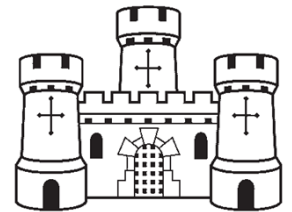


Public Document Pack

Date of meeting Monday, 29th July, 2019
Time 7.00 pm
Venue SF01 - Castle House
Contact Geoff Durham



**NEWCASTLE
UNDER LYME**
BOROUGH COUNCIL

Castle House
Barracks Road
Newcastle-under-Lyme
Staffordshire
ST5 1BL

Audit and Standards Committee

AGENDA

PART 1 – OPEN AGENDA

- 1 APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
To receive Declarations of Interest from Members on items included in the agenda
- 3 MINUTES OF PREVIOUS MEETING** (Pages 3 - 6)
To consider the minutes of the previous meeting(s).
- 4 EXTERNAL AUDIT OF 2018/19 ACCOUNTS**
Report to follow
- 5 INTERNAL AUDIT ANNUAL REPORT 2018/19** (Pages 7 - 22)
- 6 URGENT BUSINESS**
To consider any business which is urgent within the meaning of Section 100B(4) of the Local Government Act 1972

Members: Councillors P Waring (Chair), S. Dymond, S. Pickup, M. Stubbs, G. Burnett, B. Panter and K.Owen (Vice-Chair)

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

Contacting the Council:

Switchboard 01782 717717 . Text 07800 140048

Email webmaster@newcastle-staffs.gov.uk.

www.newcastle-staffs.gov.uk

NOTE: THERE ARE NO FIRE DRILLS PLANNED FOR THIS EVENING SO IF THE FIRE ALARM DOES SOUND, PLEASE LEAVE THE BUILDING IMMEDIATELY THROUGH THE FIRE EXIT DOORS.

ON EXITING THE BUILDING, PLEASE ASSEMBLE AT THE FRONT OF THE BUILDING BY THE STATUE OF QUEEN VICTORIA. DO NOT RE-ENTER THE BUILDING UNTIL ADVISED TO DO SO.

AUDIT AND STANDARDS COMMITTEE

Monday, 24th June, 2019
Time of Commencement: 7.00 pm

Present:- Councillor Paul Waring – in the Chair

Councillors S. Dymond, S. Pickup, G. Burnett and K.Owen

Officers Geoff Durham - Mayor's Secretary / Member Support Officer, Simon Sowerby- Business Improvement Manager, Jan Willis - Interim Executive Director - Resources and Support Services, Nesta Barker - Head of Environmental Health Services, Craig Turner - Principal Accountant and Sarah Wilkes - Finance Manager

Also in Attendance Ms Tess Barker-Phillips (Grant Thornton)

1. APOLOGIES

Apologies were received from Councillor Stubbs and Mr Phil Butters –University of Keele

2. DECLARATIONS OF INTEREST

There were no declarations of interest stated.

3. MINUTES OF PREVIOUS MEETING

Resolved: That the minutes of the meeting held on 15 April, 2019 be agreed as a correct record.

4. MATTERS ARISING FROM THE MINUTES

At the previous meeting, with regard to item 8, Councillor Pickup had asked for other local authorities to be contacted to ascertain the amount of cash that would be accepted:

Stoke on Trent City Council £8000
Tamworth Borough Council £2000
Lichfield District Council £2000
Staffs Moorlands District Council £2000
Stafford Borough council £2000.

5. TERMS OF REFERENCE

Resolved: That the Terms of Reference for this Committee be received.

6. CORPORATE RISK MANAGEMENT REPORT QUARTER 4 2018/19

Consideration was given to a report providing Members with the reviewed Risk Management Policy Statement and Strategy Documents.

Members were advised that the only changes made to the Risk Management Policy Statement were in regard to key dates and corporate priorities.

The document had been received by the Leader of the Council – Councillor Simon Tagg and the Chief Executive, Martin Hamilton who had signed off the document.

Members' attention was drawn to the Risk Management Strategy for 2019/20 and its appendices.

