South Somerset District Council

Report of Internal Audit Activity

2019-20 Outturn Report June 2020

Internal Audit ▪ Risk ▪ Special Investigations ▪ Consultancy

Unrestricted

Contents

The contacts at SWAP in connection with this report are:

David Hill
Chief Executive
Tel: 01935 848540
David.hill@SWAPaudit.co.uk

Alastair Woodland
Assistant Director
Tel: 07720312467
Alastair.woodland@SWAPaudit.co.uk

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Internal Audit Plan Outturn 2019/20

Our audit activity is split between:

- **Operational Audit**
- **Governance Audit**
- **Key Control Audit**
- **IT Audit**
- **Grants**
- **Other Reviews**

Role of Internal Audit

The Internal Audit service for the South Somerset District Council is provided by South West Audit Partnership Limited (SWAP). SWAP is a Local Authority controlled Company. SWAP has adopted and works to the Standards of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS), and also follows the CIPFA Code of Practice for Internal Audit. The Partnership is also guided by the Internal Audit Charter which was approved by the Audit Committee at its meeting in March 2019.

Internal Audit provides an independent and objective opinion on the Authority's control environment by evaluating its effectiveness. Primarily the work includes:

- Operational Audit Reviews
- Governance Audits
- IT Audits
- Grants
- Other Special or Unplanned Reviews

Internal Audit work is largely driven by an Annual Audit Plan. This is approved by the Section 151 Officer, following consultation with the Senior Leadership Team. The 2019-20 Audit Plan was reported to this Committee and approved at its meeting in March 2019.

Audit assignments are undertaken in accordance with this Plan to assess current levels of governance, control and risk.

Outturn to Date:

We rank our recommendations on a scale of 1 to 3, with 1 being a fundamental concern to the services/area being reviewed and 3 being a minor concern that requires management attention.

Internal Audit Work Programme

The schedule provided at **Appendix B** contains a list of all audits as agreed in the Annual Audit Plan 2019/20. It is important that Members are aware of the status of all audits and that this information helps them place reliance on the work of Internal Audit and its ability to complete the plan as agreed.

Each completed assignment includes its respective "assurance opinion" rating together with the number and relative ranking of recommendations that have been raised with management. In such cases, the Committee can take assurance that improvement actions have been agreed with management to address these. The assurance opinion ratings have been determined in accordance with the Internal Audit "Audit Framework Definitions" as detailed on **Appendix A** of this document.

The following table summarised Audits finalised since the previous update in January 2020:

Audit Area	Quarter	Status	Opinion
Payroll	2	Final	Substantial
Financial Resilience/Contract Monitoring	3	Final	Follow Up
Treasury Management and Bank Reconciliations	3	Final	Reasonable
Council Tax & NNDR	3	Final	Partial
Housing Benefits	3	Final	Partial
Creditors	3	Final	Reasonable
Debtors	3	Final	Reasonable
Main Accounting	3	Final	Reasonable
Information Governance - GDPR	3	Final	Partial
Benefits Realisation	4	Final	Advisory
Performance Indicators Data Quality	4	Final	Partial

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Outturn to Date:

We rank our recommendations on a scale of 1 to 3, with 1 being a fundamental concern to the services/area being reviewed and 3 being a minor concern that requires management attention.

Internal Audit Work Programme Continued

All audits from the 2019-20 plan have been completed to final or Draft report stage with the exception of the Wide Area Network (WAN) review. This work has not been started due to changes and pressure on the ICT Resource and the impact of the Covid-19 pandemic.

Partial Assurance / No Assurance Audits

As agreed with this Committee where a review has a status of 'Final' and has been assessed as 'Partial' or 'No Assurance', I will provide further detail to inform Members of the key issues identified. Since the previous update there is four 'Partial Assurance' reviews that I need to bring to your attention, these being Council Tax and NNDR, Housing Benefits, Information Governance and Performance Management. Further details for each audit can be found in **Appendix C.**

'High' Corporate Risk

Our audits examine the controls that are in place to manage the risks that are related to the area being audited. We assess the risk at an inherent level i.e. how significant is the risk(s) at a corporate level on a scale of High, Medium or Low. Once we have tested the controls in place we re-evaluate the risk, based on how effective the controls are operating to govern that risk (Residual Risk). Where the controls are found to be ineffective and the inherent and residual risk is assessed as 'High', I will bring this to your attention. Since our previous update there are two 'High' risks that I need to bring to your attention from our work.

