

Cotswold District Council

Report of Internal Audit Activity

Plan Progress 2018/2019

January 2019

*Agenda Item 08
Appendix A.*

Contents

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Our audit activity is split between:

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

Role of Internal Audit

The Internal Audit service for Cotswold District Council is provided by SWAP Internal Audit Services (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.

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

- Governance Audits
- Operational Audits
- Key Financial System Controls
- IT Audits
- Other Special or Unplanned Review

Internal Audit work is largely driven by an Annual Audit Plan. This is recommended to the Audit Committee by the Chief Finance Officer, following consultation with the Council's Management Team. The 2018/19 Audit Plan was reported to, and approved by, Audit Committee at its meeting in April 2018.

Audit assignments are undertaken in accordance with this Plan to assess current levels of governance, control and risk.

Internal Audit Plan Progress 2018/2019

Outturn to Date:

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

Internal Audit Work

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** of this document.

The schedule provided at **Appendix B** contains a list of all audits as agreed in the Internal Audit Annual Plan 2018/19. 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.

As agreed with this Committee where a review has a status of ‘Final’ we will provide a summary of the work and further details to inform Members of any key issues, if any, identified.

Further information on all the finalised reviews can be found within **Appendix C**.

At **Appendix D** we have included a schedule of the high priority recommendations that were identified during 2017/18. These will be updated when the follow-up audit has been completed.

Appendix E summarises all 2017/18 and 2018/19 recommendations and the progress made against these.

Internal Audit Plan Progress 2018/2019

We keep our audit plans under regular review to ensure that we audit the right things at the right time.

Approved Changes to the Audit Plan

The audit plan for 2018/19 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 Cotswold District Council. Members will note that where necessary any changes to the plan throughout the year will have been subject to agreement with the appropriate Service Manager and the Audit Client Officer (Chief Finance Officer).

No changes have been made to the audit plan since the last meeting of this Committee

At the conclusion of audit assignment work each review is awarded a "Control Assurance Definition";

- No Assurance
- Partial
- Reasonable
- Substantial

Audit Framework Definitions

Control Assurance Definitions

No Assurance	The areas reviewed were found to be inadequately controlled. Risks are not well managed, and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Partial	In relation to the areas reviewed and the controls found to be in place, some key risks are not well managed, and systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Reasonable	Most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed, but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.
Substantial	The areas reviewed were found to be adequately controlled. Internal controls are in place and operating effectively and risks against the achievement of objectives are well managed.

Non-Opinion – 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. Consultancy services from Internal Audit offer management the added benefit of being delivered by people with a good understanding of the overall risk, control and governance concerns and priorities of the organisation.

Recommendations are prioritised from 1 to 3 on how important they are to the service/area audited. These are not necessarily how important they are to the organisation at a corporate level.

Audit Framework Definitions

Categorisation of Recommendations

When making recommendations to Management it is important that they know how important the recommendation is to their service. There should be a clear distinction between how we evaluate the risks identified for the service but scored at a corporate level and the priority assigned to the recommendation. No timeframes have been applied to each Priority as implementation will depend on several factors; however, the definitions imply the importance.

Categorisation of Recommendations	
Priority 1	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.
Priority 2	Important findings that need to be resolved by management
Priority 3	Finding that requires attention.

Each audit covers key risks. For each audit a risk assessment is undertaken whereby with management risks for the review are assessed at the Corporate inherent level (the risk of exposure with no controls in place) and then once the audit is complete the Auditors assessment of the risk exposure at Corporate level after the control environment has been tested. All assessments are made against the risk appetite agreed by the SWAP Management Board.

Definitions of Risk

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

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	5 = Major ← → 1 = Minor					Comments
						Recommendation					
						5	4	3	2	1	
2017/18 Audits – Draft / In Progress at Annual Opinion											
ICT	Protection from Malicious Code		Position Statement								
ICT	ICT Policies		Final Report	Reasonable	1			1			Reported October 2018
ICT	Public Services Network Submission (PSN)		Final Report	Reasonable	2			2			Reported October 2018
Key Financial Control	Fighting Fraud Locally		Final Report	Reasonable	4		1	3			See Appendix C
Key Financial Control	Serious and Organised Crime Checklist		Final Report	Reasonable	1			1			Reported October 2018
Key Financial Control	Serious and Organised Crime Audit										

