

ABERDEEN CITY COUNCIL

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<b>COMMITTEE</b>	Audit, Risk and Scrutiny Committee
<b>DATE</b>	02 February 2023
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Internal Audit Report AC2305 – Heritage and Historical Assets
<b>REPORT NUMBER</b>	IA/AC2305
<b>DIRECTOR</b>	N/A
<b>REPORT AUTHOR</b>	Jamie Dale
<b>TERMS OF REFERENCE</b>	2.2

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**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present the planned Internal Audit report on Heritage and Historical Assets

**2. RECOMMENDATION**

- 2.1 It is recommended that the Committee review, discuss and comment on the issues raised within this report and the attached appendix.

**3. CURRENT SITUATION**

- 3.1 Internal Audit has completed the attached report which relates to an audit of Heritage and Historical Assets

**4. FINANCIAL IMPLICATIONS**

- 4.1 There are no direct financial implications arising from the recommendations of this report.

**5. LEGAL IMPLICATIONS**

- 5.1 There are no direct legal implications arising from the recommendations of this report.

**6. ENVIRONMENTAL IMPLICATIONS**

- 6.1 There are no direct environmental implications arising from the recommendations of this report.

**7. RISK**

7.1 The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are detailed in the resultant Internal Audit reports. Recommendations, consistent with the Council's Risk Appetite Statement, are made to address the identified risks and Internal Audit follows up progress with implementing those that are agreed with management. Those not implemented by their agreed due date are detailed in the attached appendices.

## 8. OUTCOMES

8.1 The proposals in this report have no impact on the Council Delivery Plan.

8.2 However, Internal Audit plays a key role in providing assurance over, and helping to improve, the Council's framework of governance, risk management and control. These arrangements, put in place by the Council, help ensure that the Council achieves its strategic objectives in a well-managed and controlled environment.

## 9. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	An assessment is not required because the reason for this report is for Committee to review, discuss and comment on the outcome of an internal audit. As a result, there will be no differential impact, as a result of the proposals in this report, on people with protected characteristics.
Privacy Impact Assessment	Not required

## 10. BACKGROUND PAPERS

10.1 There are no relevant background papers related directly to this report.

## 11. APPENDICES

11.1 Internal Audit Report AC2305 – Heritage and Historical Assets

## 12. REPORT AUTHOR CONTACT DETAILS

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## Internal Audit

### Assurance Review of Heritage and Historical Assets

**Status:** Final

**Date:** 8 December 2022

**Risk Level:** Cluster

**Report No:** AC2305

**Assurance Year:** 2022-23

Net Risk Rating	Description	Assurance Assessment
<b>Moderate</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	<b>Reasonable</b>

Report Tracking	Planned Date	Actual Date
Scope issued	24/08/2022	24/08/2022
Scope agreed	31/08/2022	31/08/2022
Fieldwork commenced	10/10/2022	10/10/2022
Fieldwork completed	21/10/2022	21/10/2022
Draft report issued	11/11/2022	01/11/2022
Process owner response	02/12/2022	18/11/2022
Director response	09/12/2022	08/12/2022
Final report issued	16/12/2022	08/12/2022
Committee	02/02/2023	

Distribution	
<b>Document type</b>	Assurance Report
<b>Director</b>	Gale Beattie, Director of Commissioning
<b>Process Owner</b>	Helen Fothergill, Service Manager – Archives, Gallery & Museums
<b>Stakeholder</b>	Richard Sweetnam, Chief Officer – City Growth
	Vikki Cuthbert, Interim Chief Officer – Governance*
	Jonathan Belford, Chief Officer - Finance*
<b>*Final only</b>	External Audit*
<b>Lead auditor</b>	Jamie Dale, Chief Internal Auditor

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# 1 Introduction

## 1.1 Area subject to review

Aberdeen Archives, Gallery & Museums (AAGM) cares for collections of outstanding importance and quality on behalf of the people of Aberdeen. AAGM is part of Aberdeen City Council's Commissioning: City Growth team and through their collections, buildings, exhibitions, and events strive to make a positive impact on the lives of everyone who lives, works, studies, and visits the city. The historical records of Aberdeenshire Council are also preserved and managed by the team. The collections managed are recognised by UNESCO and the Scottish Government as nationally and internationally important.

