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# **Audit Committee**

8 November 2021

**Wednesday, 17 November 2021** 0.01 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm**.

Agenda Page Item

### 1. Apologies for Absence

To receive apologies for absence from the meeting.

### 2. Declarations of Interest and Dispensations

You are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that you have been granted in respect of any matter appearing on the agenda.

3. **Minutes** 5 - 10

To confirm the minutes of the meetings of the Committee held on 28 July, 22 September and 6 October 2021.

4. Key Outcomes from Internal Audit Reports issued between May 11 - 28 2021 and November 2021

To give consideration to a report which details the outcomes of Internal Audit reports issued between May and November 2021.

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

Agenda Page Item

### 5. Exclusion Resolution

The Committee will be requested to pass the following resolution:

Resolved that under Section 100A of the Local Government Act 1972 (as amended) and having applied a public interest test as defined in Part 2 of Schedule 12A of the Act, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act.

### 6. Strategic Audit Plan 2021/22 Interim Monitoring Statement

29 - 40

To give consideration to a report on the Strategic Audit Plan 2021/22.

Circulation overleaf ...

## **Members of the Audit Committee**

Kevin Robinson (Chair)
Councillor Debbie Cox
Councillor Mrs Linda Arkley OBE
Councillor Linda Bell
Councillor John Stirling

Malcolm Wilkinson (Deputy Chair) Councillor Janice Mole Councillor Gary Bell Councillor John O'Shea



# Agenda Item 3

### **Audit Committee**

### Wednesday, 28 July 2021

Present: K Robinson (Chair)

M Wilkinson

Councillors Mrs L Arkley OBE, D Cox, J Mole, J O'Shea

and J Stirling.

### AC/10/21 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors G Bell and L Bell.

### AC/11/21 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

#### AC/12/21 Minutes

**Resolved** that the minutes of the meeting of the Committee held on 26 May 2021 be confirmed as a correct record and signed by the Chair.

### AC/13/21 Draft Annual Statement of Accounts 2020.21

Consideration was given to a report which provided an update on the closure of the 2020/21 accounts.

It was explained that the Ministry of Housing, Communities and Local Government had put in place revised regulations which had moved the publication date for the Authority's audited accounts from 31 July 2021 to 30 September 2021. The revised regulations provided local authorities with additional flexibility in relation to the public inspection period. Previously the documents had to be available for public inspection in the first 10 working days in June and the new regulations required the Authority to commence its public inspection period on or before the first working day of August 2021. It was explained that the public inspection period for 2021 for this Authority was 5 July to 13 August. A draft set of accounts was required to be published by no later than 31 July 2021 and the Committee was advised that a draft set of the accounts had been published on the Authority's website on the 5 July 2021.

It was also explained that the Authority's External Auditors had commenced its audit of the 2020/21 accounts on the 5 July and it was anticipated that a signed off set of accounts would be published by the end of September 2021.

An unaudited draft copy of the Annual Financial Report 2020/21 was presented for members information and an overview of the contents of the report was given. It was explained that the statement of accounts provided an overview of the authority's finances for

2020/21 and that the year had been unprecedented with the effects of the Covid-19 pandemic being felt by every household, business, school and other organisations in the Borough.

Reference was made to the Authority's reserves and an explanation provided on the various categories of reserves including committed reserves and those which were usable.

An update was provided on the pension fund and it was noted that the figures shown in the accounts was based on independent actuarial valuations. It was explained that the valuations were reviewed every three years.

It was explained that the Authority was in a good financial position and that written information would be provided to members on how the draft accounts compared with the budget that had been set for the year.

**Resolved** that (1) the publication of the draft set of accounts in advance of 31 July 2021 be noted; and

(2) the commencement of the external audit on 5 July 2021 be noted

### AC/14/21 Exclusion Resolution

**Resolved** that under Section 100A (4) of the Local Government Act 1972 (as amended) and having applied a public interest test as defined in Part 2 of Schedule 12A of the Act, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act.