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Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	Priority			Comments
						1	2	3	
2018/19 Audit Plan									
Governance	Annual Governance Statement	1	Final Report	Substantial	-				Reported October 2018
ICT	Data Protection Act 2018 (GDPR)	1	In Progress						
Operational	Procurement and Contract Management	1	In Progress						
Operational	Refugees	1	Final Report	N/A	-				See Appendix C
Operational	Disabled Facilities Grants (NEW)	1	Final Report	Reasonable	7	-	3	4	See Appendices C, D & E
Other Audit Involvement	Disabled Facilities Grant Certification	1	Complete	N/A					
Governance	Performance Management	2	In Progress						
ICT	Public Services Network Submission (PSN)	2							Audit planned for Qtr 4
Operational	Members and Officers Gifts and Hospitality and Declarations of Interest	2	In Progress						
Operational	Regulatory Awareness and Compliance	2	In Progress						
Operational	Internal Enforcement Agency	2	Final Report	Reasonable	7	-	2	5	See Appendices C, D & E

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	Priority			Comments
						1	2	3	
Operational	S106 Agreements and Funds	2	Draft Report						
Operational	Subsidy Claims	2	Draft Report						
Follow-Up	Licensing	2	Final Report	N/A	-				See Appendices D & E
Follow-Up	Food Safety	2	Final Report	N/A	-				See Appendices D & E
Follow-Up	Security	2	Draft Report						
Follow-Up	Safeguarding	2	In Progress						
Follow-Up	Pool Cars	2	Final Report	N/A	-				
Operational	Assurance over Payment Procedure	2	Final Report	N/A	-				Reported as its own agenda item
Key Financial Control	Revenues and Benefits	3							
	• National Non-Domestic Rates		In Progress						
	• Council Tax		In Progress						
	• Council Tax Benefit		In Progress						
Key Financial Control	Core Financials	3							
	• Accounts Payable		Draft Report						

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	Priority			Comments
						1	2	3	
	• Accounts Receivable		In Progress						
	• Main Accounting		In Progress						
	• Payroll		In Progress						
	• Treasury Management and Bank Reconciliation		Final Report	Substantial	1	-	-	1	See Appendices C, D & E
Key Financial Control	Systems Administration	3	In Progress						
Key Financial Control	Human Resources	3	In Progress						
13 Key Financial Control	Other Support Service provided by Publica • Procurement	3	In Progress						
Governance	Risk Management	4							
Key Financial Control	Serious and Organised Crime	4							
Operational	Corporate Culture	4							
Operational	Discretionary Housing Payments	4	Final Report	Reasonable	10	-	2	8	See Appendices C, D & E
Follow-Up	Private Water Supplies (NEW)	4							

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	Priority			Comments
						1	2	3	
Follow-Up Audits	Follow-Ups of Recommendations made in Substantial and Reasonable Audits	1 - 4	On Going						
	• Public Health Burials		Complete						See Appendix E
	• Health and Safety		Complete						See Appendices D & E
	• Public Services Network (PSN)		Complete						See Appendix E
	• ICT Policies		Complete						See Appendix E
	• Grant Payments to Third Parties		Complete						See Appendix E
	• IR 35		In Progress						
Advice and Consultancy	Benefits Realisation	1 - 4	ToR Agreed						
Advice and Consultancy	Public Governance	1 - 4	On Going						
Advice and Consultancy	Change Programmes (Public Transformation Programme)	1 - 4	On Going						
Other Audit Involvement	Provision for Grant Certifications	1 - 4							
Other Audit Involvement	Management of the IA Function and Client Support	1 - 4	On Going						

Audit Type	Audit Area	Quarter	Status	Opinion	No of Rec	Priority			Comments
						1	2	3	
						Other Audit Involvement	Contingency – Provision for New Work based on emerging risks		
	Other ICT Audits – to be agreed with SWAP ICT Auditor and ICT								

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Summary of Audit Assignments Finalised since the last Audit Committee

Audit Assignments finalised since the last Audit Committee:

Summary of Audit Findings and High Priority Service Findings

The following information provides a brief summary of each audit review finalised since the last Committee update.

2017/18 Fighting Fraud Locally – Reasonable Assurance

We have reviewed the current arrangements in place to combat fraud and corruption across Cotswold District Council (CDC). The 'Fighting Fraud Locally Checklist' has been completed to assess operations in relation to the three core principles of the Local Government Counter Fraud and Corruption Strategy (2016-2019): Acknowledge, Prevent and Pursue.

The Counter Fraud Unit (CFU) was established across Gloucestershire and West Oxfordshire in April 2017, and CDC have appointed them to provide assurance over their counter fraud practices. The Counter-Fraud & Anti-Corruption Policy (2017) has been shared with CDC Members for their consideration and it is available on the Council website; meeting minutes support Members have approved this policy. The following documentation is also in place at the Council to help communicate its approach to fraud and provide guidance for Members and Officers;

- Council Constitution
- Member Code of Conduct
- Officer Code of Conduct
- Whistleblowing Policy

Going forward, we would suggest the CFU and Internal Audit are consulted when reviewing the Constitution, Member and Officer Codes of Conduct and Council policies in areas where potential fraud may occur, to ensure current fraud and risk themes are considered and guidance reflects this. The Council has a Corporate Risk Register in place, but fraud risks are not easily identifiable; this has been flagged as an area of improvement by the CFU and we would agree with this assessment.

