AUDIT and GOVERNANCE COMMITTEE
18 January 2023

INTERNAL AUDIT 2022/23 PROGRESS REPORT

Report by the Director of Finance

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

   Note the progress with the 2022/23 Internal Audit Plan and the outcome of the completed audits.

Executive Summary

2. This report provides an update on the Internal Audit Service, including resources, completed and planned audits.

3. The report includes the Executive Summaries from the individual Internal Audit reports finalised since the last report to the September 2022 Committee. Since the last update, there have been no further red reports issued.

Progress Report:

Resources:

4. A full update on resources was made to the Accounts, Audit & Risk Committee in May 2022 as part of the Internal Audit Strategy and Plan for 2022/23. Since then, one of our Senior Auditors left us in October. Work on recruitment to fill this post is ongoing. We have successfully recruited to our Counter Fraud apprentice and Internal Audit apprentice roles, both started at the end of October, and they have already commenced their professional apprenticeship training

5. We are continuing to support team members to compete professional training. In addition to the two new apprentices, the Counter Fraud Intelligence Officer is near to completion of his apprenticeship. One of our Senior Auditors has one exam left to complete of the Certified Internal Audit Qualification. The previous Internal Audit Apprentice has

completed her apprenticeship and been appointed as an Auditor, we are now supporting her to complete the Certified Internal Audit Qualification.

2022/23 Internal Audit Plan:

6. The 2022/23 Internal Audit Plan, which was agreed at the May 2022 Audit & Governance Committee, is attached as Appendix 1 to this report. This shows current progress with each audit and any amendments made to the plan. The plan and plan progress is reviewed quarterly with senior management. There have been three additions to the plan since the last update and five audits that have been removed / deferred until the 2023/24 plan (Appendix 1). The removed / deferred audits have been primarily ones where timing of the audit needs to be moved by three months due to work currently ongoing within the services. Due to the Senior Auditor vacancy and the other additions to the plan, the audits have not been replaced. Completion of the remainder of the plan will provide sufficient assurance to provide the annual internal audit opinion.

7. There have been 4 audits concluded since the last update, summaries of findings and current status of management actions are detailed in Appendix 2. The completed audits are as follows:

Final Reports:

Directorate	**2022/23 Audits**	**Opinion**
IT	IT Virtual Infrastructure	Green
Finance & Procurement	Off-Contract Spend	Amber
Adults	Direct Payments	Amber
Childrens	Supported Families – new framework development	n/a

8. The following **grant certification** work has been completed since the last report to A&G:

- Disabled Facilities Grant
- Local Transport Capital Block Funding 2021/22 (includes Integrated Transport, Highways Maintenance Block and Pothole fund)
- Local Authority Bus Subsidy (Revenue) Grant 2021/22

PERFORMANCE

9. The following performance indicators are monitored on a monthly basis.

Performance Measure	Target	% Performance Achieved for 22/23 audits (as at 20/12/22)	Comments
Elapsed time between start of the audit (opening meeting) and Exit Meeting.	Target date agreed for each assignment by the Audit manager, stated on Terms of Reference, but should be no more than 3 X the total audit assignment days (excepting annual leave etc)	90%	Previously reported year-end figures: 2021/22 59% 2020/21 50% 2019/20 61%
Elapsed Time for completion of audit work (exit meeting) to issue of draft report.	15 days	91%	Previously reported year-end figures: 2021/22 86% 2020/21 88% 2019/20 74%
Elapsed Time between receipt of management responses to draft report and issue of final report.	10 days	100%	Previously reported year-end figures: 2021/22 66% 2020/21 80% 2019/20 74% PI measurement was changed at the start of 22/23, previously measured time between issue of draft report and issue of final report.

The other performance indicators are:

- % of 2022/23 planned audit activity completed by 30 April 2023 - reported at year end.

