



## Committee and Date

Audit and Governance Committee

5<sup>th</sup> February 2026

10:00am

Item 13

Public



# Internal Audit Performance 2025/26

<b>Responsible Officer:</b>	Barry Hanson		
email:	barry.hanson@shropshire.gov.uk	Tel:	07990 086409
<b>Cabinet Member</b> (Portfolio Holder):	Heather Kidd, Leader of the Council Duncan Kerr, Chairman of the Audit and Governance Committee Roger Evans, Portfolio Holder – Finance		

## 1. Synopsis

This report summarises Internal Audit's 2025/26 work to date. Lower audit assurances are highlighted, providing members with an opportunity to challenge.

## 2. Executive Summary

- 2.1. This report provides members with an update of work undertaken by Internal Audit in the two months since the November Committee.
- 2.2. Two good, five reasonable, four limited and one unsatisfactory assurance opinions have been issued. The 12 final reports contained 75 recommendations, one of which was fundamental.
- 2.3. This report proposes revisions in the coverage of planned activity for Shropshire Council, with a decrease of nine days from 1,311 days as reported in November 2025 to 1,302 days. The reduction in available audit days is due to an additional days leave awarded to all staff. Revisions to the plan are targeted to provide enough activity to inform an end of year opinion. There is the need to remain agile to respond to emerging financial emergency and any assurance work required as a result.

- 2.4. Internal Audit continues to add value to the Council in its delivery of bespoke pieces of work, including sharing best practice and providing advice on system developments. Internal Audit resources are directed in response to the financial emergency declared on 10<sup>th</sup> September 2025 and in support of the corporate peer review action plan. Any adjustments to planned activity are documented within this report. An Improvement Plan was approved by Council on 11<sup>th</sup> December 2025 and forms a central component of the Council's response to the financial emergency and Corporate Peer Challenge report. Whilst the implementation of the plan is still in its infancy this has been considered as part of the plan adjustments and will be fully considered as part of the 2026/27 Internal Audit Plan.

### 3. Decisions

- 3.1. The Committee is asked to consider and endorse, with appropriate comment:
- a) the performance of Internal Audit against the 2025/26 Audit Plan.
  - b) Identify any action(s) it wishes to take in response to any low assurance levels and fundamental recommendations, brought to Members' attention, especially where they are repeated.

## Report

### 4. Risk Assessment and Opportunities Appraisal

- 4.1. Delivery of a risk-based audit Internal Audit Plan is essential to ensuring the probity and soundness of the Council's control, financial, risk management systems and governance procedures. Areas to be audited are identified following a risk assessment process which considers the Council's risk register information and involves discussions with managers concerning their key risks. These are refreshed throughout the period of the plan as the environment (delivery risks) changes. In delivering the plan, the adequacy of control environments is examined, evaluated and reported on independently and objectively by Internal Audit. This contributes to the proper, economic, efficient and effective use of resources. It provides assurances on the internal control systems, by identifying potential weaknesses and areas for improvement, and engaging with management to address these in respect of current systems and during system design. Without this, failure to maintain robust internal control, risk and governance procedures creates an environment where poor performance, fraud, irregularity and inefficiency can go undetected, leading to financial loss and reputational damage.
- 4.2. Provision of the Internal Audit Annual Plan satisfies the Accounts and Audit Regulations 2015, part 2, section 5(1) in relation to internal audit. These state that:
- 'A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'.
- 4.3. 'Proper practices' can be demonstrated through compliance with the Global Internal Audit Standards (GIAS) as applied in the UK Public Sector.

- 4.4. The recommendations contained in this report are compatible with the provisions of the Human Rights Act 1998 and there are no direct environmental or equalities consequences of this proposal.

## 5. Financial Implications

- 5.1. The Internal Audit plan is delivered within approved budgets. The work of Internal Audit contributes to improving the efficiency, effectiveness and economic management of the wider Council and its associated budgets. As part of the 2025/26 budget Internal Audit had an identified savings target of £78,720 which was originally anticipated to be met through the capitalisation of any audit time relating to providing assurance on transformation. Internal Audit were identified for review in phase one of the restructuring programme, this has resulted in one post being removed from the structure and a saving of £46,180 being delivered. The remaining £32,540 savings target cannot be delivered on a permanent basis. Although this may be delivered on a one off basis in 2025/26 due to the previous vacancies in the team.
- 5.2. 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.

## 6. Climate Change Appraisal

- 6.1. This report does not directly make decisions on energy and fuel consumption; renewable energy generation; carbon offsetting or mitigation; or on climate change adaption. However, the work of the Committee will look at these aspects relevant to the governance, risk management and control environment.

