Risk Management service provides this function.
- 1.2. Our primary objective is to provide the Council, via the Audit and Corporate Governance Committee (ACGC), with independent assurance that risk management, governance and internal control processes are operating effectively. We also provide advice and guidance to management on risk and control issues within individual processes. We aim to achieve this through a planned programme of work based on an annual assessment of the principal risks facing the authority.
- 1.3 The Internal Audit Strategy, included at **Appendix A**, details the role and objective of Internal Audit within the organisation and the overall strategic approach to meeting this objective. The Internal Audit Strategy will be delivered in line with the Internal Audit Charter as approved by the Committee in April 2025.
- 1.3 The draft Internal Audit Plan, included at **Appendix B**, details the work to be undertaken by the Internal Audit in 2026-27 to deliver this objective.
- 1.4 Internal Audit aims to retain flexibility in its approach in order to provide coverage of emerging risks, and to meet the changing needs of the organisation. To this end, whilst Internal Audit will deliver a risk-based annual plan, we will also remain responsive to the needs of auditees and wider-stakeholders and will continue to provide ad-hoc control advice and support where required.

2. Internal Audit plan - preparation and consultation

- 2.1 The 2026-27 Internal Audit Plan has been drafted from a number of sources including an assurance map to the Council's Principal Risk Report as at November 2025, an Internal Audit risk assessment, intelligence from various sources including previous audits/fraud investigations, audit plans of other local authorities, CIPFA good governance guidelines and pan London planning sessions. Plans for each directorate were discussed at Directorate Management Teams (DMTs) and the Camden Management Team in February 2026 ahead of approval by the Committee in March 2026.
- 2.2 As in previous years, the Council's objectives as defined in We Make Camden have been considered in the drafting of the audit plan. The plan has also been aligned with the Council's Principal Risk Report to ensure that the work of

Internal Audit is resident focussed and focusses on the actions in place to mitigate the principal risks that threaten the achievement of the Council's objectives.

- 2.3 An assurance map, included at **Appendix C**, details Internal Audit coverage of actions to mitigate principal risks from 2021-22 to 2026-27. The alignment of the audit plan to the Council's principal risks represents good practice and also indicates that the Council's risk maturity has been further enhanced in recent years.
- 2.4 **Appendix C** also includes a Key Financial Systems (KFS) plan. While a risk based approach is applied to devising the annual audit plan, a cyclical approach is applied to key financial systems in order to ensure that rolling assurance is provided in this area of key risk.

3. Internal Audit plan - delivery

- 3.1. The annual plan has been drawn up to address the statutory requirements and key risks for the Council, taking into account the available resources within the Internal Audit service. Changes to the annual plan may be necessary during the year to ensure that the Internal Audit service responds to changing risks.

4. Follow-up audits

- 4.1. Planned audit work undertaken is subject to a formal follow up to ensure that agreed actions have been implemented. The timing of each follow up review is agreed with the auditee. Summary findings emanating from planned internal audit work, as well as the level of implementation of agreed actions, is reported to the ACGC. Follow up outcomes will also have an impact on our risk assessment of a particular area.

5. Assurance Levels

- 5.1. Internal audit reviews result in a statement of either 'substantial', 'moderate', 'limited' or 'no' assurance. These conclusions are based on the number of critical and high priority risks identified in an audit report. The ACGC receive details of high priority findings raised in audit reviews which result in 'limited' or 'no' assurance statements.

6. Investigations

- 6.1. Fraud is an inherent risk to the Council and is identified as a principal risk in the Council's Principal Risk Report. Whilst the majority of the investigation team's annual work is reactive (dependent on referrals and potential fraud identified in-year), the team also deliver a risk-based annual plan of counter-fraud activity. This contributes to the overall fraud risk assessment of the Council. A best practice and proactive approach is taken to counter fraud through prevention and detection activities. This includes:

- Proactive anti-fraud reviews;

- Fraud awareness training;
- Anti-fraud initiatives such as the National Fraud Initiative; and
- Corporate communications and e-learning.

6.2. The 2026-27 Investigations Plan, detailing planned anti-fraud activity, is included at **Appendix D**.

7. Resourcing

7.1. The 2026-27 Internal Audit Plan will deliver c.785 days comprising c.690 audit days, a contingency of c.65 days to cover urgent and unplanned reviews arising during the year, and c.30 days allocated to the North London Waste Authority (NLWA). A small portion of the plan (c.100 days) will be delivered by co-sourced partners.