- % of management actions implemented (as at 20/12/22) – 68%. Of the remaining there are 7% of actions that are overdue, 7% partially implemented and 18% of actions not yet due.
  (At September 2022 A&G Committee the figures reported were 72% implemented, 3% overdue, 11% partially implemented and 14% not yet due)

- % of repeat findings/actions (relative to the number of actions raised within the year) – reported at year end.

- Extended Management Team satisfaction with internal audit work - reported at year end.

Appendix 3

The table in Appendix 3 lists all audits with outstanding open actions, it does not include audits where full implementation has been reported. It shows the split between P1 and P2 actions implemented.

As at 20/12/22, there were 70 actions that are not yet due for implementation (this includes actions where target dates have been moved by the officers responsible), 29 actions not implemented and overdue and 29 actions where partial implementation is reported. These are reported to each Corporate Director on a monthly basis, and we continue to work with the Directorates in following up of overdue actions.

Counter-Fraud

10. The next counter fraud update to Audit & Governance Committee is scheduled for March 2023.

Financial Implications

11. There are no direct financial implications arising from this report

    Comments checked by:
    Lorna Baxter, Director of Finance, lorna.baxter@oxfordshire.gov.uk

Legal Implications

12. There are no direct legal implications arising from this report.

    Comments checked by:
    Paul Grant, Head of Legal, paul.grant@oxfordshire.gov.uk

Staff Implications

13. There are no direct staff implications arising from this report.

Equality & Inclusion Implications

14. There are no direct equality and inclusion implications arising from this report.

Sustainability Implications

15. There are no direct sustainability implications arising from this report.

Risk Management

16. The are no direct risk management implications arising from this report.

Lorna Baxter, Director of Finance

Annex:	Appendix 1: 2022/23 Internal Audit Plan progress report Appendix 2: Executive Summaries of finalised audits since last report. Appendix 3: Summary of open management actions.
Background papers:	Nil
Contact Officers:	Sarah Cox, Chief Internal Auditor sarah.cox@oxfordshire.gov.uk

January 2023

APPENDIX 1 - 2022/23 INTERNAL AUDIT PLAN - PROGRESS REPORT

Directorate / Service Area	Audit	Planned qtr start	Status as at 21/12/22	Conclusion
Childrens Services	SEND	Qtr 2 / 3	Fieldwork	
Childrens Services / IT	Childrens Education System – Implementation of New Council IT System	Qtr 1 / 2	System Testing - Complete	Amber
			Training – Complete	Green
			Operational Processes – Complete	Amber
Childrens Services	Supported Families	Qtr 2	Claims throughout 22/23 to verify	Jan 2023 claim complete
Addition to Plan: Childrens Services	Supported Families – new framework development	Qtr 3	Final Report	n/a
Childrens Services	Children we care for / Care Leavers – support with management of finances.	Qtr 2 / 3	Fieldwork	
Childrens Services	Placements – quality assurance	Qtr 3	Deferred to Q1 of 23/24 plan – due to IA resources	-
Childrens Services	YPSA (Young People's Supported Accommodation)	Qtr 3	Scoping	
Childrens Services / IT	IT application audit - EHCP System	Qtr 2	Final Report	Green

Addition to Plan: School Audit	Thomas Reade	Qtr 3	Fieldwork	
Addition to Plan: School Audit	Longfields	Qtr 4	Booked for January 2023	
Adults	Direct Payments – Follow Up	Qtr 1 / 2	Final Report	Amber
Adults	Providers – quality assurance	Qtr 4	Planned for Q4	
Adults	Shared Lives	Qtr 3	Planned for Q4	
Adults	Build back better – Introduction of cap on care costs.	Qtr 4	Removed from plan	-
Adults / IT	IT application audit – LAS	Qtr 3 / 4	Draft Report	Amber
Customers, OD & Resources	Corporate and Statutory Complaints	Q3	Deferred to 23/24 plan – request of service	-
Customers, OD & Resources	Music Service	Q1	Final Report	Amber
Customers, OD & Resources – IT	Cyber Security – Ransomware	Q1	Final Report	Amber
Customers, OD & Resources – IT	Cloud Services	Qtr 2	Final report	Amber
Customers, OD & Resources – IT	Virtualised Infrastructure	Qtr 3 / 4	Final Report	Green
Customers, OD & Resources – IT	IT Agile Working	Qtr 2	Final Report	Green
Customers, OD & Resources – HR	HR – contract management	Qtr 2	Fieldwork	
Customers, OD & Resources – HR	HR – Employee Relations	Qtr 3	Fieldwork	