### AC/15/21 Corporate Risk Management Summary Report

Consideration was given to a report which outlined the corporate risks that had been identified for monitoring and management by the Council's Senior Leadership Team, as of 7 April 2021 and reported to Cabinet on 24 May 2021. The report provided detailed information on each of the corporate risks including the cause of the risk, the consequences if the risk were to materialise, the existing and new controls in place to address the risks and an assessment of their likelihood and potential impact. Reference was also made to the possible inclusion of the financial cost of each of the risks in future reports.

**Resolved** that the report be noted.

### **Audit Committee**

### Wednesday, 22 September 2021

Present: Mr M Wilkinson (Chair)

Councillors Mrs L Arkley OBE, G Bell, L Bell, D Cox,

J Mole, J O'Shea and J Stirling

### AC/16/21 Apologies for Absence

An apology for absence was submitted on behalf of the Chair, Mr K Robinson

### AC/17/21 Declarations of Interest and Dispensations

There were no declarations or interest or dispensations reported.

### AC/18/21 2020/21 Annual Financial Report

Consideration was given to a report which provided the Committee with an update on the progress being made regarding the completion of the 2020/21 audited annual financial report.

Reference was made to the late circulation of the main report and its appendices and it was suggested that consideration of the report be deferred to allow sufficient time for the contents of the report to be considered.

The reasons for the delay in producing and circulating the report were explained in detail. It was also explained that further works needed to be undertaken by the External Auditor and officers following receipt of the outstanding information required to complete the audit.

Resolved that consideration of the report be deferred to a future meeting

### AC/19/21 Annual Governance Statement

Consideration was given to a report which advised the Committee of the outcome of the review of the Authority's system of internal control. It was explained that consideration had been given in the Annual Governance Statement to the impact of changes made as a result of the Covid-19 pandemic, particularly the suspension of face-to-face Authority meetings and the sudden move to home working by over 1000 officers of the Authority.

In addition as part of the national sector-led improvement programme the Authority had taken part in a Local Government Association (LGA) Corporate Peer Challenge. A follow up visit, on the 29<sup>th</sup> and 30<sup>th</sup> June 2021, had been undertaken to review progress on the six corporate peer challenge recommendations and to carry out a Covid-19 recovery and renewal challenge. It was explained that the feedback from the LGA team had been extremely positive and four recommendations had been made to support the Authority's ongoing work on Covid-19 recovery and renewal.

It was explained that the Annual Governance Statement was attached to the Statement of Accounts once finalised.

**Resolved** that consideration of the report be deferred to the next meeting.

#### AC/20/21 Exclusion Resolution

**Resolved** that under Section 100A of the Local Government Act 1972 (as amended) and having applied a public interest test as defined in Part 2 of Schedule 12A of the Act, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 and 4 of Part 1 of Schedule 12A of the Act.

# AC/21/21 Conclusion of Shared Service Arrangement (Internal Audit and Risk Management)

Consideration was given to a report which set out the upcoming changes to the service delivery arrangements for Internal Audit and Risk Management.

Clarification was provided in relation to several questions raised by members of the Committee on the contents of the report and the implications for the Authority. It was suggested that an update on the changes be provided to the March 2022 meeting.

**Resolved** that (1) the report be noted;

- (2) the contents of the report be used as part of the ongoing evaluation of the framework of governance, risk management and control; and
- (3) an update be provided at the March 2022 meeting

### **Audit Committee**

### Wednesday, 6 October 2021

Present: M Wilkinson (Chair)

Councillors Mrs L Arkley OBE, G Bell, L Bell, D Cox,

J Mole, J O'Shea and J Stirling

### AC/22/21 Apologies for Absence

An apology for absence was submitted on behalf of the Chair, Mr K Robinson.

### AC/23/21 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

### AC/24/21 Annual Financial Report 2020/21

Consideration was given to a report which provided an update on the progress made to complete the Authority's 2020/21 Audited Annual Financial Report. This report had been deferred at the last meeting of the Committee and had been updated to take account of the need to update the draft accounts to reflect changes to the pension deficit following receipt of the revised report of the Actuary. It was also explained that the changes had necessitated additional testing to be carried out by the external auditor as part of its audit work and therefore the external audit of the draft statement of accounts for the year ended 31 March 2021 had not been concluded due to the need to adjust the financial statements in light of the revised actuary report. It was explained that Regulation 10 of the Accounts and Audit Regulations 2015 allowed for this and the Director of Resources had therefore issued a notification that the Authority had been unable to publish its audited 2020/21 final statement of accounts by the 30 September 2021 deadline. The Committee was advised that it had been anticipated that the external audit would be completed within the first 10 working days of October and it had not been anticipated that there would be any material errors which significantly changed the financial statements.