Resolved: That the current Risk Management Policy and Strategy for the 2019/20 year, subject to changes listed in the documents be noted and that it be also noted that the Chief Executive and Leader of the Council have agreed and signed the Risk Management Policy Statement.

7. HEALTH AND SAFETY ANNUAL REPORT 2018/19

Consideration was given to a report informing Members of issues and trends regarding health and safety at the Council.

A copy of the Annual Report was attached to the agenda.

Members' attention was drawn to paragraph 2.1 of the Annual Report relating to the health and safety arrangements for Castle House which had now been completed.

Paragraph 2.3 referred to the Drug, Alcohol and Substance Misuse Policy and included arrangements for the testing of employees. The Chair asked if it had been suggested to test the Members too? The Council's Head of Environmental Health Services, Nesta Barker stated that it tended to be where there was known to be a problem or where it involved a high risk job.

Table 5.1 showed the number of employee accidents which remained low

Section 13 referred to corporate health and safety delivery and a review undertaken on health and safety arrangements. Members were advised that the Council now had a permanent full-time employee to deliver this service.

Resolved: That the report be noted.

8. TREASURY MANAGEMENT ANNUAL REPORT 2018/19

Consideration was given to a report outlining the Treasury Management Annual Report for 2018/19.

Members' attention was drawn to the table on page 72. The chart showed a total debt of £0m at 31 March, 2019. No investments were held as at that date.

Resolved: That the Treasury Management Annual Report for 2018/19 received and be reported to Full Council on 24 July, 2019.

9. DRAFT STATEMENT OF ACCOUNTS 2018/19

Consideration was given to a report outlining the draft Statement of Accounts 2018/19 and the financial position at 31 March, 2019.

Members were advised that the Draft Statement of Accounts for 2018/19 was included in the Supplementary Agenda.

Attention was drawn to paragraph 2.2 referring to a small variable outturn of £8155 and the tables at paragraph 3.1 showing variances and additional expenditure.

Resolved: That the information in respect of the outturn and key issues in respect of the Council's financial position as at 31 March, 2019 be noted.

10. ANNUAL GOVERNANCE STATEMENT 2018/19

Consideration was given to a report requesting approval of the Annual Governance Statement 2018/19 for inclusion in the financial statements.

Members' attention was drawn paragraph 5 of Appendix A.

The Council's Interim Executive Director –Resources and Support |Services, Jan Willis advised that the Council's turnover had been affected by various interim arrangements throughout 2018/19 and continuing into this year.

In addition, the Council's Constitution needed to be brought up to date and the Council's Interim Head of Legal/Monitoring Officer, Caroline Elwood had been tasked with this.

Fraud was also being focussed on and the Council was soon to enter into partnership with Stoke on Trent City council to enhance our capabilities.

Resolved: That the Annual Governance Statement for 2018/19 be approved.

11. INTERNAL AUDIT PLAN 2019/20

Consideration was given to a report informing Members of the proposed Internal Audit Plan for 2019/20

The Chair advised that this had been considered at the last meeting of this Committee and there had been no changes.

Resolved: That the information be received.

12. WORK PLAN 2019/20

A copy of the Work Plan, for this Committee, for 2019/20 was presented to Members for information. The Plan was not exhaustive and could have items added as and when they arose.

Resolved: (i) That the work plan for 2019/20 be received.

13. **URGENT BUSINESS**

Ms Willis advised the Committee of an issue that had arisen regarding a legal judgement that could affect the Council's Pension fund Liabilities.

Grant Thornton had been in touch to look into this but there was still uncertainty as to the impact that it would have. As a result the 'audit opinion' may not be available by 1 July, 2019.

Tess Barker-Phillips of Grant Thornton stated that the legal judgement related to an age discrimination issue within the police and fire services. They had appealed and they won there would be no liability.

COUNCILLOR PAUL WARING
Chair

Meeting concluded at 7.25 pm

NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

**REPORT OF THE EXECUTIVE MANAGEMENT TEAM
TO THE AUDIT & STANDARDS COMMITTEE**

24th June 2019

1. INTERNAL AUDIT ANNUAL REPORT 2018/19

Submitted by: Chief Internal Auditor, Clare Potts

Portfolio: Finance and Efficiency

Ward(s) affected: All

Purpose of the Report

To consider the annual report of the Internal Audit activity for the financial year 2018-19 enclosed as Appendix A.