Aberdeen City Council Museums and Galleries Collections Development Policy sets out the background to the creation of the collection, how items enter and leave the collection and areas for future development. The policy references additional action plans including Future Collecting priorities, Review and Rationalisation, Documentation, Care and Conservation. The Museum System (TMS) (with both external and back office interfaces) is used for asset management.

## 1.2 Rationale for the review

The objective of this audit is to consider whether adequate control is exercised over heritage / historical assets' inventory management and was included in the Internal Audit plan at the request of the Audit, Risk and Scrutiny Committee.

In March 2022, the Audit, Risk and Scrutiny Committee reviewed a report on the current position of items recorded as missing from the Art Gallery and Museums' collection, the steps being taken to continue to review their status, and the robustness of processes in place to reduce risk to the status of collections going forward. The report was prompted following several Freedom of Information requests and media requests about artwork belonging to the Council and items that had been identified as potentially being lost and/ or stolen. As of July 2021, at the time of the initial FOISA request, the catalogue recorded 1,577 objects as "missing", "not located" or "stolen" from over 150,000 records.

This review will not look to recreate the work conducted by management in response to the missing items. Where this may form part of audit discussions, the review will focus around the general approach to heritage and historical assets and the control framework for their management.

## 1.3 How to use this report

This report has several sections and is designed for different stakeholders. The executive summary (section 2) is designed for senior staff and is cross referenced to the more detailed narrative in later sections (3 onwards) of the report should the reader require it. Section 3 contains the detailed narrative for risks and issues we identified in our work.

## 2 Executive Summary

### 2.1 Overall opinion

The full chart of net risk and assurance assessment definitions can be found in Appendix 1 – Assurance Scope and Terms. We have assessed the net risk (risk arising after controls and risk mitigation actions have been applied) as:

Net Risk Rating	Description	Assurance Assessment
<b>Moderate</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	<b>Reasonable</b>

The organisational risk level at which this risk assessment applies is:

Risk Level	Definition
<b>Cluster</b>	This issue/ risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.

### 2.2 Assurance assessment

The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the Council's management of heritage and historical assets.

Internal Audit found AAGM, who manage the Council's heritage and historical assets, to be staffed by a complement of experienced and capable staff who were passionate about their work. AAGM is operating a framework of control that is on the whole conscious and comprehensive of all aspects of operations including acquisitions, loans, disposals, and the wider overarching requirements such as accreditation and security.

Testing of the processes around acquisitions, loans and disposals found these to be designed and operating effectively, with no issues noted, and physical verification provided assurance over the location and recording of items. With regards to security arrangements, Internal Audit identified a myriad of different controls used to provide assurance and protection over items, which has been developed over time during different stages across multiple venues.

Certain enhancements however could be made to improve controls. AAGM were cognisant of a number of these areas and expressed a desire to improve the control framework, which this audit has looked to do.

Where no areas were found to be devoid of controls completely, recommendations have been made for a review of current operations and guidance, specifically concerning overall security arrangements, with these then rolled out and training provided to staff as required. Recommendations have also been made around the approach taken to AAGM gaining internal assurance, along with prioritisation of workload. A final recommendation has been made with regards to the engagement of volunteers and ensuring that they have the Right to Work in the UK.

Whilst there is a recognition of issues with regards to historical missing items, this was not a key focus for this audit, which instead focused on the wider control framework. However, discussions have been carried out with Management and a review of documentation and reporting shows a focus and efforts to gain further assurances.

### 2.3 Severe or major issues / risks

Issues and risks identified are categorised according to their impact on the Council. The following are summaries of higher rated issues / risks that have been identified as part of this review:

Ref	Severe or Major Issues / Risks	Risk Agreed	Risk Rating	Page No.
1.4	<p><b>Volunteers</b> – Engaging a volunteer worker who is not allowed to work in the UK is illegal; the penalty for doing so is up to £20,000 per illegal worker.</p> <p>AAGM utilise volunteers in their operations and advised of engagement of 52 individuals across the last 12 months.</p> <p>Whilst the Council's Recruitment Team monitors the completion of Right to Work in the UK checks for Council employees, no such system is in place by AAGM who facilitate the engagement of volunteers locally. AAGM has however recently recruited a Volunteer Coordinator to support the engagement of volunteers.</p> <p>Without checks of those engaged by AAGM there is no oversight of their Right to Work in the UK status. This creates an increased risk of volunteers being engaged who do not have the Right to Work in the UK and exposing the Council to reputational damage and financial penalties.</p>	Yes	<b>Major</b>	11

