



**Northumberland**  
County Council

## **Internal Audit and Risk Management Service**

### **Key Outcomes from Internal Audit Assignments (May 2022 – October 2022)**

# 1 Introduction – Governance Framework

- 1.1 Internal Audit is an independent, 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 require 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 2022 – October 2022. 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.
- 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 eight audit assignments are presented. Five of the audit assignments received a ‘significant assurance’ opinion and three received a ‘limited assurance’ opinion. There were three ‘high’ priority recommendations made and no ‘critical’ priority recommendations. These reports are detailed in **Section 4** below.
- 2.4 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. Where recommendations have been self-certified as implemented by management, evidence checking is undertaken by Internal Audit. Details of evidence checking undertaken during May to October 2022 is included at **Section 5** below.
- 2.5 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.

- 2.6 Internal Audit has continued to be involved in 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.
- 2.7 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.
- 2.8 Internal Audit has also supported a number of special investigations and management requests. Key themes arising from this work will be included in Internal Audit’s annual 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.

| Level of Assurance    | Description   |
|-----------------------|---|
| 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 (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:

| Classification | Description |
|----------------|-------------|
|----------------|-------------|

|          |   |
|----------|---|
| Critical | Action that is considered critical to ensure the organisation is not exposed to unacceptable risk and the recommendation should be implemented immediately. |
| High     | Action that is considered urgent to ensure the service area is not exposed to high risks and the recommendation should be implemented as a priority.        |
| Medium   | Action that is considered necessary to avoid exposure to considerable risks and the recommendation should be implemented within an appropriate time frame.  |
| Low      | Action that is considered desirable or best practice and would result in enhanced control or better value for money.  |

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

IA/KM/CH  
November 2022

## 4 Main Outcomes – Audit Reports Issued during period May 2022 – October 2022

|  | Audit Title  | Audit Objectives   | Assurance Opinion  | Recommendations   |      |        |     |
|--|--|--|--------------------|---|------|--------|-----|
|  |  |  |                    | Critical  | High | Medium | Low |
| 1  | Arrangements for Managing Delivery of The Council's Climate Change Action Plan | To review and appraise the adequacy and effectiveness of controls established in relation to the Arrangements for Managing Delivery of the Council's Climate Change Action Plan.   | <b>Significant</b> | 0   | 0    | 5      | 3   |
| Good Practice Highlighted  |  | Main Issues Identified and Priority of Recommendations   |                    | Progress Made/Action Taken  |      |        |     |
| <p>The County Council has a Climate Change Team in place including two Analysts and support from Communications. The Team reports to the Service Director: Climate Change, Business Intelligence and Performance, the Climate Change Steering Group, the Climate Change (Members) Working Group and Communities and Place Overview and Scrutiny Committee.</p> <p>The Climate Change Action Plan is subject to ongoing review.</p> |  | <ul style="list-style-type: none"> <li>Although the Response to Climate Change has been identified and assessed as a corporate risk the Climate Change Action Plan and its internal and external dependencies have not been risk assessed <b>(Medium)</b>.</li> <li>The Council's emissions were reported for the year to 31st March 2021 and achieved a 50% target reduction in emissions. A number of errors were identified in the calculation. The recalculated emissions were 3% higher, resulting in the reduction in emissions being slightly below the 50% target <b>(2 x Medium)</b>.</li> <li>The emissions figures for the County and also the County Council have not been reported directly to Cabinet <b>(Medium)</b>.</li> <li>Financial information was not included in the October 2021 report to the Communities and Place Overview &amp; Scrutiny Committee but was included in the March 2022 report. Financial information was not presented in reports to the Steering Group <b>(Medium)</b>.</li> </ul> |                    | <p>The Final Report was issued in July 2022.</p> <p>A programme risk register is to be developed as part of a revised Climate Change Action plan and will be reviewed on a quarterly basis.</p> <p>The Project Manager has advised that the emissions figures for the County and the County Council will be reported directly to Cabinet and calculations of emissions will be made clear and reported to the Overview and Scrutiny Committee together with proposals for further emission reductions and include financial information.</p> <p>Medium priority recommendations have not yet passed their implementation date and will be following up in due course.</p> |      |        |     |