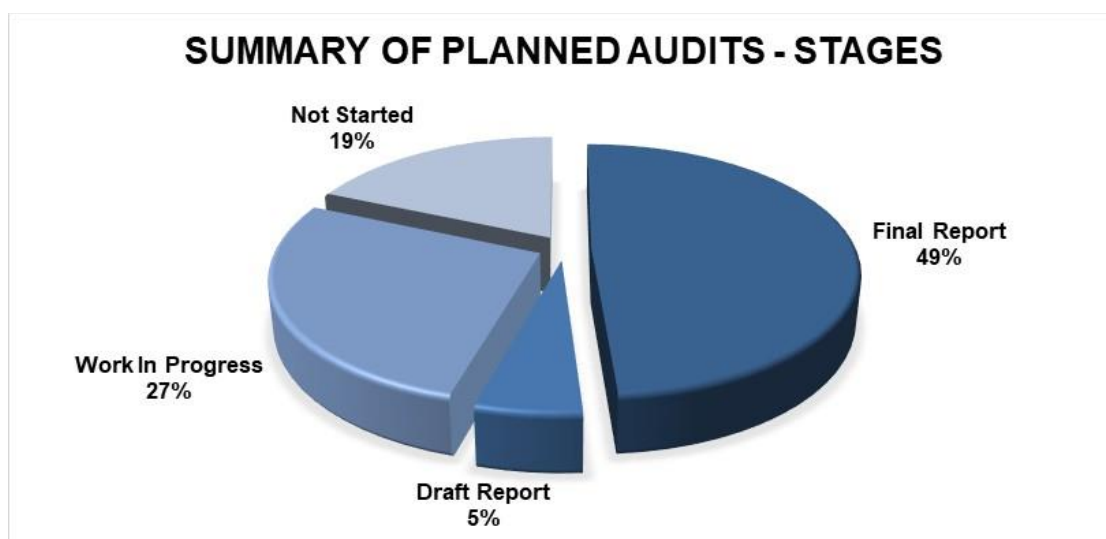
## 7. Background

- 7.1. Management is responsible for the system of internal control and should set in place policies and procedures to help ensure that the system is functioning correctly. Internal Audit reviews appraises and reports on the efficiency, effectiveness and economy of financial, governance, risk and other management controls. The Audit and Governance Committee is the governing body with delegated authority under the Constitution to monitor progress on the work of Internal Audit.

- 7.2. The 2025/26 Internal Audit Plan was presented to, and approved by the Audit and Governance Committee at the 16<sup>th</sup> July 2025 meeting with adjustments being approved in September and November. This report provides an update on progress made against the plan up to 11<sup>th</sup> January 2026 and includes revisions to the plan.

## 8. Performance Against the Plan 2025/26

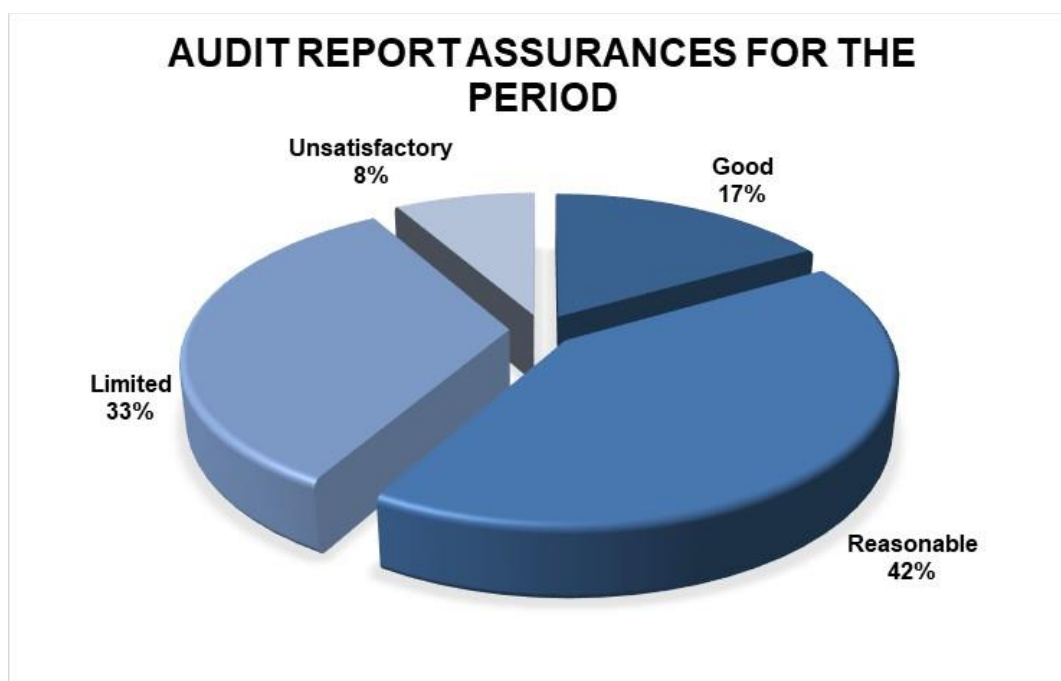
- 8.1. Revisions to the 2025/26 plan provide for a total of 1,302 audit days, a decrease of nine days from those approved by the Committee in November 2025. The reduction in available audit days is due to an additional days leave awarded to all staff. Revisions to the plan are targeted to provide enough activity to inform an end of year opinion. Internal Audit resources are directed in response to the financial emergency declared on 10<sup>th</sup> September 2025 and in support of the corporate peer review action plan. Any adjustments to planned activity are documented within this report. An Improvement Plan was approved by Council on 11<sup>th</sup> December 2025 and forms a central component of the Council's response to the financial emergency and Corporate Peer Challenge report. Whilst the implementation of the plan is still in its infancy this has been considered as part of the plan adjustments and will be fully considered as part of the 2026/27 Internal Audit Plan.
- 8.2. Results of all audit work undertaken will be reported to the Audit and Governance Committee following completion and will contribute directly to the CAE year end opinion.
- 8.3. In total, 12 final reports have been issued in the period from 3<sup>rd</sup> November 2025 to 11<sup>th</sup> January 2026, all are listed with their assurance rating and broken down by service area at paragraph 8.4. The following chart shows performance against the approved Internal Audit Plan for 2025/26:



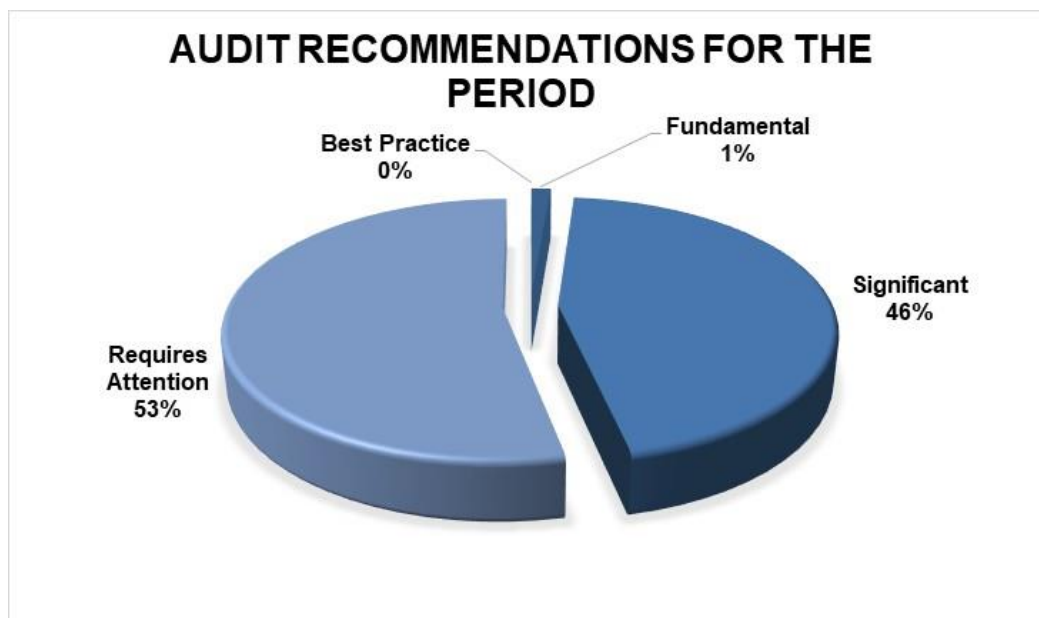
- 8.4. The following audits have been completed in the period:

	Audit Opinion				Recommendations				Direction of Travel
	Good	Reasonable	Limited	Unsatisfactory	Fundamental	Significant	Requires Attention	Best Practice	
<b>Audit Name</b>									
Virtual School	1						1		N/A
Much Wenlock Sports Centre- Joint Use Follow Up		1				2	2		↑
Waste Contract Follow Up – Strategy and Reporting Oversight Arrangements	1						1		↑
Management and Control of CCTV Operations Follow Up		1				2	6		↑
Corporate Governance 2024/25		1				2	3		↔
Budget Monitoring				1	1	5	4		↓
ICT Restructure		1					3		N/A
Network Switch Management		1					5		N/A
Travel and Subsistence Follow Up			1			2	2		↔
Purchasing Card Spend Review						4			N/A
WhatsApp Follow Up						4			↔
Coroners and Mortuary Service			1			3	5		N/A
PMO Project Management			1			4	3		N/A
Risk Management			1			6	5		↓
<b>Total</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>34</b>	<b>40</b>	<b>0</b>	
Percentage	17%	42%	33%	8%	1%	45%	54%	0%	

8.5. The assurance levels awarded to each completed audit area appear in the graph below:



- 8.6. The overall spread of recommendations agreed with management following each audit review are as follows:



- 8.7. In the period up to the 11<sup>th</sup> January 2026, seven reports have been issued providing good or reasonable assurances and accounting for 59% of the opinions delivered. This is comparable to 60% in the same reporting period for 2024/25 and the previous year outturn of 58%. Limited and unsatisfactory assurances are currently 41% for the period compared to 40% in the same period for 2024/25 and the previous year outturn of 42%.
- 8.8. Following the declaration of financial emergency in September 2025 it is noted that senior resources have been deployed across the Council in response to this. An Improvement Plan was approved by Council on 11<sup>th</sup> December 2025 and forms a central component of the Council's response to the financial emergency and Corporate Peer Challenge report. As the Council attempts to implement significant change at pace it is key that the Committee it is key that the Committee maintain oversight of this programme of work to ensure that improvement actions are delivered, embedded and are effective.
- 8.9. Details of control objectives evaluated and not found to be in place as part of the planned audit reviews that resulted in limited and unsatisfactory assurances, appear in **Appendix A, Table 1**. The appendix also includes descriptions of the levels of assurance used in assessing the control environment and the classification of recommendations, **Tables 2 and 3** and provides a glossary of common terms, **Table 4**.

**Question 1: Do Members wish to receive any updates from the service areas in relation to the limited and unsatisfactory assurances opinions?**

- 8.10. Five draft reports are awaiting management responses, which will be included in the next performance report. Work has also been completed for external clients in addition to the certification of two grant claims for Shropshire Council.

8.11. A total of 75 recommendations have been made in the 12 final audit reports issued during this period; the breakdown of these by audit and recommendation rating are shown at paragraph 8.4. One fundamental recommendation has been made which is detailed below:

**Audit Name: Budget Monitoring**

**Recommendation:** Finance should review the budget setting process and timetable to ensure:

- All budgets are as accurate as possible at the start of the financial year. Assumptions made at the beginning of the budget setting process should include written clear rationale why they have been included and reviewed against actuals to identify significant differences or include a review of outturn to inform zero based budgeting.
- The budget setting process is simplified where possible and clearly communicated to all Council staff especially budget holders
- They have an effective process to engage with service areas at all levels and improve communication with budget holders to improve relationships. Lessons learnt from the previous budget setting process should be taken into consideration and formalised early reviews undertaken in the new financial year to confirm predications were accurate. Any identified adjustments should be made and recorded as appropriate.
- Finance Business Partners have reviewed those budgets they have responsibility for to ensure they reflect current income and expenditure, known budget issues and consideration should be given to using a zero-based budget approach where required.
- Clear parameters and roles and responsibilities are identified so there is a clear understanding who will do what.
- Procedures or process notes are in place to document the budget setting process including the BOSS meetings. This should include any discrepancies, how these will be monitored and solutions identified if the budget becomes overspent.
- Service Directors must ensure they have met with their teams and budget holders to confirm proposed budgets are accurate and realistic. Where significant differences are identified these should be discussed with Finance and the budget reviewed to determine a budget that can be achieved or look for alternative options to balance the budget.

**Risk:** Failure to have accurate budgets at the beginning of the financial year will lead to inaccurate forecasting and monitoring of budgets throughout the year resulting in over or underspends impacting the Councils overall financial position. This risk has materialised.

