

North Somerset Council

Report to the Audit Committee

Date of Meeting: 24th November 2022

Subject of Report: Internal Audit Update November 2022

Town or Parish: None

Officer/ Member Presenting: Peter Cann - Audit West

Key Decision: No

Recommendations

The Audit Committee is asked to:

- Note progress in delivery of the 2022/23 Annual Internal Audit Assurance Plan.

1. Summary of Report

This report provides an update on progress in delivering the 2022/23 Annual Assurance Plan and summarises activity from 1st April to 1st November 2022.

2. Policy

The work of the Internal Audit Service is to provide independent assurance to the council's senior officers and members that governance, risk management and controls are sufficient in ensuring delivery of the council's objectives.

3. Details

The summary position as of November 2022 is as follows:

- Work on the plan continues to progress and as at the 1st November approximately 69% of audit activity was in progress or complete.
- There has been one audit report issued in draft where it was considered that the overall systems of control provided 'Limited Assurance'.
- All recommendations that were due to be implemented have been followed up.
- One investigation was started and completed. Separate to this, a detailed fact-finding piece of work was also completed at the request of Senior Management.
- Whilst no major changes to our planned work are required, due to the additional time spent on the investigation, the fact-finding work and also extended work that will likely be needed on a planned audit (Home to School Transport), it is possible that we may have to defer a small amount of audit activity into 2023/ 2024.
- A range of fraud prevention and detection measures are in place, including recent provision of new fraud prevention training material, and also staff guidance in association with International Fraud Awareness Week.

1) SIGNIFICANT ISSUES

Assurance Levels and Significant Risks

- 1.1 From the audits completed since April where an assurance rating has been given, there have been no internal audit reports issued so far this year where it was considered that the systems of internal control were poor ('Level 1').
- 1.2 There has been one report issued in draft where it was considered that the overall systems of internal were weak ('Level 2') and this was in respect of an ICT review that covered Mobile Devices.
- 1.3 The key issues identified during the review concerned:
 - Approximately 25% of mobile devices were running operating systems which are no longer supported
 - Whilst an Asset Register is in place, details of mobile devices were not always kept up to date and did not always record the asset user
 - There were no complete records held of lost or stolen devices and therefore we could not provide assurance that appropriate action was taken for missing devices

Further issues were also identified, relating to the allocation of devices, the need to update policies and procedures, excessive data being used on mobile devices, and IT devices for staff that have left being retained by service areas in some instances.

- 1.4 At the time of writing this update report, the Mobile Devices report was in draft form and a formal management response to the audit findings and recommendations was being awaited. The findings had, however, been verbally agreed with the service at the close of the audit.

Investigations and Unplanned Work

- 1.5 As previously reported to the Audit Committee, one investigation has been undertaken so far this year relating to two allegations within the Place Directorate which related to reported non-compliance with procurement processes. The investigation was completed and concluded that neither of the two allegations were substantiated.
- 1.6 In addition to the investigation described above, Internal Audit were also asked to undertake a detailed review of the project management and decision-making process around the council's Garden Waste subscription service. Audit work in this service area was already planned for 2022/23, however the scope of the planned review changed and the depth of the work increased at the request of Senior Management. This work has now been completed and reported to the Assistant Director (Neighbourhoods & Transport) and the Council's Section 151 Officer.

Counter Fraud

- 1.7 Members will be aware that we revised the Council's Counter Fraud Strategy, the Whistleblowing policy, the Anti-Money Laundering policy, and the Anti-Bribery and Corruption policy in April this year.

1.8 We have continued to provide fraud prevention information to staff, including through some new bitesize training PowerPoint videos that we have developed entitled “5 Minutes of Fraud”. These videos can be accessed by staff at their convenience and give a broad overview of fraud risks to look out for, as well as what staff can do to prevent them. Videos produced so far cover:

- An Introduction to Fraud
- Mandate Fraud
- Payroll and HR Fraud
- Procurement Fraud
- Social Care Fraud

We will continue to produce these videos to cover further service areas and also to highlight new and emerging risks.

1.9. November also marked ‘International Fraud Awareness Week’ (13th-19th). To coincide with this, we also produced a special edition of ‘The Source’ newsletter which outlined all the key fraud prevention information available to officers. The intranet pages have also been updated to further signpost staff to guidance and training available to them.