Customers, OD & Resources – HR / Finance	Payroll	Qtr 3	Planned for Q4	
Finance	Pensions Administration	Qtr 3	Fieldwork	
CODR HR/ CDAI Procurement	Off contract spend	Qtr 1 / 2	Final Report	Amber
CDAI	Leases	Qtr 3	Fieldwork	
CDAI	Property / FM – Contract Procurement and Contract Management arrangements	Qtr 4	Fieldwork	
CDAI	Legal Case Management	Qtr 4	Deferred to 23/24 plan – request of service	-
Environment and Place / Finance	Capital Programme - Major Infrastructure	Qtr 2 / 3	Fieldwork	
Environment and Place / Finance	Capital Programme - Highways Asset Management	Qtr 2 / 3	Fieldwork	
Environment and Place	Supported Transport	Qtr 3	Deferred to 23/24 plan – request of service	-
Environment and Place	S106 – New IT system	Qtr 4	Planned for Q4	
Environment and Place	Climate	Qtr 2	Fieldwork	
Environment and Place	Street Lighting Contract	Qtr 2	Fieldwork	

Environment and Place / IT	IT application audit – GIS	Qtr 3 / 4	Fieldwork	
Corporate / Cross Cutting	Combined Audit & Counter Fraud Reviews (also see Counter Fraud Plans)	ongoing	-	-
Various	Grant Certification: - Disabled Facilities Grant - Travel Demand Management 2020/21 - Green Homes Grant (LAD1B) 2021 - BDUK 2021/22 Q1-3 - BDUK 2021/22 Q4 - Test and Trace 2020/21 - Contain Outbreak Management Fund 2020/21 - Universal Drug Treatment Grant 2021/22 - Local Transport Capital Block Funding 2021/22 (includes Integrated Transport, Highways Maintenance Block and Pothole fund) - Local Authority Bus Subsidy (Revenue) Grant 2021/22	Qtr 1-4	All complete	

2022/23 Internal Audit plan amendments

Directorate / Service Area	Audit	Reason for amendment
Schools	Governance & Financial Management audit of Thomas Reade School	***Addition to plan***. Approved by Director of Finance and Director of Childrens Services.
Schools	Governance & Financial Management audit of Longfield School	***Addition to plan.*** Approved by Director of Finance and Director of Childrens Services.
Childrens	Supported Families	***Addition to plan***. Following new funding invested by the Government in the Supporting Families Programme, the Department for Levelling Up, Housing, and Communities have developed the programme further, expanding the outcomes framework and updating the funding formula. Oxfordshire County Council have become an early adopter of this new framework, building an automated system to identify claimable families. As per the Supporting Families programme guidance, Internal Audit have been working with the Supporting Families Team to agree that evidence used to demonstrate programme eligibility and successful family outcomes is in line with the national Supporting Families outcome framework. This is in addition to the planned days for claim verification work.
Childrens	Placements – Quality Assurance	***Removed from plan*** – deferred until 23/34 plan. Due to the additions to the plan / combined with current Senior Auditor vacancy this audit has been deferred from Q4 of 22/23 plan to Q1 of 23/24 plan.

Adults	Build back better – introduction of cap on care costs.	***Removed from plan*** – The introduction of the cap on care costs has been deferred by the Government until October 2025.
Legal	Legal Case Management	***Removed from plan*** – deferred until 23/24 plan, due to the current work within Legal Services re-shaping the service.
Environment & Place	Supported Transport	***Removed from plan*** – deferred until 23/24 plan, as the service is in the process of implementing new systems and processes. In addition, during Q4 the service will be undertaking a restructure.
Customers & OD	Corporate & Statutory Complaints	***Removed from plan*** – deferred until Q1 of 23/24 plan as the service is currently implementing a new staffing structure and also a new workflow system.