**Management Response:** Action –

1. Budget Overview and Scrutiny Sessions (BOSS) meetings were held in October between Finance and Service managers and Service Directors for all areas of the Council to discuss proposed changes to the budget for the following year. This process ensured that service managers were aware of all amendments and could comments and challenge if further amendments needed to be made. This was followed up by a second BOSS meeting with Service Directors and Service Managers (where appropriate) in December highlighting any amendments made following the October MTFS.



2. Meanwhile, Finance Business Partners have also been meeting with budget holders to discuss the budget for the coming year and ensure all amendments are reflected appropriately.
3. The budget setting process will be reviewed for the 2027/28 financial year, including Zero based budgeting, although this will need to be resourced appropriately before this can be carried out.
4. Finance Business Partners are in the process of producing procedure notes for key processes undertaken in the budget setting process.

Actions 1 and 2 have already been implemented and will continue for future budget setting cycles.

Action 3 will be undertaken during the 2027/28 budget setting cycle so will be complete by February 2027.

Action 4 will be complete by October 2026.

**Target Implementation Date:** February 2027

**Question 2: Do Members wish to receive an update from the service area in relation to the fundamental recommendation?**

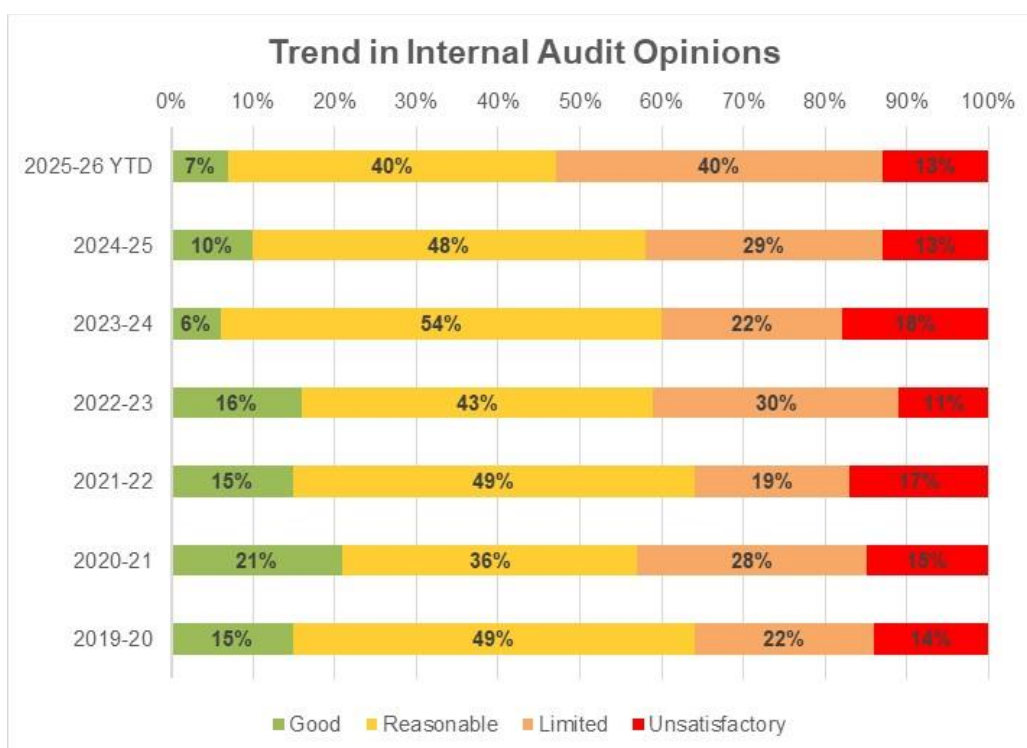
- 8.12. It is the identified manager's responsibility to ensure accepted audit recommendations are implemented within an agreed timescale. **Appendix A, Table 5** sets out the approach adopted to following up recommendations highlighting Audit and Governance Committee's involvement.
- 8.13. The following demonstrates areas where internal audit have added value with unplanned, project or advisory work, not included in the original plan.
  - **Payroll Data Analytics** – Analysis of payroll data was undertaken to identify data quality improvements and exception reporting on key areas within the payroll system. In addition, the analysis considered anomalies within the data that could result in incorrect payments. This information was shared with the HR/Payroll Manager to enable the HR Business Partners to support those not using the system correctly. This supports the Internal Audit Service counter fraud work and is directly linked to the financial strategic risks.
  - **Recommendation Follow Up** – As reported to the November Committee the Internal Audit Manager has been reviewing all overdue significant and fundamental recommendations alongside Service Directors. This has been reported to the Statutory Officers group and has seen an increase in the number of recommendations managers are reporting as implemented. A number of recommendations have also seen the agreed implementation date extended.
  - **Strategy and Change Working Group** – A Principal Auditor is attending the working group in an assurance/advisory capacity.

## Direction of travel

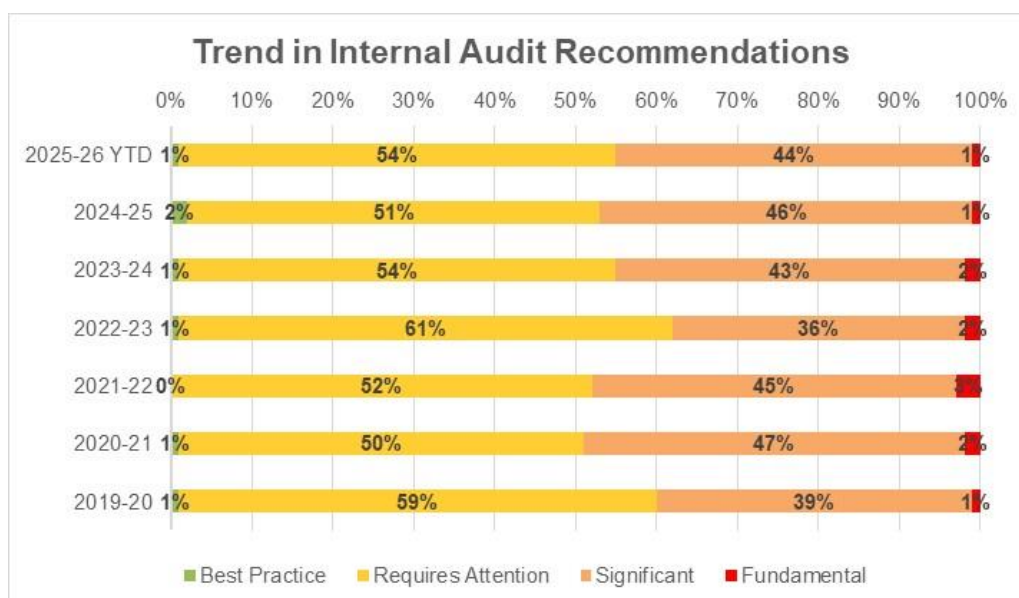
- 8.14. This section compares the assurance levels (where given), and categorisation of recommendations made, to demonstrate the direction of travel in relation to the control environment.