|  | Audit Title                                 | Audit Objectives  | Assurance Opinion | Recommendations  |      |        |     |
|--|---|---|-------------------|--|------|--------|-----|
|  |   |   |                   | Critical   | High | Medium | Low |
| 2  | ICT Incident, Problem and Change Management | To determine whether ICT Incident, Problem and Change Management procedures are operating effectively, including, reporting and recording of incidents and changes; clearly identifiable roles and responsibilities; documented procedures; investigation and resolution of incidents; change management procedures; and performance management.  | Limited           | 0  | 0    | 8      | 16  |
| Good Practice Highlighted  |   | Main Issues Identified and Priority of Recommendations  |                   | Progress Made/Action Taken   |      |        |     |
| <p>The County Council uses the Hornbill ICT Service Desk software. The system can be accessed external from the corporate network which allows for reporting and monitoring of issues during periods of network unavailability. The system also has a good level of functionality that can be utilised by the Council, such as the capability of linking incidents and changes, problem management, web chat, FAQs and self-service.</p> |   | <ul style="list-style-type: none"> <li>• There are no documented procedures for Service Desk employees/service users for raising issues. <b>(Medium)</b>.</li> <li>• Only one IS employee is responsible for management and administration of the Hornbill service management system <b>(Medium)</b>.</li> <li>• Documents used to support major incidents are out of date. Outage of an ICT server was encountered but no incident documents could be provided <b>(2 x Medium)</b>.</li> <li>• Hornbill is now used as an ICT support system by Children's Services. All issues recorded in Hornbill are visible to all users with licenses irrespective of the team they are in <b>(Medium)</b>.</li> <li>• Change advisory board (CAB) meetings had not taken place for four months at the time of the audit, with approvals managed via email <b>(Medium)</b>.</li> <li>• A review of implemented changes identified inadequate testing and rollback plans <b>(Medium)</b>.</li> <li>• There are no formalised problem management processes and procedures in place <b>(Medium)</b>.</li> </ul> |                   | <p>The Final Report was issued in August 2022. Management has self-certified that five medium recommendations have been implemented:</p> <ul style="list-style-type: none"> <li>• Documentation has been created for recording incidents and requests and guidance issued.</li> <li>• A knowledge transfer was carried out in relation to the service management system.</li> <li>• A new major incident process is in place and has been circulated to employees.</li> <li>• IS are investigating the possibility of the set up within Hornbill in relation to Children's Services' user access.</li> </ul> <p>A follow up review will be incorporated within the Audit Plan 2023/24 and evidence of implementation of recommendations undertaken as part of that review.</p> |      |        |     |

|  | Audit Title        | Audit Objectives  | Assurance Opinion  | Recommendations   |      |        |     |
|--|--------------------|---|--------------------|---|------|--------|-----|
|  |                    |   |                    | Critical  | High | Medium | Low |
| 3  | Health & Wellbeing | To evaluate compliance with the procedural framework put in place to manage sickness absence and to assess whether the level of compliance present is sufficiently robust.  | <b>Significant</b> | 0   | 0    | 4      | 5   |
| Good Practice Highlighted  |                    | Main Issues Identified and Priority of Recommendations  |                    | Progress Made/Action Taken  |      |        |     |
| <ul style="list-style-type: none"> <li>The Health &amp; Wellbeing Policy was reviewed in 2022, well ahead of its original 2024 scheduled review date.</li> <li>A monthly Workforce Committee Dashboard showing sickness by service area is produced for the Executive Team.</li> </ul> |                    | <ul style="list-style-type: none"> <li>Incorrect sickness related information has been recorded in Oracle and some sickness documentation was not retained in line with the requirements of the Policy <b>(Medium)</b>.</li> <li>Reports produced by the Business Intelligence Team have not been utilised in full to improve sickness data and/or processes <b>(Medium)</b>.</li> <li>Further training and improved verification processes for sickness recording are required <b>(2 x Medium)</b>.</li> </ul> |                    | <p>The Final Report was issued in September 2022.</p> <p>A revised Health &amp; Wellbeing Policy includes the requirements for the storage of sickness documentation.</p> <p>HR have advised that communications will be issued to all managers requesting correct details are entered in the system. Following this two months later a review of the data will be undertaken.</p> <p>E-Learning training is to be reviewed and updated in line with revised Health &amp; Wellbeing Policy which will then be rolled out as mandatory training. The Statutory and Mandatory training report regularly shared with managers will pick up non compliances.</p> <p>The remaining medium priority recommendation has not yet passed its target date for implementation and will be followed up in due course.</p> |      |        |     |

