



Northumberland
County Council

Shared Internal Audit and Risk Management Service

**Key Outcomes from Internal Audit
Assignments
(November 2020 – July 2021)**

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 November 2020 – July 2021. Information has been provided on the level of assurance for each audit (described below), the number of recommendations made (classified according to priority), areas of good practice identified, and main findings. The progress made/action taken by management in respect of key issues identified from each audit has also been included. It is too early to report on action taken for a number of recommendations as the target dates have not yet been reached. In these cases, recommendations will be followed up later in the year in accordance with Internal Audit’s agreed processes.
- 2.2 It is intended that by providing regular reports on key outcomes from Internal Audit’s work, this will enable the Audit Committee to develop an ongoing awareness of the soundness of the framework of governance, risk management and control, in addition to receiving the Chief Internal Auditor’s annual opinion report. For 2020-21 the annual audit opinion will be presented to Audit Committee at this July meeting. Audit Committee will note that the findings from audits covered in this report are one of the intelligence strands which have informed the Chief Internal Auditor’s opinion on the framework of governance, risk management and control.
- 2.3 In this report, details of 11 audit assignments are presented. For 2 of the audits an opinion was not applicable. Of the remaining 9 assignments, 2 received a ‘full assurance’ opinion, 5 received a ‘significant assurance’ opinion and 2 received a ‘limited assurance’ opinion. No ‘critical’ priority recommendations were made.
- 2.4 In addition to performing internal audits of existing systems within the Authority and responding to queries on the operation of such systems, Internal Audit has a significant and increasing role in advising on new systems within the Authority. Whilst the time spent on such assurance work reduces the number of available audit days, it is considered an efficient use of Internal Audit’s resource, in that assurance is obtained that effective controls are incorporated

into new major systems from the outset. In turn, this minimises the risk of weaknesses in systems and strengthens the control environment.

- 2.5 Between March 2020 and July 2021 Internal Audit has been heavily deployed in assurance work necessitated by the Coronavirus pandemic. This has involved project assurance and development of systems related to a number of business grant funding streams, and advising teams involved in work brought about by the pandemic on suitable controls in a rapidly changing environment. Internal Audit has also led on the post payment assurance and counter fraud elements of the pandemic response as well as having completed the certification of a number of central government grant returns.
- 2.6 A summary of the programme assurance and grant certification work undertaken by Internal Audit in the period is included at Section 6 of this report.

3 Opinion Framework

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

Assurance Level	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:

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

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

IA/KM/CH
July 2021

4 Main Outcomes – Audit Reports Issued during period November 2020 – July 2021

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
1	Payroll	To evaluate the controls within the payroll system designed to prevent and / or detect fraud, irregularity or error, and to determine whether transactions are processed in accordance with Council policy, Finance and Contract Rules, legislation and the requirements of external bodies including HM Revenues and Customs.	Significant	0	0	3	3
Good Practice Highlighted		Main Issues Identified and Priority of Recommendation		Progress Made/Action Taken			
<p>It was identified that a comprehensive range of supporting data is produced to support the gross to net payroll reconciliation, to ensure that statutory payments are made in accordance with legislation.</p>		<ul style="list-style-type: none"> From a sample of leavers, one case was identified where the final pay in lieu of notice had been recalculated by HR incorrectly (medium). From the samples reviewed, the main cause of pay advances, and incorrect final pay calculations continues to be late notifications from managers (medium). The audit highlighted that National Insurance payments had continued to be deducted from two employees for a period following the reaching of state pension age. In one case this period was in excess of three years (medium). 		<p>The Final Report was issued in November 2020.</p> <p>The Payroll Manager has confirmed that HR are aware that calculations are to be requested via payroll whereby all calculations are checked and signed for.</p> <p>Staff communications took place in March of this year detailing the importance of Payroll deadlines together with the number of overpayments and cost to the Council.</p> <p>As the retirement age now differs for each member of staff based on their date of birth Fusion Payroll will be investigated to ascertain if it will be able to hold each employee's actual state retirement age within a data field.</p>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
2	Payment Card Industry Data Security Standards (PCI DSS)	To determine whether systems and procedures in operation for obtaining, recording, transmitting and retaining cardholder data are functioning satisfactorily and are in accordance with legislation and Council policy and comply with the PCI DSS.	Limited	0	1	3	8
Good Practice Highlighted		Main Issues Identified and Priority of Recommendation		Progress Made/Action Taken			
<ul style="list-style-type: none"> An annual review of Paye.net user accounts is undertaken. A PCI DSS disclaimer form is completed annually by every employee that processes payments. Income Management work with Capita to ensure all devices are kept up to date and are PCI DSS compliant. The procedures in place for creating and modifying Paye.net user accounts are comprehensive and operating effectively, there are clear lines of authorisation. IS have implemented Symantec Antivirus, the scanning and update routines applied to desktop devices and servers. The Solutions Design Assurance Team scan the network on a monthly basis to review PCI and PSN failures. 		<ul style="list-style-type: none"> The Authority is not PCI DSS compliant as it has yet to resolve all vulnerabilities identified by security scans, increasing the risk of financial penalties and reputational damage if the Authority were to experience a breach during a period of non-compliance (high). Reviews of NESSUS (the Authority's vulnerability scanner) identified 270 outstanding vulnerabilities with a Common Vulnerability Scoring System (CVSS) of 6.8 (out of 10) or higher (medium). A review of servers in respect of patching identified that a number of servers were found with missing updates. 11 of these updates are rated critical, 79 high and 17 medium (medium). There are multiple instances of software installed across the Authority which are not the latest versions, increasing the risk of being exposed to known vulnerabilities (medium). 		<p>The Final Report was issued in December 2020.</p> <p>An Internal Audit Follow Up review is included within the 2021/22 Strategic Audit Plan.</p> <p>Evidence of implementation of recommendations will be sought following revised implementation dates of September 2021.</p>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
3	Procurements over £50k	To appraise the adequacy and effectiveness of controls in relation to the activities carried out through the Procurement Shared Service. To determine if there is a robust system for managing activity, and to ensure that it reduces associated risks, meets legislative requirements and delivers economically advantageous arrangements.	Significant	0	0	3	4
Good Practice Highlighted		Main Issues Identified and Priority of Recommendation		Progress Made/Action Taken			
<p>Procurement Shared Service processes for procurement over £50k are established and use is made of the Pro-Contract electronic portal which provides good control features, such as logging the receipt and opening of tenders and retaining tender documentation and correspondence. Standard templates are used for procurement documentation and recording the stages of a procurement, making the process more transparent and robust.</p>		<ul style="list-style-type: none"> • A template is used to record authorisation for the procurement of consultants. This records purpose of the consultancy, and approvals, however, it does not record why the use of the consultant is necessary or how it offers value for money (medium). • Local authorities are required to publish specific details of contracts. The audit found a lack of clarity around these requirements and procurements where the Financial and Contract Rules were waived not being published on the publicly available contract register (medium). • NCC's Finance and Contract Rules require the appropriate Executive Member is consulted where waivers are requested. The report template does not require this to be recorded (medium). 		<p>The Final Report was issued in March 2021.</p> <p>In respect of the three medium priority recommendations:</p> <ul style="list-style-type: none"> • Management have confirmed that the template for recording details of the procurement of consultants is still being developed and will be complete by 31 July 2021. • Further work is required regarding the publishing of contract information and Internal Audit are discussing the implementation of this recommendation with management. • In respect of recording consultation with the Executive Member, management confirmed this will be complete by 31 July 2021. 			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
4	Risk Management	To review and appraise the adequacy and effectiveness of controls in relation to Risk Management arrangements, including an assessment against the requirements of the Risk Management Standards, Guidelines and Code of practice and guidance.	Significant	0	0	3	4
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
<p>The risk management process is established and embedded at corporate and service strategic levels. Risk assessments are recorded and regularly updated with risk owners, using defined categories to evaluate risk including a target risk score for each risk. Templates and guidance documentation are available.</p>		<ul style="list-style-type: none"> Corporate risks have a senior officer risk owner and a member risk owner, who are regularly consulted on the risks. However, the Corporate Strategic Risk Register, the Risk Management Framework and its implementation have not been regularly reported to members as a collective (medium). Management confirmed that Service Operational Risk Assessments have been carried out with some services, but not all, and that where they have been carried out further development is required (medium). In the sample of five Service Strategic Risk Assessments examined three of the assessments did not have an owner for each of the risks and controls identified and a number of risks had a current risk score that was higher than the target risk score, but new controls to reduce the risk were not proposed (medium). 		<p>The Final Report was issued in March 2021.</p> <p>The medium priority recommendation in relation to reporting to members as a collective has been addressed and a report was presented to Audit Committee in November 2020 providing an update on progress with development, implementation and embedding of risk management within the Authority and to inform the Committee of the latest position in respect of the Authority's corporate risks.</p> <p>Progress has been made in relation to the development of service operational risk registers and this work continues.</p> <p>Action has been taken and risk registers are updated to record the relevant information. As the registers are live documents work to support Service Areas when updating the registers will continue.</p>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
5	Budget Monitoring and Reporting	To review and appraise the adequacy and effectiveness of controls in relation to Budget Monitoring and Reporting and specifically to ascertain whether: <ul style="list-style-type: none"> • Roles and responsibilities are properly defined and understood, including published guidance; and • Income and expenditure is adequately monitored and controlled and reported 	Full	0	0	0	2
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
The responsibilities of Budget Managers are set out in the Finance and Contract Rules. Budget Monitoring meetings with cost centre managers are scheduled and the reporting process is timetabled. Budget monitoring is reported to different levels of the organisation with budget monitoring reports being regularly made to directors and to Cabinet.		The review did not identify any high or medium priority matters arising.		The Final Report was issued in March 2021. <i>Not applicable – only two low priority recommendations made.</i>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
6	Housing Management System	To determine whether the systems and procedures in operation are functioning satisfactorily and are in accordance with legislation and authority policy.	Significant	0	0	1	8
Good Practice Highlighted		Main Issues Identified	Progress Made/Action Taken				
The system administrator has produced a 'Proposed Work Priorities' spreadsheet which contains a list of actions to provide system improvements. The spreadsheet details the resources required to implement the action, the associated costs and target dates for implementation. The spreadsheet is kept up to date with updates noting any progress made and new actions added when required.		There are seven users with access to the system administrator profile 'All Access'. This includes six users from Information Services, which is in excess of the business need (medium).	The Final Report was issued in June 2021. The medium priority recommendation was implemented, however it caused some unforeseen technical issues so has been temporarily reversed. A system upgrade is due to be implemented in September 2021, and it is planned that the recommendation will be implemented following this. A revised target date of 31 October 2021 has been agreed.				