7.2. The 2026-27 Investigations Plan will deliver c.650 days, with c.400 days earmarked for reactive work. The remaining resource will be utilised on anti-fraud initiatives including blue badge enforcement activity.

8. Finance comments of the Executive Director Corporate Services

8.1. The Executive Director Corporate Services has been consulted and comments are incorporated within the body of the report.

9. Legal comments of the Borough Solicitor

9.1. The report, and, in particular, the content of the accompanying appendices, clearly sets out the Code of Practice, Guidance and legislative framework for the audit requirements and responsibilities of the Council and the Borough Solicitor has no further comment to make.

10. Environmental implications

10.1. There are no known environmental implications arising from this report.

11. Appendices

Appendix A – Internal Audit Strategy

Appendix B – 2026-27 Internal Audit Plan

Appendix C – Principal Risk Assurance Map and Key Financial Systems Plan

Appendix D – 2026-27 Investigations Plan

APPENDIX A – 2026-27 INTERNAL AUDIT STRATEGY

1. Introduction

- 1.1 This document sets out the overall strategic approach of the Council's Internal Audit function with the aim of providing an effective Internal Audit function.

2. Purpose of Internal Audit

- 2.1 The overall strategy of Internal Audit primarily entails delivering a risk based audit plan aligned with the Council's principal risk profile.
- 2.2 As noted in the Internal Audit Charter, it is the responsibility of management to maintain appropriate risk management processes, control systems, accounting records and governance arrangements. Internal Audit is not responsible for designing and implementing control systems and managing risks.
- 2.3 The purpose of the Internal Audit Service is to provide independent, objective assurance and consulting services (via the Audit and Corporate Governance Committee (ACGC)) in order to add value and improve operations.
- 2.4 The mission of the Internal Audit Service is to enhance and protect organisational value by providing risk based and objective assurance, advice and insight.
- 2.5 The Chief Finance Officer has a statutory duty under the Local Government Act 1972 to ensure an effective Internal Audit function is maintained.

3. Ethical Standards

- 3.1 Internal Audit maintains independence and objectivity within the organisation and follows the Global Internal Audit Standards in the course of its work. This includes but is not limited to maintaining independence in reporting lines and management of impairments to independence.

4. Roles and Responsibilities

- 4.1 The Service is led by the Head of Internal Audit, whose roles and responsibilities are detailed in the Internal Audit Service Charter.

- 4.2 The Head of Internal Audit is supported in achieving these responsibilities by the Audit Manager and a team of principal auditors.
- 4.3 Some reviews (determined on an annual basis) are delivered by a co-sourced partner. These reviews are normally those where Internal Audit identify that the reviews would benefit from particular technical expertise outside the service, or where this would support the independence of the service.
- 4.4 The service works and liaises with a number of stakeholders outside of the service including:
 - The ACGC;
 - Officers within the Council;
 - The Council's Risk Manager;
 - A co-sourced partner;
 - External partners, including other Councils and CIPFA.

5. Risk Assessment and audit plan development

- 5.1 An annual Internal Audit risk assessment is conducted based on the Council's Principal Risk Report and other sources of information as appropriate.
- 5.2 An Internal Audit plan is produced based on this risk assessment. As part of this process, Internal Audit also considers risk areas which, whilst not requiring immediate attention, could be supported by review and includes these reviews on a reserve list for consideration on future plans.
- 5.3 Internal Audit consults on the Audit Plan as appropriate, including with DMTs and the Camden Management Team.
- 5.4 The plan is presented to ACGC for approval.
- 5.5 Changes in the plan can be made in year if required in response to changing risks.

6. Risk-based reviews

- 6.1 To deliver the annual Internal Audit plan, risk-based reviews are undertaken in accordance with the Internal Audit Methodology.
- 6.2 A Terms of Reference is prepared for each planned review which sets out the key risks and objectives of the audit and is agreed with the auditee.
- 6.3 Audit fieldwork is completed in line with the agreed Terms of Reference, and may include the following procedures to provide assurance:

- Interviews with control owners, and obtaining an understanding of controls to assess the extent to which they mitigate the risks as per the Terms of Reference;
 - Walkthroughs where performance of controls is observed;
 - Inspection of relevant documentation and detailed testing to confirm performance of controls.
- 6.4 At the conclusion of an audit, a closing meeting is held and an audit report is written, that sets out the audit findings which are rated as critical, high, medium or low. Where applicable, the report is given an overall assurance rating to indicate the overall effectiveness of the control environment.
- 6.5 The report also includes recommendations as to how findings may be addressed. Actions are agreed with the auditee in respect of these recommendations, accompanied with target dates and action owners.

