

# Somerset West and Taunton

## Report of Internal Audit Activity

### Plan Progress 2021/22 – December 2021

# Contents

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## Summary:

Contents

Page 1

Role of Internal Audit

Page 2



## Control Assurance:

Internal Audit Work Programme

Page 3

Significant Corporate Risks

Page 4

Summary of Limited or No Assurance Opinions

Pages 4-6

Follow Up Audits

Pages 7-13



## Plan Performance:

SWT Internal Audit Plan Performance

Page 14

Approved Changes to the Audit Plan

Page 15



## Appendices:

Appendix A – Audit Framework Definitions

Page 16

Appendix B – Summary of Work Plan

Pages 17-19

## Internal Audit Plan Progress 2021-22

### Our audit activity is split between:

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



### Role of Internal Audit

The Internal Audit service for Somerset West and Taunton Council is provided by SWAP Internal Audit Services Limited (SWAP). SWAP is a Local Authority controlled Company. SWAP has adopted and works to the Standards of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards (PSIAS) and also follows the CIPFA Code of Practice for Internal Audit. The Partnership is also guided by the Internal Audit Charter approved by the Audit, Governance and Standards Committee at its meeting in March 2021.

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

- Operational Audit Reviews
- Cross Cutting Governance Audits
- Annual Review of Key Financial System Controls
- IT Audits
- Grants
- Other Special or Unplanned Review

Internal Audit work is largely driven by an Annual Audit Plan. This is approved by the Section 151 Officer, following consultation with the Senior Leadership Team. The 2021-22 Audit Plan was reported to the Audit, Governance and Standards Committee and approved at its meeting in March 2021. Audit assignments are undertaken in accordance with this Plan to assess current levels of governance, control and risk.

# Internal Audit Plan Progress 2021-22

## Outturn to Date:

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



## Internal Audit Work programme

The schedule provided at **Appendix B** contains a list of all audits as agreed in the Annual Audit Plan 2021/22. It is important that Members are aware of the status of all audits and that this information helps them place reliance on the work of Internal Audit and its ability to complete the plan as agreed. Each completed assignment includes its respective “assurance opinion” rating together with the number and relative ranking of recommendations that have been raised with management.

In such cases, the Committee can take assurance that improvement actions have been agreed with management to address these. The assurance opinion ratings have been determined in accordance with the Internal Audit “Audit Framework Definitions” as detailed in **Appendix A**.

The following table summarised Audits finalised since the previous update in September 2021.

Audit Area	Opinion
Fraud Risk Assessment	Advisory
Grounds and Open Spaces - External Work – Income ‘Follow Up Audit’	Advisory (Follow Up)
Open Contractor – Revised Grounds Maintenance Arrangements	Reasonable
Data Centre Review	Limited
Performance Management	Substantial
Risk Management	Reasonable
Exploratory Work – Tenancy	Advisory
Procurement – ‘Follow Up Audit’	Advisory (Follow Up)

Please see the Limited/No Assurance section below for further information on the Limited Assurance review.

# Internal Audit Plan Progress 2021-22

## Significant Corporate Risks

Identified Significant Corporate Risks should be brought to the attention of the Audit Committee.

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee.

- Limited or No Assurance Opinions
- Follow-ups



## Significant Corporate Risks

We provide a definition of the 3 Risk Levels applied within audit reports and these are detailed in **Appendix A**. For those audits which have reached report stage through the year, I will report risks we have assessed as 'High'.

There are no significant (High) corporate risks identified through our work since your previous update in September.



## Summary of Work Completed – Limited or No Assurance Opinions

### Data Centre – Limited Assurance

The objective that the audit concluded against was to ensure that, *the data centre facilities for SWT are managed appropriately to prevent loss and corruption of data and communications.*

The scope of this review covered both the Primary Data Centre (PDC) at Deane House and the Secondary Data Centre (SDC) at West Somerset House. We assessed the effectiveness of each individual data centre's arrangements to ensure the on-going security of the Council's information assets and support of those Council business activities that depend upon technology to function. We also reviewed all supporting policies and procedures to identify any instances of non-compliance with the Council's own established policies and procedures.

The Council has only recently refurbished its data centres and arrangements to support their safe and efficient operation were still being embedded at the time of this review. Whilst our audit has identified where improvements were needed to better safeguard these facilities going forward, these improvements have been acknowledged by management with assurances provided that the majority would be addressed before the end of December 2021.