## 2.4 Management response

*The Audit process has been valuable, allowing officers to interrogate current workstreams, priorities and processes. Current systems were put in place based on Internal Audit recommendations in the early 2000s and professional sector developments. These processes and practices are always being improved upon, including staff training, prioritisation of assurance checks, and site security.*

*A recent change in UK Right to Work legislation had not been registered as applying to volunteers. This will now be addressed.*

## 3 Issues / Risks, Recommendations, and Management Response

### 3.1 Issues / Risks, recommendations, and management response

Ref	Description	Risk Rating	Minor
1.1	<p><b>Policies, procedures, and practices</b> – Robust and well communicated policies and procedures help staff understand the expectations with regards to their role and how this contributes to wider operations. Where AAGM is staffed by a mix of qualified individuals with experience of the subject matter, there is a need to direct practices in line with the Council’s requirements for operations.</p> <p>The main guidance in place across AAGM is the Collections Management Manual. This is the overarching guidance, last updated in 2022, for management of the collection, including areas such as movement control, loans in, loans out, object labelling and auditing.</p> <p>As part of the review of operations, Internal Audit identified the following:</p> <ul style="list-style-type: none"> <li>• Evidence of single points of failure, where one individual was relied upon for the completion of work e.g. security IT operations.</li> <li>• Recognition that where there is training, more could be done in terms the format of guidance and delivery to staff across AAGM.</li> <li>• The current guidance focuses more on the collections operations rather than wider aspects of AAGM.</li> </ul> <p>There is a risk that under current operations, focus is given to collections management. Where this is the majority of AAGM’s work, there are wider considerations that could be made e.g. security. Where individual points have been made in this report regarding security and prioritisation, an overarching minor risk exists around the focus on collections and the potential to incorporate wider working.</p>		
<b>IA Recommended Mitigating Actions</b>			
AAGM Management should review current operations and guidance and make appropriate updates where required. Management should look to address the single points of failure across the control framework and look to ensure that a range of staff understand different operations. Consideration should be given to the other recommendations made within this report that would result in updates to procedures.			
<b>Management Actions to Address Issues/Risks</b>			
<p><i>The report reflects the historic legacy the current AAGM team have inherited and has confirmed areas where improvements can be made to mitigate against a recurrence of such issues.</i></p> <p><i>As discussed during the Audit process, there is a need to regularly review processes and procedures, streamline and refine as required and embed such processes in the everyday work of the team. Such reviews are carried out as sector standards are updated as a matter of course. In addition, a review of processes and training will be under taken as a result of this report.</i></p> <p><i>Processes will continue to evolve, considering best practice in the museum sector and embracing new technology and the drive towards digital workflows when beneficial to do so. However, there will still be a significant requirement for physical checking of objects and locations which inevitably takes time away from more public-facing tasks. A review of available staff resource will be undertaken as a result of this report.</i></p>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
Yes		Service Manager	March 2023