APPENDIX 2 - EXECUTIVE SUMMARIES OF COMPLETED AUDITS

Summary of Completed Audits since last reported to Audit & Governance Committee September 2023.

IT Virtual Infrastructure 22/23

Overall conclusion on the system of internal control being maintained	**G**

RISK AREAS	AREA CONCLUSION	No of Priority 1 Management Actions	No of Priority 2 Management Actions
IT Roles and Responsibilities	**G**	**0**	**0**
Base Level Installs	**G**	**0**	**1**
Communications	**A**	**0**	**2**
Logging	**G**	**0**	**1**
Access	**A**	**0**	**2**
Consoles	**G**	**0**	**1**
Storage	**G**	**0**	**0**
Networks	**G**	**0**	**1**
Virtual machines	**G**	**0**	**0**
		0	**8**

Opinion: Green	
Total: 8	Priority 1 = 0 Priority 2 = 8
Current Status:	
Implemented	1
Due not yet actioned	7
Partially complete	0
Not yet Due	0

Virtualisation provides a capability to run multiple unique and isolated Virtual Machine's (VM's) on a single physical host server, thus optimising the utilisation of computing resources, such as processing power, memory and storage. Our review of the virtualised infrastructure has found that it is generally well managed and controls are in place to mitigate many of the security risks. There are a few areas where security controls and processes can be improved and details of these are provided below.

IT Roles and Responsibilities:

The Technical Services team within ICT Services have overall responsibility for managing and maintaining the virtual environment. There are a number of team members with skills in this area and hence there are no key person dependencies.

Base Level Installs:

Templates are used for creating new VM's, which help save time and avoid errors when configuring settings and other choices for a new server. A security configuration guide has been used to security harden the virtualised environment and it is patched against the latest reported critical security vulnerabilities. We have identified a risk relating security alerts as they are currently only received by one member of the IT team and, in their absence, this could lead to alerts not being received and acted upon on a timely basis.

Communications:

Testing confirmed there are no expired or revoked SSL (Secure Sockets Layer) certificates, SNMP (Simple Network Management Protocol) is not used on physical host servers and other parameters are configured for secure communications. There is a risk relating to the time source on physical hosts as they are not synchronised to an agreed standard, which could call into question the integrity of system event logs..

Logging:

User activity and other system events are logged and all log files are transferred to a central storage facility and retained for an appropriate period of time. We have identified a risk in relation to the availability of important diagnostic information which is currently only held locally on each physical host server and hence may not be available should the host fail.

Access:

The number of users with full administrator access to the virtual environment is suitably restricted and the password to the default root account has been changed. User accounts are also locked after a specified number of unsuccessful login attempts. We have found that the IT team share an administrator account for access, which presents a risk that there is no individual accountability when changes are made to the system. The current minimum password length also does not comply with corporate password standards and could lead to users selecting poor quality passwords.

Consoles:

Utilities which provide command line console access are only enabled when required and kept disabled at all other times. When the services are enabled, timeout periods are defined for automatic disconnection of access..

Storage:

No significant risks identified..

Networks:

Network services, including port groups, are controlled on the hosts. We have identified two configurations which should be changed to improve and align security across all hosts.

Virtual Machines:

There are currently no capacity issues on any of the host servers. Formal capacity planning is in place. There is also automatic failover of VM's in the event of a host outage. Hardware devices are disabled where they are not required or limited to specific host servers

Off Contract Spend 22/23

Opinion: Amber	
Total: 2	Priority 1 = 0 Priority 2 = 2
Current Status:	
Implemented	2
Due not yet actioned	0
Partially complete	0
Not yet Due	0

Introduction

The Council's Contract Procedure Rules (CPRs) state that all contracts with a value of £25,000 or above must be in writing, that the relevant Procurement Team should be notified, and that no supply of goods, services, or work must commence until all contract documentation is duly completed. The CPRs define a contract as an agreement which may be oral, written, partly oral/partly written, or implied from conduct between the Council and another person; gives rise to obligations which are enforceable or recognised by law; and commits the Council to paying or doing something.