1.10 Data analytics work has been undertaken in order to prevent and detect internal fraud and error. Internal data matching takes place throughout the year and this is partly completed via IDEA – an internal audit data analytics software tool. From the work completed, we have not identified any fraud. However, we did identify 59 duplicate payments with an average value of £997. The matches were investigated and it was identified that the payments had already been identified by the Accounts Payable and had either been cancelled or reversed. As a result, no outstanding duplicate payments remained, but we will be working with the Accounts Payable team to understand the root cause of how the duplicate payments originally occurred.

1.11 Work on the National Fraud Initiative (NFI) continues and is on track to be completed by the end of the financial year. The NFI results will be reported in detail to the Committee when complete.

1.12 We are also continuing to see an increase in Fraud referrals from external sources via the refreshed fraud/ whistleblowing reporting tool on the Council’s website. So far this year, we have already received 28 external referrals.

1.13 Our dissemination of fraud alerts to staff and continued work with areas of particular exposure to fraud continues to pay off and a recent example of this was that an attempted fraud of £58,560 was prevented. In this situation, the Accounts Payable team had received email correspondence from the ‘Director’ of a company asking the Council to replace an invoice already received with a revised copy which had different bank details, citing that their usual bank account had been blocked. The Accounts Payable team followed the correct procedures and telephoned the company Director to further verify the change of bank details. The Director confirmed that this was a scam and that his email address had seemingly been compromised.

The Accounts Payable team should be congratulated on preventing this large fraud and for continuing to follow the robust controls previously agreed with internal audit.

2) COMPLETION OF AUDIT PLAN

2.1 There are currently 48 pieces of audit work within the plan and there have been no major changes to it since it was agreed in April 2022. Of the total number of audits:

- 8 Audits had been completed and 5 were at reporting stage
- 13 Audits were in progress, 6 were ongoing pieces of work and 1 was in planning
- 15 Audits were yet to commence

A breakdown of detailed activity is shown below.

Audit Area	Status	Opinion	No of Rec's	High	Medium	Low
Fraud - Data Analytics	Complete	N/A	N/A	-	-	-
Fraud - National Fraud Initiative (NFI)	Ongoing					
Fraud - Training, Advice and Guidance	Ongoing					
Governance - Annual Governance Statement	Ongoing					
Governance - Audit Committee, Boards, Advice and Guidance	Ongoing					
Follow-up of Previous Year Recommendations	Ongoing					
Weston Town Centre Transport Enhancement Scheme	Complete	N/A	N/A	-	-	-
Travel Demand Management Grant	Complete	N/A	N/A	-	-	-
High Impact Families / Supporting Families	In Progress					
Metro West LGF	Complete	N/A	N/A	-	-	-
Weston General Stores	Complete	N/A	N/A	-	-	-
Transitions Fund	In Progress					
CBSSG	Complete	N/A	N/A	-	-	-
Test and Trace Payments	Not Started					
DFT Potholes, Highway Maintenance and City Deal	Complete					
Grant Thornton Value for Money Review	Not Started					
Budget Setting Process	In Progress					
Contracts/ Procurement	Not Started					
Agilisys/ Liberata KPI's	Reporting					
ICT - Network Access Configuration	In Progress					
ICT - 3rd Party Web Based Systems	Not Started					
ICT - Mobile Devices	Reporting					
Information Governance	Not Started					
Capital Governance	Not Started					
Register of Interests & Declaration of Gifts and Hospitality	In Progress					
Mandatory Training - Implementation of Revised Procedures	In Progress					
Lone Working	In Progress					
North Somerset Environment Company	Not Started					
Updates to Payroll System - Series of Audit/ Assurance Work	In Progress					
Garden Waste	Complete	N/A	N/A	-	-	-
Sea Front Concessions	Not Started					
Placemaking/ SEE MONSTER event - Advice and Guidance	Ongoing					
Home to School Transport Service	In Progress					
Fleet Management	Planning					
Car Parking Income	Not Started					
Planning Service	Not Started					
Direct Payments	Not Started					
Emergency Payments/ Welfare Provision	In Progress					
Housing - Homelessness Prevention Service	Not Started					
Payments to Foster Carers	In Progress					
Children's Services Placements - Governance & Procurement Arrangements	Not Started					
School Assurance Visit - Westhaven School	Reporting					
School Assurance Visit - St Joseph's School	Reporting					
School Assurance Visit - Golden Valley School	Reporting					
School - Follow-up work	In Progress					
School Financial Value Standard	Not Started					
School Fund Certificates	In Progress					
Capita System	Not Started					