Council Tax and NNDR: *The Council does not collect all Council Tax and Business Rates due as a result of errors, omissions or fraud leading to financial loss or reputational damage.*

Information Governance: *An increased risk of breaches in data protection and other critical information management issues, which can lead to an investigation by the Information Commissioner Office, fines and significant reputational damage.*

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SWAP reports performance on a regular basis to the SWAP Management and Partnership Boards as well as relevant partner key contacts.

Plan Progress Performance

SWAP now provides the Internal Audit service for 18 Councils, 3 Police Authorities, 3 Office of Police and Crime Commissioners and also many subsidiary bodies. SWAP performance is subject to regular monitoring review by both the Board and the Member Meetings. The respective outturn performance results for South Somerset District Council for the 2019-20 year are as follows;

Performance Target	Target Year end	Average Performance
Audit Plan – Percentage Progress Final, Draft and Discussion In progress Not Started	>90%	100%
Quality of Audit Work* Overall Client Satisfaction (*did our audit work meet or exceed expectations, when looking at our Communication, Auditor Professionalism and Competence, and Value to the Organisation*)	>95%	99.6%
Outcomes from Audit Work Value to the Organisation (*client view of whether our audit work met or exceeded expectations, in terms of value to their area*)	>95%	98.6%

*At the close of each audit review a Customer Satisfaction Questionnaire is sent out to the Service Manager or nominated officer. The aim of the questionnaires is to gauge satisfaction against timeliness, quality, professionalism and value added.

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We keep our audit plans under regular review so as to ensure that we audit the right things at the right time.

Approved Changes to the Audit Plan

The audit plan for 2019/20 is detailed in **Appendix B**. Inevitably changes to the plan will be required during the year to reflect changing risks and ensure the audit plan remains relevant to South Somerset District Council. Members will note that where necessary any changes to the plan throughout the year will have been subject to agreement with the appropriate Manager and the Section 151 Officer.

Since the previous update in January 2020 there is one changes to the audit plan. The Wide Area Network (WAN) review could not start due to the timing with significant changes within the ICT department coupled with the impact of the Covid-19 pandemic. The risks relevant to this area will be included in the on-going evaluation of priority areas for the 2020-21 audit plan.

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At the conclusion of audit assignment work each review is awarded a "Control Assurance Definition":

- **Substantial**
- **Reasonable**
- **Partial**
- **No Assurance**
- **Non-Opinion/Advisory**

Audit Framework Definitions

Control Assurance Definitions

Substantial	I am able to offer substantial assurance as the areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.
Reasonable	I am able to offer reasonable assurance as most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed, but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Partial	I am able to offer Partial assurance in relation to the areas reviewed and the controls found to be in place. Some key risks are not well managed, and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
None	I am not able to offer any assurance. The areas reviewed were found to be inadequately controlled. Risks are not well managed, and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.

Non-Opinion/Advisory – In addition to our opinion-based work we will provide consultancy services. The "advice" offered by Internal Audit in its consultancy role may include risk analysis and evaluation, developing potential solutions to problems and providing controls assurance. Consultancy services from Internal Audit offer management the added benefit of being delivered by people with a good understanding of the overall risk, control and governance concerns and priorities of the organisation.

Recommendation are prioritised from 1 to 3 on how important they are to the service/area audited. These are not necessarily how important they are to the organisation at a corporate level.

Each audit covers key risks. For each audit a risk assessment is undertaken whereby with management risks for the review are assessed at the Corporate inherent level (the risk of exposure with no controls in place) and then once the audit is complete the Auditors assessment of the risk exposure at Corporate level after the control environment has been tested. All assessments are made against the risk appetite agreed by the SWAP Management Board.

Audit Framework Definitions

Categorisation of Recommendations

When making recommendations to Management it is important that they know how important the recommendation is to their service. There should be a clear distinction between how we evaluate the risks identified for the service but scored at a corporate level and the priority assigned to the recommendation. No timeframes have been applied to each Priority as implementation will depend on several factors; however, the definitions imply the importance.

- Priority 1: Findings that are fundamental to the integrity of the unit's business processes and require the immediate attention of management.
- Priority 2: Important findings that need to be resolved by management.
- Priority 3: Findings that require attention.