An Annual Governance Statement (AGS) is documented and shared with Audit Committee. Any risks identified in the AGS are followed up in line with the annual audit plan; the CFU are also consulted on the drafting of the annual Internal Audit plan.

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At the time of audit work, CFU Awareness training was delivered to Council Staff and it was confirmed the training slides would be added to the Publica Portal for Officer information. We would suggest the current Counter-Fraud & Anti-Corruption Policy is also added to the Publica Portal to ensure Officers can easily access the guidance; the CFU Manager confirmed this has been requested.

The Council takes part in the National Fraud Initiative (NFI) and publishes Counter Fraud data on its website annually. CFU staff have relevant experience within the Public sector to undertake the work included within the annual plan and can work with other agencies when necessary to ensure professionally trained staff undertake work.

Further reviews of the processes undertaken in relation to procurement and Officer and Member registers will be undertaken by the CFU and Internal Audit I their 2018/19 work plans; we can confirm a Member register of gifts and hospitality is available on the Council website, but the Procurement Strategy is now outdated and needs to be reviewed. BPSS (Baseline Personnel Security Standard) checks are undertaken on all Council and Publica staff. Practices in relation to this areas will be reviewed further in next year's CFU work plan.

Our review has found controls are in place to help the Council fight fraud locally, and the improvements suggested within this report will help to strengthen what has already been implemented. Ensuring controls are consistently adhered to across the CFU's partners will provide a joined-up approach across the local area and help all partners acknowledge, prevent and pursue fraud in line with government guidance.

2018/19 Refugees – Non-Opinion

The management of the Syrian Resettlement Programme (SRP) is undertaken by Gloucestershire Action for Refugees and Asylum Seekers (GARAS) on behalf of all Gloucestershire authorities and supervised by Gloucestershire County Council (GCC). GARAS, a registered charity, is an immigration advisory service regulated by the Office of the Immigration Services Commissioner. GCC receive funding from the Government's International Development Fund for each Syrian refugee resettled within the district. This is used to fund GARAS and reimburse expenses incurred by local councils.

Cotswold District Council (CDC) officer's primary involvement was to source and prepare properties within the Cotswold area, for the families to move to. We can confirm that the Council sourced private sector accommodation for

four refugee families all based around Cirencester town centre. The Council ensured these properties were of a suitable standard and furnished prior to the arrival of the families. Costs incurred when refurbishing these properties were appropriately collated and invoices raised to GCC to fully reimburse the Council.

Note: We do not consider it appropriate to offer an assurance opinion as our review found the management of the Syrian Resettlement Programme was undertaken by Gloucestershire Action for Refugees and Asylum Seekers (GARAS) under the supervision of the Gloucestershire County Council (GCC).

2018/19 Disabled Facilities Grants – Reasonable Assurance

Disabled Facilities Grants (DFG) are introduced, and guidance is offered, to applicants via the Councils' websites. Booklets, produced by a partnership of local authorities and supported by NHS organisations, are also provided to applicants, which provide a step by step guide to completing the grant process. Before starting the grant process, the applicant's physical needs must be assessed by an occupational therapist and referred to their local district or city council. DFG officers then support the applicant through the grant process and carry out a number of mandatory tests that assess the applicant's eligibility. These often are carried out in conjunction with a visit of the applicant's home, and include: - Ownership of the property to be adapted, or permission from the owner - Means testing (test of resources) to assess potential requirement to contribute to the cost of the adaptations

The level of support offered to the applicant when managing the potential application of permissions (planning / building control) and appointing contractors to carry out the proposed work varies depending on the Council. West Oxfordshire District Council runs the Housing Improvement Agency (HIA) on behalf of Oxfordshire County Council and therefore manages the whole project on behalf of the applicant. Applicants living within Cotswold District Council are required to take greater control of their adaptation works, although often applicants are advised to appoint an agent to do this on their behalf. These agents are not connected to the Council.

DFG officers are involved through the grant process until completion of the required adaptation(s) and payment of the contractor(s) [and agents].

DFG officers produce quarterly monitoring reports for the Business Service Manager and respective Cabinet. These report the amount of actual and committed spend, as well as the number of applications received during that quarter. At the time of testing there were no additional measures of performance reported to the Council, although

performance data (such as time between initial contact and a visit of the applicant's home) was reported to the respective County Councils.