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
7	Housing Benefit and Council Tax Support	To ascertain whether the systems and procedures in operation for Housing Benefit and Council Tax Support are functioning satisfactorily in accordance with legislation and the stated priorities within the Council Plan.	Full	0	0	0	0
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
<p>The procedures for the operation of the system were found to be operating effectively, including:</p> <ul style="list-style-type: none"> • Comprehensive testing when computer system parameters are being updated • Detailed quality assurance for claims processing • A monitoring and management framework for key performance indicators of the service. 		There were no main issues identified.		<p>The final report was issued in July 2021.</p> <p><i>Not applicable – no recommendations made.</i></p>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
8	Network Management Follow Up	To revisit the findings and weaknesses identified during Internal Audit's 2019/20 coverage in order to establish whether agreed recommendations have been fully implemented, and action taken has been effective in providing a greater level of assurance in the relevant areas.	Limited	0	1	1	6
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
<p>The audit has identified progress in the areas revisited during this follow up audit, including:</p> <ul style="list-style-type: none"> Procedures for password resets are now more secure and require a manager or senior colleague to raise a service desk request to unlock the required user account. Microsoft 365 has been implemented including Mobile Device Management. 		<ul style="list-style-type: none"> Review of the SNOW software licence manager software, to ensure licenced software was accurately recorded and to identify any unlicensed software which could be removed, or licences procured is a work in progress. Information Services performed a review and identified that a significant amount of work was required to populate SNOW with the required data. A project has begun to carry out the work and SNOW has been populated with Microsoft software licences, however, completion of the project has been delayed with changes in priorities due to the COVID-19 pandemic. The project has now been reprioritised and resources redeployed to it. The project is being monitored by the Security Board which meets monthly, and completion is expected by 31 December 2021 (high). Implementation of network segregation for customers who access computer facilities maintained within certain satellite establishments is still outstanding. The recommendation is to be resolved by September 2021 (medium). 		<p>The Final Report was issued in July 2021. The 2019/20 Internal Audit Report gave a Limited assurance opinion and resulted in one, 'high', three 'medium' and eleven 'low' priority recommendations.</p> <p>One medium priority recommendation to implement automatic failover between the two Internet lines at County Hall has been reprioritised to low priority. At the time of the original audit the Internet Service Provider advised this was not possible and the configuration of a manual failover process was being developed. The follow-up audit has established that the manual failover process has been established, reducing the Authority's risk exposure.</p> <p>One medium priority recommendation has been fully implemented. Smoke detectors within data centres are now tested as part of routine maintenance.</p>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
9	Accounts Receivable	To evaluate the internal controls in place relating to the Accounts Receivable process. Key controls were evaluated and tested in relation to the system's objectives.	Significant	0	0	2	11
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
<p>The procedures for the operation of the system were found to be operating effectively, including:</p> <ul style="list-style-type: none"> • There is a clear segregation of duties within the system with service areas raising invoices and the Accounts Receivable team completing write-offs, credit notes and refunds. • The Accounts Receivable team have created a new debtor account form which ensures consistency and completeness when creating accounts. All accounts are uniquely and consecutively numbered accounts with no duplicates. 		<ul style="list-style-type: none"> • The Authority's Corporate Debt Recovery Policy requires credit checks to be completed where the debt would be over £5,000, however, such checks were not consistently being undertaken (medium). The service has agreed to implement a process for ensuring such checks are undertaken. • Due to the COVID-19 pandemic the debt recovery process was suspended to support residents and businesses, however, there is no plan or timetable in place to recommence this process (medium). 		<p>The final report was issued in July 2021.</p> <p>The service advised that an approach to recommencing debt recovery is currently being established and recovery is due to recommence in July 2021.</p> <p>The remaining medium priority recommendation has not yet reached 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
10	Briefing Note - Payroll Output Controls	To determine the effectiveness of the controls in place relating to net remittances from the payroll system, for statutory deductions of PAYE and National Insurance. <i>(NB a management request was received to look in detail at this specific area of the system)</i>	N/A	0	0	0	0
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
The work identified that the governance over this area of the system, including guidance, practices and procedures, was clearly defined and operating effectively.		There were no main issues identified from the work on this specific area of the payroll system.		The Briefing Note was issued in December 2020. <i>Not applicable – no recommendations made.</i>			