- 2.2 As we pass the halfway stage of the financial year, we review progress against our planned activity and consider the impact of any unplanned work against completion of the overall plan.
- 2.3 No major changes to our planned work are anticipated. However, due to the additional time spent on the investigation within the Place Directorate, and the Green Waste subscription service fact-finding work, as well as the likelihood that the Home to School Transport service audit will be more in-depth than originally anticipated due to ongoing pressures within that service area, it is possible that we may have to defer a small amount of audit activity into 2023/ 2024. We will confirm this to Members in the January 2023 Audit Committee meeting.

3) IMPLEMENTATION OF RECOMMENDATIONS

- 3.1 A total of 37 recommendations have been made this financial year. This includes recommendations made from 2021/22 audits where the reports were issued in 2022/23. Specifically, there were 6 High, 26 Medium and 4 Low rated recommendations. One specific opportunity was also highlighted.
- 3.2 Whilst all of the recommendations that are due to be implemented have been followed up with the officer(s) responsible, we are still awaiting responses on eleven recommendations relating to the Housing Jigsaw System to confirm the recommendations have actually been implemented. These are shown in Table 1.

TABLE 1: Recommendations due - awaiting evidence to confirm implementation

Audit Name	Recommendations Raised				Total	Recommendation Status	Planned Implementation Date
	High	Medium	Low	Opp			
Housing – Jigsaw System	0	7	3	1	11	Followed-up – Awaiting evidence	03/10/2022

- 3.3 A full breakdown of recommendations raised this financial year is shown in Appendix B. This information will continue to be updated throughout the year and reported regularly to the committee so that Members can understand any common areas of weakness across various service areas. For transparency, any recommendations made which were not agreed by the auditee will also be recorded in this summary.

4) PSIAS ASSESSMENT

- 4.1 The Public Sector Internal Audit Standards (PSIAS) came into effect from 1st April 2013 and replaced the CIPFA Code of Practice for Internal Audit in Local Government, Central Government, and the NHS. The PSIAS are based on the Institute of Internal Auditors' International Standards.
- 4.2 An external assessment against the standards is required once every 5 years. An external review of our conformation against these standards is due later this year and we will report to Members on this accordingly

5. Consultation

In developing and delivering the Annual Audit Assurance Plan the Internal Audit Service has consulted widely with officers and members.

6. Financial Implications

There are no direct financial implications from this report which is focussed on updates.

7. Legal Powers and Implications

There are no direct legal implications from this report which is focussed on updates.

8. Climate Change and Environmental Implications

The council faces a wide variety of climate change and environmental impacts whilst delivering its many services to residents, some of which have a direct or indirect financial impact or consequence. There are referenced or noted, where appropriate, throughout the report.

9. Risk Management

Significant risks to the council arising from an ineffective Internal Audit Service include lack of internal control, failures of governance and weak risk management. Specific risks include supplementary External Audit Fees and undetected fraud. The Internal Audit Service assists the council in addressing its risk profile. Internal Audit helps by identifying risks, improvement areas and by institutionalising good practice.

10. Equality Implications

Embedded within the audit process is consideration of compliance with statutory guidance and regulations which includes those relating to equality and diversity.

11. Corporate Implications

Failure to deliver the agreed Annual Assurance Plan may result in an inability to provide assurance to officers, members, and the public of the soundness of the council's corporate governance.

12. Options Considered

None

AUTHORS

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BACKGROUND PAPERS

Annual Audit Assurance Plan 2022/23

Audit Committee April 2022

Appendix A – Internal Audit Opinions

Assurance Rating	Opinion
Comprehensive Assurance - Level 5	The systems of internal control are excellent with a number of strengths and comprehensive assurance can be provided over all the areas detailed in the Assurance Summary
Substantial Assurance – Level 4	The systems of internal control are good and substantial assurance can be provided. Only minor weaknesses have been identified over the areas detailed in the Assurance Summary
Reasonable Assurance – Level 3	The systems of internal control are satisfactory and reasonable assurance can be provided. However there is one area detailed in the Assurance Summary which requires improvement and specific recommendations are detailed in the Action Plan
Limited Assurance – Level 2	The systems of internal controls are weak and only limited assurance could be provided over a number of areas detailed in the Assurance Summary. Prompt action is necessary to improve the current situation and reduce the risk exposure
No Assurance – Level 1	The systems of internal controls are poor , no assurance can be given and there are fundamental weaknesses in the areas detailed in the Assurance Summary. Urgent action is necessary to reduce the high levels of risk exposure and the issues will be escalated to your Director and the Audit Committee