Comparison of Assurance Levels (where given):





Comparison of recommendation by categorisation:



8.15. The number of lower-level assurances to date, 53%, is higher than the outturn for 2024/25 of 42%. As reported in the November 2025 meeting, the higher proportion of lower assurances delivered continues to be a concern. As the Council is already operating within a declared financial emergency and delivering substantial organisational change these persistent lower assurances may indicate that the systems and processes are under strain or that agreed improvement actions are not being embedded as intended. Lower levels of assurance highlight areas where controls are not operating effectively, where non-compliance is recurring or where increased oversight is required.

8.16. Full details of the audits completed and their assurance opinions can be found at paragraph 8.4.

## Performance Measures

8.17. All Internal Audit work has been completed in accordance with agreed plans and the outcomes of final reports have been reported to the Audit and Governance Committee.

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

Internal Audit Performance and Revised Annual Audit Plan 2025/26 – Audit and Governance Committee 27<sup>th</sup> November 2025

Internal Audit Performance and Revised Annual Audit Plan 2025/26 – Audit and Governance Committee 26<sup>th</sup> September 2025

Draft Internal Audit Risk Based Plan 2025/26 - Audit Committee 16<sup>th</sup> July 2025

Global Internal Audit Standards (GIAS)

CIPFA Application Note: GIAS in the UK Public Sector

Audit Management system

Accounts and Audit Regulations 2015, 2018 and Accounts and Audit (Coronavirus) (Amendment) Regulations 2020, Amendment Regulations 2022

**Local Member:** All

## Appendices

### Appendix A

Table 1: Unsatisfactory and limited assurance opinions in the period 3<sup>rd</sup> November 2025 to 11<sup>th</sup> January 2026

Table 2: Audit assurance opinions

Table 3: Audit recommendation categories

Table 4: Glossary of terms

Table 5: Recommendation follow up process (risk based)

**Appendix B** - Audit plan by service 1<sup>st</sup> April to 11<sup>th</sup> January 2026

## APPENDIX A

### **Table 1: Unsatisfactory and limited assurance opinions issued in the period from 3<sup>rd</sup> November 2025 to 11<sup>th</sup> January 2026<sup>1</sup>**

#### **Unsatisfactory assurance**

##### **Enabling– Budget Monitoring (Reasonable 2022/23)**

- The budgets are set in accordance with pre-determined approved policy objectives.
- All budgets are properly controlled by effective periodic monitoring of financial out-turns against detailed budgets.
- All budget holders have a clear understanding of their roles and responsibilities for completing their monthly budget monitoring reports.
- Budget holders are trained to complete their monthly budget monitoring reports.
- Significant variances are promptly identified, reported and acted upon.
- Savings are identified, monitored and recorded on the savings tracker.
- Strategic and Operational risks are recorded on the relevant risk registers and are monitored, reviewed and updated as per the Councils Risk Management Strategy.

#### **Limited assurance**

##### **Legal and Governance – Coroners and Mortuary Service**

- Appropriate controls are in place within the Coroners Service to ensure compliance with statutory requirements.
- Management information is produced on a regular basis and is subject to independent review in a timely manner.

##### **Enabling – Travel and Subsistence Follow Up (Limited 2024/25 and 2022/23)**

- The recommendations made in the previous audit have been implemented.
- Travel and subsistence payments are appropriately controlled and actioned in an accurate and timely manner.

##### **Strategy – PMO Project Management**

- The Project Management Office (PMO) is appropriately structured, has clear purpose, is adequately resourced and delivers an efficient service.
- Governance and oversight of projects is adequate and in line with requirements.
- Risk management is robust and effective for all projects.
- Project budgets are realistic, monitored and reported.

##### **Strategy – Risk Management (Reasonable 2042/25)**

- To confirm there is a robust system in place for the identification, assessment, recording and control and monitoring of operational risk.
- The board and management received periodic reports of the results of the risk management process.

### **Table 2: Audit assurance opinions: awarded on completion of audit reviews reflecting the efficiency and effectiveness of the controls in place, opinions are graded as follows**

<sup>1</sup> Listed are the management controls that were reviewed and found not to be in place and/or operating satisfactorily and therefore positive assurance could not be provided for them.

<b>Good</b>	Evaluation and testing of the controls that are in place confirmed that, in the areas examined, there is a sound system of control in place which is designed to address relevant risks, with controls being consistently applied.
<b>Reasonable</b>	Evaluation and testing of the controls that are in place confirmed that, in the areas examined, there is generally a sound system of control but there is evidence of non-compliance with some of the controls.
<b>Limited</b>	Evaluation and testing of the controls that are in place performed in the areas examined identified that, whilst there is basically a sound system of control, there are weaknesses in the system that leaves some risks not addressed and there is evidence of non-compliance with some key controls.
<b>Unsatisfactory</b>	Evaluation and testing of the controls that are in place identified that the system of control is weak and there is evidence of non-compliance with the controls that do exist. This exposes the Council to high risks that should have been managed.