	Audit Title	Audit Objectives	Assurance Opinion	Recommendations			
				Critical	High	Medium	Low
11	Briefing Note - Public Services Network (PSN) Code of Connection (CoCo) Submission 2020	To review the CoCo submission and associated documentation and to confirm to management whether their status was accurately reported. Internal Audit reviewed all 'completed' vulnerabilities that had been categorised as high risk in the IT Health Check (ITCH) reports and obtained evidence to confirm their status was accurately reported.	N/A	N/A	N/A	N/A	N/A
Good Practice Highlighted		Main Issues Identified		Progress Made/Action Taken			
Information Services' (IS) responses within the 2020 Public Services Network (PSN) Code of Connection (CoCo) submission are a fair representation of controls and procedures either under development or planned to be implemented across the Authority's ICT network infrastructure and associated devices.		<p>In the 2018 and 2019 PSN CoCo submissions, Internal Audit highlighted the need for IS management to strengthen controls in respect of action to address known vulnerabilities. At the time of the audit this remained a considerable issue and has contributed to the Authority not achieving Payment Card Industry Data Security Standards (PCI DSS) compliance for a number of years.</p> <p>Areas of vulnerability include Windows 2008 Servers and Windows 2007 operating systems in use which no longer receive standard support from Microsoft, meaning vulnerabilities are no longer patched, although the Authority has purchased extended support until March 2022.</p> <p>The overall management of the identification, deployment and resolution of vulnerabilities needs to be strengthened moving forward.</p>		<p>The Briefing Note was issued in January 2021.</p> <p>IS management have engaged with external security consultants to review the Authority's ICT security processes and procedures. This will provide a more robust control environment and place the Authority in a better position to achieve PCI DSS compliance.</p> <p>Progress has been made against a number of the vulnerabilities identified in the PSN submission which has resulted in the Authority achieving re-accreditation.</p>			