Recommendations

A That the Internal Audit Annual Report for 2018/19 be noted.

Reasons

In accordance with the Internal Audit Charter objective to report progress against the plan to the Audit & Standards Committee on a quarterly basis and to provide an annual opinion on the Authority's control environment.

1. Background

- 1.1 The primary purpose of an Internal Audit service is to provide an independent, objective assurance and consulting service to the organisation; and through the efficient delivery of this service seeks to add value and improve the organisation's operations and controls to effectively deliver the council's Strategic Priorities. Internal Audit assists the organisation to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes. Internal Audit is an independent appraisal function within the Borough Council under the control of the Executive Director Resources & Support Services (and Section 151 Officer).
- 1.2 Internal Audit also provide a service to management by giving assurance that there are adequate internal controls in operation, ensuring the proper economic, efficient and effective use of resources, to include the security of assets and data and to assist management in preventing and detecting fraud. This is achieved by the completion of routine system and regularity audits and under a wider remit by value for money and special audits.
- 1.3 The council's Internal Audit team consists of 2 FTE Auditors, 1 FTE Corporate Fraud Officer and is supported by Stoke-on-Trent City Council who have an agreement in place to provide support to the Council's in-house Internal Audit team and undertake the role of Chief Internal Auditor as defined by the PSIAS.

- 1.4 This report provides information on the programme of work undertaken by Internal Audit during the financial year 2018/19. Monitoring of the Section's performance against plan is completed and an analysis undertaken of actual work areas across major audit areas.
- 1.5 The section has continued to contract in specialist external IT audit support. The contract for 2018/19 was awarded to Information Security Advice Limited.
- 1.6 As required by the Public Sector Internal Audit Standards, an Internal Audit Charter is required in respect of delivering the Internal Audit Service. The internal audit charter is a formal document that defines internal audit's purpose, authority and responsibility. The charter establishes Internal Audit's position within the organisation, including the nature of the Chief Internal Auditor's functional reporting relationship with the Audit Committee; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of Internal Audit's activities. It provides a framework for the conduct of the service. The latest version of the Charter has been approved by the Council's Executive Management Team and the Audit and Standards Committee in April 2019.
- 1.7 The Internal Audit year-end report also builds upon the assurance given by the section in support of the Annual Governance Statement on internal control. The planning and delivery of a robust audit plan ensures that an annual opinion and overall level of assurance can be provided by the Chief Internal Auditor to those charged with governance, thereby complying with constitutional requirements and sector standards. This opinion is one of the elements of the assurance framework which is reported in the annual governance statement.

2. **Summary**

- 2.1 The Audit and Standards Committee approved the original Audit Plan for 2018/19 on the 25th June 2018. The plan accounted for 435 audit days.
- 2.2 Of the planned work identified in the 2018/19 Audit Plan, 83.9% of the work had either been completed or was underway at the end of March 2019; the remaining 16.1% was carried forward into 2019/20.
- 2.3 A total of 54 recommendations have been made during 2018/19, 42.6% of which have already been implemented.
- 2.4 The work of Internal Audit shows the Council to have an adequate, effective and reliable **Well Controlled** framework of internal control, which provides reasonable assurance regarding the effective and efficient achievement of the Council's objectives.

3. **Options Considered**

- 3.1 In considering the resourcing of the Internal Audit Section consideration is given to the skills required and those that are available internally, or are best provided by external companies. The provision of IT Audit skills is a specialist area and one that is constantly changing. The provision of IT Assurance Audit work for 2018/19 was therefore allocated to specialist external IT Audit support.

4. **Proposal**

- 4.1 Not applicable.

5. **Reasons for Preferred Solution**

5.1 Not applicable.

6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 The Internal Audit team directly contribute to the corporate priority “transforming our Council to achieve excellence”. The mission of internal audit is “To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight” (Public Sector Internal Audit Standards). The results of the work undertaken during the year contribute to the overall annual internal audit opinion. This assists the Audit & Standards Committee and the Executive Management Team to discharge their roles of accountability and stewardship which represents a key element within the Authority’s governance framework.