The main priority findings are listed below and will be followed up by SWAP in 2022-23 to provide assurance that agreed actions have been implemented.

## Internal Audit Plan Progress 2021-22

P1 or P2	Issue Found	Managers Agreed Action	Agreed Date of Action
P2	There was no formal process for testing resilience but through operational tasks, such as performing updates or maintenance to the primary lines, the resilient lines were used at regular intervals. While resilient equipment was routinely serviced or used as part of other operational tasks, there has been no formal testing of these to ensure that in a continuity or recovery situation that they will function as intended. As such we have been unable to completely evidence this activity.	To support ICT management oversight of resilience testing, it was agreed that a formal program would be introduced to detail the periodic tests undertaken and results recorded. The frequency of these tests would be determined by management according to the risk arising. These tests would be designed to ensure that all resilient equipment was able to function as expected in the event of a recovery or continuity event arising.	31.3.22
P2	Staff contacted as part of this review did have an awareness of how to respond to an emergency at the Primary Data Centre (PDC) and the Secondary Data Centre (SDC). However, this stemmed from their own skills and experience on how they should proceed rather than because of any Health and Safety training offered by the Council to ensure a safe and consistent response. No formal training has been offered to such staff and there were no formal emergency procedures related to the individual Data Centres themselves.	It was agreed to formally document emergency procedures relating to the data centres and that training would be provided to the appropriate staff according to their roles and responsibilities. This would support the Council's compliance with Health and Safety legislation.	31.12.21
P2	There was alternative power supplies (Uninterruptable Power Supplies (UPS)) maintained and installed at both the PDC and SDC at the time of our review. These are specialist items that help to ensure a sufficient power supply to data centre facilities in the event of a disruption occurring. However, at our visit to the PDC, we noted that the UPS systems did not appear to be load balanced.	It was agreed that an examination of the PDC's UPS would be undertaken to confirm that load balancing was in place, and additionally to replace the SDC UPS. The Head of ICT will liaise with Facilities Management to ensure these actions are completed.	31.3.22
P2	We were informed that access to the Council's data centres were restricted to authorised staff only via swipe card and we noted that visitor details were also recorded in a log. However, there was no formal policy that stated that access should be strictly restricted to authorised staff only on a need's must basis, nor how such access should be first requested and then granted, or from whom such authorisation should be sought.	To improve physical security at the Council's data centre facilities it was agreed to: a) Document the process required to gain entry to the data centres along with details of those that would be required to authorise access. <i>This process could be documented as a distinct policy or absorbed by existing Information Security Policies used by the Council.</i> b) Review and reduce where practicable the number of cards that allow access to the data centres.	31.12.21

## Internal Audit Plan Progress 2021-22

P1 or P2	Issue Found	Managers Agreed Action	Agreed Date of Action
P2	<p>Information asset inventories should record all assets, including data centre equipment for maintenance and insurance purposes. We were unable to evidence the completeness and accuracy of the equipment held in the data centres owing to a lack of a detailed inventory at the time of this review.</p> <p>We were informed that since an extensive refurbishment at both data centres had only recently been completed, data centre equipment for maintenance and insurance purposes, was known.</p>	<p>It was agreed to conduct an inspection of both data centres to confirm the inventory details of all equipment located in these facilities and to apply any updates to the Council's inventory records where necessary.</p>	31.12.21

# Internal Audit Plan Progress 2021-22

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee.

- Limited or No Assurance Opinions
- Follow-ups

## Summary of Work Completed – Follow Up Audits

### Procurement – Follow up Audit

The original Procurement audit was completed in October 2020 and received a Limited assurance opinion. The objective of the audit was to assess the effectiveness of the Procurement unit's strategic direction, legislative compliance, fraud prevention and delivery of value for money at Somerset West and Taunton Council.

The follow up audit has found the majority of actions are in progress but are not yet complete. The main reasons for the non-completion are due to limited resourcing due to staff absence, other priorities, recruitment difficulties, and upcoming Unitary arrangements which has hampered progress with the actions to update documentation, and monitoring.

Key findings from the audit follow up have been summarised below.

Follow Up Progress Summary				
Priority	Complete	In Progress	Not Started	Summary
Priority 1	0	0	0	0
Priority 2	1	4	0	5
Priority 3	1	0	1	2
Total	2	4	1	7

Further details can be found in the table below on progress against each of the Priority 2 (P2) findings raised in the original review.