5 Evidence Checking

- 5.1 Internal Audit reports issued during the period November 2020 to July 2021 included two high priority recommendations, sixteen medium and forty-six low priority recommendations. There were no critical priority recommendations in the period under review. In respect of the high priority recommendation relating to PCI DSS this will be evidenced checked during a planned follow up, and, for the other high priority recommendation relating to Network Management, a revised implementation date of 31 December 2021 was agreed during the follow up audit. Of the sixteen medium priority recommendations, four were stated as implemented by management, evidence checked by Internal Audit and can be confirmed as implemented. Progress on the implementation of the remaining recommendations will be reported at a future meeting.
- 5.2 Recommendations reported in the November 2020 Key Outcomes Report as having not passed their implementation dates, have now been subject to evidence checking and details are provided in the table below.

Audit	Issue Identified	Details of Evidence Check
Perimeter Security	A number of security compromises arose due to an urgent requirement to implement a new remote access system at the beginning of COVID-19 lockdown. Whilst IS were aware of the issues there was no time bound plan in place to resolve them (medium priority recommendation) .	Prisma Remote access security permissions are in place which enforce multifactor authentication, access is restricted to users recorded within Active Directory and devices joined to specific NCC domains.
Bacs Follow up	The three medium outstanding recommendations all related to the implementation of the PT-X security pack, which was delayed due to technical issues (medium priority recommendations) .	The PT-X security pack has now been implemented evidence of the process has been provided.
Section 106	The s106 Officer role represents a single point of failure. If the s106 Officer is absent cover could not be effectively provided by other officers (high priority recommendation) .	Two additional employees have been trained in s106 roles and are working in those roles within the s106 Team. Combined hours of the team 2 FTE.
	Due to limitations of the Planning computer system, Uniform, delegated decisions are recorded by retaining a Google version of the Planning Officer's Report. However, if an officer leaves their google user is removed and amendments to documents are then attributed to "Deleted User" (medium priority recommendation) .	Management confirmed that a system upgrade was carried out in March 2021. The system now contains fields to record the name of the authorising officer, and the date authorisation. A screen shot of the fields was provided as evidence to confirm.

	Proforma instruction sheets, agreed with Legal should be used to instruct the drafting of each s106 agreement and should include full details of the trigger points for each obligation (medium priority recommendation) .	Procedural documents and examples of s106 instructions obtained as evidence to confirm implementation..
	Regular reports of s106 performance are not produced and presented to senior management and elected members (medium priority recommendation) .	A monthly performance report is now provided to Management and the Strategic Planning Committee.