|   | Audit Title   | Audit Objectives  | Assurance Opinion | Recommendations   |      |        |     |
|---|---|---|-------------------|---|------|--------|-----|
|   |   |   |                   | Critical  | High | Medium | Low |
| 4   | Schools' Local Account Administration Thematic Review | To ascertain whether systems and procedures in operation for local accounts and their control are functioning satisfactorily and are in accordance with Scheme for Financing Schools and Local Authority guidance. To provide an opinion to management on the effectiveness of the system of internal control in place within a sample of schools.                              | Significant       | 0   | 0    | 3      | 2   |
| Good Practice Highlighted   |   | Main Issues Identified and Priority of Recommendations  |                   | Progress Made/Action Taken  |      |        |     |
| <ul style="list-style-type: none"> <li>Detailed Guidance Notes on the operation of Local Accounts have been drawn up by Cashiers and are shared with schools at account start up and when the school staff administering the account change.</li> </ul> |   | <ul style="list-style-type: none"> <li>A documented process for the calculation and approval of schools' local account control totals is not in place <b>(Medium)</b>.</li> <li>Requirements as set out within the Scheme for Financing Schools and Local Authority Guidance across the sample of schools reviewed are regularly not adhered to <b>(2 x Medium)</b>.</li> </ul> |                   | <p>The Final Report was issued in July 2022.</p> <p>Internal Audit have evidenced checked the three medium priority recommendations and can confirm they have been implemented.</p> <p>In relation to the calculation and approval of schools' local accounts guidance notes have been updated and re-issued.</p> <p>The Scheme for Financing Schools, Local Account Guidance Notes and a summary of Internal Audit findings from a review of a sample of schools' local accounts have been shared with all maintained schools.</p> |      |        |     |



|  | Audit Title                        | Audit Objectives   | Assurance Opinion  | Recommendations   |      |        |     |
|--|------------------------------------|--|--------------------|---|------|--------|-----|
|  |                                    |  |                    | Critical  | High | Medium | Low |
| 5  | School Local Account - High School | To provide assurance to the Authority and Headteachers that controls in place in relation to the administration of the School's Local Account are robust, and Financial Procedures are complied with   | <b>Significant</b> | 0   | 0    | 6      | 1   |
| Good Practice Highlighted  |                                    | Main Issues Identified and Priority of Recommendations   |                    | Progress Made/Action Taken  |      |        |     |
| <p>The school has in place four cheque signatories, with two required to sign each cheque. This provides an element of business continuity should any of the signatories not be available.</p> |                                    | <ul style="list-style-type: none"> <li>• Key information is missing from the School Financial Procedures Manual in one area and in another the area contradicts the requirements set out in the Scheme for Financing Schools <b>(Medium)</b>.</li> <li>• There was evidence of verbal orders being placed, which is not in adherence with the School Financial Procedures Manual <b>(Medium)</b>.</li> <li>• There is a lack of separation of duties with the Office Manager reconciling the local account, and being authorised to raise orders, certify payments, and certify good received <b>(Medium)</b>.</li> <li>• The petty cash float is reimbursed from school income sources <b>(2 x Medium)</b>.</li> <li>• Requirements in accordance with School Financial Regulations relating to purchases greater than £10k are not always followed <b>(Medium)</b>.</li> </ul> |                    | <p>The Final Report was issued in May 2022.</p> <p>The Headteacher has updated the School Financial Procedures Manual and forwarded a revised copy to Internal Audit.</p> <p>The remaining five medium recommendations have been confirmed as implemented by the Headteacher.</p> |      |        |     |