For the purposes of this audit, 'off contract spend' was therefore considered to be spend in excess of £25,000 with a single supplier for provision of a dedicated piece of work / goods / services, where no formal contract exists.

The review was performed on a sample basis, cross referencing supplier spend that had occurred in the past 12 months to Atamis, the Council's contract management system. This allowed identification of spend where no contract record exist, but, in line with the Contract Procedure Rules, a contract should be held. Relevant officers were then contacted to establish whether a contract was in place, or the reason for the absence of one.

Excluded from the scope were Adults and Children's Placements, which will be subject to separate placement quality assurance audits.

Overall Conclusion

The overall conclusion of the audit is **Amber**, noting weaknesses in the inclusion of contract records on Atamis (found to be both a mixture of service areas not informing the Hub of contracts entered into, and the Hub not updating Atamis with all available information) and individual examples of non-compliance with the Contract Procedure Rules in terms of formalising contract arrangements. This includes, from a sample of 25, 12 in which contracts were in place but either not saved to or not accurately recorded on Atamis, 4 where a contract was not required, and 9 in which a current contract was not in place.

It was positive to note that for four of the nine where contracts were not in place but should have been, this had already been identified by the service area with work underway with the Hub to formalise contract arrangements.

Another area of weakness was found to be the quality of management information available in order to accurately monitor, identify, and challenge off-contract spend, meaning that while the Hub do run reports on this area, a high level of resource is required to review each line individually and determine any necessary action, and there is limited overall oversight of on/off contract spend.

Direct Payments 22/23

Overall conclusion on the system of internal control being maintained	**A**

RISK AREAS	AREA CONCLUSION	No of Priority 1 Management Actions	No of Priority 2 Management Actions
IT Roles and Responsibilities	**A**	**0**	**4**
Base Level Installs	**A**	**0**	**7**
		0	**11**

Opinion: Amber	
Total: 11	Priority 1 = 0 Priority 2 = 11
Current Status:	
Implemented	0
Due not yet actioned	0
Partially complete	0
Not yet Due	11

An audit of Direct Payments (DP) was completed in 2019/20, this audit had an overall conclusion of “Red”. The audit concluded that there was an absence of strategy in relation to the Council’s approach to DP and that key areas for improvement included the need to address complex and fragmented processes

across key DP tasks (for example the set-up of new DP arrangements, review / audit of DP accounts and annual support plan reviews, oversight of managed DP accounts, recovery of surpluses). Key tasks were split across teams, with a lack of clarity over roles and responsibilities in some areas, which led to some issues being missed. Systems used for review and monitoring of DPs were also paper based and not fit for purpose.

Following the previous audit, the new transformed approach to Oxfordshire's Direct Payments went live in April 2021. This audit has reviewed how the control environment has improved since then, including the implementation of the agreed management actions. We have noted that positive improvements have been made in relation to staffing structures with the creation of the DP Advice Team to oversee and manage the set-up of new DPs. The DP workspace on LAS has been developed and rolled out, with improvements noted in terms of standardisation of recording of DP arrangements and reviews. Escalation routes in relation to issues identified with DP use have been clarified and communicated and close working between the DP Advice Team and DP Audit Team has been evidenced. Monthly escalation meetings take place, both DP Advice and DP Audit teams attend. Issues can be escalated from this meeting to the Joint Finance & Operations Review Panel which includes representation from Service Improvement, DP Audit, Social Care, Counter Fraud etc. There is now a clear focus on the promotion of online accounts, where appropriate, which are easier for service users to manage and give the Council greater control and oversight of spend. Excluding managed accounts, 43% of DPs are online accounts (a total of 341 arrangements are online). Progress has recently been made in agreeing a process with the main managed account provider for routine identification and return of surplus account balances. The DP Audit Team, Payments and Systems and Adult Social Care teams are also continuing to develop joint ways of working with work ongoing to establish routines which increase efficiency and effectiveness across the different teams involved in the direct payments process, for example establishing routine processes which highlight cases where surpluses or debts on direct payment accounts to Adult Social Care to flag that the support plan review needs to be prioritised.