6.2 The Internal Audit function also contributes to the prevention, detection and investigation of potential fraud and corruption incidents as well as giving assurance on the effectiveness of services in terms of value for money. Therefore ensuring the best use of the Council’s resources and improving efficiency where weaknesses are identified to support all the council’s priorities.

7. **Legal and Statutory Implications**

7.1 The Accounts and Audit (England) Regulations 2015, state that “A relevant authority [the Council] must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.” (para 5(1)).

7.2 Section 151 of the Local Government Act 1972 states that every local authority should make arrangements *for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs*’. CIPFA has defined ‘*proper administration*’ in that it should include ‘*compliance with the statutory requirements for accounting and internal audit*’.

7.3 The activities of Internal Audit are planned in accordance with the Accounts and Audit Regulations which place a duty upon the Chief Internal Auditor to report to members on a regular basis. By acting upon recommendations within internal audit reports, the council is demonstrating its commitment to maintain an adequate and effective system of internal control, as required by these regulations. Satisfactory delivery of the audit plan assists the Executive Director Resources & Support Services (and Section 151 Officer), in discharging her duties under section 151 of the Local Government Act 1972.

8. **Equality Impact Assessment**

8.1 There are no equality impact issues identified.

9. **Financial and Resource Implications**

9.1 The work undertaken during 2018/19 was carried out within the approved budget for Internal Audit. The financial implications resulting from the recommendations made within audit reports is highlighted within individual reports wherever possible. It is the responsibility of managers receiving audit reports to take account of these financial implications, and to take the appropriate action.

9.2 Internal Audit is directed by the Chief Internal Auditor provided through a service agreement by Stoke-on-Trent City Council. The approved structure consists of 2 full time internal auditors. In addition, support is provided by Stoke-on-Trent City Council to provide quality assurance and management support to the team.

10. **Major Risks**

10.1 The key risk to be considered in noting the attached report is that the independent and objective assurance provided by Internal Audit is, or is perceived to be, compromised. The consequence of which is that opportunities to improve the Authority's system of internal controls, governance framework and the delivery of its objectives are not identified or acted upon. This risk is managed through a combination of the governance and reporting frameworks within which Internal Audit operates and the overview carried out by this Committee. No risks have been identified that are not within acceptable tolerances.

11. **Sustainability and Climate Change Implications**

11.1 There are no sustainability or climate change implications.

12. **Key Decision Information**

12.1 This report is not a key decision as defined by the Council's Constitution.

13. **Earlier Cabinet/Committee Resolutions**

13.1 This report is not in reference to previous Cabinet or Committee resolutions.

14. **List of Appendices**

Appendix A – Internal Audit Annual Report 2018/19

15. **Background Papers**

15.1 Audit Plan 2018/19.



INTERNAL AUDIT ANNUAL REPORT

2018/19

Author: Clare Potts

Date: June 2019

1. INTRODUCTION

The Annual Reporting Process

- 1.1 This is the annual report of the Chief Internal Auditor, which sets out the results of the work of Internal Audit for 2018/19. The report has been presented to the Executive Director Resources & Support Services (and Section 151 Officer) in support of the findings and recommendations, enabling an overall opinion to be provided, which will subsequently be included in the Annual Governance Statement for 2018/19.

Requirement for Internal Audit

- 1.2 The **role of internal audit** is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of a Council's internal control system because it measures and evaluates the adequacy and effectiveness of controls so that:

- Members and senior management can know the extent to which they can rely on the whole system; and
- Individual managers can know how reliable the systems are and the controls for which they are responsible.

- 1.3 Our mission is;

“To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight”

The accepted definition from the Institute of Internal Auditors states:

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

- 1.4 The internal control system is comprised of the whole network of systems and controls established to manage the Council to ensure that its objectives are met. It includes financial and non-financial controls, and also arrangements for ensuring that the Council is to achieve value for money from its activities.
- 1.5 The requirement for an Internal Audit function derives from local government legislation including Section 151 of the Local Government Act 1972 which requires authorities to “make arrangements for the proper administration of their financial affairs”. Proper administration includes Internal Audit. More specific requirements are detailed in the Accounts and Audit Regulations 2015, in that a relevant body must “maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control.”

