

## Central Bedfordshire Council

Audit Committee

30 May 2018

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### 2017/18 Internal Audit Annual Audit Opinion

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#### Purpose of this report:

This is the annual report of the Head of Internal Audit and Risk to those charged with governance on the overall adequacy and effectiveness of Central Bedfordshire Council's financial and other management internal controls.

#### RECOMMENDATION

The Committee is asked to:

1. Consider and comment on the contents of the report.
2. Note that the Head of Internal Audit and Risk's opinion on the Council's Internal Control environment is that overall it continues to be adequate

#### Overview and Scrutiny Comments/Recommendations

1. This report is not scheduled to be considered by Overview and Scrutiny, as it is a matter for the Audit Committee under the delegations of the Constitution.

#### Background

2. The Accounts and Audit Regulations 2015 require the Council to maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control in accordance with proper internal audit practices. The applicable standards for 2017/18 were the Public Sector Internal Audit Standards (PSIAS) which came into effect on 1st April 2013 and were revised in April 2017. In accordance with the standards, the Head of Internal Audit and Risk is required to deliver a report to those charged with governance, timed to support the Annual Governance Statement, which must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
3. This report:
  - Presents an opinion on the overall adequacy and effectiveness of Central Bedfordshire's framework of governance, risk management and control for the 2017/18 financial year
  - Summarises audit work undertaken that supports that opinion

- Highlights significant issues identified as part of Internal Audit's work, including those that are particularly relevant to the Annual Governance Statement
- Compares the Internal Audit work actually undertaken with the work that was planned and summarises the performance of the internal audit function against its performance measures and criteria, and
- Includes a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.

## **Responsibilities**

4. It is a management responsibility to develop and maintain the internal control framework and to ensure compliance. It is the responsibility of Internal Audit to form an independent opinion on the adequacy of the system of internal control.

## **Independence and Accountabilities**

5. Internal Audit remains independent of the activities that it audits to enable auditors to perform their duties in a manner which facilitates impartial and effective professional judgements and recommendations.
6. In addition, the Head of Internal Audit and Risk has direct free and unfettered access and freedom to report in his own name and without fear or favour to all officers and members, particularly to those charged with governance (including the Chief Executive and the Chair of the Audit Committee).

## **Internal Control Environment**

7. The internal control environment comprises the Council's systems of governance, risk management and internal control.
8. In order to form an opinion on the overall adequacy and effectiveness of the control environment, the internal audit activity is planned to provide coverage of financial controls through review of the key financial systems, and internal controls through a range of operating activity both within directorates and cross cutting, using a risk-based approach. The work undertaken by Internal Audit helps inform the Annual Governance Statement.

## **The Audit Methodology and Basis of Assurance**

9. During 2017/18 Internal Audit was bound by the Public Sector Internal Audit Standards. The purpose, authority and responsibility of the internal audit service is set out in the Internal Audit Charter, approved by the Audit Committee in January 2017.
10. The internal audit work undertaken during the year has been conducted in accordance with the mandatory standards and good practice.

11. The Internal Audit Plan for 2017/18, approved by the Audit Committee in April 2017, was compiled using a risk-based approach and was informed through:
  - reference to the previous Audit Needs Assessment undertaken
  - consultation with senior management
  - Internal Audit's own analysis of risk areas
  - reference to risk registers, and
  - the outcome of the assurance mapping exercise on the risks documented within the Strategic Risk Register.
12. The Internal Audit Plan identified the individual audit assignments. The activity was undertaken using a systematic risk-based approach. The objectives for each activity were determined and risks in the processes that supported that activity were identified and set down in terms of reference that outlined the objectives and scope for each audit. The work was planned and performed so as to obtain all the information and explanations necessary to provide sufficient evidence in forming an overall opinion on the adequacy of the internal control framework.
13. Internal Audit reports provide an overall conclusion on the control environment for each system reviewed. A summary of the conclusions for each audit is attached as Appendix A to this report. The definitions of each conclusion are attached as Appendix B.
14. The overall annual audit opinion is derived from the work undertaken during the year, as determined by the Audit Plan. However, it is also recognised that there is a risk management assurance framework in place that provides reasonable assurance that other significant risks have been identified and are managed effectively.
15. To provide quality assurance over the audit output, audit assignments are allocated to staff according to their skills and experience. Each auditor has a designated Audit Manager to perform quality reviews at four stages of the audit assignment: the audit brief (terms of reference), file review, draft report and final report stages. In addition, the Head of Internal Audit and Risk reviews all reports.
16. In addition to this annual report, the Audit Committee receive regular progress reports throughout the year.

### **The Internal Audit Team**

17. During 2017/18 the Internal Audit Service was delivered by a team of suitably qualified auditors. Each permanent member of the team undertakes a regular Performance Development Review (PDR) referred to as 'Your Year' and participates in Continuing Professional Development (CPD) as appropriate. Several unplanned resourcing issues have affected Internal Audit throughout 2017/18 including a secondment at the start of the year and vacancies at both Senior Auditor and Audit Manager level, the latter for a significant proportion of the year.
18. All issues have been managed as well as possible in the circumstances and in all respects have now been resolved. Inevitably these issues have had an effect on the number of assignments finalised.