The external auditor explained that the majority of authorities nationally had not been able to meet the deadline for the publication of the final accounts and that North Tyneside was ahead of the game. The review of the pension liability had almost been completed and the work on the Covid-19 funding stream had progressed. It was explained that all outstanding queries had been progressed and the risk assessment had been completed. The final report would be shared with the Director of Resources although it was not anticipated that there would be any significant changes.

Members sought clarification on the Authority's position in relation to its borrowing requirements and it was explained that the overall position had been better at the end of 2020/21 when compared to the previous year. It was also explained that the Authority continually managed the risks in relation to its borrowing requirements.

**Resolved** that (1) the progress to date on the audit be noted; and

(2) the Director of Resources be authorised to approve the 2020/21 Annual Financial Report subject to any material changes being reported to the Chair and Deputy Chair of the Audit Committee.

#### AC/25/21 Annual Governance Statement 2020-21

Consideration was given to a report which set out the Authority's Annual Governance Statement which had been deferred at the last meeting. It was explained that there had been no changes made to the Statement since the last meeting nor had any fresh concerns around governance been identified.

**Resolved** that (1) the outcome of the review of the Authority's systems of internal control be noted:

- (2) the draft Annual Governance Statement be approved to accompany the 2020/21Statement of Accounts; and
- (3) the actions proposed in the Annual Governance Statement relating to any governance issues identified be noted.

# Agenda Item 4

# North Tyneside Council Report to Audit Committee Date: 17 November 2021

Title: Key Outcomes from Internal Audit reports Issued between May 2021 and November 2021

Report from Service Area: Resources

Report Author: Kevin McDonald, Acting Chief Internal (Tel: 643 5738)

**Auditor** 

Wards affected: All

### PART 1

### 1.1 Purpose:

The purpose of this report is to advise the Audit Committee of key outcomes from Internal Audit reports issued between May 2021 and November 2021 (**Appendix A**).

### 1.2 Recommendation(s):

It is recommended that the Audit Committee considers the key findings from, good practice identified in, and management action taken in response to the Internal Audit reports issued in this period, summarised in **Appendix A**.

### 1.3 Council plan and policy framework

The work of Internal Audit and the Audit Committee covers all service responsibilities as identified within the Council Plan.

#### 1.4 Information

<u>Key Outcomes from Internal Audit Reports Issued Between May 2021 and November</u> 2021

1.4.1 The work programme established for the Audit Committee ensures that the Committee receives regular reports summarising the outcomes from Internal Audit's planned work during the year. This is important in ensuring that Audit Committee is able to maintain oversight of emerging risks and governance themes as these arise during the year. This also reflects the Public Sector Internal Audit Standards (PSIAS), which state that "in addition to the annual report, the Chief Internal Auditor should make arrangements for interim reporting to the organisation in the course of the year. Such interim reports should address emerging issues in respect of the whole range of areas to be covered in the annual report".

1.4.2 A summary of key outcomes from planned Internal Audit reports issued between May 2021 and November 2021, including findings, areas of good practice identified, and action taken to date by management in response to each audit, along with details of other substantive work undertaken including providing programme assurance and grant certifications, is attached as **Appendix A**. This information, along with intelligence gained from other substantive audit work reported earlier in the year and project assurance work, supports the development of the Annual Opinion from the Chief Internal Auditor on the Framework of Governance, Risk Management and Control.

### 1.5 Decision Options:

It is recommended that the Audit Committee considers the summary of Internal Audit reports issued, attached as **Appendix A**, as part of its consideration of the framework of governance, risk management and control within the organisation.

There are no other options available in relation to this report.

### 1.6 Reasons for recommended option:

This recommendation will allow the Authority to operate in line with legislation, good practice and professional guidance.