Ref	Description	Risk Rating	Moderate
1.2	<p><b>Security arrangements</b> – Security arrangements are the precautions taken and controls put in place to prevent possible incidents, specifically loss. Given the value of heritage and historical assets managed by AAGM, appropriate arrangements across all aspects of security are vital.</p> <p>With regards to security arrangements, Internal Audit identified a myriad of different controls used to provide the greatest level assurance and protection for items e.g. access cards, fixings, staff walk rounds, independent alarms, and CCTV.</p> <p>As part of the fieldwork and physical verification of security arrangements, Internal Audit however identified:</p> <ul style="list-style-type: none"> <li>• Generic user names and log ins for systems (e.g. TMS Administration and Security Card Access); this creates a lack of an audit trail.</li> <li>• Security Camera Room accessible to all staff, with the system left logged in and unattended.</li> <li>• Key store at one location accessible to all staff who worked on site with no access control or key log. However it has been advised that an application has been submitted to acquire a Traka Key Box system for the location.</li> <li>• Single point of failure within the Council with regards to ability to carry out some elements of security based system work (e.g. reviewing access logs). However external support is available from Nucore who has the Council contract for card access systems.</li> </ul> <p>Where specific policies were in place (e.g. key policy) there was no overarching framework to facilitate what is being operated daily. It was identified that some elements of security are carried out through routine and as a result of historic operations.</p>		
<b>IA Recommended Mitigating Actions</b>			
<p>AAGM Management should develop an overarching framework for security across its locations. This should look to encompass all aspects of operations, with conscious decision making around these. This policy should consider the specific issues noted above. The policy should be rolled out across all staff with controls implemented and training provided where required.</p>			
<b>Management Actions to Address Issues/Risks</b>			
<p><i>Further site security and key control systems will be investigated and invested in as budgets allow, however the current system only allows specific officers to access keys for stores and safes.</i></p> <p><i>A review of the key log and access card system will be undertaken, especially in relation to single point of failure.</i></p> <p><i>A security framework will be developed that will point to venue specific guidance, as advice from independent museum security specialists is to ensure there is a separate security plan for each location/venue and to distribute only to those officers with a direct responsibility for the specific location.</i></p> <p><i>Discussions need to take place with Digital &amp; Tech colleagues re: single point of failure of technical support for the collections database.</i></p>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
Yes		Service Manager	May 2023

Ref	Description	Risk Rating	Moderate
1.3	<p><b>Assurance arrangements</b> – The Collections manual sets the internal AAGM audit process, with a view to ensuring the accuracy and maintenance of objects and information. The manual sets out the requirement for the following audits to be undertaken:</p> <ul style="list-style-type: none"> <li>• <b>10 items valued at £10,000 or over each month</b> – A random selection is made by the Chief Officer of City Growth and checked by the Team Leader.</li> <li>• <b>A random sample of 300 items from entire collection every six months</b> – Carried out by the Lead Curator (Collections Management). This is usually conducted as 50 items a month.</li> </ul> <p>A review of the actual audit practices however identified:</p> <ul style="list-style-type: none"> <li>• No involvement of the Chief Officer – Growth. The sample is selected by the Service Manager and completed by the Team Leader.</li> <li>• A slight backlog with regards to completion of the high value audit work.</li> <li>• Challenges in auditing large and inaccessible items.</li> </ul> <p>As part of physical verification testing, where Internal Audit inspected 40 items<sup>1</sup>, all items were located but the following was also identified:</p> <ul style="list-style-type: none"> <li>• One item in the wrong physical location (subsequently found on an adjacent shelf).</li> <li>• Two items with the wrong location logged in the system.</li> <li>• One item not logged on the system. A spreadsheet record was available for this item but this had not been logged on TMS.</li> </ul> <p>Management however advised that wider assurance work is carried out beyond the listed procedures e.g. verification of items through daily activities. There is a risk however that if dedicated assurance work is not completed regularly that any issues will not be identified in a timely manner, leading to potential challenges in rectifying.</p>		
<b>IA Recommended Mitigating Actions</b>			
<p>AAGM Management should carry out an assurance mapping exercise to identify the different sources available. This should include security operations, dedicated audits, and ongoing work around the missing items exercise, as well as the wider assurance gained through daily activities. Based on this mapping, the approach to internal AAGM audit activities should be updated to reflect a level that is manageable within current resources but also focuses on those areas where there is a lack of assurance currently. A risk based approach that focuses on high risk items and those areas not visited frequently is encouraged.</p> <p>Internal Audit is available to support the development of this assurance approach.</p>			
<b>Management Actions to Address Issues/Risks</b>			
<p><i>AAGM management will work with Internal Audit to carry out an assurance mapping exercise, reviewing all current practice, and identifying current areas of under assurance. Assurance / audit processes will be revised based on the outcomes of the mapping exercise.</i></p>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
Yes		Service Manager	July 2023

<sup>1</sup> Internal Audit carried out floor to sheet/sheet to floor testing. This involved selecting a sample of 20 items from TMS and physically verifying their location and then selecting a sample of 20 items from the collection and verifying their record on TMS.