7. Follow-ups

- 7.1 Completion of agreed actions is tracked through follow up work, whereby the auditee provides evidence confirming the completion of actions. Internal Audit reviews evidence to confirm the completion of actions.
- 7.2 In some cases, Internal Audit conducts an extended follow-up review. This is typically for high risk areas and may entail a repeat of some of the procedures in 6.3 above to assess the control environment following the completion of agreed audit actions.
- 7.3 Completion of actions is reported to ACGC.

8. Monitoring Plan delivery

- 8.1 Internal Audit tracks the delivery of the Audit Plan on an ongoing basis to confirm plan delivery against target.
- 8.2 The ACGC has overall responsibility for governance-level oversight of the plan, and receives bi-annual reports on delivery. The annual report includes an overall annual assurance opinion for the Council.

9. Managing and Developing the Internal Audit Function

- 9.1 Internal Audit will be resourced to provide appropriate coverage of the Council's risk profile, taking into account the size, complexity, and risk exposure of the Council. The service maintains a mix of in-house resource and, where appropriate, uses co-sourced support to access specialist skills or enhance resilience and independence.

10. Quality Assurance and Improvement

10.1 The Internal Audit Service operates a Quality Assurance and Improvement Programme in accordance with the Global Internal Audit Standards. This includes ongoing internal quality reviews and periodic external assessment. The results of quality assurance activity are reported to the Audit and Corporate Governance Committee annually.

11. Monitoring Effectiveness and Value

11.1 The effectiveness and impact of the Internal Audit Service are monitored through delivery of the approved audit plan, feedback from stakeholders, KPI reporting, and reporting to the Audit and Corporate Governance Committee, including an annual internal audit opinion.

APPENDIX B – 2026-27 INTERNAL AUDIT PLAN

* An asterisk indicates that the planned audit review aligns with a principal risk as listed in the Council’s Principal Risk Report.

A. CROSS CUTTING REVIEWS (INCLUDING PROGRAMMES)

Ref	Audit title	Indicative scope	Planned quarter	Days
CC26-1	Community Investment Programme (CIP)*	An on-going programme of assurance against this area of principal risk. Given previous audit activity, the scope will focus on the follow up of previous audit recommendations.	4	10
CC26-2	HS2 and Euston*	Recommencement of the on-going programme of assurance against this area of principal risk. The scope will be considered in-year.	2	20
CC26-3	Establishment list	A risk-based review focussed on key controls. The review will assess the accuracy of the Council’s establishment list.	3	20
CC26-4	Risk management – assurance mapping	Internal Audit mapping of principal risks to assurance activity.	4	5
CC26-5	Audit plan production	Production of the 27-28 audit plan including consultation.	4	10
CC26-6	Fraud support	Internal Audit input into investigations.	All	20
FWU26	Follow up	Follow up of previously agreed audit recommendations (including extended follow ups in areas of principal risk).	All	215
Cross cutting plan – total planned days				300

B. CORPORATE SERVICES

Ref	Audit title	Indicative scope	Planned quarter	Days
CS26-1	Key financial systems (KFS) – Investment and treasury management*	A risk-based review focussed on key controls (per the KFS programme at Appendix C).	2	20
CS26-2	KFS – VAT	A risk-based review focussed on key controls (per the KFS programme at Appendix C).	2	20
CS26-3	Financial scheme of delegation*	A review of the Council's scheme of delegation to assess consistency with the Council's constitution and financial regulations. The review will consider the effective implementation of the scheme of delegation in relation to payment approval limits.	2	20
CS26-4	Voluntary and Community Sector Organisations*	Provision of internal control and risk support for the Community Partnerships team throughout the year.	All	20
CS26-5	IT audit*	Risk based review to be agreed in year.	3	20
CS26-6	IT audit – extended follow up*	An extended follow up review of recommendations agreed in 26-27 in relation to 1) the NEC housing application review 2) payment card industry (PCI) compliance.	3	20
CS26-7	Recruitment vetting*	A risk-based review focussed on key controls in place surrounding vetting of staff prior to appointment.	3	20
Corporate Services plan – total planned days				140