We are able to offer Reasonable Assurance over the management of Disabled Facilities Grants at Cotswold and West Oxfordshire District Councils. The service is customer centred, and we are satisfied processes are managed to give best possible service to the customer. We have highlighted a number of processes that would benefit from the addition, or improvement, of internal controls which will reduce potential risk to the Councils.

We have made recommendations around:

- The standardisation of policies and procedures across DFG services at Publica's partner councils;
- Planned work being checked by appropriately qualified individuals prior to work commencing and completed work being checked prior to payment of contractors;
- The procurement of contractors; and
- Data protection and data retention.

2018/19 Internal Enforcement Agency – Reasonable Assurance

Publica Recovery Officers undertake Compliance activity on behalf of CDC and WODC. The Acting Head of Revenues and Benefits is currently the only Certified Enforcement Agent. Officers refer to each Council's Revenues and Housing Support Services Recovery Policy for guidance and can access the document on the U-drive.

Internal Enforcement activity is recorded on customer accounts in Northgate. A manual spreadsheet is maintained by the Acting Head of Revenues and Benefits to monitor compliance activity, and compliance activity is reported to Publica Senior Management. Updates are regularly received from the External Enforcement Agent, and cases that have been referred onto them can also be accessed using their customer portal.

Cabinet meeting minutes (September 2016) support Members at Cotswold District Council (CDC) and West Oxfordshire District Council (WODC) approved the decision for the compliance stage of enforcement be internalised with effect from 1 April 2017, although it was not implemented until April 2018. Both Council's Revenues and Housing Support Services Recovery Policies have been approved by the relevant Cabinet (January 2018).

Training sessions were delivered to Publica Officers to give an overview of the proposed internal enforcement changes. Further training sessions were held with Publica Recovery Officers, in addition to using their previous professional

experience to undertake compliance processes.

Compliance activity is monitored and no compliance cases to have been referred onto Legal Services since April 2018; the policy contains guidance for when Officers should consult them. Adding and removing Compliance fees from an account is currently the only manual part of the compliance process. Sample testing was undertaken to check compliance with Council policy and ensure cases have been referred onto the External Enforcement Agent in an acceptable timeframe; recommendations have been made to help make internal enforcement processes more consistent. All cases that were referred on for external enforcement had the compliance fee removed from the account in Northgate.

The changes to compliance activity have been implemented as per the recommendations made to Members, although later than agreed. From the areas reviewed, we can conclude that reasonable controls are currently in place for compliance activity, and recommendations have been made to help improve Internal Enforcement's current processes.

2018/19 Discretionary Housing Payments – Reasonable Assurance

DHP applications must be made in writing using a Council DHP Application form and supporting bank statements should be provided. Claims are assessed by Client Support Officers who work with the customer to establish if another solution would be more appropriate, e.g. referring them to a charity for budgeting advice. If a DHP is deemed appropriate, a Client Support Officer completes a Decision Notice form making a recommendation on the decision to be taken. The Client Support Lead Officer reviews each Decision Notice and authorises or declines all applications.

The current policy states customers should be informed in writing of their DHP decision and any award conditions within 14days. Claims are added to Northgate by the Client Support Lead Officer and all supporting documentation is held on Information@Work.

The Council completes 3 mandatory returns to the DWP each year. No further formal monitoring or reporting is undertaken.

All claimants were in receipt of Housing Benefit or Universal Credit and evidence supports that DHPs have been assessed on a case by case basis. So that claims are processed fairly, reasonably and consistently, we have suggested some improvements and a system review to help improve efficiency and clarification.

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The current Council Discretionary Housing Payments (DHP) policies are due to be reviewed and a joint policy will be created across Cotswold District Council (CDC), West Oxfordshire District Council (WODC) and the Forest of Dean District Council (FODDC). We have identified some areas of the current policies which should be reviewed to improve clarification and transparency of the scheme.

A sample of awarded and refused DHP applications were examined to check accordance with Council policy and DWP guidance. All claims have evidence of a completed Council DHP application form and a Decision Notice on file, but testing found some inconsistencies in the supporting documentation and the detail contained which should be addressed.

There are currently no formal measures in place to record and monitor DHP targets. Testing found some claims had not been decided within the 14-day target timeframe; it has been agreed a revised 28-day timeframe will be implemented.

DHP's are not monitored in accordance with Council policy but evidence was seen to support that informal monitoring has been undertaken during the current financial year. We understand Northgate does not produce reports which include all the information required by the service so a manual DHP spreadsheet is maintained. To mitigate against the risk of human error, to make monitoring and reporting of DHP data more efficient and determine if it is possible for all relevant DHP information to be recorded within the system, we recommend a system review is undertaken to assess Northgate's capabilities in relation to DHPs.