**Table 3: Audit recommendation categories: an indicator of the effectiveness of the Council's internal control environment and are rated according to their priority**

<b>Best Practice (BP)</b>	Proposed improvement, rather than addressing a risk.
<b>Requires Attention (RA)</b>	Addressing a minor control weakness or housekeeping issue.
<b>Significant (S)</b>	Addressing a significant control weakness where the system may be working but errors may go undetected.
<b>Fundamental (F)</b>	Immediate action required to address major control weakness that, if not addressed, could lead to material loss.

**Table 4: Glossary of terms**

### **Significance**

The relative importance of a matter within the context in which it is being considered, including quantitative and qualitative factors, such as magnitude, nature, effect, relevance and impact. Professional judgment assists internal auditors when evaluating the significance of matters within the context of the relevant objectives.

### **Chief Audit Executive Annual Opinion**

The rating, conclusion and/or other description of results provided by the Chief Audit Executive addressing, at a broad level, governance, risk management and/or control processes of the organisation. An overall opinion is the professional judgement of the Chief Audit Executive based on the results of several individual engagements and other activities for a specific time interval.

### **Governance**

Comprises the arrangements (including political, economic, social, environmental, administrative, legal and other arrangements) put in place to ensure that the outcomes for intended stakeholders are defined and achieved.

## **Risk**

The possibility of an event occurring that will have an impact on the achievement of objectives. Risk is measured in terms of impact and likelihood.

## **Control**

Any action taken by management, the board and other parties to manage risk and increase the likelihood that established objectives and goals will be achieved. Management plans, organises and directs the performance of sufficient actions to provide reasonable assurance that objectives and goals will be achieved.

## **Impairment**

Impairment to organisational independence and individual objectivity may include personal conflict of interest, scope limitations, restrictions on access to records, personnel and properties and resource limitations (funding).

### **Table 5: Recommendation follow up process (risk based)**

When recommendations are agreed the responsibility for implementation rests with management. There are four categories of recommendation: fundamental, significant, requires attention and best practice and there are four assurance levels given to audits: unsatisfactory, limited, reasonable and good.

The process for *fundamental recommendations* will continue to be progressed within the agreed time frame with the lead Executive Director being asked to confirm implementation. Audit will conduct testing, either specifically on the recommendation or as part of a re-audit of the whole system. Please note that all agreed fundamental recommendations will continue to be reported to Audit Committee. Fundamental recommendations not implemented after the agreed date, plus one revision to that date where required, will in discussion with the Section Officer be reported to Audit Committee for consideration.

AUDIT PLAN BY SERVICE –PERFORMANCE REPORT FROM 1<sup>st</sup> APRIL TO 11<sup>th</sup> JANUARY 2026

Strategic Risk	Audit Name	Original Plan Days	August Revision	November Revision	January Revision	Revised Plan Days	11 <sup>th</sup> January 2026 Actual	Date Final Report Issued	Audit Opinion	Fundamental	Significant	Requires Attention	Best Practice	Direction of Travel
CYB	Back-up arrangements Follow Up 2024/25	0				0	0.4	Complete	Briefing Note					N/A
BBS/GOV	CIPFA Financial Resilience Review 2024/25	0				0	1.0	Complete	Briefing Note					N/A
CYB	Data Centres and Infrastructure 2024/25	0				0	0.0	Complete	Briefing Note					N/A
CYB	IDOX Cloud Regulatory Services IT Application 2024/25	0				0	0.7	Complete	Briefing Note					N/A
GOV	IT Contract Management 2024/25	0				0	0.7	Complete	Reasonable		1	2		↑
CYB	Microsoft Co-Pilot / Ai 2024/25	0				0	0.7	Complete	Reasonable		1	4		N/A
BBS/GOV	Shrewsbury Shopping Centre Follow Up 2024/25	0				0	0.6	Complete	Reasonable		2	2		↑
GOV/SKI	Workforce Planning – Impact of Voluntary Redundancy on Key Skills and Delegated Responsibilities 2024/25	0				0	0.3	Complete	Limited		2	4		N/A
CYB	IT Monitoring Use of Facilities 2024/25	0				0	1.1	Complete	Limited		2	5		↔
BBS	Economic Growth Strategy/Big Plan 2024/25	0				0	0.8	Complete	Reasonable		3	5		↑
GOV	Feedback and Insight 2024/25	0				0	0.4	Complete	Limited		10	5		N/A
BBS	Section 17 Payments Follow Up 2024/25	0				0	0.5	Complete	Limited		3	4		↔
BBS	Supporting Families Grant - March 2025 Claim 2024/25	0				0	0.0	Complete	N/A					N/A
BBS/GOV	North West Relief Road (NWRR) Follow Up 2024/25	0				0	0.7	Complete	Reasonable		3	1		↑
GOV	Bishops Castle Community College	10	-8			2	1.5	Complete	Briefing Note					N/A
SGC	Children's Residential Care Contract Management	4				4	4.4	Complete	Reasonable		3	3		↑
SGC	Short Breaks Follow up	4				4	3.8	Complete	Unsatisfactory	1	1			↔
BBS	External Catering Contracts	2				2	2.4	Complete	Reasonable		1			↔
SGC	Foster Care	5	2			7	6.9	Complete	Reasonable		2	5		↑
GOV	SFVS - Schools Financial Value Statement	2				2	2.9	Complete	N/A					N/A
SGC	Virtual School	10				10	9.0	Complete	Good			1		N/A
CCS	Garden Waste Collection	8				8	8.4	Complete	Limited		4	2		N/A
BBS	Key Supply Contracts	10		-7		3	2.5	Complete	Briefing Note	1				N/A
GOV	Much Wenlock Sports Centre - Joint Use	5		7	1	13	13.4	Complete	Reasonable		2	2		↑
BBS	Deferred Payments 2024/25	0	8			8	7.6	Complete	Unsatisfactory		9	10		↓
CCS	Waste - Veolia Contract	8				8	7.1	Complete	Good			1		↑
BBS	Community Equipment Contract Medequip - PPM Follow Up	3	8			11	10.7	Complete	Reasonable		1	2		↑
GOV	Empty Homes 2024/25	0	9			9	9.3	Complete	Briefing Note					N/A
GOV	Library Management System - Application Review	8		4		12	11.7	Complete	Reasonable		4	11		↑
BBS	Housing Options / Homelessness	12	12			24	23.8	Complete	Limited		5	8		↓
GOV	Management & Control of CCTV Operations	6		5	1	12	12.6	Complete	Reasonable		2	6		↑
GOV	The Lantern Follow Up	5	-2			3	1.7	Complete	Unsatisfactory					↔
GOV	Corporate Governance 24/25	0				0	2.4	Complete	Reasonable		2	3		↔
GOV	Recommendation Follow Up	0			8	8	7.4	Complete	Briefing Note					N/A