Appendix B – Recommendation Tracker

Ref	Status	Audit Name	Description	Priority	Agreed with Auditee	Final Report Date	Planned Implementation Date	Date Implemented
R1	Implemented	Financial Assessments (Non-Residential)	Quality checks should be conducted to ensure that the assessments are fully completed and that all appropriate documents are obtained.	Medium	Yes	19/04/2022	30/06/2022	15/06/2022
			Customer records sheet not fully completed in all cases. Copies of bank details should be obtained where possible to ensure the service users do not have sufficient funds to pay for services themselves.					
R2	Implemented	Financial Assessments (Non-Residential)	A record log of appeals should be maintained which evidences the details of the appeal, the dates of all actions taken and the outcome or findings of the appeal. Details of the number and types of appeals should be reviewed so that they can be used to identify any issues or training requirement for staff.	Medium	Yes	19/04/2022	30/06/2022	12/09/22
			The ability to appeal the financial assessment and details of the process should be made available to the service user.					*this was a revised implementation date agreed with the client

R3	Not Yet Due	Financial Assessments (Non-Residential)	<p>Procedure notes should be produced outlining all the steps required for the annual update of the system, to ensure that staff are aware of the process. Regular reviews of this procedural guidance should be undertaken on at least an annual basis or when important changes are made to the process. The procedure notes should be document controlled with the date of the review and any amendments included in a version control sheet within the document. Once updated the revised procedures should be disseminated to all appropriate staff in a timely manner and made easily accessible. A sign off sheet or other evidence should be retained to evidence that the annual update has been fully completed in line with the procedures.</p>	Medium	Yes	19/04/2022	31/03/2023
R4	Not Yet Due	Financial Assessments (Non-Residential)	<p>It is recommended that the review currently being undertaken out on the Financial Assessments toolkit is completed to ensure that it is up to date. Regular reviews of this document should be undertaken on at least an annual basis or when important changes are made to the process. The toolkit should be document controlled with the date of the review and any amendments included in a version control sheet within the document. Once updated the revised procedures should be disseminated to all appropriate staff in a timely manner and made easily accessible.</p>	Medium	Yes	19/04/2022	31/03/2023

R5	Not Agreed	Financial Assessments (Non-Residential)	<p>When the system was set up it was required to obtain a signature either a physical paper based or electronic on an iPad. The legal advice, whilst acknowledging presumed consent, also advises that it would be better to also obtain digital confirmation.</p> <p>It would be relatively simply to send out the physical letter to service users asking them to sign and return the letter to confirm acceptance. As a result, letters should be sent to service users requiring them to sign and accept the terms and conditions.</p> <p>Once face to face financial assessments resume after the conclusion of the pandemic, the system of obtaining digital signatures should be resumed.</p>	Medium	No				<p><i>I do not envisage a time when face to face visits will recommence. Printing, sending and then monitoring return signatures will be onerous. I offer an alternative whereby we implement an on-line self-service financial assessment process. Investigations are underway. If we do not implement an on-line solution I will consider sending paperwork in the post for service users to sign and return.</i></p>
R6	Overdue	Housing Jigsaw System	<p>The Housing Assessment Team Manager should develop a formal Quality Assurance process which should be referred to in the current policy (see M1 and M2 above). This would include (but not limited to)</p> <ul style="list-style-type: none"> maintaining a central record of all completed sample checks. developing a methodology for picking work types included for sample checking a risk-based approach should be considered. 	Low	Yes	09/05/2022	03/10/2022		<p>Client has not yet provided a response - we are continuing to chase-up</p>
R7	Overdue	Housing Jigsaw System	<p>The Housing Solutions team should ensure that procedure guidance is in place for this scheme and made available to the relevant parties including Housing Associations.</p> <p>Regular reviews of these procedures should be undertaken on at least an annual basis or when important changes are made to the process. The procedural manuals should be document controlled with the date of the review and any amendments included in a version control sheet within each procedural manual. Revised procedures should be disseminated to all appropriate staff in a timely manner and made easily accessible.</p>	Medium	Yes	09/05/2022	03/10/2022		<p>Client has not yet provided a response - we are continuing to chase-up</p>