Evidence was supplied to support the 3 mandatory DWP returns were submitted by the Council for 2017/18. We were advised the Council does not provide any additional DHP funding and this is a historical decision. Review of the last 3 years DHP spend in Northgate supports the DHP paid was less than the total DHP fund received from the DWP and no additional funding was required.

Although this is a discretionary scheme, claims must be processed in line with DWP guidance and the Council should be able to demonstrate they are acting fairly, reasonably and consistently. At the time of audit work we were advised the DHP policies were due to be reviewed, and the suggested improvements identified within this report should help to improve guidance and the supporting evidence maintained to ensure DHP cases are being processed in accordance with government guidance.

2018/19 Treasury Management and Bank Reconciliations – Substantial Assurance**Treasury Management**

Treasury Management (TM) advisers, Arlingclose, now provide services to CBC, CDC, FODDC and WODC. This was determined after a tender exercise in September 2017 and approved by each council. The contract will run until 2020 with the option of extending for a further 2 years. Records of investments and diversification were reviewed regarding Treasury Management investments, which were found to be in line with the approved strategies of the authorities.

Bank Reconciliation

Our testing showed that although bank reconciliations were being carried out, there was no set procedure on who or when these should be completed. This had resulted in, as at 26th November, the September and October bank reconciliations for CBC and CDC not being verified and approved at a senior level. We can confirm this has since been addressed and a recommendation has been made to improve current processes.

Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – Food Safety	1	<p>"The Service Business Manager, has agreed to ensure that: -</p> <ul style="list-style-type: none"> • the document, Delegated powers to officers of the Environmental and Regulatory Services group, is signed off at the appropriate level for all officers whose duties are detailed within it. • Officers individually have written authorisation to carry out duties under the Food Safety and Hygiene (England) Regulations 2013 and the Official Feed and Food Controls (England) Regulations 2009. • Clarification is sought from Legal to confirm Publica officers have the legal authorisation to carry out all their duties relating to food business premises on behalf of the Councils" 	<p>Delegated powers to officers of the Environmental and Regulatory Services group will be signed off.,</p> <ul style="list-style-type: none"> • Individual Officers now have written authorisation to carry out duties under the Food Safety and Hygiene (England) Regulations 2013 and the Official Feed and Food Controls (England) Regulations 2009 • All managers now have dual contracts outlining legal authorisations, however further clarification around some issues is ongoing." 	31/05/18	<p>Follow-Up Audit Complete Recommendation Complete</p> <p>Officers now have delegated powers by virtue of individual documents authorised by the ERS Food Safety Service Leader. Signed copies of these documents have been uploaded and saved within the services shared files.</p> <p>The Service Leader has a shared contract of employment between Publica and the partner Councils (Cotswold, Forest of Dean and West Oxfordshire). This contract states the Service Leader has delegated functions under a number of Acts and Regulations that allow her to fully carry out her role.</p> <p>The service has consulted with the Councils' legal services to ensure ERS officers hold the appropriate authorisations to carry out their duties on behalf of the Councils. This has been verified with Legal as part of this review.</p>

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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – Food Safety	2	The Lead Officer has agreed to ensure inspections are carried out in accordance with the Food Law Code of Practice intervention frequencies to comply with its statutory duties to enforce legislation relating to food.	<p>The FSA are currently reviewing the timescale (28 days) in which due inspections must be made as local authorities nationally are struggling to achieve this. ERS will aim to prioritise inspections according to risk and where able inspect within 28 days of the due date.</p> <p>Overdue inspections are monitored at monthly team Meetings."</p>	30/06/18	<p>Follow-Up Audit Complete Recommendation will require further follow-up</p> <p>Inspections are allocated to officers at each Council quarterly and progress against completing these inspections is reported to ERS management meeting monthly.</p> <p>We carried out a review of all registered premises (rated A to D) that were scheduled a monitoring visit between January and September 2018. There are still a number of visits being undertaken outside of the 28 days, or that were outstanding.</p> <p>The instances where inspections are completed outside of 28 days are shown to reduce throughout the year, whereas outstanding inspections did not. Up to this point the service only monitored completed inspections. Following this review measures are being implemented to ensure this aspect of food inspection performance is regularly monitored.</p>