### 1.7 Appendices:

**Appendix A:** Key Outcomes from Internal Audit Reports Issued Between May 2021

and November 2021

#### 1.8 Contact officers:

Kevin McDonald (Acting Chief Internal Auditor) Tel 643 5738 Chris Henderson (Senior Auditor) Tel 01670 623939

### 1.9 Background information:

The following background papers and research reports have been used in the compilation of this report and are available for inspection at the offices of the author.

- (a) Public Sector Internal Audit Standards, Chartered Institute of Public Finance & Accountancy / Institute of Internal Auditors, April 2017 (P)
- (b) Local Government Application Note for the UK Public Sector Internal Audit Standards, Chartered Institute of Public Finance & Accountancy / Institute of Internal Auditors, February 2019 (P)
- (c) Financial Regulations C.24 C.35, Version 5a, September 2013 (P)
- (d) Strategic Audit Plans 2020/21 & 2021/22 (P)
- (e) Internal Audit Reports & Briefing Notes prepared from May 2021 to November 2021.
- (f) Corporate Strategic, Service Strategic and Operational Risk Registers (C)
- (g) The Accounts and Audit Regulations 2015 April 2015 (P)

#### PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

#### 2.1 Finance and other resources

Effective internal audit is an essential part of the Authority's governance arrangements, both financial and non-financial. Internal Audit examines the Authority's systems of internal control, and the economy, efficiency and effectiveness with which resources are deployed. The audit of the Authority's activities promotes good financial governance and the importance of value for money. Effective control in these areas reduces the potential for financial loss through fraud, waste and inefficiency.

There are no direct financial implications arising from the recommendations set out in this report.

### 2.2 Legal

The Accounts and Audit Regulations 2015 require the Authority to 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. The Public Sector Internal Audit Standards require that the Chief Internal Auditor should make arrangements for interim reporting to the organisation in the course of the year.

### 2.3 Consultation/community engagement

All Internal Audit reviews were shared with and reported to the relevant audit client upon conclusion of each audit assignment, with actions agreed by management. Management comments on the summary of key outcomes from Internal Audit reports have been included in the report.

### 2.4 Human rights

There are no human rights issues arising from this report.

### 2.5 Equalities and diversity

There are no equality and diversity issues arising from this report.

### 2.6 Risk management

Risks have been considered and there are no risks identified directly arising from this report.

### 2.7 Crime and disorder

There are no specific crime and disorder issues arising from this report. The work of Internal Audit is a key strand in the Authority's counter-fraud arrangements, as set out in the Strategic Audit Plan.

### 2.8 Environment and sustainability

There are no environment and sustainability issues arising from this report.

**Report authors** Kevin McDonald

Chris Henderson

# **Internal Audit Service**

**Key Outcomes from Internal Audit Reports Issued Between May 2021 and November 2021** 

**November 2021** 



# 1 Introduction – the Framework of Governance, Risk Management and Control

- 1.1 Internal Audit is an independent and objective assurance function designed to add value and improve an organisation's operations. Under the Public Sector Internal Audit Standards (PSIAS), Internal Audit is required to help an organisation accomplish its objectives by "bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."
- 1.2 It is important that the Audit Committee receives regular updates on key findings and governance themes from Internal Audit's work. This is also emphasised in the PSIAS which requires the Chief Internal Auditor to provide an annual opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control, and also to report on emerging issues in year.

## 2 Purpose of this Report

- 2.1 This report summarises the outcomes from Internal Audit reports which have been finalised, in consultation with management, and issued in the period from May 2021 to November 2021. Information has been provided on the level of assurance for each audit (described below), the number of recommendations made (classified according to priority), areas of good practice identified, and main findings. The progress made/action taken by management in respect of key issues identified from each audit has also been included. It is too early to report on action taken for a number of recommendations as the target dates have not yet been reached. In these cases, recommendations will be followed up later in the year in accordance with Internal Audit's agreed processes.
- 2.2 It is intended that by providing regular reports on key outcomes from Internal Audit's work, this will enable the Audit Committee to develop an ongoing awareness of the soundness of the framework of governance, risk management and control, in addition to receiving the Chief Internal Auditor's annual opinion on this matter each May.
- 2.3 In this report, details of five audit assignments are presented. Of the five assignments, three received a 'significant assurance' opinion and two received a 'limited assurance' opinion. No 'critical' or 'high' priority recommendations were made. These reports are detailed in **Section 4** below. Due to the Coronavirus pandemic and the reprioritising of Internal Audit resources a number of additional audit reports are still at draft stage and will be presented in the next Key Outcomes Report.
- 2.4 In addition to performing internal audits of existing systems within the Authority and responding to queries on the operation of such systems, Internal Audit has a significant and increasing role in advising on new systems within the Authority. Whilst the time spent on such assurance work reduces the number of available audit days, it is considered an efficient use of Internal Audit's resource, in that assurance is obtained that effective controls are