2. ADEQUACY AND EFFECTIVENESS OF THE INTERNAL CONTROL ENVIRONMENT

How Internal Control is Reviewed

- 2.1 In 2018/19 an annual risk based audit plan was produced in June 2018 by TIAA Ltd. The plan took into account the adequacy of the organisations risk management and other assurance processes. The plan outlined the areas that were to be reviewed in 2018/19 in terms of their priority and resources required to undertake them.
- 2.2 This risk based approach to audit planning results in a comprehensive range of audits that are undertaken during the course of the year to support the overall opinion on the control environment. Examples include:-
- system based reviews of all key financial systems that could have a material impact on the accounts e.g. payroll, creditors, council tax and housing benefits;
 - regulatory audits of Council establishments e.g. Jubilee 2 Sports Centre;
 - systems based reviews of departmental systems/service areas e.g., licensing, human resources, and safeguarding;
 - corporate reviews e.g. corporate governance arrangements and contract management, and
 - a small contingency for special investigations and the provision of ad hoc advice.

Internal Audit Opinion for 2018-19 and the Annual Governance Statement (AGS)

- 2.3 Regulation 4 of the Accounts and Audit Regulations 2015 requires that:-

“The relevant body shall be responsible for ensuring that the financial management of the body is adequate and effective and that the body has a sound system of internal control which facilitates the effective exercise of that body’s functions and which includes risk management arrangements.”

“The relevant body shall conduct a review at least once in a year of the effectiveness of its system of internal control and shall publish a statement on internal control, prepared in accordance with proper practices, with any statement of accounts it is obliged to publish.”

- 2.4 Internal Audit, along with other assurance processes of the Council, have a responsibility to provide assurance from the work they undertake during the year in respect of the internal control systems operating within the Council.

*Based on the work undertaken during the year and the implementation by management of the audit recommendations made, Internal Audit can provide assurance that the Council’s systems of internal control are **Well Controlled**. Controls are operating adequately and there were no breakdown of controls resulting in material discrepancy.*

- 2.5 However, no system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give that assurance. This statement is intended to provide reasonable assurance that there is an ongoing process for identifying, evaluating and managing the key risks. These risks are reflected in the audit plan and are the subject of separate reports during the course of the year.

Significant Issues

- 2.6 Two reports were issued 2018/19 that had negative opinions. These were Payroll which had a 'Less than Adequate' opinion and HR Time Management which had a 'Poorly Controlled' opinion. Internal Audit will continue to monitor recommendations to ensure appropriate management action is taken to address the weaknesses identified.
- 2.7 During 2018/19 a draft advisory report was issued on the council's compliance with the General Data Protection Regulation (GDPR). The reports highlights a number of areas for improvement and these will be addressed by the Information Governance Group lead by the Monitoring Officer.

3. SUMMARY OF INTERNAL AUDIT WORK 2018-19

- 3.1 The Internal Audit Plan identified 36 audits to be undertaken in 2018/19. During these reviews the following objectives of internal audit were considered:
- to review and appraise the soundness, adequacy and application of the whole system of internal control;
 - to ascertain the extent to which the whole system of internal control ensures compliance with established policies and procedures;
 - to ascertain the extent to which the assets and interests entrusted to or funded by the Authority are properly controlled and safeguarded from losses of all kinds;
 - to ascertain that management information is reliable as a basis for the production of financial, statistical and other returns;
 - to ascertain the integrity and reliability of information provided to management including that used in decision making, and
 - to ascertain that systems of controls are laid down and operate to achieve the most economic, efficient and effective use of resources.

Audits Completed

- 3.2 During the period April 2018 to March 2019, 19 reports were completed and issued. A summary of the level of assurance for all audits undertaken in 2018-19 and the recommendations made, by risk category, is given in the table below. For further details on audits undertaken during 2018/19 see Table 5, Appendix A1. A summary chart is also provided at Appendix A2.