## Internal Audit Plan Progress 2021-22

	Issue from October 2020 Review	Agreed Action October 2020	Current Position October 2021	Revised Date	Status
P2	There is not an up-to-date Procurement Strategy currently in place for the council.	<p>A) The creation of a new strategy is in progress and will be delivered as planned in line with the Finance and Procurement Operational Plan. This is a recognised priority prior to the audit. All bullet points will be considered in the draft strategy, and the strategy will be taken to the Executive for approval. This is currently anticipated to be in January 2021, subject to SMT agreement on the delivery timetable.</p> <p>B) Provision of CPR's to be reviewed by AD Finance with changes likely to be approved by the Monitoring Officer under delegated responsibility.</p>	<p>A) A new Procurement Strategy was created and received approval by SMT in March 2021.</p> <p>B) This action has been delayed due to staff absence and other priorities. The revised Contract Procedure Rules (CPRs) were completed in July 2021 have been reviewed and verbally accepted; they will be further reviewed and formally signed off by the Deputy Monitoring Officer / Lawyer, now in post.</p>	<p>A) Complete</p> <p>B) 31 December 2021</p>	In Progress
P2	There is no published, detailed operational Procurement guidance or training in place for Procuring Officers or others with responsibility for Procurement, other than the high-level guidance documented in the Contract Procedure Rules (CPRs).	AD Finance and Strategic Procurement Specialist to review training and agree timeframes for implementation.	Initial work was undertaken to create online e-training however the source system was withdrawn and therefore work was re-started to establish training and guidance for Procurement Officers and others. The alternative options considered include group sessions delivered as part of the directorate service team meetings. The delivery of this is expected to be in a face-to-face environment subject to COVID restrictions.	<p>Training Framework – 31<sup>st</sup> March 2022</p> <p>Implementation starting Q1 2022</p>	In Progress

## Internal Audit Plan Progress 2021-22

	Issue from October 2020 Review	Agreed Action October 2020	Current Position October 2021	Revised Date	Status
P2	Expenditure made through the exemption procedure has not been processed in accordance with the threshold limits and authorisation levels within the CPRs, and there is no monitoring of the process by the Procurement team or senior management.	<p>Whilst we agree with the recommendations, these reflect what is already being implemented, and as such it is management's view that this is a Priority 3 finding that requires attention. The Strategic Procurement Specialist plans to have addressed the points within the recommendation (below) by January 2021.</p> <p>A) Review the CPRs to bring them up to speed with the current exemption process being used and ensure that the end-to-end process is designed to fully protect the council's interests. Any changes to the CPRs to reflect the current exemption process should be approved by the Monitoring Officer.</p> <p>B) Ensure that the PO reference(s) relevant to each register entry are obtained and entered into the waiver register, and that the Specialist implements a procedure to monitor and ensure that spending through exemption is in line with the authorised waiver value, or that further authorisation is obtained where an originally authorised waiver value is to be exceeded.</p> <p>C) Implement a process to report regularly to the Senior Management Team on the type and value of expenditure being processed through exemption. This report should also highlight any issues identified through waiver monitoring completed by the Procurement team, to enable oversight and escalation of any issues as required.</p>	<p>A) The CPRs have been updated (but yet to be formally approved) however, the Measuring Performance section of the Procurement Strategy includes reference to exemption threshold compliance.</p> <p>B) PO numbers against waivers are recorded on the Waiver Register and overall spend against estimated waver values with interrogation of overspend. Stricter interrogation by procurement of requests for waiver to CSOs has been introduced.</p> <p>C) A standard quarterly report of Waivers is being introduced. This will include reporting on number of requests, the service requesting, value, and supplier. The quarterly report will be presented to Finance AD (151 Officer) each quarter, commencing Q4 2021/2022.</p>	March 2022	In Progress