- incorporated into new major systems from the outset. In turn, this minimises the risk of weaknesses in systems and strengthens the control environment.
- 2.5 Internal Audit has continued to be heavily deployed in assurance work necessitated by the Coronavirus pandemic. This has involved project assurance and development of systems related to business grant funding, and advising teams involved on suitable controls. Internal Audit has also led on the post payment assurance and counter fraud elements of the business grants, as well as having completed the certification of a number of other central government grant returns.
- 2.6 A summary of the programme assurance and grant certification work undertaken by Internal Audit in the period is included at Section 6 of this report.

#### 3 **Opinion Framework**

3.1 A framework of opinion classifications is used in Internal Audit reporting. The framework applies an overall assurance judgement to each system audited, as defined below.

Full Assurance	The system of internal control is designed to meet the organisation's objectives and controls are consistently applied in all the areas reviewed.
Significant Assurance	There is a generally sound system of control designed to meet the organisation's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk in some of the areas reviewed.
Limited Assurance	Weaknesses in the design of, or regular non-compliance with, key controls put the achievement of the organisation's objectives at risk in some or all of the areas reviewed.
No Assurance	Significant weaknesses in the design of, or consistent non-compliance with, key controls could result (or have resulted) in failure to achieve the organisation's objectives in the areas reviewed.

- 3.2 The opinions given to audits issued during this period are shown in **Section 4**.
- 3.3 In addition to the overall opinion given on every internal audit, individual recommendations within each report are classified as critical, high, medium or low priority. This prioritisation is designed to assist management in assessing the importance of each recommendation. The definitions of these priority classifications are set out in the following table:

Priority	Description
1* Critical	Action considered imperative to ensure the organisation is not exposed to unacceptable risks.
1 High / Fundamental	Action that is considered imperative to ensure that the service area / establishment is not exposed to high risks.
2 Medium / Significant	Action that is considered necessary to avoid exposure to considerable risks.
3 Low / Less Significant	Action that is considered desirable or best practice and would result in enhanced control or better value for money.

Prioritisation of Internal Audit recommendations is controlled through Internal Audit's quality control and file review processes. 3.4

IA/KM/CH November 2021

# 4 Main Outcomes – Audit Reports Issued During the Period May 2021 to November 2021

_	Audit Title	Audit Objec	tives	Assurance Opinion	F	Recommend	dations	
					Critical	High	Medium	Low
1	Security Incident Event Management (SIEM)	procedures i functioning s with legislati	e whether the systems and n operation for the SIEM system are atisfactorily and are in accordance on and Council policy	Significant	0	0	3	6
Good F	Practice Highlighted	d	Main Issues Identified and Priority Recommendations	of of	Progress	Made / Act	tion Taken	
<ul> <li>Good Practice Highlighted</li> <li>There were many areas of good practice and a selection of those are as follows: <ul> <li>The SIEM system (LogPoint) is monitoring all servers, firewalls, Active Directory (AD), Office 365 (O365) and Sophos in the Cloud.</li> <li>The ICT Security Officer has configured weekly reports to highlight anomalies within Active Directory.</li> <li>Email alerts have been configured to ensure when activity reaches a certain threshold, the ICT Security team are informed.</li> <li>LogPoint has been used to support investigations.</li> </ul> </li></ul>			The main issues identified relate to to a qudit logs and back up of key SIE infrastructure and data as follows:  ICT can retain audit logs for 90 control lack of storage space, ICT are under implement the supplier's recommendation of 1 year. The limited number may be detrimental to ICT's abilist the source of an attack (Medium).  The Virtual Machine (VM) which SIEM data is not subject to back as the Authority does not have encomplete (Medium).  The Log Point (LP)-Data VM is nown is the configuration attached which means it could not be rest would need to be fully rebuilt if a fault occurred (Medium).	ays. Due to a nable to nended umber of logs ty to identify  ). holds the up routines, nough storage of backed up, to the VM, ored and	The VM s configura a hardwarecomme evidence by Internation to recomme	server is now tion is availa- re failure. To endation was checking are al Audit as in has been mo the remain ndations and we been agre	s selected fo nd was confi mplemented ade by ICT i ing d revised tar	so the vent of rmed