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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – Licensing	2	We recommend that the requirements of licensing enforcement operations are documented. The activities that are carried out during the operations should also be documented to provide evidence and support any resulting actions that are taken by officers.	As a result of this review, some training needs and opportunity for process improvement have been highlighted. A Licensing team training session will be held on how to record this pro-active enforcement work, and in relation to the use and closure of service requests on Uniform for enforcement related actions."	31/08/18	<p>Follow-Up Audit Complete Recommendation will require further follow-up</p> <p>Pro-Active enforcement action was carried out in August, Licensing Officer waiting for feedback from parties involved, prior to making amendments to process and drafting</p> <p>A new procedure was implemented prior to, and carried out during, the pro-active enforcement action at the Witney music festival in August 2018. The ERS Senior officer is waiting for feedback from all parties involved (i.e. licensing officers, fire service, event organisers) before making amendments and writing up the new procedure.</p>
2017/18 – Licensing	2	We recommend that the procedure for debt recovery for premises and club premises licences is amended to be in accordance with relevant legislation.	In accordance with the legislation the current procedure for debt recovery will be amended to ensure that Premises and Club Licences are suspended after 21 days of an invoice becoming due. ERS will request the assistance of Accounts Receivable to assist with this task.	31/08/18	<p>Follow-Up Audit Commenced Recommendation will require further follow-up</p> <p>The current Publica debt recovery process doesn't inform the service in time to comply with this legislation, therefore a separate process must be undertaken. The ERS Senior Officer is in consultation with the Senior Licensing officer at Cheltenham Borough Council as this process is undertaken there.</p>

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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – Other GOSS Area Health and Safety	2	GOSS HS should produce a list of duties carried out at each of its clients and document any associated risks. Appropriate policies should then be written on behalf of each client and approved at the appropriate level.	HS policies are already in place at CBC, CDC, FoDDC, Ubico and WODC. These will continue to be reviewed in line with current procedures. The working practices of officers transferring into Publica aren't due to change significantly, therefore existing Council HS policies will be branded for Publica use and approved by the Board. In the interim period until Publica Board can meet to approve these policies, the GOSS HS Manager (in his role as advisor to Publica) has produced a transformation document stating there will be a brief transition period, until all policies have been adopted by Publica, which all Publica employees will be required to comply with Council policies."	30/03/18	Follow-Up Audit Complete Recommendation Complete All HS policies currently still in place for CBC, CDC, FODDC and WODC. Publica adopted a more streamlined approach, retaining a Corporate H&S Policy supported by more user-friendly statements and guidance documents rather than a vast number of policies which may not be relevant to everyone in the organisation. All documents ready to go on the portal. (just waiting for final approval) Same approach will be taken for council retained staff
2017/18 – Other GOSS Area Health and Safety	2	The GOSS HS Manager should work with senior management from each of GOSS's clients to ensure each appoints a 'responsible person' in line with the Regulatory Reform (Fire Safety) Order 2005. This should be a senior officer who is made aware of all responsibilities that come with the position.	OSS HS, in consultation with their clients, have identified Responsible Persons at each client (including Publica). Training on the role and responsibilities of the position will be provided to each officer at which time appointment letters will be issued."	31/01/18	Follow-Up Audit Complete Recommendation Complete Responsible persons under "the regulatory reform (fire safety) order 2005": CDC: Nigel Adams WODC: Giles Hughes FODDC: Peter Williams (All trained in July 2018)

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High Priority Recommendation Follow-Up

APPENDIX D

Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – IR35	2	To ensure compliance with HMRC guidance, all supplier request forms should be updated to state the service manager from the hiring authority is responsible for completing the ESS to determine employment status.	Revise the new supplier request form to reflect the responsibilities on the public body not sole trader.	31/07/18	Follow-Up Audit Complete Recommendation Complete Amendments to the form have been made and checked by the relevant teams.
2017/18 – IR35	2	An individual / service area should be assigned to oversee and own the IR35 process to ensure accountability.	Each Group Manager should appoint a person responsible for Overseeing the IR35 process and maintaining a register of 'off payroll' workers to avoid delays with recruiting.	31/07/18	Follow-Up Audit Complete Recommendation Complete A register has been created and all Group Managers have been given access to this as well as relevant information / guidance.
2017/18 - Safeguarding	2	A process should be put in place to ensure that the Safeguarding Policy is embedded into all contracted services or to ensure that contractors have a sufficient regard for Safeguarding which is equivalent to the requirements of the authority's Safeguarding Policy. This process should include a method of gaining continued assurance that a supplier is abiding by the Safeguarding requirements of the Council.	This is a matter that can be discussed with the procurement team. It will also need to be part of discussions as part of the new contractual arrangements between CDC and Publica."	01/04/18	Follow-Up Audit Commenced