There are also some areas where work to implement and embed improvements is ongoing. There is still some uncertainty in relation to the requirements for the frequency and depth of DP audits which are undertaken by the DP Audit Team, with the risk assessment methodology still in the process of being confirmed and aligned with available resource. As a result of this, managed accounts (approx. 900 accounts are managed, 455 are self-managed and 341 are online accounts) are not currently being audited (53%). The service are in the process of determining how to prioritise resources according to risk in relation to the use of DPs which will impact on how the DP audit process will work and the resource that will be required going forward. Linked to this is the exploration of virtual wallets which would move service users away from having managed accounts and would give the Council better oversight of DP account usage and balances. It has been reported that these investigations are in their early stages with potential providers and costings being reviewed.

A further consideration is the impact of the Social Care reforms on DPs. It is expected that the implementation of these reforms will increase the number of service users in receipt of a direct payment. This emphasises the importance of ensuring that DP systems and processes are strong, clear and robust.
Although there is some management information available and in use within the DP Advice and DP Audit teams, routine performance targets and reporting is not yet established. This is being developed as part of PowerBi dashboard reporting.

Strategy & Governance – As noted above, the risk assessment methodology and approach in relation to the completion of DP audits is not yet agreed. As a result of this, internal staff guidance for the DP Audit Team has not yet been confirmed and circulated. Internal staff guidance for the DP Advice Team is in place but requires consolidation. Performance targets, reporting and management information covering service performance in relation to key DP processes is in the process of being reviewed and confirmed (it is acknowledged that DP Advice Team performance is being reported on to the Performance Board on a monthly basis). It is intended that reporting will be developed using PowerBi and will be built from team level upwards. There is also ongoing consideration of where performance should be reported (Operational Managers Meeting Performance Board and Quality & Assurance Board).

Operations – Sample testing of DP audits completed identified some inconsistencies in approach and performance. Whilst none of the issues noted were of significant concern or of material impact in isolation, it is important that any resource dedicated to review of DP accounts is effective. Management oversight of the DP audit process is limited and there are no routine quality assurance processes in place. This is an area that the team are looking to develop which would also help to address the consistency issues identified during audit testing.
Managed accounts are not currently being audited. As noted above, the risk assessment methodology and approach covering the auditing of DP accounts is to be agreed, and it is acknowledged that managed account arrangements present less risk than self-managed accounts which are currently being prioritised within the DP Audit Team. The development of the risk assessment methodology will review what oversight and assurance is required over these accounts going forward. There have been historic issues noted in this area which include managed account providers making duplicate payments and payment being made for services which were not being provided. Since the previous audit, the service have moved away from using one specific provider for the management of DP accounts, with the development of an Approved Provider Listing (APL) which gives DP service users greater choice. It has not been possible to confirm any ongoing review or due diligence checking since the APL was established and it is not clear who is or should be responsible for maintaining and updating these arrangements going forward.

Sample testing was also completed in relation to the annual support plan review process for a sample of service users with direct payments. Whilst this found that 2 support plans in the sample were overdue for review, it is noted that there

is an ongoing exercise to catch up with annual reviews with regular monitoring and reporting being undertaken. Performance reported to Internal Audit noted that steady improvements are being made.

Some inconsistencies in approach to the follow up of surplus requests were noted from audit testing with a lack of clarity over how surplus requests should be followed up and escalated. It is anticipated that this will be resolved once the DP Audit Team Guidance is finalised and circulated, and quality assurance processes are put in place. In addition, a segregation of duties issue was noted in relation to the DP Audit and surplus recovery process.

