



South Somerset District Council

Internal Audit Annual Opinion Report 2022/23

Internal Audit Annual Opinion – 2022/23: 'At a Glance'

Annual Opinion



There is generally a 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.

- Medium risk rated weaknesses identified in individual audit engagements.
- Isolated high risk related weaknesses identified for isolated issues.
- No critical risk rated weaknesses identified.
- Internal Audit is broadly satisfied with management's approach to resolving identified issues.

The Headlines



O Significant Risk identified in year after testing the controls in place.

No significant corporate risks identified during the delivery of the 22/23 internal audit plan.



21 reviews included in the 2022/23 Internal Audit Plan.

Includes assurance, advisory and follow up reviews (17 final/complete, 2 at draft and 2 in progress).



Chief Internal Auditor Sign off on Grants.

Reviews undertaken to provide Chief Internal Auditor sign off on grant monies received by the Council. Work undertaken in these areas can still be used to inform out annual opinion.



LGR Advice and Assurance work being undertaken.

17 projects are being undertaken to support the Somerset Councils in delivering Local Government Reorganisation (LGR). 11 are complete, 4 in progress/ongoing/Draft and 2 are waiting to start.



In particular reviews covering; Business Continuity, Risk Management and ICT coverage, provide us with oversight on the internal controls being set up both within the existing authorities and for the new authority.

Internal Audit Assurance Opinions
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	22/23	21/22
Substantial	2	0
Reasonable	3	3
Limited	2	1
No Assurance	0	0
Advisory / Grant	8	10
Follow Up	2	3
LGR	17	-

Internal Audit Agreed	Actions 20	22-23
	22/23	21/22

	22/23	21/22
Priority 1	0	0
Priority 2	12	20
Priority 3	7	12
Total	19	32

Final Reports Only



Internal Audit provides an independent and objective opinion on the effectiveness of the Authority's risk management, control and governance processes.



Purpose

The Head of Internal Audit (SWAP Assistant Director) should provide a written annual report to those charged with governance to support the Authority's Annual Governance Statement (AGS). This report should include the following:

- An opinion on the overall adequacy and effectiveness of the organisation's governance, risk management and internal control environment, including an evaluation of the following:
 - the design, implementation and effectiveness of the organisation's ethics-related objectives, programmes and activities;
 - whether the information technology governance of the organisation supports the organisation's strategies and objectives;
 - the effectiveness of risk management processes; and
 - the potential for the occurrence of fraud and how the organisation manages fraud risk.
- Disclose any qualifications to that opinion, together with the reasons for the qualification.
- Present a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance bodies.
- Draw attention to any issues the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement.
- Compare the work actually undertaken with the work that was planned and summarise the performance of the internal audit function against its performance measures and criteria.
- Comment on compliance with these standards and communicate the results of the internal audit quality assurance programme.

The purpose of this report is to satisfy this requirement and Members are asked to note its content and the Annual Internal Audit Opinion given.



Background

Three Lines Model

To ensure the effectiveness of an organisation's risk management framework, the Audit and Governance Committee and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

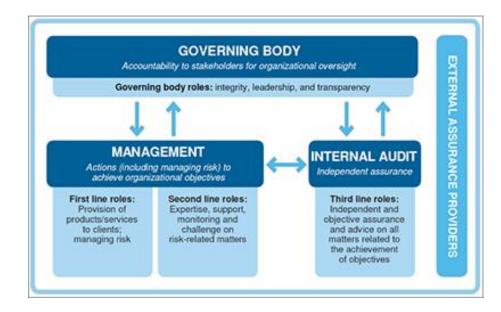
The 'Three Lines' model is a way of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- the first line functions that own and manage risk.
- the second line functions that oversee or specialise in risk management, compliance.
- the third line functions that provide independent assurance.

The Internal Audit service for South Somerset District Council is provided by SWAP Internal Audit Services. The team's work is completed to comply with the International Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS) and the CIPFA Local Government Application Note. The work of the team is guided by the Internal Audit Charter which is reviewed annually.

Internal Audit provides an independent and objective opinion on the Authority's control environment by evaluating its effectiveness. This report summarises the activity of the Internal Audit team for the 2022/23 year.