C. HOMES AND COMMUNITIES

Ref	Audit title	Indicative scope	Planned quarter	Days
HC26-1	Tenant Management Organisation (TMO)*	A risk-based review of the governance framework and key controls at a TMO to ensure compliance with the management and maintenance agreement (MMA), focusing on financial management to ensure funds are managed and spent appropriately, delivering value-for-money for residents.	2	20
HC26-2	Building Safety Compliance	A risk based review to assess compliance with the Building Safety Act and updated consumer standards. The review will focus on high rise and higher risk stock.	2	20
Homes and Communities plan – total planned days				40

D. INVESTMENT PLACE AND OPPORTUNITY

Ref	Audit title	Indicative scope	Planned quarter	Days
IPO26-1	Bus Service Operators Grant	Review and sign off claims.	2	5
IPO26-2	Coroner's Court accounts	Annual certification of accounts, to include follow up of recommendations made during previous reviews.	1	10
IPO26-3	Housing Delivery	Risk based review focussed on key controls to mitigate the risk that the Council does not meet overall housing targets as set out in the London Plan.	2	20
Investment place and opportunity plan – total planned days				35

E. CHILDREN AND LEARNING

Ref	Audit title	Indicative scope	Planned quarter	Days
CL26-1	Schools – establishments reviews*	Risk-based review of seven schools.	All	105
CL26-2	Schools' Financial Values Statement*	Review and sign off of 2022-23 statements produced by schools.	2	10
CL26-3	Special Educational Needs and Disability (SEND) Funding and Provision*	A risk-based review focussed on key controls including the payment process.	2	20
Children and Learning plan – total planned days				135

G. ADULTS AND HEALTH INTEGRATION

Ref	Audit title	Indicative scope	Planned quarter	Days
AH26-1	Residential support – key financial controls	Risk based review focussed on key controls within residential support settings.	2	20
AH26-2	Health and Wellbeing – commissioning and contract management	Risk based review focussed on the commission of services and related contract management.	3	20
Adults and Health plan – total planned days				40