Follow up – there were 9 Priority 1 management actions agreed as part of the previous audit. Audit testing has confirmed that 5 management actions have been fully and effectively implemented, 3 have been partially implemented and 1 is no longer relevant due to changes in process implemented since the previous audit. Where actions have been noted as partially implemented, new management actions have been agreed within the main body of the report.

Supporting Families (including January 2023 claim)

Following new funding invested by the Government in the Supporting Families Programme, the Department for Levelling Up, Housing, and Communities (DLUHC) have developed the programme further, expanding the outcomes framework and updating the funding formula. Oxfordshire County Council have become an early adopter of the new framework, building an automated system, Ohana, to identify claimable families.

The current claim consists of **88 families** identified by the new system; 66 of which are Phase 2 (the old framework, which can be claimed under until July 2023), and the remaining 22 under Phase 3 (the new framework).

Scope of Work

As per the Supporting Families programme guidance, Internal Audit have been working with the Supporting Families Team to agree that evidence used to demonstrate programme eligibility and successful family outcomes is in line with the national Supporting Families Outcome Framework.

The programme guidance also requires that a representative sample should continue to be verified by Internal Audit before each claim is made, to ensure that relevant criteria for both eligibility and sustained progress had been met.

Findings

Ohana System

In line with the programme guidance, the audit firstly reviewed the methodology in place to identify claimable families and the evidence used to demonstrate that programme eligibility and successful family outcomes are in line with the new framework.

While the work carried out by Audit did not seek to verify the accuracy and integrity of the exact coding language used within the new system, a high-level sense check of the coding was carried out by review of the Supporting Families Team's Ohana System Guide and Underlying Code documents. This included establishing how family composition is verified, eligibility under the 10 new criteria / their associated sub-criteria is determined, how progress against the criteria / sub criteria is determined and evidenced, how regression is checked and how overall claim validity is carried out. These checks carried out identified no issues or concerns with the methodology used; data sources used to identify families and to demonstrate / evidence progression was found to be in line with DLUHC requirements. The checks carried out also confirmed other programme requirements, such as regression, duplication of families or inclusion of previously claimed for families, and the presence of a whole family assessment and whole family action plan, have been built into the new system.

The audit work carried out also focused on the controls in place that provide assurance to the team that the coding is working as expected and that the data outputs both are accurate and reliable.

Sample Checking

As has historically been the case, the Supporting Families programme guidance requires Internal Audit carry out sample checking to ensure claims are valid. This continues under the new framework.

For this initial claim, however, Internal Audit's approach has differed. As Oxfordshire is an early adopter of the new framework, DLUHC carried out a visit in December 2022, which included their own spot check of ten families (five from Phase 2 and five from Phase 3) from an initial claim list of 78 families. For these ten families, supporting evidence was provided by the Supporting Families Team, setting out initial concerns regarding the families, work undertaken, agencies involved, and outcomes achieved, to demonstrate eligibility and progress. Internal Audit attended the review session and was able to coordinate and place assurance on their work, rather than carry out separate sample testing.

Due to the timeframe between DLUHC selecting their sample and this claim being submitted, a further 11 families have been identified as eligible by the team. As these were not included in the original cohort when a sample was selected, Internal Audit selected a further two cases (one Phase 2, one Phase 3), confirming via review of source data and completion of the Submitted Families Form that the families are both eligible within the programme, and have demonstrated sufficient progress.

As such, a sample of 12 families from a total claim of 88 families has been reviewed, with all families confirmed as eligible and claimable.

Overall Conclusion

The audit recognises the significant work undertaken by the Supporting Families Team to build and develop the Ohana system, and the substantial increases in efficiency this will have on future claims. The review carried out confirmed consideration had been given to all relevant areas when building the

system to ensure evidence used is in line with DLUHC requirements and data outputs are accurate and reliable. As such, no audit findings or management actions are required at this stage and having received satisfactory responses for all queries raised by Internal Audit, the January 2023 claim was signed off for submission.