The position of Internal Audit within an organisation's governance framework is best summarised in the Three Lines model shown below.



The Head of Internal Audit (SWAP Assistant Director) is required to provide an opinion to support the Annual Governance Statement.



Annual Opinion

On the balance of our 2022/23 audit work for South Somerset District Council, I am able to offer a **Reasonable Assurance** opinion in respect of the areas reviewed during the year.

Internal Audit has not reviewed all risks and assurances relating to South Somerset District Council and cannot provide absolute assurance on the internal control environment. Senior Management and Members are ultimately responsible for ensuring an effective system of internal control. Audit Coverage is considered adequate to provide an overall opinion.

The Annual Opinion is based on information obtained from multiple engagements and sources, the results of which, when viewed together, provide an understanding of the organisation's governance arrangements, risk management processes and internal control environment and facilitate an assessment of overall adequacy and effectiveness. Opinions are a balanced reflection across the year and not a snapshot in time. In forming this opinion, the following sources of information have been used:

- Completed audits which evaluate risk exposures relating to the organisation's governance, operations and information systems, reliability and integrity of information, efficiency and effectiveness of operations and programmes, safeguarding of assets and compliance with laws and regulations.
- Observations from consultancy/advisory support.
- Follow up of previous audit activity, including agreed actions.
- Grant certification work.
- Advisory and assurance work covering the key work streams within Local Government Reorganisation (LGR).
- Assurances from other key sources and providers, including third parties, regulator reports etc. such as the PWC monthly quality assurance reports for LGR.

In forming our annual opinion for 2022-23, the work throughout this year has been split between providing assurance on business as usual (BAU) areas as well as support and assurance over various products being delivered as part of LGR. See <u>Appendix A – Table 2</u> for a summary of LGR work.



The Head of Internal Audit (SWAP Assistant Director) is required to provide an opinion to support the Annual Governance Statement.



Annual Opinion Continued

The types of work undertaken at the districts, coupled with the imminent changes for LGR have resulted in a reduction in formal actions being raised through reviews as actions/advice are provided during the course of our work based on risk and priorities to the 31 March when systems/processes will be subject to major change, such as the roll out of a new finance system for the new authority.

In terms of breadth of coverage, audit work has been performed across the Council's key services and in relation to its strategic risks where possible. A summary of audit work carried out against the Council's risks are summarised in table 1 below. It must be noted that it is not possible to cover all key risks in any one year but to provide coverage over the medium term.

Internal audit coverage should be aligned to key corporate priorities and key corporate risks.

The South Somerset District Council Risk Register is a live document and subject to change throughout the year as the risk environment that SSDC operates in changes. Therefore, this table reflects a summary of coverage against shifting priorities throughout the year in terms of corporate and operational risks.



Audit Coverage by Corporate Risk

Table 1: Audit Coverage by Strategic Risk

The South Somerset District Council (SSDC) Risk Register is a live document and subject to change throughout the year as the risk environment that SSDC operates in changes. Therefore, the table below reflects a summary of coverage against shifting priorities throughout the year in terms of corporate risk and issues.

Table Key	Reasonable coverage	No cov	erage			
	Strategic Risk					
Failures in Statutor	Failures in Statutory compliance and practice - Health & Safety					
LGR Programme cr & LGR work						
Capital costs are sp	piralling					
Risk of a potential	lack of organisational capacit	y to deliver key objectives				
Risk that SSDC Mer post-election durin						
Failure in Statutory	compliance and practice - Ir	nformation Governance				
Ineffective or inade partnerships						
COVID - Risk of SSD Civil contingency e						
Failure in Statutory						
Management of co	mmercial investments					
Governance and de	ecision making around use of	public money				

Coverage of the risks above has been supported by both delivery of SSDC plan as well as LGR projects and wider climate change audits.



Definitions of Corporate Risk

High Risk

Issues that we consider need to be brought to the attention of both senior management and the Audit Committee.

Medium Risk

Issues which should be addressed by management in their areas of responsibility.

Low Risk

Issues of a minor nature or best practice where some improvement can be made.