## Internal Audit Plan Progress 2021-22

	Issue from October 2020 Review	Agreed Action October 2020	Current Position October 2021	Revised Date	Status
P2	We identified expenditure with suppliers who do not appear in the council's public contract register in line with Transparency Code legislation.	The Contract Register is under review to ensure compliance and completeness. It is agreed to review and establish regular reconciliations, however there is a dependency of filling the currently vacant Procurement Officer role to provide the necessary capacity to ensure continuation of the process is compliant.	<p>The council is using ProContract for new procurement activity and the contract register function forms part of this process.</p> <p>Existing contracts remain on the contract register held on SharePoint and as these come up for renewal, they will be added to ProContract where appropriate. Whilst reconciliations of the existing register (and ProContract) will become the responsibility of the Procurement Officer, existing contracts will be RAG rated to identify priorities for action.</p>	Complete	Complete
P2	There is no regular monitoring of contracts reaching the end of their term by the Procurement team to ensure that another Procurement exercise is initiated where necessary, or to actively monitor whether the council's expenditure is supported as required by a Purchase Order (PO).	Processes and regular reporting will be put in place, with the activity to be responsibility of the currently vacant Procurement Officer post.	<p>The contract register is reviewed on a weekly basis by SPS &amp; SP Case Manager. Contracts that require further detailed review are identified and necessary steps to resolve are taken.</p> <p>Recruitment has proved difficult which means this action has not progressed as intended and therefore monitoring has been on a reactive basis. The current vacant post is subject to review as part of 2022/2023 budget setting and recruitment is therefore currently on hold. In the meantime, RAG rating the contracts will help to identify the priorities for some pro-active monitoring. Whilst Somerset County Council are providing some procurement support, this does not extend to monitoring.</p> <p>Development of further reporting is subject to further resourcing becoming available.</p>	30 April 2022	In Progress

## Completed Assignments:

Summary of work completed with a focus on the high priority issues that we believe should be brought to the attention of the Audit Committee.

- Limited or No Assurance Opinions
- Follow-ups



## Summary of Work Completed – Follow Up Audits

### Grounds & Open Spaces – External Income

The original audit of Grounds and Open Spaces External Work Income was completed in October 2020 and received a Limited assurance opinion. The follow up audit has found that all 10 actions have now been completed. Key findings from the audit follow up have been summarised below.

Follow Up Progress Summary				
Priority	Complete	In Progress	Not Started	Summary
Priority 1	1	0	0	1
Priority 2	6	0	0	6
Priority 3	3	0	0	3
<b>Total</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>10</b>

The current year has been focused on ensuring current work is resourced correctly and on getting the service right. Now that this is in place, the service is able to focus on getting the processes refined and documented. All actions from the original audit review have been implemented. The new processes that have been introduced, replacing Open Contractor, have demonstrated that external works are correctly invoiced and accounted for within the financial management system.

Further details can be found in the table below on progress against each of the Priority 2 (P2) findings raised in the original review.

## Internal Audit Plan Progress 2021-22

	Issue from October 2020 Review	Agreed Action October 2020	Current Position October 2021	Revised Date	Status
P1	Invoices are not being raised as soon as a job is closed.	All invoices raised when closed and a monthly reconciliation completed on payment of invoices and open jobs. Zero based budgeting introduced for 2021/22 to ensure income budgets are correct.	The service no longer uses Open Contractor. The previous issue was the invoices were not being raised upon completion of the job, but after the job had been closed. This could be several months after the job had been completed and evidence to support the reason for the invoice was not always retained. All invoices are now raised as soon as the job is completed, or in line with contracted arrangements. Income figures are reviewed on a fortnightly basis to ensure all expected income has been received. Budgeted income figure has been forecast based on the contract arrangements in place. For any ad-hoc external work, the job is recorded within the 'job spreadsheet' and, when this is completed, an invoice is raised.	N/A	Complete
P2	Reconciliations are not being performed.	Agreed	As stated above, Open Contractor is no longer used; however, reconciliations are undertaken where contracts have been renewed to ensure all invoices are raised in line with the contract arrangements. Reconciliations are also undertaken to ensure invoices are raised for accepted quotes and that income is received.	N/A	Complete
P2	There is no Grounds and Open Spaces Strategy for generating income from external works.	That income generation and bidding is done in an agreed way to ensure that the team has capacity and agreed controls to deliver extra work or that the work can be won and generates a profit. Items detailed above will be included in the annual service plan. 2021/22 will be focused on ensuring current work is resourced correctly and performing well before extra work is bid for or a strategy written. Zero based budgeting introduced for 2021/22.	The three-year plan for generating income from external works is currently in draft. We have received a copy of this plan setting out the actions to be delivered over the next three years. The agreed action from the original audit stated: '2021/22 will be focused on ensuring current work is resourced correctly and performing well before extra work is bid for or a strategy written.' This is still the case. The three-year plan sets out the actions to be undertaken to allow the service to be in a position to bid for extra work. The Open Spaces Manager has confirmed that the Assistant Director Commercial Services will have to sign off the three-year plan; however, the actions within the plan will be monitored through the service's business plan and individual objectives set.	N/A	Complete