APPENDIX 3 – As at **20/12/2022** - all audits with outstanding open actions (excludes audits where full implementation reported):

	ACTIONS								
	P1 & P2 ACTIONS			IMPLEMENTED					
Report Title	1	2	**Total**	1	2	**Total**	Not Due for Implementation	Not Implemented	Partially Implemented
OCC Carterton Comm College 20/21	4	16	**20**	4	15	**19**	-	-	1
OCC Childrens Educ IT System Implem Stage 3 22/23	2	2	**4**	1	2	**3**	-	-	1
OCC Client Charging 21/22	0	5	**5**	-	4	**4**	-	-	1
OCC Client Charging and Prov Payments 2019/20	0	21	**21**	-	19	**19**	2	-	-
OCC Controcc Payments 19/20	4	18	**22**	4	17	**21**	1	-	-
OCC Controcc Payments 2122	0	9	**9**	-	2	**2**	4	2	1
OCC Covid Payments Audit 2020/21 – 85% Transport Payments	0	5	**5**	-	1	**1**	4	-	-
OCC Cyber Security (Ransomware) 22/23	1	6	**7**	1	5	**6**	-	1	-
OCC Cyber Security 21/22	2	11	**13**	2	10	**12**	1	-	-
OCC Direct Payments 22/23	0	11	**11**	-	-	**-**	11	-	-
OCC ECHP IT APP 22/23	0	2	**2**	-	1	**1**	1	-	-
OCC Educ IT System – processes 22/23	0	5	**5**	-	3	**3**	2	-	-
OCC Five Acres School 21/22	2	9	**11**	1	8	**9**	-	-	2
OCC Fleet Mgmt Compliance 21/22	0	5	**5**	-	4	**4**	1	-	-
OCC Gartan Payroll 21/22	1	34	**35**	-	20	**20**	13	-	2
OCC GDPR 21/22	1	11	**12**	-	4	**4**	-	4	4
OCC Health & Safety Follow Up 201920	2	14	**16**	1	14	**15**	-	-	1
OCC IT Agile Working 22/23	0	5	**5**	-	3	**3**	2	-	-
OCC IT Asset Management 20/21	1	9	**10**	1	6	**7**	3	-	-
OCC IT BAU Change Management 21/22	0	5	**5**	-	4	**4**	-	1	-
OCC IT virtual infrastructure 22/23	0	8	**8**	-	1	**1**	-	7	-
OCC M365 Cloud 22/23	0	11	**11**	-	6	**6**	2	3	-
OCC Money Mgmt 21/22	0	6	**6**	-	5	**5**	-	-	1
OCC Music Service Follow Up 22/23	0	17	**17**	-	10	**10**	2	5	-
OCC OSJ Contract Mgmt 2020/21	3	18	**21**	1	15	**16**	-	1	4
OCC Payments to Providers 21/22	0	6	**6**	-	4	**4**	2	-	-
OCC PCI 2021/22	0	5	**5**	-	3	**3**	1	1	-
OCC Pensions Admin 21/22	0	5	**5**	-	2	**2**	3	-	-
OCC Provision Cycle 2021/22	0	19	**19**	-	15	**15**	4	-	-
OCC Risk Management 20/21	0	14	**14**	-	8	**8**	-	-	6
OCC S106 21/22	0	6	**6**	-	1	**1**	4	-	1
OCC SEND 2020/21	14	27	**41**	13	23	**36**	2	-	3
OCC Treasury Mgmt 21/22	0	2	**2**	-	1	**1**	1	-	-
OCC Web Portals 20/21	0	9	**9**	-	8	**8**	1	-	-

OCC Wellbeing and Sickness Mgmt 21/22	0	6	**6**	-	-	**-**	1	4	1
Purchasing (inc Acc Payable) 2017/18	0	2	**2**	-	1	**1**	1	-	-
Samuelson House 2018/19	0	5	**5**	-	4	**4**	1	-	-
TOTAL	**37**	**369**	**406**	**29**	**249**	**278**	**70**	**29**	**29**