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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 - Safeguarding	2	<p>"The 'Lead Designated Safeguarding Officer', who is accountable for the effective delivery of the Safeguarding Policy, must obtain assurance that the training requirements of the policy are met. In order to gain such assurance, it is recommended that a full review of the approach to training is undertaken for all 'employees' and Members. Focus should be given to the following:</p> <ul style="list-style-type: none"> - The introduction of Safeguarding into the Corporate Induction process - Development of a plan for Safeguarding training for staff and Members and to include a timeframe for completing the training requirements - Introduction of a method of recording staff training and understanding of training content" 	<p>The LSO, together with the Community Safety Officer, now attend induction sessions to give a presentation in respect of safeguarding and PREVENT.</p> <p>A training plan/strategy is being developed that will outline training requirements for staff and councillors and how this will be delivered.</p> <p>Safeguarding of children and vulnerable adults is now included on the new online training system and other courses will be added as appropriate. Details of completion of the courses will be recorded on the system."</p>	31/12/17	Follow-Up Audit Commenced
2017/18 – Accounts Payable (Creditors)	2	The Accounts Payable Accountancy Manager should ensure that a quarterly review of all payments made during the past four months is undertaken to highlight any duplicate payments made.	We will run this new process for the middle of each quarter, i.e. February, May, etc. This will allow us time to make any necessary adjustments before quarter end.	01/06/18	<p>Recommendation Complete</p> <p>After consideration it was decided we would go back 2 years due to the fact we have had some really late invoices received in the office. Currently we have completed this task for FODDC (G2), CDC (G4), CBH (G5), The Trust (G7) and Publica (P8).</p> <p>We have started the process for Westox (G3), CBC (G1) and Ubico (G6)</p>

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High Priority Recommendation Follow-Up

APPENDIX D

Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2017/18 – Council Tax and NNDR	2	To ensure efficient monitoring of completion notices can be undertaken, Council processes should be reviewed	The practice and administration of completion notices is currently being reviewed	30/06/18	Follow-Up in progress as part of core audit
2017/18 – Fighting Fraud and Corruption	2	The CFU should be consulted when the Procurement and Contract Strategy is reviewed to ensure fraud in relation to procurement is fully considered.	CFU Manager to work with Procurement and assist with a revised Strategy"	23/07/18	Will be followed-up during Serious and Organised Crime Audit in quarter 4

Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2018/19 Disabled Facilities Grants	2	The Councils should ensure all planned work is approved by an Occupational Therapist or suitably qualified substitute (if appropriate) prior to any work commencing to ensure its suitability. In addition, consideration should be given to ensuring all major adaptations are checked on completion by an Occupational Therapist or qualified surveyor, and applicant satisfaction recorded, prior to payment being approved.	<p>The new HIA system to be implemented (for WODC) in April 2019 has a requirement for proposed and completed work to be approved built into it. It has been agreed by Foundations that provided it is written into the Regulatory Reform Order, basic works do not require OT involvement. We are researching courses and costs for Trusted Assessor Training for Officers to assist them with this decision-making process. This will speed up the process for applicants and reduce the backlog of works, thus better meeting clients' needs.</p> <p>Gloucestershire County Council has deemed the completion of satisfaction questionnaires unnecessary as all customers were satisfied due to the nature of the work and therefore was creating work with no real outcomes. Satisfaction surveys are therefore not undertaken at CDC. Officers have been reminded to ensure that satisfaction certifications are obtained after completion.</p>	30/04/19	

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High Priority Recommendation Follow-Up