Strategic Risk	Audit Name	Original Plan Days	August Revision	November Revision	January Revision	Revised Plan Days	11 <sup>th</sup> January 2026 Actual	Date Final Report Issued	Audit Opinion	Fundamental	Significant	Requires Attention	Best Practice	Direction of Travel
BBS	Adult Social Care Outturn	0		21		21	20.7	Complete	Briefing Note	1	4	1		N/A
BBS	Budget Monitoring	8	10	4		22	22.0	Complete	Unsatisfactory	1	5	4		↓
GOV	Digital Mail Room 2024/25	0	4			4	3.6	Complete	Unsatisfactory		5	2		↓
GOV	Equality Diversity and Inclusion Arrangements Follow Up 2024/25	0	5			5	5.4	Complete	Limited		2	2		↔
GOV/B BS	Holiday Pay 2024/25	0	10			10	10.1	Complete	Limited		2	2		N/A
GOV	IT Code of Practice / Acceptable Use	8				8	7.6	Complete	Good			3	2	↑
GOV	ICT Restructure	5				5	4.8	Complete	Reasonable			3		N/A
CYB	Network Switch Management	10			-2	8	7.7	Complete	Reasonable			5		N/A
CYB	Pay360 Income Application 2024/25	0	2			2	2.6	Complete	Reasonable		1	7		N/A
GOV	Payroll Data Analytics (IDEA) 24/25 Q4	1				1	1.9	Complete	N/A					N/A
GOV	Payroll Data Analytics (IDEA) Q1	1				1	0.3	Complete	N/A					N/A
GOV	Payroll Data Analytics (IDEA) Q2	1				1	0.6	Complete	N/A					N/A
GOV	Payroll Data Analytics (IDEA) Q3	1				1	0.3	Complete	N/A					N/A
BBS	Purchasing Card Spend Review	0		8	2	10	10.5	Complete	Briefing Note		4			N/A
GOV	Security of Council Buildings Follow Up	5				5	5.5	Complete	Limited		2	1		↔
EGS	Shirehall Disposal	7		2		9	8.7	Complete	Limited		3			N/A
EGS	Shirehall Decant 2024/25	0	2			2	1.7	Complete	Reasonable		3	3		N/A
CYB/G OV	SNOW IT Asset Management 2024/25	0	9			9	9.2	Complete	Limited		2	6		↓
GOV	Telecommunications - Contracts, Procurement and Monitoring 2024/25	0	17			17	17.3	Complete	Unsatisfactory		7	3		↓
BBS	Travel and Subsistence	4		10	1	15	15.3	Complete	Limited		2	2		↔
GOV	VAT	5				5	4.2	Complete	Limited		4	2		↔
CYB	WhatsApp Follow Up	3		-2		1	1.1	Complete	Briefing Note		4			↔
BBS	BSOG Grant Bus Subsidy	2				2	1.9	Complete	N/A					N/A
GOV	TOG (Transport Operations Group)	10	-8			2	1.3	Complete	Briefing Note					N/A
GOV/B BS	WSP Contract 2024/25	0	5			5	5.0	Complete	Limited		5	8		↔
GOV	Coroners and Mortuary Service	0	10			10	10.3	Complete	Limited		3	5		N/A
BBS	Home Upgrade Grant (HUG) Phase 2			15		15	21.5	Complete	Grant					N/A
BBS	DfT Incentive Element Grant					0	1.1	Complete	N/A					N/A
GOV	NFI September 2025 Update					0	0.3	Complete	N/A					N/A
GOV / BBS	New Operating Model (NOM) Pilot	10		1		11	11.3	Complete	Limited		3	6		N/A
GOV	PMO Project Management	0	12	1		13	12.9	Complete	Limited		4	3		N/A
GOV	IT Project Management	0	8	1		9	8.8	Complete	Reasonable		1	4		↔
GOV	Risk Management	10			5	15	14.9	Complete	Limited		6	5		↓
CYB	Liquid Logic Application (Adults & Childrens) / Controcc	15			5	20	19.9	Draft						
BBS	Care Act - Market Shaping	10		2	2	14	12.9	Draft						
CYB	Active Directory Analytics	10			2	12	11.3	Draft						