R8	Overdue	Housing Jigsaw System	The Housing Solutions team undertake a periodic review of users and user access levels. This would include regular review of third parties with access to the system.	Medium	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R9	Overdue	Housing Jigsaw System	<p>The Housing Service should undertake a review of the Home Choice Letting and Assessment Policy and where necessary ensure this is subject to formal consultation.</p> <p>The review of the policy should include:</p> <ul style="list-style-type: none"> • Review of debt/arrears levels. • Adding a section on changes in circumstance. • Development of policy for when automatic bidding is applied. • Data protection /GDPR requirements including DPIA. 	Medium	Yes	09/05/2022	01/10/2022	Client has not yet provided a response - we are continuing to chase-up
R10	Overdue	Housing Jigsaw System	<p>The Housing Solutions team should work with the systems provider to resolve this issue.</p> <p>Where practicable, evidence should be maintained on one central record to enable the Housing teams to access to supporting records/evidence provided by customers.</p>	Medium	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R11	Overdue	Housing Jigsaw System	<p>The Housing Solutions team should make use of the online forum to discuss usage/future development of the current system with other Local Authorities.</p> <p>The Housing Solutions team should develop the existing dashboard to enable them to monitor annual review process.</p>	Opportunities	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R12	Overdue	Housing Jigsaw System	We consider this would be useful for monitoring purpose and would provide assurance that the system/process are correctly identifying and processing annual reviews.	Low	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R13	Overdue	Housing Jigsaw System	The Housing Solutions team should consider paper notification for vulnerable housing applicants. This would include annual review notifications.	Low	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up

R14	Overdue	Housing Jigsaw System	The Housing Solutions team should develop standard user profiles linked to job roles. These profiles should be subject to regular review in line with recommendation M3 above.	Medium	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R15	Overdue	Housing Jigsaw System	The Housing Solutions team should review the usage of checklists in future. This should include consultation within the team, and also with other Local Authorities who use this system.	Medium	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up
R16	Overdue	Housing Jigsaw System	The Housing Solutions team should provide formal notification of any changes to banding (following their original application).	Medium	Yes	09/05/2022	03/10/2022	Client has not yet provided a response - we are continuing to chase-up

The Information & ICT Security Manager should:

- Implement periodic spot-checks of internet logs to detect shadow IT /unauthorised web-based software use. Spot checks could target different service areas each time they are performed.

- Shadow IT should be embedded into a self-assessment policy that invites service areas to identify and analyse their use of shadow IT, and feed results back to IT services for record keeping and resolution.

- Instances of shadow IT detected should be reviewed and evaluated, highlighting any reasons why IT were not directly involved in sourcing the service.

Periodic spot-checks of internet logs to detect shadow IT has been found to be too resource-intensive. Shadow IT self-assessment policy will form part of the revised Information Security Policy Framework which is due for completion on 31/12/2022.

ICT -
Software
Asset

3. Instances of shadow IT detected, for example, DropBox, have been identified by Information & ICT Security Manager, and blocks were enabled on the firewall.

Management

Medium

Yes

09/08/2022

01/09/2022

Agreed with the client a revised date of 31/12/2022

R17

Not Yet Due

R18	Implemented	ICT - Software Asset Management	<p>The Information & ICT Security Manager, in liaison with the IT Service Provider, Agilisys, should request and review periodic reports on software purchased, deployed and available within the Council.</p> <p>The Information & ICT Security Manager should use custom reports to perform more detailed analysis, which may in turn help to inform decision making and produce cost saving benefits.</p> <p>Examples of periodic reports are:</p> <ul style="list-style-type: none"> - Software installed reconciled against records of software purchased - New types of software procured - Software licenses expired - Maintenance and support agreements that have lapsed - Total software purchases (including licence and maintenance agreements) vs Savings made. 	Medium	Yes	09/08/2022	01/09/2022	01/09/2022
R19	Implemented	ICT - Software Asset Management	<p>The Information & ICT Security Manager, in liaison with the IT Service Provider, Agilisys, should review the user access listing, once received, for appropriateness.</p> <p>Agilisys should request an access list from Snow on at least an annual basis, or when a member of Agilisys staff leaves/changes role. This list should be reconciled to the existing access list to confirm accuracy.</p>	Medium	Yes	09/08/2022	01/09/2022	01/09/2022