	Audit Title	Audit Objecti	ves	Assurance Opinion		Recommer	ndations	
				•	Critical	High	Medium	Low
2	Hardware and Software	operation over reconciliation a computer hard appropriate an	whether controls and procedures in the acquisition, management, and disposal of the Authority's lware and software assets are ad operating effectively.	Limited	0	0	8	6
G	ood Practice Highligh	gntea	Main Issues Identified and Priority Recommendations	7 01	Progress	Made / Act	non raken	
c	Good Practice Highlighted  Controls and procedures in place over changes to install software were operating effectively.		<ul> <li>There were more end user device the IT Service Management (ITS than in the System Centre Config Manager (Medium).</li> <li>Waste Transfer Notes are not alwand retained or, occasionally are (Medium).</li> <li>Three end-user devices running Mand numerous servers running Mand numerous server under were of 14 January 2020 (Medium).</li> <li>A review of the Windows 10 vers circulation found seven older vers classified as end of life. (2 x Medium).</li> <li>Two specific devices did not have encryption software. A review of Bitlocker' report identified 59 of 3 not protected with encryption. (2</li> <li>Server patches pushed out using Server Update Services (WSUS) (Medium).</li> </ul>	M) system guration  ways received incomplete  Windows 7 dicrosoft operating end of life as ions in sions with four lium).  e adequate a recent 3,336 devices x Medium).  Windows	<ul> <li>All Wind remove.</li> <li>Waste thours at the softward.</li> <li>ICT now 'Bitlocke's now have the All appropriated. WSUS pappropriated as implement the soft as implement the soft as implement the soft at the soft</li></ul>	dows 7 deviced from the corransfer note feer collection vices with interview been with a monitor deveron the commendation of the commendations had a feed at the commendation of the comme	vices to ensu d, and the 59 denabled. hes have beentinue to mor nsure all pate	en work. d 48 ved. cryption ure devices en hitor ches are evidence erfirmed hree ached

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	Audit Title Audit Objecti		ves	Assurance Opinion	Recommendations		itions	
					Critical	High	Medium	Low
3	Schools Meals System Review	procedures in systems are for accordance we particular, to constitute. The new firm implements safeguards.  New ICT sinfrastructures attisfactoris	whether the systems and operation for the School Meals unctioning satisfactorily and are in ith legislation and Council policy. In letermine whether: nancial process currently being ed is satisfactory and adequately at the Authority's income. ystems and / or changes to ure are being implemented ly in accordance with the Authority's d legislation.	Significant	0	0	2	O
G	ood Practice Highli	•	Main Issues Identified and Priority of Progress Made /		Made / Ac	Lion Taken		
	, ca : : a : a : a : a : a : a : a : a :	g	Recommendations	, 5.	r regress made, menen			
•	<ul> <li>Parents can make payments by Direct Debit and accounts can be topped up via Pay Point machines.</li> <li>Management of the accounts is strictly controlled by Catering Services.</li> <li>Payment Card Industry Data Security Standards training has been provided to all school staff with responsibilities for processing card payments.</li> </ul>		<ul> <li>The process and monitoring of s debt required improvement. (Me</li> <li>Clarity on the treatment of VAT a school meals was required (Med</li> </ul>	<b>dium).</b> attributable to	The Final Report was issued in August 2021.  Debt is managed with regular reminder being issued. The new system support better communication with parents allow frequent reminders. Historic debt is not being collected and is to be written off line with the corporate debt policy. Management have clarified the service administration of VAT on school meals conjunction with Finance.  Internal Audit has confirmed the		inders ipports allowing is now n off in ervice's	
							nfirmed the ese recomme	ndations.