Ref	Description	Risk Rating	Major
1.4	<p><b>Volunteers</b> – Engaging a volunteer worker who is not allowed to work in the UK is illegal; the penalty for doing so is up to £20,000 per illegal worker. As an employer the Council has an obligation under the Illegal Working Compliance Orders Regulations 2016 to carry out document checks on potential workers to make sure they have the Right to Work in the UK before they commence work for the Council.</p> <p>AAGM utilise volunteers across their operations and advised of engagement of 52 individuals across the last 12 months.</p> <p>Whilst the Council’s Recruitment Team monitors the completion of Right to Work in the UK checks for Council employees, no such system is in place by AAGM who facilitate the engagement of volunteers locally. AAGM has however recently recruited a Volunteer Coordinator to support the engagement of volunteers.</p> <p>Without checks of those engaged by AAGM there is no oversight of their Right to Work in the UK status. This creates an increased risk of volunteers being engaged who do not have the Right to Work in the UK and exposing the Council to reputational damage and financial penalties.</p>		
<b>IA Recommended Mitigating Actions</b>			
AAGM Management should work with those responsible centrally for recruitment to develop a system where volunteers are recorded and the necessary pre-engagement checks, including Right to Work in the UK, can be completed <sup>2</sup> .			
<b>Management Actions to Address Issues/Risks</b>			
<i>Volunteers are a key part of the service’s resources. New volunteers undertake induction and training and sign a volunteer agreement. Advice will be sought relating to Right to Work in the UK status checks. The service has recently recruited a volunteer liaison officer who will work with P&amp;OD to ensure robust systems are revised and extended to take the Right to Work in the UK status requirements into account.</i>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
Yes		Service Manager	March 2023

Ref	Description	Risk Rating	Minor
1.5	<p><b>Prioritisation</b> – AAGM manages a number of different workstream in relation to both day to day business as usual activities and also wider pieces of work.</p> <p>We identified a number of different workstream, outwith day to day activities, which AAGM is responsible for and has varying resource to be able to dedicate to the work. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Work in response to the missing items.</li> <li>• A backlog of items to be processed from recent moves.</li> <li>• Historic loan items that require investigation to determine their nature, any required return, or the potential to transfer ownership.</li> <li>• Processing of items not yet logged in TMS.</li> </ul>		

<sup>2</sup> [An Employer's Guide to Right to Work Checks: 6 April 2022](#) sets out practical examples of volunteering, including some exemptions from check requirements e.g. for shorter periods of work or certain immigration statuses. However the guidance is interpretable and where it is not at an excessive cost to the Council, it is recommended that the checks be carried out for all volunteers.

Ref	Description	Risk Rating	Minor
	<ul style="list-style-type: none"> <li>Strategic planning regarding the Collections Development Policy.</li> </ul> <p>While not a significant risk, as operations continue there may become a time where conflicting priorities means opportunity cost of carrying out some tasks at the expense of others. Discussions with Management has highlighted an awareness of all workstream but no work to consciously assess priorities.</p>		
<b>IA Recommended Mitigating Actions</b>			
<p>AAGM Management should consider an internal prioritisation exercise to document its workstreams across all aspects of operations. This should identify the different workstream required of AAGM, including any backlogs and strategic priorities to be taken forward. This should be discussed and agreed by City Growth, and Commissioning Senior Management, and an action plan taken forward that sees the clearing of backlogs, implementation of strategic work and the completion of business as usual.</p>			
<b>Management Actions to Address Issues/Risks</b>			
<p><i>As part of the Service Planning review in Jan/Feb 2023 workstream prioritisation will be identified and discussed.</i></p>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
Yes		Service Manager	March 2023

## 4 Appendix 1 – Assurance Terms and Rating Scales

### 4.1 Overall report level and net risk rating definitions

The following levels and ratings will be used to assess the risk in this report:

Risk level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual Issue / Risk Rating	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, which could result in, for example, a material financial loss. Action should be taken within three months.
Severe	This is an issue / risk that could significantly affect the achievement of one or many of the Council's objectives or could impact the effectiveness or efficiency of the Council's activities or processes. Action is considered imperative to ensure that the Council is not exposed to severe risks and should be taken immediately.