APPENDIX C – Assurance Mapping to the Principal Risk Report

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:4 I:5 Score 20	1. Financial Resilience and Strategy - Significant decline in the Council's financial sustainability and resilience (general funds)	<ul style="list-style-type: none"> • A specific review of Compliance with the CIPFA Financial Management Code was completed as part of the 2022-23 plan which was followed up within 2023-24. A CIPFA compliance audit was then undertaken again in 2025-26. • The 2025-26 annual plan included a review of financial resilience. 	Follow-up of open actions relating to prior year audits will be undertaken in 2026-27.
L:4 I:5 Score 20	2. Housing Revenue Account (HRA) Financial Resilience	<ul style="list-style-type: none"> • An audit follow up was undertaken in 2022-23. Additionally, the 2022-23 audit plan included a review of voids, repairs and governance. • In 2024-25, the following work was undertaken: <ul style="list-style-type: none"> ○ HRA – Financial resilience review; ○ HRA – voids repairs and governance follow up; ○ HRA – voids allocation and management. • Initial follow-up work was undertaken in 2025-26 with further work required as agreed implementation dates are reached. 	Follow-up of open actions relating to prior year audits will be undertaken in 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:4 I:5 Score 20	3. Increasing Homelessness	<ul style="list-style-type: none"> • A review was included in the 2025-26 audit plan. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in April 2025. 	Follow-up of open actions relating to 2025-26 audit will be undertaken in 2026-27.
L:4 I:4 Score 16	4. Financial Resilience of Residents	<ul style="list-style-type: none"> • A Supporting Families grant certification and controls review was undertaken each year up to 2024-25 when the scheme ended. Funding was consolidated into a Single Children’s and Families Grant and Internal Audit will support this in future years as required. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in December 2024. 	<ul style="list-style-type: none"> • No planned coverage in 2026-27. Risk Management support will be provided as required. • There is cross cutting coverage from various other audits and follow ups across housing, landlord duty of care, grant certifications and voluntary sector organisations.
L:4 I:4 Score 16	5. Improving Camden’s Climate Resilience and enabling a zero-carbon borough	<ul style="list-style-type: none"> • A review was completed as part of the 2021-22 plan, with follow up reviews undertaken till 2023-24, including reference made to the carbon management plan. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in February 2026. 	<ul style="list-style-type: none"> • No planned activity given the outcome of the previous audit. • Risk management support will be provided as required.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:4 I:4 Score 16	6. High Speed 2 and Euston	<ul style="list-style-type: none"> • An annual rolling programme of assurance around the HS2 project was in place until 2023-24. Additionally, the ACGC commissioned a deep dive in November 2023. The area was also subject to external scrutiny. • Risk management support was provided as required. 	An Internal Audit review is planned for 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:5 Score 15	7. Cyber and Data Security	<ul style="list-style-type: none"> • A follow up of a previous cyber security review was completed in 2021-22. • A deep dive was presented to the ACGC in February 2026. • The following related audit activity was undertaken from 2023-24 to 2025-26: <ul style="list-style-type: none"> ○ A Data Management Internal Audit review was undertaken in 2022-23 and followed up in 2023-24; ○ An Oracle transformation review was undertaken in 2024-25. ○ A review of Data Integrity was undertaken in 2020-21 and followed up in 2023-24. An additional follow up is was completed in 2024-25; ○ Reviews of user access to selected modules of the NEC application, and a review of PCI-DSS governance were undertaken as part of the 2025-26 plan ○ An external review was commissioned in late 25/26. 	No specific planned coverage given the risk deep dive presented to the ACGC in February 2026 and the external review commissioned in late 25/26. However this area will be kept under review in 26/27 alongside the service management.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:4 Score 12	8. Safeguarding Adults	<ul style="list-style-type: none"> • A risk-based review was completed in 2022-23 with recommendations followed up by 2024-25. • A review of Mental Health and Learning Disabilities has been undertaken as part of the 2022-23 plan and followed up in 2024-25 and 2025-26. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in February 2025. • A review of the Housing Register – Medical Assessment was undertaken as part of the 2022-23 plan and was followed up in 2023-24, 2024-25 and 2025-26. 	<ul style="list-style-type: none"> • Follow-up of open actions relating to prior year audits will be undertaken in 2026-27. • Risk management support will be provided as required.