	Audit Title	Audit	Objectives	Assurance Opinion	Red	commenda	tions	
				•	Critical	High	Medium	Low
4	Debt and Income Management	control manag income promp	ermine whether there are adequate s within the debt and income lement system to ensure that all sundry due to the Authority is invoiced for ally and collected.	Limited	0	0	8	3
Go	od Practice Highligh	ted	Main Issues Identified and Priority of Recommendations		Progress	Made / Act	ion Taken	
• (			<ul> <li>The Sundry Income Collection and D (SICDP) dated 2017 requires updating.</li> <li>Specific quality assurance is required that invoices are correct, and sufficient retained for debt recovery (Medium).</li> <li>Debt write off procedures require streassociated monitoring and reporting.</li> <li>Monitoring of performance or debt monot taking place as required by the Sicomolem (Medium).</li> <li>Invoices for school meals are not raise basis (Medium).</li> <li>Improving retention of information for enable compliance with the SICDP to (Medium).</li> <li>Collection and recovery of larger debta prioritised. (Medium).</li> <li>There are no monthly management my which list debts that are referred baccentral debtors team to the service an (Medium).</li> </ul>	ng (Medium). It to help ensure int evidence is rengthening, with (Medium). It anagement is ICDP It is done a timely recredit notes to be evidenced of the evidenced reports produced it from the	It is acknowing and sunding and sunding and implementation and impleme	owledged that by the Covid diverse effect ry debt recoven, it has also ene Managen ementation of ndations ma udit report. Findation target th managen endations hat et dates for it	issued in Ocate the restrict on income of delayed a periew of Surment arrange of a number of the coursed et dates have not yet remplementation due course.	tions nic have collection 2020/21. clanned ndry Debt ements of evious re been

	Audit Title	Audit Obje	ctives	Assurance Opinion		Recomme	ndations	
·				•	Critical	High	Medium	Low
5	Business Rates	whether the administration	re of the audit was to determine systems and procedures for the on of the Business Rates system and operating effectively.	Significant	0	0	1	2
Go	od Practice Highlig		Main Issues Identified and Prio Recommendations	rity of	Progress	Made / Ac	tion Taken	
am app und			For one of five sampled debt write evidence had not been retained to the appropriate approval. There we in write-offs (from processing in 2 in 2021) and no outlined timeframe is deemed irrecoverable (Medium	o in relation to was also a delay 019 to approval ne of when debt	Managem for Busine reviewed Procedure debt and vadded. The has not year to selly m	nent advised ess Rates d with all other es and a pro write off pro ne target da et been rea- ion relating onitored an	d that the prolebt write-offs ocess for more ocedures will the for implemental collection is ad managed to the Covid-19	cedure will be nitoring be nentation being

### **Evidence Checking**

- 5.1 Internal Audit reports issued during the period May 2021 to November 2021 included 22 medium priority recommendations. There were no critical or high priority recommendations in the period under review. In respect of these 22, eight medium priority recommendations, having passed their target date, were evidence checked and can be confirmed as implemented. Ten recommendations have not reached their target dates and revised target dates have been agreed for the remaining four.
- 5.2 Recommendations previously reported as having not passed their implementation dates have now been subject to evidence checking and details are provided in the table below:

Audit	Issues	Details of Evidence Check
Accuserv	User access permissions in the Windows and Web version of the system are not as strong or robust as the Housing and Property and Construction (HPC) team require.	The HPC Support team has carried out online training workshops regarding User Modules and Permissions. An updated guide has also been produced. Access to Accuserv has been revised and users assigned only to the required modules.
Section 106	Calculation of obligation amounts is in some cases based on rates set a number of years previously and the link to current cost is not clear.	The Capital Contracts S106 Manager confirmed that thresholds and tapers were reviewed and that Planning confirmed contributions could be tapered upwards but not downwards. Taping downwards would cause a viability issue for developers meaning that small developments wouldn't proceed.