Definitions of Risk

Risk	Reporting Implications
Low	Issues of a minor nature or best practice where some improvement can be made.
Medium	Issues which should be addressed by management in their areas of responsibility.
High	Issues that we consider need to be brought to the attention of senior management.

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 = Major ⟷ 3 = Minor Recommendation		
						1	2	3
FINAL								
Annual Accounts Certification	Boden Mill	1	Final	Advisory	0	0	0	0
Annual Accounts Certification	Yeovil Cemetery & Crematorium Accounts	1	Final	Advisory	0	0	0	0
Grant/Certification	Growth Deal Capital Expenditure (YIC Phase 2)	1	Final	Advisory	0	0	0	0
IT Audit	Data Centre - Physical and Environmental Controls	1	Final	Reasonable	9	0	0	9
Operational	Civil Contingencies	1	Final	Reasonable	5	0	1	4
Operational	Affordable Housing Programme	2	Final	Reasonable	2	0	0	2
Follow Up	Lone Working Arrangements	2	Final	Advisory	5	0	4	1
Governance, Fraud and Corruption	SSDC Opium Power	2	Final	Advisory	4	0	4	0
Governance, Fraud and Corruption	Creating New Companies	2	Final	Reasonable	4	0	0	4
Operational	Benefits Realisation Position Statement	2	Final	Advisory	-	-	-	-
Key Financial Controls	Payroll	2	Final	Substantial	2	-	-	2
Follow Up	Financial Resilience/Contract Monitoring	3	Final	Follow Up	0	0	0	0
Key Financial Controls	Treasury Management and Bank Reconciliations	3	Final	Reasonable	4	-	3	1

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 = Major ⟷ 3 = Minor Recommendation			Comments
						1	2	3	
Key Financial Controls	Council Tax & NNDR	3	Final	Partial	8	-	4	4	See Appendix C
Key Financial Controls	Housing Benefits	3	Final	Partial	6	-	3	3	See Appendix C
Key Financial Controls	Creditors	3	Final	Reasonable	2	-	1	1	
Key Financial Controls	Debtors	3	Final	Reasonable	3	-	-	3	
Key Financial Controls	Main Accounting	3	Final	Reasonable	3	-	1	2	
Cross cutting, Governance, Fraud and Corruption	Information Governance - GDPR	3	Final	Partial	8	1	4	3	See Appendix C
Operational	Benefits Realisation	4	Final	Advisory	-	-	-	-	
Operational	Performance Indicators Data Quality	4	Final	Partial	3	-	2	1	See Appendix C
Draft									
Governance, Fraud and Corruption	Risk Strategy & TEN Risk Management	4	Draft	Advisory	5	-	1	4	
Deferred/Removed									
Transformation	Income Generation - service improvements	4				Move to quarter 1 of the 2020-21 Audit Plan to accommodate the work undertaken on SSDC Opium Power Ltd.			
IT Audit	Wide Area Network (WAN)	4				Unable to resource review by SWAP and SSDC due to Covid-19 and Digital Strategy			

Audit Assignments completed since the January 2020 update:

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Corporate Governance Committee.

Summary of Audit Findings and High Priority Service Finding

The following information provides a brief summary of each audit review finalised since the last Committee update in January 2020. Each audit review is displayed under the relevant audit type, i.e. Operational; Key Control; Governance; Fraud & Corruption; ICT and Special Review. Since the January 2020 update there are four Partial Assurance audit opinions that I need to bring to your attention.

Governance, Fraud and Corruption Audits

The Governance, Fraud and Corruption Audit process focuses primarily on key risks relating to cross cutting areas that are controlled and/or impact at a Corporate rather than Service specific level. It also provides an annual assurance review of areas of the Council that are inherently higher risk. This work will enable SWAP to provide management with assurance that key controls are in place. SWAP will use the findings of these reviews to support the assurance that is required as part of the Council's Annual Governance Statement.

Information Governance GDPR – Partial Assurance

While the Council has produced and published a Corporate Privacy Notice which covers the majority of the requirements under GDPR there are gaps within it as it cannot cover all the variances in legal basis and reasons for processing data that occur across the Councils different service areas. While some service areas have their own Privacy notice to cover these details others are just relying on the corporate notice which means that the data subject is not provided with all the required information.

It was also identified that where a data subject engages with the Council through an external portal they are not provided with or directed to any version of a privacy notice before or during the completion of the form.