L: 3 I: 4 Score 12	9. Pressures within the Health System	<ul style="list-style-type: none"> • Follow ups of the 2023-24 health and social care integration review was undertaken in 2024-25 and in 2025-26. • A CQC inspection was undertaken in 2024-25. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in April 2024. 	<ul style="list-style-type: none"> • Follow-up of all open actions relating to prior year audits will be undertaken in 2026-27. • An Internal Audit review, focussed on the commissioning of services and contract management within the Health and Wellbeing directorate, will be undertaken in 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:4 Score 12	10. Failure to Challenge and Address Social Inequalities	<ul style="list-style-type: none"> • A review of Equalities, Diversity and Inclusion (EDI) was completed in 2021-22 and followed up in 2023-24 and 2024-25. • Further follow up of recommendations raised within the EDI review was undertaken in 2025-26. 	<ul style="list-style-type: none"> • Further follow up of recommendations raised within the EDI review will be undertaken in 2026-27. • Additionally there is cross cutting coverage from the 2025-26 homelessness review and follow ups of HRA, grant certifications and voluntary sector organisations..
L:3 I:4 Score 12	11. Workforce Diversity and Inclusion	<ul style="list-style-type: none"> • A review of Equalities, Diversity and Inclusion (EDI) was included on the 2021-22 plan and followed up in 2023-24 and 2024-25. This, in part reviewed, staff surveys relating to diversity and inclusion. • Further follow up of recommendations raised within the EDI review was undertaken in 2025-26. 	Further follow up of recommendations raised within the EDI review will be undertaken in 2026-27.
L:4 I:3 Score 12	12. Recruitment and Retention	<ul style="list-style-type: none"> • A review related to recruitment and retention strategy and processes was undertaken as part of the 2023-24 plan. • Follow-up of this review was undertaken in 2025-26 and will continue into 2026-27. 	<ul style="list-style-type: none"> • Follow-up of open actions relating to prior year audit will be undertaken in 2026-27. • An Internal Audit review focused specifically on recruitment vetting is planned for 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:4 I:3 Score 12	13. Breakdown in Community Cohesion	<ul style="list-style-type: none"> • A follow up review of a prior year audit was undertaken in 2022-23 and again in 2023-24 and 2024-25. • The 2024-25 plan included a review of this area which was finalised in 2025-26. 	Follow-up of open actions relating to prior year audits will be undertaken in 2026-27.
L:2 I:5 Score 10	14. Landlord Duty of Care – breach of statutory duties as a landlord	<ul style="list-style-type: none"> • A follow up of review of the Strategic Management of TMOs was undertaken in 2021-22. • A review of Fire Safety in private sector accommodation was completed in 2021-22 and followed up in 2022-23. • A review of Damp and Mould was undertaken in 2023-24 and followed up in 2024-25 and 2025-26. • A rolling programme of assurance across the portfolio of TMOs/TMCs continues on an annual basis. • A review of Council’s key-to-key voids process was undertaken over 2022-23 – 2024-25. This was subject to follow-up review in 2025-26. • A review of conformance with the Social Housing Regulations was undertaken in 2024-25 and followed up in 2025-26. 	<ul style="list-style-type: none"> • Continue rolling programme covering TMOs/TMCs. • Follow-up of open actions relating to prior year audits will be undertaken in 2026-27. • An Internal Audit review focussed on lifts maintenance will be undertaken in 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:2 I:5 Score 10	15. Safeguarding Children	<ul style="list-style-type: none"> • A review of the Supporting Families Programme has been undertaken each year up until 2024-25 when the scheme ended. • Follow up reviews of Mosaic Key Controls and Mosaic Financial Processes were completed in 2024-25. • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in April 2024. • The Supporting Families Programme has been rolled into the Single Children's and Families Grant. Resource was included within the 2025-25 plan to support this and provide certification as required. • Continued follow-up work was undertaken in 2025-26. • External inspections are undertaken. 	<ul style="list-style-type: none"> • The Supporting Families Programme has been rolled into the Single Children's and Families Grant. Resource has been included within the 2026-27 plan to support this and provide certification as required. • Risk management support will be provided as required.
L:2 I:5 Score 10	16. Emergency Preparedness, Response and Recovery	<ul style="list-style-type: none"> • A business continuity and emergency preparedness review was undertaken in 2023-24. • Follow up of the 2023-24 business continuity and emergency preparedness review was undertaken within 2024-25 and 2025-26 and all recommendations were found to be implemented as reported to the ACGC in November 2025. 	<ul style="list-style-type: none"> • No planned coverage in 2026-27 given the outcome of the previous audit and follow up. • Risk management support will be provided as required.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:3 Score 9	17. Community Investment Programme (CIP)	<ul style="list-style-type: none"> An annual rolling programme of assurance is provided in this area of principal risk, including ongoing follow up activity. A review was undertaken in 2025-26 focused on financial controls. 	Continuation of the rolling programme, focussing on the follow up of previously agreed actions.
L:3 I:3 Score 9	18. Special Educational Needs and Disability (SEND) Funding and Provision (new)	This is a new principal risk area.	An Internal Audit review is planned for 2026-27.
