

**Audit Committee**26th September 2025

Item

Public



First Line Assurance – The Lantern Management Update

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Cabinet Member (Portfolio Holder):	Roger Evans		

1. Synopsis

This report provides an update to the Audit Committee on the 2024/25 follow-up audit of The Lantern, assessing progress on recommendations made in the 2021/22 audit.

This report sets out the future steps to address the outstanding risks, ongoing actions to address identified control weaknesses providing reassurance that the necessary improvements have either been implemented or are imminent to improve the assurance level.

2. Executive Summary

2.1. Background

The Lantern is a multi-purpose facility in Shrewsbury offering services including a Community Library, IT Suite, Meeting Rooms, and a Community Hall. The previous 2021/22 audit provided an Unsatisfactory assurance level due to several control weaknesses in financial management, income processing, and governance procedures.

2.2. Current Audit Findings (2024/25)

The 2024/25 follow-up audit found limited progress, with 21 recommendations identified:

- 13 Significant recommendations

- 8 Requires Attention recommendations.
- 0 Fundamental or Best Practice recommendations

Key concerns include:

- **Income Management:** Lack of reconciliations, incorrect ledger postings, and non-compliance with financial procedures.
- **Budget Monitoring:** Inadequate budget oversight and variance analysis.
- **Payroll & Staff Hours:** Lack of clear documentation and potential non-compliance with working time regulations.
- **System Controls & Cyber Risks:** Continued reliance on an ineffective booking system and security concerns over access management.
- **Public Liability Compliance:** Failure to collect evidence of hirers' insurance coverage, posing financial and legal risks.

2.3. Assurance Level

Assurance Level: UNSATISFACTORY (No improvement from the previous audit).

2.4. 95% of recommendations are complete from the audit.

2.6. One recommendation (5%) has been completed so far as is reasonably practicable.

3. Recommendations

- 3.1. That the Audit Committee notes the corrective actions already undertaken and planned. The current situation is all recommendations are either complete or in progress of completion based on the implementation of the new booking system with assurance audits in place.
- 3.2. That responsible officer reports back on progress within six months of this report to demonstrate improvements in governance and financial control to finalise the improvements with the new booking system implemented. The new booking system will provide the new structure and framework for all internal and external bookings across the Shropshire Councils entire portfolio of properties.

Report

4. Risk Assessment and Opportunities Appraisal

4.1. The audit has highlighted high financial and operational risks, particularly in:

- Financial control weaknesses, leading to potential losses or mismanagement of income.
- Governance failures in budget monitoring, income tracking
- Staff payroll compliance.

4.2. Addressing these risks presents an opportunity to:

- Improve financial resilience through tighter controls on income processing.

- Enhance operational efficiency by resolving staffing and procedural inconsistencies.
- Strengthen compliance with public sector financial governance standards.

4.3. Risk table

<i>Risk</i>	<i>Mitigation</i>
Financial Control	Automated system now in place to remove risk
Budget Monitoring	Call off logs created for all invoicing
Staff Payroll Compliance	Procedure reviewed and implemented to remove risk

5. Financial Implications

5.1. Shropshire Council continues to manage unprecedented financial demands and a financial emergency was declared by Cabinet on 10 September 2025. The overall financial position of the Council is set out in the monitoring position presented to Cabinet on a monthly basis. Significant management action has been instigated at all levels of the Council reducing spend to ensure the Council's financial survival. While all reports to Members provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. All non-essential spend will be stopped and all essential spend challenged. These actions may involve (this is not exhaustive):

- scaling down initiatives,
- changing the scope of activities,
- delaying implementation of agreed plans, or
- extending delivery timescales.

5.2. The audit found financial inefficiencies in the management of The Lantern's operations:

- Income collection remains inconsistent, with missing reconciliations and posting errors.
- Payroll documentation is incomplete, creating risks of incorrect staff payments.
- Budget monitoring processes require improvement to prevent financial misstatements.

5.3. Failure to address these issues may lead to

- Increased financial losses from uncollected income.
- Regulatory risks due to non-compliance with financial policies.
- Inefficient use of resources, requiring additional taxpayer funding

5.4. This report sets out the measures that have both been implemented and are planned to substantially reduce the risks set out in in section 5.

6. Climate Change Appraisal

6.1. There are no anticipated climate change or environmental impacts associated with the recommendations in this report.

7. Background

- 7.1. Full detail of recommendations has been summarised in appendix 1 in should be read in conjunction with this section.
- 7.2. Recommendations 3, 5, 6, 7, 8, 9, 13, 14, 15, 16, 17, 18, 20 and 21 are complete.
- 7.3. Recommendations 1, 2 & 4 are now complete with the implementation of the new booking system (Aug 2025).
- 7.4. Recommendations 10, 11, 12 are complete with the implementation of the new booking system (Aug 2025). As per 7.2. a new procedure is now drafted now new booking system is live.
- 7.5. Recommendation 19 is complete so far as is reasonably practicable.

8. Additional Information

No additional information provided as part of this report

9. Conclusions

- 9.1. A structured action plan (Appendix 1) outlines specific corrective measures taken and planed, responsible persons, and deadlines.
- 9.2. Progress will be reviewed with an update report submitted to the Audit Committee within 6 months of this report.
- 9.3. Highest risks recommendations where immediately dealt with either at the time of the audit and were complete before the final audit was issued, or swiftly before the target completion date.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

- 9.1. Internal Audit Report The Lantern 2021/22
- 9.2. Internal Audit Report The Lantern 2024/25

Local Member:

Appendix 1 - Audit Recommendations Table