## Internal Audit Plan Progress 2021-22

	Issue from October 2020 Review	Agreed Action October 2020	Current Position October 2021	Revised Date	Status
P2	There are no detailed Schedules of Works which inform a Financial Forecast.	Agreed - Produce a schedule of works for Housing Revenue Fund and General Fund – March 2021. Produce a schedule of works for all other work – Sept 2021.	There is a list of all contracts that have been signed. The Council is not looking to bid for any external work at present. For this financial year, income has been forecast based on the contracts in place.	N/A	Complete
P2	There was little evidence of detailed procedure notes and guides for key areas.	Agreed - List of procedures needed – Dec 2021. Produce work plan to complete procedures including resource requirement.	We have been provided with evidence to show that procedure notes for key tasks have been reviewed and updated. Flowcharts have been created for the internal and external quote process. Version control is now in place for all procedures. The procedures are held within SharePoint so all relevant staff have access; however, there are restrictions in place so that changes can only be made by authorised officers.	N/A	Complete
P2	Quotes templates do not make costs clear.	Agreed – template to be updated	A copy of the Quote template has been provided. This will be used for both internal and external quotes and has been updated to ensure costs are clear.	N/A	Complete
P2	Staff need more support and training to carry out their roles effectively.	We will agree to ensure that key Members of staff responsible for the grounds and open spaces service receive appropriate training to achieve these roles.	Not all officers require financial management training. Only the budget holders require this. The Open Spaces Manager is the budget holder and, through the appropriate training received, is confident and competent in this role. Other officers do, however, require knowledge relevant to their role, e.g., pricing jobs. The quoting of work is based on experience in grounds maintenance rather than training. All staff that quote for work are experienced grounds maintenance professionals, with the knowledge required to work out a cost to deliver works. In addition, the Case Manager – Parks and Open Spaces is the main focal point for financial matters. She is fully competent in this role. A second Case Manager has also been appointed on a full-time, permanent basis, to support the administration of the service. Whilst no specific financial management training has been given since the original audit review, all key Members of staff, whose role has some kind of financial element to it, have the competencies and skills to perform that role.	N/A	Complete

## Internal Audit Plan Progress 2021-22

The Assistant Director for SWAP reports performance on a regular basis to the SWAP Management and Partnership Boards.



### SWAP Performance

SWAP now provides the Internal Audit service for 24 public sector bodies. SWAP performance is subject to regular monitoring review by both the Board and the Member Meetings. The respective outturn performance results for Somerset West and Taunton for quarters 1, 2 and 3 of 2021-22 (as of end November 2021) were as follows:

Performance Target	Target Year End	Average Performance (Q1, Q2 & Q3 only)
<p><b><u>Audit Plan – Percentage Progress</u></b>                      Final, Draft and Discussion                      In progress                      Yet to complete</p>	>90%	62% 29% 10%
<p><b><u>Quality of Audit Work</u></b>                      Customer Satisfaction Questionnaire</p>	>95%	100%
<p><b><u>Outcomes from Audit Work</u></b>                      Value to the Organisation  <i>(client view of whether our audit work met or exceeded expectations, in terms of value to their area)</i></p>	>95%	Year end

# Internal Audit Plan Progress 2021-22

We keep our audit plans under regular review so as to ensure that we are auditing the right things at the right time. Audit Plans are undertaken on a rolling quarterly basis.



## Approved Changes to the Plan

The audit plan for 2021/22 is detailed in **Appendix B**. Inevitably changes to the plan will be required during the year to reflect changing risks and ensure the audit plan remains relevant to Somerset West and Taunton Council. Our rolling plans are agreed with the Senior Leadership Team quarterly from the list of unscheduled audit areas (brought to this Committee in March 2021) that constitutes the rolling Audit Plan. Members of the Audit Committee are welcome to identify area where they need assurance for priority work.