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## 5 Appendix 2 – Assurance Scope and Terms of Reference

### 5.1 Area subject to review

Aberdeen Archives, Gallery & Museums (AAGM) cares for collections of outstanding importance and quality on behalf of the people of Aberdeen. AGM is part of Aberdeen City Council's Place: City Growth team and through their collections, buildings, exhibitions, and events strive to make a positive impact on the lives of everyone who lives, works, studies, and visits the city. The historical records of Aberdeenshire Council are also preserved and managed by the team. The collections managed are recognised by UNESCO and the Scottish Government as nationally and internationally important. Aberdeen City Council Museums and Galleries Collections Development Policy sets out the background to the creation of the collection, how items enter and leave the collection and areas for future development. The policy references additional action plans including Future Collecting priorities, Review and Rationalisation, Documentation, Care and Conservation. The Museum System (TMS) (with both external and back office interfaces) is used for asset management.

### 5.2 Rationale for review

The objective of this audit is to consider whether adequate control is exercised over heritage / historical assets' inventory management and was included in the Internal Audit plan at the request of the Audit, Risk and Scrutiny Committee.

In March 2022, the Audit, Risk and Scrutiny Committee reviewed a report on the current position of items recorded as missing from the Art Gallery and Museums' collection, the steps being taken to continue to review their status, and the robustness of processes in place to reduce risk to the status of collections going forward. The report was prompted following several Freedom of Information requests and media requests about artwork belonging to the Council and items that had been identified as potentially being lost and/ or stolen. As of July 2021, at the time of the initial FOISA request, the catalogue recorded 1,577 objects as "missing", "not located" or "stolen" from over 150,000 records.

This review will not look to recreate the work conducted by management in response to the missing items. Where this may form part of audit discussions, the review will focus around the general approach to heritage and historical assets and the control framework for their management.

### 5.3 Scope and risk level of review

This review will offer the following judgements:

- An overall **net risk** rating at the Cluster level.
- Individual **net risk** ratings for findings.

Please see Appendix 1 – Assurance Terms and Rating Scales for details of our risk level and net risk rating definitions.

#### 5.3.1 Detailed scope areas

**As a risk-based review this scope is not limited by the specific areas of activity listed below. Where related and other issues / risks are identified in the undertaking of this review these will be reported, as considered appropriate by IA, within the resulting report.**

The specific areas to be covered by this review are:

- **Governance** – including AAGM policy, governing statements, delegations, and accreditation.
- **Asset management** – including cataloguing, location, and movement control.
- **Changes in holdings** – including loans and disposals.
- **Loss prevention and response** – including security, access, delegations, and insurance

### 5.4 Methodology

This review will be undertaken through interviews with key staff involved in the process(es) under review and analysis and review of supporting data, documentation, and paperwork. To support our work, we will review relevant legislation, codes of practice, policies, procedures, guidance. Due to the ongoing impacts of COVID-19, this review will be undertaken remotely. We remain flexible in the face of the rapidly changing risk environment. Where our resourcing or access to the client is impacted further by COVID-19, we will adapt our audit methodology to balance the risks and assurance output and will work in co-operation with key contacts to understand the impact of the situation as it evolves.

## 5.5 IA outputs

The IA outputs from this review will be:

- A risk-based report with the results of the review, to be shared with the following:
  - Council Key Contacts (see 1.7 below)
  - Audit Committee (final only)
  - External Audit (final only)

## 5.6 IA staff

The IA staff assigned to this review are:

- Jamie Dale, Chief Internal Auditor (**audit lead**)

## 5.7 Council key contacts

The key contacts for this review across the Council are:

- Gale Beattie, Director of Commissioning
- Richard Sweetnam, Chief Officer – City Growth
- Helen Fothergill, Service Manager – Archives, Gallery & Museums (**process owner**)
- Vikki Cuthbert, Interim Chief Officer – Governance
- Jonathan Belford, Chief Officer – Finance
- External Audit

## 5.8 Delivery plan and milestones

The key delivery plan and milestones are:

Milestone	Planned date
Scope issued	24 Aug 2022
Scope agreed	31 Aug 2022
Fieldwork commences	10 Oct 2022
Fieldwork completed	21 Oct 2022
Draft report issued	11 Nov 2022
Process owner response	2 Dec 2022
Director response	9 Dec 2022
Final report issued	16 Dec 2022