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Audit Assignments completed since the January 2020 update:

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Governance, Fraud and Corruption Audits Continued

This was the case for planning where applications are submitted through a planning portal which can be accessed without going through the Councils website.

Training has been rolled out to all officers and members but 26% of them have not completed the mandatory training. Without staff being trained, there is a risk not all staff will not be fully aware of their requirements which increases the risk of non-compliance with legislation and potential data breach.

Although there is evidence that the Information Asset Register has been created and updated, it is still not a complete a document which limits the Council's oversight on where data is stored and how it is managed. Additionally, the ability to remove data from systems once the retention period has expired is also a weakness that needs to be addressed. Some services have identified their retention periods but the process or method of identifying the data once it has expired and removing it from the system has not been resolved. This means that data is being held longer than it is required and potentially in breach of Data Protection Legislation.

While the likelihood of the risk identified occurring has been slightly reduced via training and some of the processes implemented, the Council is not yet fully compliant and therefore the impact of the risk occurring would still be high which results in a high risk assessment for this audit.

Priority 1 and 2 recommendations listed below:

No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
			Information Governance GDPR		
1	The Information Asset register has not been fully completed for all service areas.	Council does not hold all required information on services for GDPR, if unable to provide on request could lead to reputational and financial damage.	We recommend that the DPO ensures the Information Asset Register is fully updated and a review process is introduced to ensure it stays up to date an accurate.	DPO to review (with Case Officer support) the register and put review process in place	31st May 2020
2	Privacy notices are not in place for all services including planning and where they are, don't clearly detail the legal basis for processing data or the specified purpose.	Council is not complying with GDPR and could incur legal reputational and financial damage.	We recommend that the DPO ensures that each service area has a privacy policy introduced and that the privacy notices are updated to clearly state the legal basis for processing data and the specified purpose of processing.	All service areas to have a privacy policy in place.	30th June 2020
3	Process for identifying and removing data once the retention period has expired is not in place.	The Council holds personal data longer than is required resulting in financial penalty and reputational damage.	We recommend that the DPO ensures a retention policy is drafted and processes are put in place for all services and ensures data is only retained during the retention period. Data held outside of the retention period should be identified and appropriate action taken. This data should be recorded within the corporate retention schedule which should be available to staff as required.	Retention schedule to be reviewed in conjunction with Legal, communicated to all areas and placed on portal.	30th Sept 2020

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No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
4	Training Courses are not being completed by all officers and members.	Officers and Members are not sufficiently trained to identify and prevent data security issues leading to financial penalty and reputational damage	We recommend that the DPO ensures that following reminders being sent that any outstanding training is reported to SLT if not completed within three months of the initial reminder.	In addition to the existing process of DPO sending reminders, Managers/Team Leaders will be able to see which members of their teams have completed (or not) their training via the Learning Management System. We agree to update SLT where training is not being completed following reminders.	30th June 2020
5	Data protection policy is not easily available to staff or the public.	Staff and the public are unaware of the Councils Data Protection policy and their responsibilities leading to mismanagement of data potential breach leading to reputational damage failure to comply with legislation and financial damage.	We recommend that the Specialist performance ensures that the Data Protection Policy is published on the website and portal.	Data Protection Policy to be published on portal and SSDC website.	22nd May 2020

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Audit Assignments completed since the January 2020 update:

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Corporate Governance Committee.

Key Financial Controls

Key Control Audits are completed as an assessment of the Council's financial control environment. It is essential that all key controls are operating effectively to provide management with the necessary assurance that there is a satisfactory framework on internal control. Financial controls underpin the statement of accounts.

Housing Benefits – Partial Assurance

During our audit we found that not all new claims and changes in circumstances were being processed within the required timescales which is also shown within the Council's performance reports. Trend data has shown that more new claims are being processed within the targets set from October 2019 and a Recovery Plan is in place, but at the point of testing it was unclear whether the actual targets will be met and sustained within a reasonable timescale.

We also found that between April and September 2019 not all exception reports were being reviewed within the required timescales. While the required number of quality checks had been carried out between April and October 2019, this was because a significant number had been completed in June and July 2019; an insufficient number had been completed in the remaining months.

We also identified that there appears to be too many officers with system administrator access (First Development Job Role) and that the Northgate password complexity does not meet the requirements of the IT Access Policy, which has not been reviewed since August 2009.

To sum up we did not identify any control failures related to the inaccuracy of processing resulting from errors, omissions or fraud but the control failures detailed above increases the risk of this happening and therefore on this occasion we can only offer partial assurance.