Significant Corporate Risks

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 a 'Corporate' level once we have tested the controls in place. Where the controls are found to be ineffective and the 'Corporate risk' as 'High' these are brought to the Audit Committees attention. For those audits which have reached report stage through the year, we have assessed the following risks as 'High'.

Review Name / Risks
No High Risks in Period

Summary of Limited Assurance Audits

Audit Name	Dick Dating	P	Priority Finding	S
Addit Name	Risk Rating	1	2	3
Commercial Rents	Medium	-	4	7
Records Management	Medium	-	3	-

Note all these audits have been reported throughout 2022-23 to the Audit Committee.



Summary of Audit Work 2022/23

At the conclusion of an audit assignment each review is awarded an Audit Assurance Opinion:

- Substantial A sound system of governance, risk management and control exists.
- Reasonable Some issues, noncompliance or scope for improvement were identified which may put at risk the achievement of objectives.
- Limited Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.
- None The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives.

SWAP Performance - Summary of Audit Actions by Priority

We rank our actions on a scale of 1 to 3, with 3 being medium or administrative concerns to 1 being areas of major concern requiring immediate corrective action.

Summary of Audit Opinion

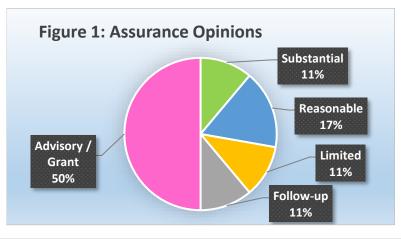
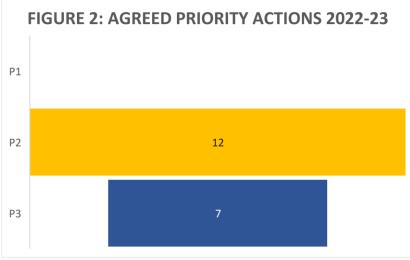


Figure 1 indicates the spread of assurance opinions across our work during the past year (2022-23). Due to LGR there has been a continued focus on the advisory audits.



A number of advisory reviews do not have priorities rating recommendations, such as grant certification and lessons learned.



Plan Performance 2022/23

Internal audit is responsible for conducting its work in accordance with the Code of Ethics and Standards for the Professional Practice of Internal Auditing as set by the Institute of Internal Auditors and further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS).



SWAP Performance

SWAP's performance is subject to regular monitoring and review by both the SWAP Board of Directors and the Owners Board. The respective outturn performance results for SSDC for the 2022/23 year are as follows:

Performance Target	Performance
Overall client satisfaction did our work meet or exceed expectations, when looking at our Communication, Auditor Professionalism and Competence	98.7%
Value to the organisation client view of whether our audit work met or exceeded expectations, in terms of value to their area	96.7%

SWAP work is completed to comply with the International Professional Practices Framework (IPPF) of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS) and the CIPFA Local Government Application Note.

Under these standards we are required to be independently externally assessed at least every five years to confirm compliance to the required standards. SWAP was assessed in February 2020 and confirmed that we are in conformance to PSIAS. Our on-going annual self-assessment shows continued conformance.

Attribute Standard 1300 of the IPPF requires Heads of Internal Audit to develop and maintain a Quality Assurance and Improvement Programme (QA&IP). Standard 1310 continues this dual aspect by stating that the programme must include both internal and external assessments. This acknowledges that high standards can be delivered by managers, but it also implies that improvements can be further developed when benchmarking is obtained from outside the organisation and the internal audit function. Following our External Assessment, we have pulled together our QA&IP and included additional improvements and developments identified internally that we want to make, as aligned to SWAP's Business Plan. The QA&IP is a live document and will be regularly reviewed by the SWAP Board to ensure continuous improvement and delivery on our actions.