Table 1 – Opinions Made 2018/19

Assurance		Audits	
		No.	%
Well Controlled	Positive Opinion	11	57.9%
Adequately Controlled	Positive Opinion	6	31.5%
Less than adequately controlled	Negative Opinion	1	5.3%
Poorly Controlled	Negative Opinion	1	5.3%
Total		19	100.0%

Opinions are classified as:

Table 2 – Opinion Definitions

Well Controlled	Controls are in place and operating satisfactorily. Reasonable assurance can be given that the system, process or activity should achieve its objectives safely whilst achieving value for money (VFM)
Adequately controlled	There are some control weaknesses but most key controls are in place and operating effectively. Some assurance can be given that the system, process or activity should achieve its objectives safely whilst achieving value for money.
Less than adequately controlled	Controls are in place but operating poorly or controls are inadequate. Only limited assurance can be given that the system, process or activity should achieve its objectives safely whilst achieving value for money.
Poorly controlled	Controls are failing or not present. No assurance can be given that the system, process or activity should achieve its objectives safely whilst achieving value for money.

3.3 A total of 54 recommendations were made during 2018/19, recommendations are classified as:

High Risk – Action that is considered imperative to ensure that the authority is not exposed to high risks; (Implemented within 1 month)

Medium Risk – Action that is considered necessary to avoid exposure to significant risks; (Implemented within 3 months)

Low Risk – Action that is considered desirable and which should result in enhanced control or better value for money.

The 54 recommendations can be broken down as follows;

Table 3 – Recommendations Made 2018/19

Risk	No.	%
High	2	3.7%
Medium	44	81.5%
Low	8	14.8%
Total	54	100.0%

Status of recommendations

3.4 Having accepted the recommendations made as a result of internal audit work, senior managers are responsible for ensuring their prompt implementation. From the information provided, the reported status of the (54) recommendations made during 2018/19 shown over.

Status	No.	%
Implemented	23	42.6%
Not implemented*	23	42.6%
Issued (i.e. not yet reached the due date)	8	14.8%
Total	54	100.0%

* Revised target dates have been agreed for all recommendations not yet implemented.

3.5 Recommendations made during 2018/19 will continue to be monitored and information provided by managers is recorded and monitored through to completion.

4 **AUDIT PERFORMANCE**

4.1 In order to monitor performance against the work identified within the annual plan, Internal Audit work is monitored on a regular basis. Table 4 analyses the status of the planned work at the end of March 2019, showing whether the work had been completed/in progress, or has still to be started. Of the planned work identified in the 2018/19 Audit Plan, 83.9% of the work had either been completed or was underway at the end of March 2019; the remaining 16.1% was carried forward into 2019/20.

Table 4 – Summary of Audit Plan 2018/19

Category	Planned Audits	
	No.	%
Complete	19	61.3%
In Progress	7	22.6%
Deferred	5	16.1%
Sub Total	31	100%
Not required	5	
Total	36	

4.2 Audit reports were produced continually throughout the year. A schedule of reports issued was produced on a quarterly basis and presented to the Audit Committee. Not all areas of work originally scheduled for 2018/19 were completed within the year. The outstanding work has been:

- Deferred to 2019/20, in which case it will be scheduled into the appropriate quarter of the 2019/20 plan, or
- Subject to a reassessment of risk and the work reclassified, or
- Deemed no longer applicable.

4.3 At the end of 2018/19 a number of audits were in progress and had yet to be finalised and issued. These reviews will be completed and reported through the regular quarterly monitoring process. Further details are provided in Table 6, Appendix A3.

5. FRAUD & IRREGULARITY WORK

Pro-active Fraud work

- 5.1 The Internal Audit section has taken a proactive approach to the prevention / detection of fraud and corruption. During the year it has continued working with Stoke on Trent City Council on the development of the Staffordshire Counter Fraud Partnership.

Fraud/Irregularity Investigations

- 5.2 A number of special projects have been carried out on suspected breaches of council policy, procedures and regulations. In all cases where a lack of managerial controls are found to contribute to the improper conduct of officers; a managerial report is completed which highlights the weakness and makes recommendations accordingly. The recommendations from these reports are followed up in the usual way.
- 5.3 No allegations have been received through the Council's Confidential Reporting or Antifraud and Bribery frameworks in the year.