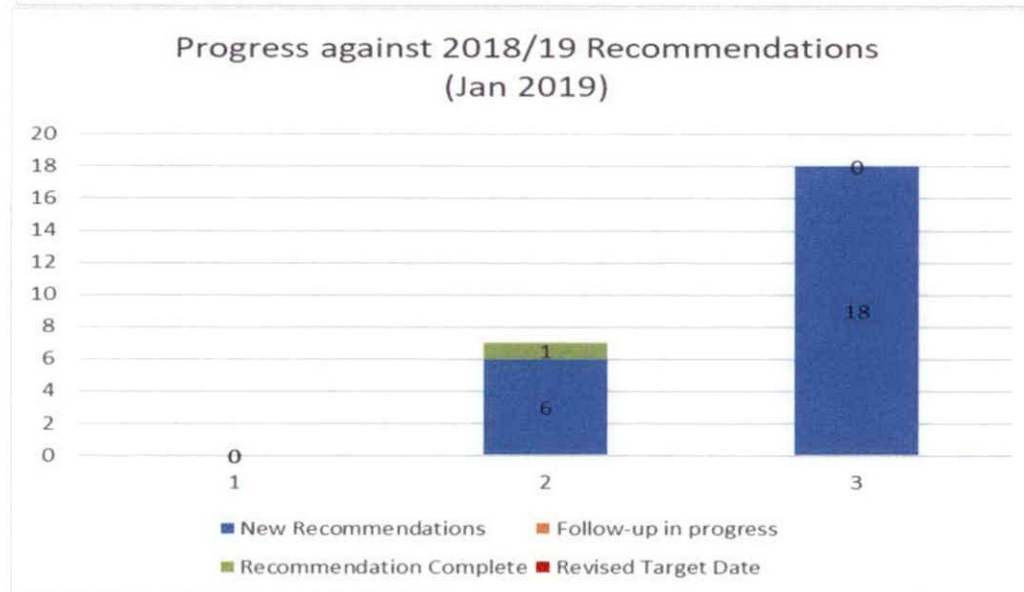
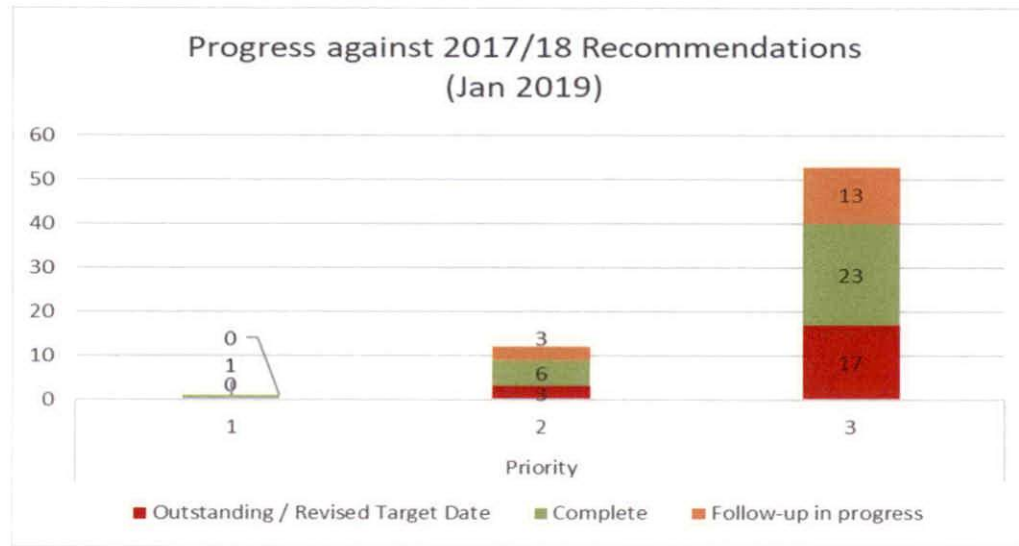
APPENDIX D

Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2018/19 Disabled Facilities Grants	2	Until such time alternative arrangements are in place (in accordance with recommendation 3.2), DFG officers should ensure sufficient quotations to evidence that value for money for the use of public funds are sought in accordance with the guidance supplied to the applicant.	The two cases highlighted during the audit were extraordinary circumstances where completion of the proposed work was time critical. Approval to proceed after obtaining a single quote was given by the Business Manager.	-	Recommendation Closed following Management Response received
2018/19 Disabled Facilities Grants	2	The Business Service Manager for Revenues and Benefits should ensure that technical advice is available for all DFG applications and this is not funded entirely from DFG budgets.	This is a historical way of working to sustain the HIA service in WODC. Further investigations are ongoing to ascertain when/why it was agreed and/or implemented. When investigations are completed, and if amendments are required, they will be implemented	30/06/19	
2018/19 Discretionary Housing Payments	2	The DHP Policy must state a claimant who is only receiving Local Council Tax Support is not eligible for a DHP, and the use of the local Council Tax scheme must be clarified	Will ensure Policy is updated to better clarify	31/03/19	
2018/19 Discretionary Housing Payments	2	A DHP Award Letter or email must be sent to all DHP applicants to inform them of their DHP decision as per DWP requirements.	Agreed and will ensure this is written within procedures and communicated to officers	28/02/19	

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Audit Name	Priority	Recommendation	Management Response	Due Date	Update January 2019
2018/19 Internal Enforcement Agency	2	Publica must ensure the Councils are consulted prior to any further stages of enforcement being internalised to ensure all risks can be considered by them.	Head of Revs and Bens and Business service managers are meeting to discuss a cabinet report with a view to adopting further enforcement methods. This will happen in late November/December.	28/06/19	
2018/19 Internal Enforcement Agency	2	The Acting Head of Revenues and Benefits must contact the Court to notify them of the changes to their employer.	Worcester Court have been contacted to issue another certificate.	29/03/19	

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