Table 1 – SSDC Internal Audit Plan

Audit Type	Audit Area	Status	Opinion	No of	1 = Major	-		Comments
				Rec	1	ommenda 2	ition 3	
Completed Work								
Grant Certification	Arts Council Culture Recovery Fund grant certification	Complete	Advisory	-	-	-	-	
Grant Certification	Protect and vaccinate – CIA sign off	Complete	Advisory	-	-	-	-	
Grant Certification	Covid Outbreak Management Fund – CIA Sign off	Complete	Advisory	-	-	-	-	
Assurance	Yeovil Cemetery & Crematorium Annual Accounts	Complete	Substantial	-	ı	-	-	
Grant Certification	Covid-19 Grants – Restart Grant Post Payment Assurance – CIA sign-off	Complete	Reasonable	-	-	-	-	
Advisory	Unitary Lessons Learned	Complete	Advisory	-	-	-	-	
Advisory	Baseline of Maturity for Fraud Risk	Complete	Advisory	-	ı	-	-	Reported January 2023
Assurance	Commercial Rents	Complete	Limited	11	ı	4	7	Reported January 2023
Assurance	Opium arrangements	Complete	Reasonable	4	-	4	-	Reported January 2023
Follow Up	Lufton Depot	Complete	Follow Up	5	-	5	-	Reported January 2023
Assurance	Civil Emergencies	Complete	Substantial	0	-	-	-	
Assurance	Yeovil Rec improvements	Complete	Reasonable	1	-	1	-	

Audit Type Audit Area Status	Status	Opinion	No Opinion of	1 = Major	+	3 = Minor	Comments	
, , , , , , , , , , , , , , , , , , ,			·	Rec	Recommendation			
Advisory	NEW: Recommendation Tracking & Reporting	Complete	Advisory		1	2	3	
Advisory	Octagon Theatre Expansion	Complete	Advisory	-	-	-	-	
Follow Up	Council Tax and NDR Follow Up	Complete	Follow Up	1	-	1	-	Reported March 2023
Assurance	Records Management	Complete	Limited	3	-	3	-	Reported March 2023
Advisory	Use of consultants	Complete	Advisory	-	-	-	-	
		Re	eporting	-				
Assurance	Energy Rebate Post Assurance	Draft						
Assurance	Health & Safety Framework	Draft						
In Progress								
Grant Certification	Decarbonisation Grant - CIA sign off	In Progress	Advisory					
Grant Certification	Test and Trace Support Payment Scheme – grant certification	In Progress						

Table 2: LGR Support & Assurance Work

Audit Type	Audit Area	Status	Opinion	No of Rec	1 – Major 3 – Minor 1 2 3		r	Comments	
Complete									
Advisory	PCIDSS	Complete	Advisory	-	-	-	-		
Advisory	Data Centre	Complete	Advisory	-	-	-	-		
Advisory	IT Minimum Viable Products	Complete	Advisory	-	-	-	-		
Advisory	M365 and Active Directory	Complete	Advisory	-	-	-	-		
Advisory	Cyber Security Strategy Framework	Complete	Advisory	-	-	-	-		
Advisory	Cyber Security Training and Awareness	Complete	Advisory	-	-	-	-		
Advisory	Disaster Recovery and Incident Response	Complete	Advisory	-	-	-	-		
Advisory	S151 Assurance Map	Complete	Advisory	-	-	-	-		
Advisory	LGR Programme Risk Management	Complete	Advisory	-	-	-	-		
Advisory	Local Community Networks (Support)	Complete	Advisory	-	-	-	-		
Assurance	Business Continuity	Draft	Advisory	-	-	-	-		
In progress/Ongoing/Draft									
Advisory	Risk Management Workstream Support	Ongoing	Advisory	-	-	-	-		
Advisory	Asset Optimisation: Technical Workstream Support	Ongoing	Advisory	-	-	-	-		

Audit Type	Audit Area	Status	Opinion	Opinion No of Rec		1 – Major 3 – Minor		Comments
				Nec	1	2	3	
Advisory	Legacy Audit Recommendations & AGS Actions	In progress						Deadline 31 March 2023
Assurance	Payroll – Data matching/validation	In progress						
	Waiting to Start							
Advisory	Service Alignment Strategy and Policy Review	Waiting to Start	Advisory	-	-	-	-	
Advisory	Tech Forge Data Validation	Waiting to Start	Advisory	-	ı	-	ı	

Please note that PWC are the Quality Assurance provider overseeing the whole LGR programme and provide monthly updates to the Programme Board.