R20	Implemented	ICT - Software Asset Management	<p>The Information & ICT Security Manager, in liaison with the IT Service Provider, Agilisys, should set agreed project milestones and a realistic completion date for the implementation and optimisation of Snow as the single inventory method for licensed software assets.</p> <p>Additionally, the Council should seek assurance regarding the adequacy of the backup arrangements of the Snow system.</p>	Medium	Yes	09/08/2022	01/09/2022	01/09/2022
R21	Not Yet Due	ICT - Software Asset Management	<p>The Information & ICT Security Manager, in liaison with the IT Service Provider, Agilisys, should create and implement a software asset disposal process. This process could be embedded within existing policy and procedure.</p> <p>Within the software asset disposal process, establish how sensitive data contained within licensed software is removed as part of the decommissioning process and the point at which the Software Inventory is updated.</p>	High	Yes	09/08/2022	01/09/2022	Agreed with the client a revised date of 31/12/2022
R22	Implemented	ICT - Software Asset Management	<p>The Information & ICT Security Manager should update the IT Risk Register to include risks and mitigating actions related to Software Asset Management.</p> <p>Examples of software asset risks are:</p> <ul style="list-style-type: none"> - Risk of malicious, faulty, outdated, or unsupported software in use. - Risk of unregulated shadow IT. 	Medium	Yes	09/08/2022	01/09/2022	01/09/2022

R23	Not Yet Due	ICT - Software Asset Management	The Information & ICT Security Manager should update the Council's Acceptable Use Policy to include guidance and direction aimed at regulating shadow IT (services that have not been approved by IT).	Medium	Yes	09/08/2022	01/09/2022	Agreed with the client a revised date of 31/12/2022
R24	Implemented	ICT - Software Asset Management	The Information & ICT Security Manager should include periodic awareness updates within the circular newsletter ('The Knowledge') that address the use of shadow IT.	Medium	Yes	09/08/2022	01/09/2022	01/09/2022

The exception reporting functionality should be switched on within the ContrOCC system for both Adults and Children's services.

Exception reporting could include areas such as:

- Accounts
- Actuals
- Care Package Line Items
- Clients
- Contract Payment Methods
- Contract Payment Periods
- Invoice Item
- Payment Item
- Service and Block Commitment Service Provision.

Consideration should also be given to the exception reports referred to in the user guide, these include:

- Invoices Exceptions – reports on a specific Invoice and all related entities, for example Cost
- Items (in the Payment Reports section)
- Payments Exceptions (Payment Reports)
- Pending Payments Exceptions – report for authorised but not finalised Payments (Payment Reports)
- Scheduled Payments Exceptions (Payment Reports)
- Clients Exceptions (Client Reports)
- Provider Exceptions (Services Reports)

Interfaces (Liquid Logic/ ContrOCC/ Agresso) We consider that exception reporting to be a key control within this system, and steps should be undertaken by both the Adults and Children's services to configure the level of exception reporting that is required.

R25 Not Yet Due High Yes 11/08/2022 30/01/2023

R26	Implemented	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The Finance Business Partner should review spending limits within Liquidlogic/ContrOCC for each approved individual to ensure that they are appropriate and relevant.</p> <p>The spending limits applied to the authorised personnel should not exceed the levels as specified in the Council's Scheme of Delegation.</p> <p>Spending limits should be subject to at least an annual review or when an individual's role changes and records should be kept of the outcome, including any actions taken.</p>	Medium	Yes	11/08/2022	11/08/2022
R27	Not Yet Due	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The Children's Systems Governance Board should liaise with Liquidlogic to ascertain if the system functionality can be amended to flag care packages that are:</p> <ol style="list-style-type: none"> 1) approaching their end date; 2) where no end date has been entered; 3) packages where the child is approaching eighteen years of age. <p>The contract wording with the provider should be reviewed to ensure that the provider is required to pay back funds if an overpayment is made due to an error by either party.</p>	Medium	Yes	11/08/2022	01/01/2023
R28	Not Yet Due	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The Information and ICT Security Manager should liaise with the Agilisys Systems Access team to ensure that they carry out a regular review of the users of ContrOCC Adults and ContrOCC Children's to verify that the level of access is appropriate for their job role, and to check if access needs to be removed for any persons who no longer need access or have left the council.</p> <p>The review should take place on at least an annual basis and a record should be held of the outcome of the review, including any actions taken.</p>	Medium	Yes	11/08/2022	30/01/2023