Original Audit Plan	Revised Audit Plan	Agreed Change
Data Centre – Q4	Data Centre – Q2	Request from Head of ICT.
ICT Infrastructure	Incident Management	ICT Infrastructure added to rolling plan list for future allocation. Change request agreed with Head of ICT.
One audit to be reduced from quarter 4 allocation	Exploratory work - Tenancy	

Assurance Definitions

<b>No</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control are inadequate to effectively manage risks to the achievement of objectives in the area audited.
<b>Limited</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
<b>Reasonable</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Substantial</b>	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Non-Opinion/Advisory</b>	In addition to our opinion-based work we will provide consultancy services. The “advice” offered by Internal Audit in its consultancy role may include risk analysis and evaluation, developing potential solutions to problems and providing controls assurance.

Definition of Corporate Risks

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

Categorisation of Recommendations

In addition to the corporate risk assessment it is important that management know how important the recommendation is to their service. Each recommendation has been given a priority rating at service level with the following definitions:

<b>Priority 1</b>	Findings that are fundamental to the integrity of the service’s business processes and require the immediate attention of management.
<b>Priority 2</b>	Important findings that need to be resolved by management.
<b>Priority 3</b>	Finding that requires attention.

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
<b>FINAL</b>									
Assurance	Commercial Investment	1	Final	Substantial	2	0	0	2	
Assurance	Health and Safety	1	Final	Limited	11	0	3	8	Reported September 2021
Assurance	North Taunton Woolaway Regeneration	1	Final	Substantial	0	0	0	0	
Advisory	Fraud Risk Assessment	2	Final	Advisory	0	0	0	0	
Follow Up	DLO External Work – Income Follow Up	2	Final	Advisory (follow up)	0	0	0	0	Reported December 2021
Assurance	Open Contractor – Revised Grounds Maintenance Arrangements	2	Final	Reasonable	3	0	0	3	
Assurance	Performance Management	2	Final	Substantial	3	0	0	3	
Assurance	Risk Management	2	Final	Reasonable	6	0	2	4	
Assurance - ICT	Data Centre Review	2	Final	Limited	7	0	5	2	Reported December 2021
Advisory	Exploratory Work – Tenancy	3	Final	Advisory	0	0	0	0	
Follow Up	Procurement Follow-Up	2	Final	Advisory (follow up)	5	0	4	1	Reported December 2021

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
<b>DRAFT</b>									
Assurance	Post payment assurance on COVID-19 grants (ARG & Restart)	2							
Assurance	Business Improvement – Tracking benefits	2							
<b>IN PROGRESS</b>									
Assurance	Data Protection Compliance (GDPR)	1							Delayed due to Key officer absence
Assurance - ICT	ICT Security Policy & Awareness Audit	2							
Assurance	Carbon Net Zero	2							
Advisory	Open Contractor – Revised Housing Arrangements	2							
Assurance	Housing Benefit	3							
Assurance	Council Tax & Business Rates	3							
<b>NOT STARTED</b>									
Assurance	Housing Rents	3	Scoping						

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	1 - Major 3 - Minor			Comments
						1	2	3	
Follow Up	Ethical Governance and Culture	3							

The list below constitutes the rolling 'unscheduled' audits for consideration for the next quarters work and beyond. Audit Committee Members are encouraged to provide a view on priority areas for Internal Audit Assurance work at any point throughout the year. We will be fully refreshing this list in quarter 4 and will be asking for Audit Committee Members input to help shape 2022-23 priority areas.

Audit Type	Audit Area	Audit Type	Audit Area	Audit Type	Audit Area
Assurance	Homelessness	Assurance	The measurement of phosphates	Assurance	Recruitment and On-boarding/Staff Retention
Assurance	Unitary Council Programme and Governance	Advisory	Impact of Covid-19 – Recovery to BAU and lessons learned	Assurance - ICT	ICT infrastructure improvement review
Assurance	Programme and Project Management	Assurance	People Strategy	Assurance	Sea Level Rises
Assurance	Creditors	Follow Up	Health and Safety Governance	Assurance - ICT	Digital Strategy
Assurance	Debtors	Follow Up	Data Centres	Assurance	Firepool SPV
Assurance	Main Accounting	Assurance	Regeneration Projects – Governance	Assurance	Landlord Housing Compliance (Part of rolling assurance plan)
Advisory	Baseline Assessment for Maturity of Fraud	Assurance	North Taunton Woolway Delivery and Budget	Assurance	Procurement Cards