Priority 1 and 2 recommendations listed below:

No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
			Housing Benefit		
1	System Administrator access to Northgate appears to be disproportionate to some roles being performed.	If officers are afforded access over and above the business need there is a risk of financial, legal and reputational damage.	We recommend the Lead Specialist – Vulnerable Customers ensures that system access to Northgate and particularly the First Development Job Role, is promptly reviewed and rationalised to those who need it to carry out system administrator roles.	We will review access as suggested and remove access at this level where it is found not to be appropriate for the job role	29 Feb 2020
2	Substantive testing found that some benefit claims had not been processed inside of the prescribed timescales.	Without an adequately resourced Recovery Plan Housing Benefit claims may not get processed in a timely manner and claimants' rent may not get paid on time, which puts them at an increased risk of eviction. This exposes the Council to reputational, legal and financial damage.	We recommend that the Lead Specialist – Vulnerable Customers ensures that: • The Recovery Plan is adequately resourced to ensure that the current processing targets for new claims and changes of circumstances are achievable and sustained. • Should actual performance not achieve targeted performance by the end of the financial year the situation is discussed with senior management to ascertain whether resourcing needs to be reconsidered or targets revised.	Performance for new claims improved to an average of 27 days in November, 21 days in December and 26 days in January (slightly longer due to Christmas closedown). Average time to process changes have been 10 days in Nov, 5 days in December and 5 days in January (against a target of 7 days). We continue to monitor performance and set work priorities for improvement. Our performance is also reported monthly to our director and quarterly to members. We will raise resources or performance requirement with senior management if performance improvement is not maintained.	15 May 2020

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No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
3	Quality checks are completed on an ad hoc basis.	If the requisite number of quality checks are not undertaken each month error patterns may go unnoticed, but it may also decrease the checker's efficiency on other tasks.	We recommend that the Lead Specialist - Vulnerable Customers ensures that the requisite number of quality checks are undertaken each month so that by year end four percent of the caseload has been checked.	Since the beginning of November, the checks have been regularised and …. While we accept that in the early part of the year few checks were completed, this has been explained. Since June we have increased the volume of checks to catch up and overall, the 4% was exceeded. Our aim is to carry out a 10% check of decisions made which exceeds the best practice level of 4%. We do this as it reduces the risk of loss of Housing Benefit subsidy and inaccuracy of award to the customer. We will monitor that checks remain on track at a monthly service meeting commencing March.	31 Mar 2020

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Audit Assignments completed since the January 2020 update:

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Corporate Governance Committee.

Key Financial Controls Continued

Council Tax and NNDR – Partial Assurance

The overall performance of the service has dropped in the current financial year from previous years. Council tax has dropped from 56.22% to 55.56% at the quarter 2 report point, and NNDR has dropped from 58.27% to 56.29%. Since the previous audit there has been a reduction in staff in this area and a backlog of work has built up. The Council is bringing this backlog down by outsourcing the backlogged work items to Capacity Grid to allow the current staff to keep on top of the new work being received. It has also reduced the amount of checking that can be carried out on the work completed.

The following weaknesses have been identified as part of our review:
• Quality checking has not been completed for long standing officers meaning errors or potential frauds are not being identified.
• Discounts and Exemptions have not been reviewed to ensure they are still relevant.
• Suppressed accounts are only reviewed at year end so may remain in place for longer than necessary.
• Completion reports are not being actioned and sent to the Valuation officer to confirm if properties are correctly banded.
• Staff performance is not being monitored to ensure they are meeting the service standards that have been set.
• Recovery action was not started for the first two months of the year

Some additional weaknesses were also identified in the year end billing process. No checks were completed on the NDR parameters when they were set up and there was no reconciliation completed to confirm all bills were sent out by the print service. There was also concerns around the internal approval of write offs before they are approved by the S151 officer some were not approved by a second officer or approved by the same officer. Performance monitoring is undertaken quarterly on four key indicators, with all four behind target at the end of quarter two and only 1 shows improvement on the previous quarter's results.