5.3 A summary of results from both evidence checking exercises is included within the table below:

Priority	Total Number of Recommendations Evidence Checked	Number confirmed as Implemented		Number F Additional awaiting 6	Action (or
		No.	%	No.	%
Critical	Not Applicable	N/A	N/A	N/A	N/A
High	Not Applicable	N/A	N/A	N/A	N/A
Medium	10	10	100%	N/A	N/A
Total	10	10	100%	N/A	N/A

# 6 Programme Assurance and Grant Certification Work Undertaken

Area of Work	Summary of Work Undertaken			
Covid-19 Business Grants Scheme:	Pre and Post Payment Assurance and Government Returns— undertaking and advising on a range of payment assurance activities including utilising the governments 'Spotlight' due diligence tool. As part of the government's requirements, a number of grant scheme risk assessments, assurance plans and government returns have been completed. Approximately £66m of expenditure is within scope of the assurance work.			
Covid 19 – Additional Home to Schools Transport	The purpose of the grant was to provide support to local transport authorities towards expenditure lawfully incurred or to be incurred by them in respect of the provision of the addition transport capacity for both Home to School and FE colleges. Claim certified this period to the value of £0.176m, covering two separate certification exercises.			
Covid 19 – Sales Fees and Charges	Pre-Submission Check (to provide assurance over claims submitted to the Ministry of Housing, Communities & Local Government).			
Covid 19 – Travel Demand Management	Funding to support local authorities in England towards expenditure incurred by them in relation to the impact on the local transport network on the full reopening of schools and colleges and on the additional level of travel demand management. Claim certified to the value of £0.03m.			
Local Transport Plan Capital Block Funding 2020/21	Integrated Transport and Highways Maintenance. Completed and submitted to Department for Transport. Total value of grant £3.153m			
Tanners Bank – Challenge Fund	Highways Maintenance Challenge Funding for specific highway repair schemes. Value of certification £3.619m.			
A1056 Weetslade LGF Transport Scheme (interim)	Section 31 Transport grant for highway improvements. Value certified £4.329m			
TCF Tranche 1 Tyne View Terrace Scheme	Section 31 Transport grant for highway improvements. Value certified £0.427m			
TCF Tranche 1 Northumberland Park to Cobalt Scheme	Section 31 Transport grant for highway improvements. Value certified £0.285m			

Troubled Families Grant Certification	Programme of targeted intervention - Government pays local authorities for each family that meet set criteria. June 2021 claim value of £0.034m and September 2021 Claim certification value £0.053m.
Participation in the Cabinet Office's National Fraud Initiative	North Tyneside Council participates in the National Fraud Initiative data matching exercise to assist in the prevention and detection of fraud and is required to provide sets of data to the Minister for the Cabinet Office for matching for each exercise. The Cabinet Office released results of the latest biennial National Fraud Initiative (NFI) data-matching exercise matches in January 2021 for investigation by Internal Audit, this exercise is ongoing. An additional data set, as part of the counter fraud response to the government Covid-19 relief programme was introduced. 'Grant Recipients' data matches were released in May 2021, data matches have been allocated to appropriate officers for investigation, this exercise is ongoing.  Internal Audit commenced the annual Council Tax Single Person Discount exercise in October 2021, relevant officers have been contacted and requested to provide the required data sets
	for upload in November 2021.
Schools' Financial Value Standard	On behalf of the Chief Finance Officer (Section 151 Officer), Internal Audit co-ordinate, receive and review Schools' Financial Value Standard submissions, for the Authority's grant-maintained schools. This work has commenced for the year ending 31 March 2022.
Support to Project Boards / Working Groups	Internal Audit has supported the following project boards / working groups during the period under review in a programme assurance role:
	Procurement Arrangements
	Strategic approach to planning and link to 4-year Medium Term Financial Plan
	• Equality Impact Assessment processes
	Social Care Payment System Initiatives (Adults' and Children's)
	Information Governance and Security Group
	Anti-social behaviour system replacement
	Catering New School Meals System
	Car parking system update / replacement and     Unified project, begins & preparty maintanance / repairs system replacement.
	Unified project - housing & property maintenance / repairs system replacement.

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