L:3 I:3 Score 9	19. Information Governance – major data protection breach	<ul style="list-style-type: none"> The 2023-24 plan included a review of business continuity/ emergency preparedness, incorporating the resilience and recovery of key IT systems. This was subject to follow up in 2024-25 and 2025-26. A review of Data Governance was undertaken in 2022-23 and subject to follow up in 2024-25. A review of Data Integrity was undertaken in 2020-21 and followed up in 2023-24. An additional follow up was undertaken in 2024-25 which reported good progress in implementing agreed actions. 	No planned coverage in 2026-27. Risk Management support will be provided as required.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:3 Score 9	20. Medium Term Financial Strategy Delivery - Failure to successfully identify and implement savings projects	<ul style="list-style-type: none"> • Different areas of the Medium-Term Financial Strategy (MTFS) have been subject to annual review, along with associated follow up activity. Most recently, the 2024-25 review was followed up in 2025-26 and will continue into 2026-27 alongside the next tranche of savings. • A specific review of Compliance with the CIPFA Financial Management Code was also completed as part of the 2022-23 plan which was followed up within 2023-24. This audit was then undertaken again in 2025-26. • The 2025-26 annual plan included a review of financial resilience. 	Follow-up of all open actions relating to prior year audits will be undertaken in 2026-27.
L:3 I:3 Score 9	21. Schools' Sufficiency and Financial Viability	<ul style="list-style-type: none"> • Internal Audit support the Chief Financial Officer in confirming that assurance over the standard of financial management is adequate on an annual basis. This is achieved through review of a sample of School Financial Value Standard returns. • Continuation of SFVS returns, in addition to establishment review of finance and governance arrangements at seven schools (rolling basis). 	<ul style="list-style-type: none"> • Continuation of SFVS returns, in addition to review of finance and governance arrangements at seven schools (seven schools per year are audited on a rolling basis). • Risk management support will be provided as required.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:3 Score 9	22. Pupil Achievement – Key Stage 4	No planned Internal Audit Activity. However risk management support was provided as required.	<ul style="list-style-type: none"> • No planned Internal Audit Activity. • Risk management support will be provided as required. • The area is also subject to external scrutiny.
L:3 I:3 Score 9	23. Fire Safety (high rise private building owners)	<ul style="list-style-type: none"> • A review was completed in 2020-21 and followed up in 2021-22 and in 2022-23. 	<ul style="list-style-type: none"> • Risk management support will be provided as required. • The area is also subject to external scrutiny.
L: 3 I: 3 Score 9	24. Compliance with Consumer Standards (as a landlord)	<ul style="list-style-type: none"> • A review was undertaken in 2024-25. • The previous audit recommendations were followed up in 2025-26. 	Follow-up of open actions relating to prior year audit will continue in 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L: 3 I: 3 Score 9	25. Complaints in housing repairs- Escalation of cases and referrals to Housing Ombudsman	<ul style="list-style-type: none"> • The following reviews have been undertaken: <ul style="list-style-type: none"> ○ Complaints 2024-25 (relating to the Housing Ombudsman inspection) ○ Housing Voids – repairs and governance 2023-24 ○ Housing Voids – allocation and management information 2024-25 ○ Landlord duty of care – Damp and Mould 2023-24 ○ Social Housing Landlord 2024-25 ○ Property Management – Procurement 2023-24 ○ Property Management – Contract Management 2024-25 • The Audit and Corporate Governance Committee commissioned a deep dive into this area which was presented in November 2025. • The previous audit recommendations were subject to follow-up in 2025-26. 	<ul style="list-style-type: none"> • Follow-up of all open actions relating to prior year audits will continue in 2026-27. • Risk management support will be provided as required.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L:3 I:3 Score 9	26. Contract Management and Procurement - Non-compliance with new requirements introduced by the Procurement Act 2023	<ul style="list-style-type: none"> • The following reviews have been undertaken: <ul style="list-style-type: none"> ○ Contract Management 2020-21, with three further follow up reviews in 2021-22, 2023-24 and 2024-25. ○ Procurement 2021-22, with two follow up reviews in 2023-24 and 2024-25. ○ Supply Chain Management 2023-24, with follow up review in 2025-26 planned. ○ Property Management – Procurement 2023-24 and follow up review in 2024-25 ○ Property Management, Contract Management with follow up planned for 2025-26. • Follow up reviews was undertaken of all outstanding agreed actions from reviews within this principal risk area. 	Follow-up of open actions relating to prior year audits will continue in 2026-27.
	27. Significant Health and Safety Incident (Occupational)	<ul style="list-style-type: none"> • Cross cutting coverage of Health and Safety is provided through other reviews, where relevant/ appropriate. • A review of Health and Safety, focussing on Asbestos was undertaken as part of the 2022-23 plan and followed up in 2023-24. • A review of Occupational Health was undertaken in 2025-26. 	Follow-up of open actions relating to prior year audits will be undertaken in 2026-27.