|  | Audit Title | Audit Objectives   | Assurance Opinion | Recommendations  |      |        |     |
|--|-------------|--|-------------------|--|------|--------|-----|
|  |             |  |                   | Critical   | High | Medium | Low |
| 6  | Payroll     | The audit was to evaluate the controls within the payroll system designed to prevent and /or detect fraud, irregularity or error, and to ensure that transactions are processed in accordance with Council Policy, Financial Regulations, Government Legislation and the requirements of external bodies such as HM Revenues and Customs.  | Limited           | 0  | 1    | 3      | 4   |
| Good Practice Highlighted  |             | Main Issues Identified and Priority of Recommendations   |                   | Progress Made/Action Taken   |      |        |     |
| <p>There was evidence of increased automation in some areas. For example, the move to online overtime and lieu timesheets for central teams (IT, Finance, Revenue and Benefits, Housing and Transport) with an aim to have most Authority employees included by the end of the financial year. The move to electronic systems should bring efficiencies and additional controls to aid the payroll system.</p> |             | <ul style="list-style-type: none"> <li>• A secondary quality assurance check of the payroll flow prior to the final submission is not in place. This resulted in an error in employee deductions being undetected until after the payroll run was finalised <b>(High)</b>.</li> <li>• HR authorisation was not always correctly recorded for the creation of new posts within the system <b>(Medium)</b>.</li> <li>• The employee termination checklists are not being routinely used <b>(Medium)</b>.</li> <li>• Gross to Net and BACS Payment Register Reports examined did not have a secondary signature evidencing review and approval of the reports <b>(Medium)</b>.</li> </ul> |                   | <p>The Final Report was issued in June 2022.</p> <p>The Payroll Manager has advised the monthly checklist has been amended to include PAYE checks prior to the payroll run being finalised. Employee checklists are available for staff to use, and staff have been reminded of the importance of ensuring a secondary signature evidencing review and approval of reports.</p> <p>The Financial Transactions Manager advised new posts will only be created following authorisation from HR.</p> <p>The payroll audit for 2022/23 has now commenced and evidence to substantiate implementation of recommendations will be sought as part of that review.</p> |      |        |     |

|  | Audit Title                         | Audit Objectives  | Assurance Opinion | Recommendations   |      |        |     |
|--|-------------------------------------|---|-------------------|---|------|--------|-----|
|  |                                     |   |                   | Critical  | High | Medium | Low |
| 7  | Communities Together Grant Payments | To review and appraise the adequacy and effectiveness of controls in relation to Communities Together Grant Funding arrangements to ascertain whether a robust system for the assessment, approval, payment and monitoring of grant monies to individuals and organisations accessing the Communities Together initiatives for financial support is in place. | Significant       | 0   | 0    | 4      | 2   |
| Good Practice Highlighted  |                                     | Main Issues Identified and Priority of Recommendations  |                   | Progress Made/Action Taken  |      |        |     |
| Internal Audit's review of the overarching assurance framework for the decision making and approval of proposed spending for grants received identified a comprehensive and sound procedure with adequate evidence of authorisation and monitoring in place. |                                     | <ul style="list-style-type: none"> <li>Expenditure records for the Northumberland Emergency and Transition Support (NETS) grants are not adequately reconciled <b>(2 x Medium)</b>.</li> <li>There is inadequate recording of evidence to confirm expenditure in relation to NETS grants <b>(2 x Medium)</b>.</li> </ul>                                      |                   | <p>The Final Report was issued in October 2022.</p> <p>Management have advised that NETS financial provision has been identified as at risk and is being addressed as part of the Council's cost of living and inequalities priorities.</p> <p>Additionally, an independent sampling of transactions is to be carried out together with regular reconciliations as part of monthly performance management.</p> <p>Medium priority recommendations have not yet passed their target date for implementation and will be followed up in due course.</p> |      |        |     |