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Priority 1 and 2 recommendations listed below:

No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
			Council Tax and NNDR		
1	The CTX & NDR system and Valuation Office are not updated promptly following commencement and completion reports.	The system is not up to date with relevant information leading to properties incorrectly banded and billed at a lower rate resulting in a loss of income.	We recommend that the Specialist ensures that the system is updated promptly when completion reports are received, and that referrals to the Valuation Office be completed in a timely manner and that a review process be implemented to maintain quality assurance.	Agreed – Banding only changes once a property is sold but reports need to be submitted in a timely manner to ensure this is processed on change of ownership as if it is not on the system it will not be revalued at the point of sale. We have identified the officers we want to pick this up and will liaise with the People Manager to implement.	31 May 2020
2	There is no quality checking undertaken on amendments made on the system.	Bills are amended incorrectly or fraudulently, resulting in financial loss and reputational damage.	We recommend that the Specialist ensures that quality checking of a sample of amendments be implemented on a monthly basis to ensure that amendments made are appropriate and correct.	Can check via the weekly billing runs and fix issues identified before the bill is sent out. All material changes lead to a new bill being produced so this will allow them to be reviewed.	1 April 2020

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No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
3	There is no periodic review of discounts and exemptions & evidence is not retained for some discounts/exemptions.	Financial loss and reputational damage due to discounts/exemptions being applied incorrectly.	We recommend that the Specialist ensures that periodic review of discounts and exemptions be undertaken, in order to ensure that discounts and exemptions do not remain in place when no longer applicable.	Agreed – need to get programme in place. Date for programme to be in place. Reviews will follow from the plan.	31 May 2020
4	No debt recovery undertaken for the first two months of the year and recovery is behind target.	Debts are not recovered resulting in financial loss and failure to meet the budget.	We recommend that the Specialist ensures that: • • The Debt Recovery timetable is adequately resourced to ensure that notices are not falling behind, and cases are progressed through the recovery process.	Agreed - Up to date now with pre – summons and attended all court dates they can. Collection rate is coming up. Tried to put some resource into recovery. After billing focus on debt chasing.	31 Jul 2020

Audit Assignments completed since the January 2020 update:

These are actions that we have identified as being high priority and that we believe should be brought to the attention of the Corporate Governance Committee.

Operational Audits

Operational audits are a detailed evaluation of a Service's control environment. A risk matrix is devised, and controls are tested that mitigate those risks. Where weaknesses or areas for improvement are identified, actions are agreed with management and target dated.

Performance Management – Partial Assurance

We are awarding performance management a partial assurance opinion as although the new 2019/20 report layout has been designed to clearly show and understand the performance of the Council, there is a concern that targets to encourage service improvement are not identified where services are performing below the agreed target. At the 31 December 2019, the Council's performance report showed 36% of the performance measures were delivering below target. Without an effective system in place to drive improvement, there is a continued risk that these services will not be performing at the required standard and the Council objectives may not be met. This was further reinforced when we investigated five different service areas who were underperforming to see if performance has been improved. Three of the service areas reviewed saw their performance reduce – demonstrating the need for greater transparency and scrutiny on the actions being undertaken. As a result of this we have assessed this as a medium corporate risk.

In addition, there is no quality control process undertaken by the Performance Team to confirm the accuracy of the data. We identified three measures from one service which we were unable to confirm to source data due to two separate systems being used which produced different results. There is also no quality assurance process in place and figures input are based on trust that managers are providing accurate performance information regarding their service area. A quality assurance process would mitigate against potential inaccurate KPIs being included in the Corporate Performance report.

Priority 1 and 2 recommendations listed below:

No	Weaknesses Found	Risk Identified	Recommendation Action	Managers Agreed Action	Agreed Date of Action
			Performance Management		
1	Three performance indicators out of ten could not be verified to source data. There is no quality assurance process in place to mitigate against in accurate KPIs being submitted.	Inaccurate performance data does not identify underperformance leading to under delivery of service provision and failure to achieve council objectives.	We recommend that the Specialist Performance introduces a quality control process into the quarterly reporting process. This should include: • Requesting that Officers submitting figures supply the reports to enable the performance team to confirm they match the email • Periodic reviews of the run process for producing the measures to confirm appropriate	Quality control process to be put in place for each reporting area and spot checks to be made during the quarterly report collation.	31st July 2020
2	No targets are being set or actions agreed to address underperforming measures.	Lack of defined actions for targets could result in continued poor performance service leading to reputational risk to the Council.	We recommend that the Specialist-Performance ensures that there are targets set for underperforming measures in the report and that actions are agreed on how performance will be improved.	Targets and actions to be put in place from Q1 2020/21 for all areas.	31st July 2020

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