National Fraud Initiative Data matching

- 5.4 The Council is a statutory participant in the Cabinet Office's National Fraud Initiative (NFI) exercise which is carried out every 2 years. The most recent matches have recently been received and are being reviewed by the relevant departments.

6. REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT

- 6.1 The Public Sector Internal Audit Standards (PSIAS), which came into force in April 2013; updated August 2017, apply across the whole of the public sector and provide a framework for internal audit which:
- defines the nature of its work;
 - sets out its basic principles;
 - aims to improve organisational processes and operations; and
 - forms a basis to evaluate its performance.
- 6.2 Local authorities must demonstrate their compliance with the new standards. Compliance against the Standards is to be subject to periodic self-assessment, supplemented by an external assessment conducted at least once every 5 years. In January 2017, an external review of the internal audit service was undertaken by CIPFA. The review concluded that Internal Audit is effective and conforms sufficiently to the requirements of PSIAS to ensure that the opinion given in the Annual Report can be relied upon for assurance purposes.
- 6.3 In order to ensure the quality of each audit, each report is subject to a review by a more senior Auditor. This process forms part of the internal quality assurance process and helps to ensure a consistent approach between auditors.

7. NON AUDIT AREAS

- 7.1 This is work undertaken by the Internal Audit Section that is not directly related to audit areas and includes administration, supporting the corporate management of the authority, professional and staff training and attendance at Staffordshire Chief Auditors Group meetings.

7.2 The Internal Audit Section provides support; advice and guidance to corporate initiatives as required. In 2018/19 this involved providing procurement advice to Facilities Management in conjunction with the Business Improvement Manager. In addition, there has also been the further rolling out of the audit management system, Pentana, as more managers have been set up on the system to enable them to directly update the system on actions taken to address audit recommendations.

8.0 OPERATIONAL PLANS FOR 2019-20

8.1 Internal Audit will continue to identify ways to actively promote awareness of risks in relation to fraud and corruption in line with the national strategy 'Fighting Fraud Locally'. Training and awareness will continue to be raised across the organisation. During 2019-20 a fraud awareness e-learning package provided by the Staffordshire Counter Fraud Partnership will be rolled out across the organisation.

8.2 The contract for computer auditing for 2019/20 is still to be finalised. Once this contract is in place, the results of IT audit reviews will be reported to the Committee on a quarterly basis along with internal audit reviews.

8.3 The Section will continue to review and improve its service where appropriate. It will also ensure that adequate training is provided and the role of the Audit and Standards Committee is developed in line with best practice.

8.4 The Chief Internal Auditor will ensure that mentoring and training opportunities are available for the team to ensure that they continue to develop and improve their knowledge and experience in all aspects of audit and fraud work.

Table 5 - Summary of Issued Reports 2018/2019

Audit Area	Level of Assurance	Number of Recommendations			
		High	Medium	Low	Total
Chief Executive					
1 Safeguarding	Adequately controlled	0	6	1	7
Corporate Reviews					
2 Gifts and Hospitality	Well controlled	0	0	0	0
3 Time Management	Poorly controlled	0	10	0	10
4 Asset Management – Capital	Well controlled	0	0	0	0
5 Business Continuity	Adequately controlled	0	3	0	3
Operational Services					
6 Final accounts	Adequately controlled	0	0	0	0
7 Jubilee 2	Adequately controlled	0	10	3	13
8 Contract Management	Adequately controlled	0	4	0	4
Regeneration and Development					
9 Asset Disposals	Well controlled	0	0	1	1
10 Contract Management	Well controlled	0	0	0	0
Resources and Support Services					
11 Treasury Management	Well controlled	0	0	0	0
12 Payroll	Less than adequately controlled	2	6	0	8
13 Creditors – Key Controls	Well controlled	0	0	0	0
14 Council Tax – Key Controls	Well controlled	0	2	0	2
15 Housing Benefits	Well Controlled	0	1	2	3
16 Sundry Debtors	Well Controlled	0	2	0	2
17 NNDR	Well Controlled	0	0	0	0
18 Main Accounting	Well Controlled	0	0	1	1
19 Bank Account and Reconciliations	Well Controlled	0	0	0	0
Total Recommendations		2	44	8	54