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BBS	Debt Recovery	15		9		24	24.1	Draft						
CYB	Solar Winds Network Monitoring	10				10	9.2	Draft						
GOV	Counter Fraud Work - Fighting Fraud and Corruption Locally Assessment				7	7	6.6	Draft						
GOV	Members Development Training	0		8	9	17	16.5	Draft						
GOV	Assistive Technologies including BOTS	10				10	4.0	In Progress						
BBS / PAR	Continuing Health Care (CHC) Funding	8				8	2.0	In Progress						
SGC / BBS	Children's Social Care Budget Management	5				5	4.5	In Progress						
SGC	Direct Payments Children	10				10	4.7	In Progress						
SGC	Magic Notes AI	7				7	4.9	In Progress						
GOV	Schools Self Assessments (Audit Provided)	8			2	10	8.0	In Progress						
BBS	Section 17 Payments Follow Up	0			5	5	0.7	In Progress						
GOV	Financial Evaluations	30		-10		20	11.5	In Progress						
BBS	Personal Budgets / Direct Payments Finance Team- Adults	10			2	12	10.6	In Progress						
CYB	Amazon Web Services (AWS) Platform	10				10	2.4	In Progress						
CCS	Emergency Planning	8				8	3.4	In Progress						
GOV	The Lantern	0	5			5	1.0	In Progress						
GOV	Ethics / Culture	10				10	0.9	In Progress						
BBS	Agency Workers & Consultants Follow Up	5				5	3.6	In Progress						
GOV	BluPrint - Print Unit Operations	6			2	8	4.6	In Progress						
MHW	Health & Safety	8			7	15	12.4	In Progress						
BBS	ICT Project Financing and Recharges	5				5	1.9	In Progress						
CYB	Mobile Device Management - Intune	5				5	0.6	In Progress						
CYB	Northgate - Revenues & Benefits Application	10			2	12	8.5	In Progress						
SKI	Organisational Workforce Resilience	0	15			15	12.6	In Progress						
GOV	Payroll System	25			5	30	11.6	In Progress						
GOV	VAT Follow Up	0			4	4	0.2	In Progress						
GOV	Chipside Parking System Application Review	10				10	1.2	In Progress						
CYB	IDOX Planning, Building Control & Gazetteer Management System	10				10	1.0	In Progress						
GOV	TOG (Transport Operations Group)	0	10			10	1.5	In Progress						
GOV	Counter Fraud Work - NFI Duplicate Payments Review	15			-7	8	1.8	In Progress						
GOV	Counter Fraud, Policies and Training - Fraud Risk Assessment	2				2	0.9	In Progress						
BBS	Finance - Final Grant Claims	8				8		In Progress						
GOV	National Fraud Initiative (NFI)	20				20	9.8	In Progress						
GOV	Annual Governance Statement (AGS)	1				1	0.3	In Progress						
GOV	Performance Management & PIs	8				8	6.0	In Progress						
GOV	Bishops Castle Community College	0	8			8		Delayed						
SGC	Adoption Process including allowances	10				10		Not Started						

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SGC / BBS	SEND Commissioning	10				10	0.5	Not Started						
CCS	Garden Waste Collection Follow Up	0			4	4	0.1	Not Started						
GOV	Procurement Strategy	8			-6	2		Not Started						
GOV	Housing Client Side	5				5		Not Started						
BBS	Housing Options / Homelessness Follow Up	0			4	4		Not Started						
GOV	Corporate Governance	8				8		Not Started						
BBS	ASC Outturn Follow Up	0			4	4		Not Started						
CYB	Business Continuity Planning	10				10		Not Started						
CYB	Database Access / Admin / Management	8				8		Not Started						
CYB	Disaster Recovery	5				5	0.5	Not Started						
GOV	Equality Diversity and Inclusion Arrangements Follow Up	0			2	2		Not Started						
GOV/B BS	Holiday Pay Follow Up	0			2	2		Not Started						
SKI	Human Resources / Workforce Planning	10			-8	2		Not Started						
SKI	Impact of Voluntary Redundancy on Key Skills and Delegated Responsibilities	0			4	4		Not Started						
CYB	Nutanix Data Centre Solution	10				10		Not Started						
CYB	PSN (public sector network) Accreditation	5				5		Not Started						
CYB	Remote Support	5				5		Not Started						
GOV / BBS	Big Town Plan / Shrewsbury Riverside Development	10				10		Not Started						
GOV	Highways Maintenance - Term Maintenance -Kier	15				15	0.1	Not Started						
GOV	Highways Other Major Contracts	2				2		Not Started						
GOV	Feedback and Insight Follow Up	0			4	4		Not Started						
GOV / BBS	New Operating Model (NOM) Pilot Follow Up	0			4	4		Not Started						
GOV/B BS	Spend Control and Workforce Board Review	0			8	8		Not Started						
GOV/B BS	Payroll Leaver and Sickness Verification	0			8	8		Not Started						
GOV / BBS	Shropshire Plan Delivery	5			-3	2	0.1	Not Started						
GOV	Education Health and Care Plan (EHCP) AI	7			-7	0		Cut						
CYB	Conditional Access	7			-7	0		Cut						
CYB	Corporate Networking - Active Directory	10			-10	0		Cut						
CYB	Decommissioning Shirehall Data Centre Project	10			-10	0		Cut						
GOV	Power BI Reporting and Development	7			-7	0		Cut						
MHW / SKI	Recruitment / Retention / Redeployment arrangements	6			-5	1	1.1	Cut						
CYB	Unified Communications	7			-7	0		Cut						
GOV	CONFIRM-Highways Management System	10			-10	0		Cut						
GOV	Partnerships	8			-8	0		Cut						

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GOV	Section 38 Road Adoption	4			-4	0	0.1	Cut						
	<b>Total Shropshire Council Planned Work</b>	<b>709</b>	<b>153</b>	<b>79</b>	<b>15</b>	<b>956</b>	<b>640</b>							
	<b>CONTINGENCIES</b>													
	Advisory Contingency	20	0	0	0	20	12.5							
	Fraud Contingency	150	-50	-56	-24	20	4.1							
	Unplanned Audit Contingency	50	-42	0	0	8	0.4							
	Other non audit Chargeable Work	120	3	14	0	137	113.2							
	<b>CONTINGENCIES</b>	<b>340</b>	<b>-89</b>	<b>-42</b>	<b>-24</b>	<b>185</b>	<b>138.1</b>							
	<b>Total for Shropshire</b>	<b>1,049</b>	<b>64</b>	<b>37</b>	<b>-9</b>	<b>1,141</b>	<b>778.1</b>							
	<b>EXTERNAL CLIENTS</b>	<b>159</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>161</b>	<b>133.0</b>							
	<b>Total Chargeable</b>	<b>1,208</b>	<b>64</b>	<b>39</b>	<b>-9</b>	<b>1,302</b>	<b>911.1</b>							