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

Priority	Total Number of Recommendations Evidence Checked	Number confirmed as Implemented		Number Requiring Additional Action	
		No.	%	No.	%
Critical	Not Applicable	N/A	N/A	N/A	N/A
High	1	1	100	0	0
Medium	11	11	100	0	0
Total	12	12	100	0	0

6 Programme Assurance and Grant Certification Work Undertaken

Area of Work	Summary of Work Undertaken
<p>Covid-19 Business Grants Schemes:</p>	<ul style="list-style-type: none"> ○ Programme Assurance – continued to provide advice and guidance to colleagues across the Authority as they established new systems to enable the Authority to make payments, from a range of government grant schemes, in accordance with government conditions and as quickly and securely as possible. Across the full 2020/21 financial year payments of around £149m in approximately 36k transactions have been made to businesses within the County. ○ Pre and Post Payment Assurance and Government Returns– undertaking and advising on a range pre and post payment assurance activities including utilising the governments ‘Spotlight’ due diligence tool. As part of the government’s requirements, a number of grant scheme risk assessments, assurance plans and government returns on post payment activity have been completed.
<p>Covid-19 Compliance and Enforcement Grant Certification</p>	<p>The purpose of the grant was to provide support towards expenditure lawfully incurred in relation to Covid-19 related enforcement and compliance activity. The grant claim was certified to the value of £0.136m</p>
<p>Covid-19 Home to School Transport Additional Funding Grant Certification</p>	<p>The purpose of the grant was to provide support to local transport authorities towards expenditure lawfully incurred or to be incurred by them, in respect of the provision of additional transport capacity for both Home to School and FE Colleges. The grant claim was certified to the value of £0.129m</p>
<p>Covid-19 Travel Demand Management Top Up Grant</p>	<p>The purpose of this grant was to provide support to local authorities towards additional expenditure incurred for travel demand management activities. The initial grant allocation was £0.1m with a top up of £0.05m</p>
<p>Rent Assessment</p>	<p>Internal Audit undertook testing on proposed housing rents, service charges, and garage rents calculations to determine whether these have been accurately updated for the 2021/22 financial year in accordance with Government and Council Policy. No issues were identified from this work.</p>
<p>Participation in the Cabinet Office’s National Fraud Initiative</p>	<p>Northumberland County Council participates in the National Fraud Initiative data matching exercise to assist in the prevention and detection of fraud and is required to provide sets of data to the Minister for the Cabinet Office for matching for each exercise. Internal Audit</p>

Area of Work	Summary of Work Undertaken
	commenced collection of data sets in October 2020 for the Annual Council Tax Discounts exercise, and uploaded these by the required deadline in December 2020. An additional data set as part of the counter fraud response to the government Covid-19 relief programme (Business Grants) was introduced, and was uploaded by the February 2021 deadline following consultation with colleagues in the relevant services.
Public Health Payments to GPs and Pharmacies	Public Health in Northumberland are supporting service providers through the Covid-19 period to ensure they are not adversely affected economically as a result of the pandemic. Senior Management within Public Health agreed to make supplier relief payments for seven different schemes and Internal Audit have worked with the Public Health team to provide assurance over the system and procedures developed in relation to implementing the guaranteed minimum payments to each service provider. Expenditure circa £0.220m
Sales, Fees and Charges Income Compensation Scheme	Pre-Submission Check (to provide assurance over claims submitted to the Ministry of Housing, Communities & Local Government).
Schools Financial Value Standard	On behalf of the Chief Finance Officer (Section 151 Officer), Internal Audit co-ordinated, received and reviewed Schools' Financial Value Standard submissions, for the Authority's grant-maintained schools. All schools were originally required to submit their self-assessments by the deadline of 31 March 2021. However due to the impact of the Coronavirus pandemic, the Department for Education (DfE) extended this deadline to 28 May 2021. The annual Assurance Statement was completed reporting that all eligible schools had complied with the required and submitted to the DfE by the deadline of 9 July 2021.
The Sele First School	This grant is to provide capacity for teaching schools to be able to build leadership, administrative capacity, professional and leadership development and school to school support. The grant was certified to the value of £0.04m
Troubled Families Grant Certification	Programme of targeted intervention - Government pays local authorities for each family that meet set criteria. November 2020 Claim certification work complete, value £0.124m. January 2021 claim certification work complete, value £0.039m. June 2021 claim Certification work complete, value £0.067m