Risk score	Risk title	Previous coverage (2021-22 – 2025-26)	2026-27 planned coverage
L4 I:2 Score 8	28. Housing Delivery - the Council does not meet overall housing targets as set out in the London Plan	<ul style="list-style-type: none"> Assurance was provided via cross cutting delivery of the audit plan (CIP and HRA) Follow up reviews were undertaken in 2025-26. 	<ul style="list-style-type: none"> Assurance will be provided via cross cutting delivery of the audit plan (see CIP and HRA). Follow-up of open actions will be undertaken in 2026-27. Risk management support will be provided as required.
L:2 I:2 Score 4	29. Serious Fraudulent Activity	<ul style="list-style-type: none"> Fraud risks feed into the annual audit plan. Delivery of the audit plan ensures that, where risks are identified, audit recommendations are made to address control weaknesses. 	<ul style="list-style-type: none"> Delivery of the Internal Audit Plan ensures that, where risks are identified, audit recommendations are made to address control weaknesses. Proactive anti-fraud activity will be undertaken as part of the 2025-27 investigations plan as included at Appendix D below.

APPENDIX C – Key Financial Systems (KFS) rolling four-year work-plan

Internal Audit previously operated a four year rolling work plan to provide assurance on the Council’s suite of key financial systems.

- Year 1 – full audit review to test key controls;
- Year 2 – follow up review to assess the level of implementation of recommendations;
- Year 3 – follow up review to assess the level of implementation of any open audit recommendations;
- Year 4 - no work undertaken if there are no significant system changes or risks/issues identified.

The below table summarises our KFS coverage for the periods 2023-24 to 2025-26, and also identifies the KFS work planned for 2026-27.

	KFS	2023-24	2024-25	2025-26	2026-27
1	General ledger	Follow up any open audit recommendations	An overarching walkthrough of control design will be conducted	Follow up of recommendations made in 24-25	No planned activity
2	Accounts payable	Follow up any open audit recommendations	Postponed to 2025-26 at auditee’s request.	Test key controls	Follow up of recommendations made in 2025-26
3	Accounts receivable	Follow up any open audit recommendations	No planned audit activity	Test key controls	Follow up of recommendations made in 2025-26
4	Bank reconciliation (GL and sub systems)	Follow up any open audit recommendations	An overarching walkthrough of control design will be conducted	Follow up of recommendations made in 24-25	No planned activity
5	Council Tax	Follow up any open audit recommendations	No planned audit activity	Test key controls	Follow up of recommendations made in 2025-26

6	Business Rates	Follow up any open audit recommendations	No planned audit activity	Test key controls	Follow up of recommendations made in 2025-26
7	Capital accounting (asset management)	Follow up of recommendations made in 22-23	Continuation of follow up activity	Continuation of follow up activity	No planned activity
8	Investment and treasury management	Follow up of recommendations made in 22-23	No planned activity	No planned activity	Test key controls
9	Pensions	Follow up of relevant recommendations, as applicable, made in 22-23 by SWLAP.	Key controls are being tested by the South West London Audit Partnership (SWLAP). The final report will be shared with Internal Audit.	Key controls are being tested by the SWLAP. The final report will be shared with Internal Audit.	Key controls are being tested by the SWLAP. The final report will be shared with Internal Audit.
10	VAT	Follow up of recommendations made in 22-23	Continuation of follow up activity	No planned activity	Test key controls
11	Payroll	Follow up any open audit recommendations	No planned audit activity	Test key controls	Follow up of recommendations made in 2025-26

APPENDIX D – 2026-27 INVESTIGATIONS PLAN

Ref	Title	Indicative scope	Quarter	Days
Proactive and follow up				
AF25-1	Proactive anti-fraud review	Proactive fraud review. The scope of this review will be agreed in-year and will be based on a risk assessment.	All	60
AF25-2	Departmental Anti-Fraud Support	To provide ongoing anti-fraud support across the Council, including regular liaison meetings with key teams/service areas to share information/intelligence, and to provide ad-hoc anti-fraud consultancy/advice support where required.	All	20
AF25-3	Data Matching	To coordinate the Council's participation in the National Fraud Initiative (NFI) data matching exercise. This will include the risk-based review of a sample of datasets and matches that AFIT is responsible for investigation. Where appropriate, the resource will also be utilised to explore opportunities for coordinating and undertaking additional data-matching exercises across relevant teams and service areas within the Council, to further combat fraud.	All	40
AF25-4	Regulation of Investigatory Powers Act (RIPA)	To undertake and fulfil the Council's statutory duties under RIPA, including the Senior Responsible Officer duties, administration of the Council's RIPA policy, and training activities.	All	10
AF25-5	Single Point of Contact (for DWP Benefit fraud queries)	To provide ongoing support and process information requests where required, to assist the DWP with investigation suspected benefit related fraud.	All	10

AF25-6	Fraud Awareness Training	To deliver fraud awareness training sessions across the Council where required or requested (high risk areas in need of fraud awareness training will be identified from outcomes of audits and investigations in-year). This resource will also be utilised for supporting corporate communications and e-learning, where required.	All	10
AF25-7	Blue Badge enforcement	To investigate and undertake enforcement action against the fraudulent use of Blue Badges.	All	100
Reactive				
AF25-8	Reactive investigations	To undertake reactive investigative work arising from referrals, including those managed under the Council's Whistleblowing Policy.	All	400
Total days				650