R29	Not Yet Due	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The Children's Systems Governance Board should liaise with Liquidlogic to determine whether system-controlled segregation of duties could be implemented for LCS.</p> <p>The Children's Systems Governance Board should also determine whether LAS has the same segregation of duties issue.</p> <p>In the interim period, the operational Manager for Adults Services and Children's Services should implement a monthly review of system audit trails to ensure that segregation of duties is maintained.</p>	Medium	Yes	11/08/2022	30/01/2023
R30	Not Yet Due	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The NSC Lead for the care systems (LCS and ContrOCC) should develop formal training to ensure new and existing users are given appropriate and relevant training for their job function. Consideration should be given to ensuring that the training developed for LCS and ContrOCC is aligned with that of LAS.</p> <p>Refresher training and updates should also be provided on at least an annual basis and when procedures change.</p> <p>Evidence of staff training should be retained.</p>	Medium	Yes	11/08/2022	01/01/2023

R31	Not Yet Due	Interfaces (Liquid Logic/ ContrOCC/ Agresso)	<p>The Children's Systems Governance Board should liaise with the vendor to explore exception reporting and this should be documented within the relevant risk register and minuted.</p> <p>The Children's Systems Governance Board should investigate the reason for the overpayment of £476,850 in LCS and then identify manual compensating controls for example, checking controls could be introduced at the interface junction between LAS/LCS and ContrOCC.</p> <p>The outcome of the overpayment investigation should be documented and appropriate action taken to prevent a repeat occurrence.</p>	High	Yes	11/08/2022	30/01/2023	
R32	Implemented	MetroWest & HIF	<p>It is recommended that the Project Management Plans/ Delivery Manual are reviewed by management at pre-defined intervals. These intervals should be set In-line with the project, taking place at the end of each stage of the project's lifetime. These reviews should then be recorded on a version control sheet within the document.</p> <p>It is recommended that the reconciliations are independently checked and signed by the Funding Manager each month and a record is held of completed account reconciliations.</p>	Low	Yes	27/05/2022	01/09/2022	01/09/2022
R33	Implemented	Payments to Child Care Providers	<p>The record should include the date the reconciliation was approved, the reviewers name, and details of the independent check. This information could be recorded within an existing monthly checklist or signed and dated on a paper copy and retained as proof that the check has been undertaken.</p>	Medium	Yes	05/04/2022		05/04/2022

R34	Not Yet Due	Payments to Child Care Providers	<p>The Funding Manager should ensure that periodic audit visits are carried out to check childcare providers are providing accurate funding claim information. It is recommended the level of provider visits should be appropriate to the number of providers and / or problems identified during the claim process.</p> <p>It is recommended that attendance records are reviewed in detail to check they match the Parent Declaration Form and funding claims to confirm the funded hours being paid are accurate. Any queries raised should be recorded and retained to support all anomalies and where issues have been identified these should be reported to the childcare provider. Any inaccuracies should be followed up with an amended payment/ reclaim of funds and the outcome of the visits should be reported to the EY Service Manager to ensure appropriate management action can be carried out.</p>	Medium	Yes	05/04/2022	31/03/2023
R35	Not Yet Due	Payments to Child Care Providers	<p>It is recommended that the Funding Officer should develop version controlled operational procedural guidance for the funding team to ensure that the early years funding claims are processed in a consistent manner.</p>	High	Yes	05/04/2022	31/03/2023
R36	Implemented	Payments to Child Care Providers	<p>It is recommended that the Funding Team obtain a signed agreement from childcare providers to confirm they have read and understood the terms and conditions of the North Somerset Agreement. A record should be held of the signed agreements and if changes are made to the agreement a new signed copy should be held.</p>	High	Yes	05/04/2022	05/04/2022
R37	Not Yet Due	Payments to Child Care Providers	<p>It is recommended that additional staff within the funding team are trained to cover the role currently undertaken by the individual undertaking payments to childcare providers to ensure continuity in the service.</p>	High	Yes	05/04/2022	31/03/2023