Chart 1 – Summary of Opinions 2018/19

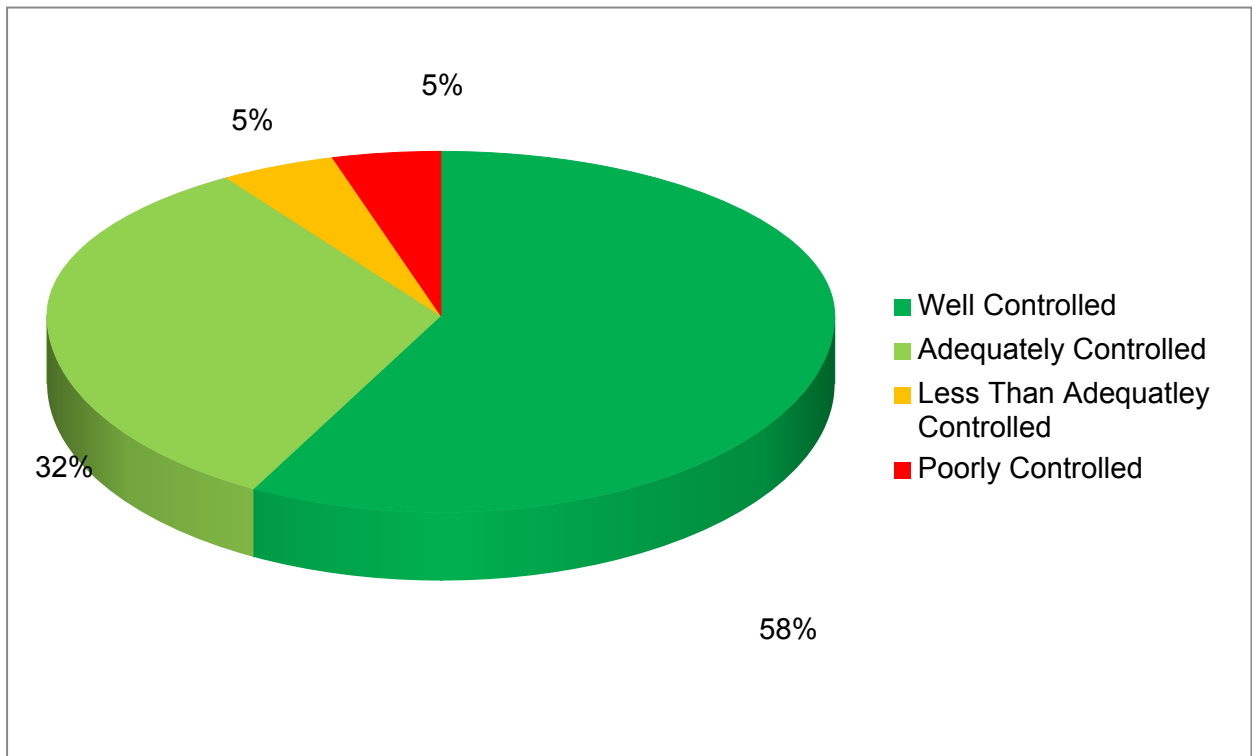


Table 6 - Work-in-Progress as at 31 March 2019

Directorate	Audit	Status (Preparation, Fieldwork / Draft / Since issued)	Opinion
Regeneration and Development	Licensing - Taxis	Since Issued	Well Controlled
	Licensing - Premises and Clubs	Since Issued	Well Controlled
	Environmental Health (Food Safety)	Since issued	Well Controlled
Resources and Support Services	Back-up and recovery	Fieldwork	TBA
	General Data Protection Regulations (Advisory report)	Draft	No Opinion
	Application Security Review: Crematorium System	Draft	Less Than Adequately Controlled ^(A)
	Application Security Review: Revs & Bens	Fieldwork	TBA

Footnote:

(A) Indicative opinion.

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