|   | Audit Title         | Audit Objectives  | Assurance Opinion | Recommendations  |      |        |     |
|---|---------------------|---|-------------------|--|------|--------|-----|
|   |                     |   |                   | Critical   | High | Medium | Low |
| 8   | Planning Procedures | To review and appraise the adequacy and effectiveness of controls in Planning Procedures.   | Limited           | 0  | 2    | 5      | 4   |
| Good Practice Highlighted   |                     | Main Issues Identified and Priority of Recommendations  |                   | Progress Made/Action Taken   |      |        |     |
| <p>The processing of planning applications is carried out within the Uniform system which has a connected Electronic Document System in which all documentation relating to the application can be retained. Uniform supports the control of workflows and performance management through a traffic light type system to highlight approaching deadlines.</p> |                     | <ul style="list-style-type: none"> <li>Officer and Signing-Off Officer checklists were used as an aide-memoire rather than checklists <b>(Medium)</b>.</li> <li>A number of applications which required a site visit did not have the site visit date completed <b>(Medium)</b>.</li> <li>There are differences between the Terms of Reference presented to the Strategic Planning Committee meeting and the Terms of Reference for the Committee in the Constitution. An Officer Delegation Scheme is also out of date. <b>2 x High</b>.</li> <li>Uniform contains an audit log, however, information, specifically regarding the determination of applications, could not be obtained from the audit log at the time of audit <b>(2 x Medium)</b>.</li> <li>The review identified anomalies with system users and a review of user access levels had not been undertaken. <b>(Medium)</b>.</li> </ul> |                   | <p>The Final Report was issued in October 2022.</p> <p>The service has experienced increased numbers of planning applications coupled with lower numbers of officers in post. This might be expected to impact on the issues highlighted through the audit. With a revised structure agreed and recruitment taking place some improvement in performance figures was noted during the audit and this will be the subject of ongoing monitoring by management.</p> <p>High and medium priority recommendations have not yet passed their implementation date and will be followed up in due course.</p> |      |        |     |

## 5 Evidence Checking and Progress with Implementation of Recommendations

- 5.1 For recommendations where a Significant Assurance opinion has been issued Internal Audit evidence check that medium, high and critical recommendations have been implemented, once self-certified as implemented by management. For audits where a Limited Assurance opinion has been provided a follow-up audit is included in the following year's Strategic Audit Plan and full implementation and embeddedness of recommendations will be evidence checked at the time of the follow up. In these cases, prior to the undertaking of follow-up reviews, managers will be required to self-certify that medium, high and critical recommendations have been implemented.
- 5.2 Internal Audit reports issued during the period May 2022 to October 2022 included 3 high priority, 38 medium priority and 37 low priority recommendations. There were no critical priority recommendations in the period under review. Of these recommendations issued, the 3 high priority recommendations and 16 of medium recommendations relate to limited assurance opinion audits for which follow ups will be included within the 2023/24 Audit Plan, and evidence checking of recommendations carried out at this time. Of the remaining 22 medium priority recommendations, 3 have passed their implementation target date and have been subject to evidence checking and can be confirmed as implemented. Ten recommendations have not reached their target dates and will be followed up in due course and reported to Audit Committee. In relation to the Local Account Administration at a High School, the Headteacher has provided evidence of implementation of one medium recommendation and confirmed the remaining five have been implemented. Revised target dates have been agreed due to the absence of a key officer within HR for the Health and Wellbeing audit, where three medium recommendations had reached their target dates.
- 5.3 Updates in relation to recommendations contained in Section 4 of this report are included within the summary of each audit at Section 4. Recommendations reported in previous Key Outcomes Reports as having not passed their implementation dates continue to be monitored and evidence checked in accordance with the process set out above, the results of which are set out below:

| Audit  | Issues Identified  | Details of Evidence Check   |
|--|--|---|
| Housing Management System ( <b>Significant Assurance</b> )         | Access to the system administrator profile 'All Access' was in excess of the business need for Information Services staff.   | Job roles have been amended, access for Information Services staff is now restricted to password reset / account unlock functionality only.   |
| School Local Account - Primary School ( <b>Limited Assurance</b> ) | The school's Financial Procedures Manual' was out of date. Orders for goods/services were not always raised. There was a lack of separation of duties within the administration of the account. A debit card for an employee who had left the school had not been cancelled. | The Headteacher has confirmed that all 8 medium priority recommendations have now been implemented. Findings from a sample of schools' local accounts reviewed have been shared with all schools and a different sample of schools will be visited going forward to carry out further thematic reviews. |

- 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 Requiring Additional Action (or awaiting evidence) |     |
|----------|--|---------------------------------|------|---|-----|
|          |  | 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   | 5  | 5                               | 100% | N/A   | N/A |
| Total    | 5  | 5                               | 100% | N/A   | N/A |

## 6 Programme Assurance and Grant Certification Work Undertaken

| Area of Work  | Summary of Work Undertaken  |
|---|---|
| <b>Covid-19 Capacity Fund Grant</b>                                 | The grant has been specifically designed to support people, businesses and local communities deeply impacted by the Covid-19 crisis. The grant to be used to assist those displaced in the labour market and help business resilience and recovery. Certification value of £1.3m. |
| <b>Covid-19 Contain Outbreak Management Fund Grant</b>              | The purpose of the grant was to provide support to councils towards expenditure lawfully incurred in relation to the mitigation against and management of local outbreaks of Covid-19. Certification Value £13.1m.  |
| <b>Green Homes Grant</b>  | Certification Value £1.864m   |
| <b>The Sele - Grant</b>   | Teaching School Core Grant certification value of £0.013m   |
| <b>North East Rural Growth Network</b>                              | Certification value of £7.3m  |
| <b>Local Transport Capital Block Funding 2021/22</b>                | Integrated Transport and Highways Maintenance. Completed and submitted to Department for Transport. Total value of grant £23.4m   |
| <b>Public Health Grant</b>  | Section 31 Local Authority grants for additional drug treatment crime and harm reduction activity - Universal funding component. Certification value of £0.35m  |
| <b>Bus Service Operators Grant 2021/22 Statement of Grant Usage</b> | Statement of Grant Usage - completed and submitted to Department for Transport by deadline of 30 September 2022 – £0.5m.  |

| Area of Work   | Summary of Work Undertaken  |
|--|---|
| <b>Supporting Families Grant Certification</b>                         | Programme of targeted intervention - Government pays local authorities for each family that meet set criteria. June 2022 claim certification value of £0.048m and September 2022 Claim value of £0.056m.  |
| <b>Programme Assurance - Covid-19 Business Grants Schemes</b>          | Providing advice and guidance to Finance colleagues regarding the Pre and Post Payment Assurance evidence return to BEIS, and associated s151 declaration, in relation to a number of business grant schemes  |
| <b>Programme Assurance - Energy Bills Rebate</b>                       | Providing advice and guidance to colleagues in Finance regarding systems and processes as these are developed to identify and make payments to qualifying households.   |
| <b>Schools' Financial Value Standard</b>                               | 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 2022/2023.  |
| <b>Participation in the Cabinet Office's National Fraud Initiative</b> | <p>Northumberland County Council participates in the National Fraud Initiative data matching exercise to assist in the prevention and detection of fraud and are required to provide sets of data to the Minister for the Cabinet Office for matching for each exercise.</p> <p>The Cabinet Office have recently commenced their biennial National Fraud Initiative (NFI) data matching exercise. Internal Audit are liaising with relevant services to ensure the required data sets are extracted in adherence with NFI data specifications and successfully uploaded within the required timescales. Results from this exercise will be available in January 2023 for investigation.</p> |