## Head of Internal Audit's Annual Opinion Statement

19. The Internal Audit work undertaken during the year has enabled Internal Audit to provide an objective assessment of whether systems and controls are operating effectively. In giving an audit opinion, however, it should be noted that assurance can never be absolute. However, the scope of the activity undertaken is sufficient for reasonable assurance to be placed on the work.

20. Ernst and Young, as the Council's external auditors, have reviewed the work undertaken by Internal Audit on the fundamental system audits and have been able to place reliance on the work, and have not raised any concerns with the audit opinions given.

21. A summary of the work undertaken during the year, forming the basis of the audit opinion on the control environment, is shown at Appendix A of this report.

The opinion on the Council's Internal Control environment is that overall it continues to be adequate. In general the key controls in place are adequate and effective such that reasonable assurance can be placed on the operation of the Council's functions.

21. This conclusion is based on the following:

### Framework of governance:

- The Local Code of Corporate Governance was recently reviewed.
- A Code of Financial Governance is in place and is incorporated within the Constitution.
- Financial Procedures support the Code of Financial Governance. These are regularly refreshed and updated.
- A Financial Scheme of Management is in place.
- Procedures and processes have been documented in a number of key areas.
- Outcome of governance audits.

### Risk Management Arrangements:

- A risk management framework is in place, including a documented strategy, risk co-ordinators within directorates, a Risk Matters Group and regular monitoring and reporting on strategic risks to senior management and the Audit Committee.

### Internal Control:

- The audit opinion for each of the fundamental system reviews has been positive. All but one of the fundamental system reviews received an Adequate Assurance audit opinion (finalised or provisional). In light of minimal system upgrades and changes to business processes, and the proposed replacement of Swift, a light touch review of Swift Financials was undertaken with the proviso that previously identified issues and weaknesses would be carried forward to the replacement project for resolution. Swift Financials received a Limited Opinion last year.
- Adequate controls were found to be in place in a number of other areas. The majority of audit reviews of these areas other than the fundamental systems have received Adequate Assurance opinions. Where weaknesses in the current processes have been identified actions have been agreed with management to address these issues, and

- Progress has been made in addressing almost all of the high priority Internal Audit recommendations made.
22. It should be noted that most audits undertaken have resulted in reports identifying areas for improvement which have been well received by managers, and actions agreed to address weaknesses in control. The implementation of these actions is tracked by Internal Audit and the progress against the implementation of high recommendations is regularly reported to the Audit Committee.
23. In arriving at the opinion the following has been taken into account:
- The results of the audits undertaken as part of the 2017/18 plan
  - The results of follow up action in respect of previous audits
  - Whether or not any limitations have been placed on the scope of Internal Audit – of which there have been none.
24. The 2015/16 Governance statement highlighted issues with the ICT Disaster Recovery Plan. Since then ICT management has increasingly looked to cloud services where feasible, which in addition to functionality improvement for end users is considered to provide improved resilience and disaster recovery procedures. The Audit Committee received direct assurance from ICT management at the April 2017 meeting along with an updated Disaster Recovery Statement Plan, and a follow up audit will form part of a 3 year prioritised ICT audit plan being developed from 2018/19.

### **Delivery of the 2017/18 Internal Audit Plan**

25. The operation of the key financial systems is a key part of the internal control environment. The table at Appendix A sets out the outcome of the reviews of these systems, and indicates where the work is still ongoing. The appendix also summarises other reviews undertaken during the year.
26. The reviews of the key fundamental systems help inform the Annual Governance Statement. All reviews have received an adequate assurance audit opinion (finalized or provisional). It should be noted that the opinions given reflect the controls in place across the whole year.
27. Audit work is not just limited to implementing the audit plan. Internal Audit is involved in other areas advising on systems development and using their skills to provide other general advice to service areas. Internal Audit has participated in and advised on a number of projects providing advice on controls required, the most significant being the SAP Success Factors implementation and GDPR implementations.
28. Resourcing constraints mentioned in section 17 have meant that not all planned audits have been completed in the year, however the highest priority reviews will be rolled into the new year's plan of work for 2018/19. It is not considered that the deferral of these reviews exposes the Council to any unacceptable risks that would impact on the overall Internal Audit Opinion.

### **National Fraud Initiative (NFI)**

29. During 2017/18 Internal Audit continued to complete work around the National Fraud Initiative (NFI). The overall responsibility for this exercise has now passed from the Audit Commission to the Cabinet Office. Data sets are supplied when requested and matches investigated as required.

30. The Internal Audit team has also assisted other authorities to undertake their NFI enquiries by providing information to support their investigations.

### **Anti-Fraud Work and Special Investigations**

31. Internal Audit concluded three investigations during the year.

32. During the year, Internal Audit has continued to work closely with colleagues within the Corporate Fraud Team on reviewing existing counter fraud arrangements and raising awareness of fraud risks across the Council.

### **Adding Value**

33. Although Internal Audit is primarily an assurance function, internal audit activity should also add value to the Council. The opportunities to add value are included at the planning stage for all audit activity and service areas are requested to consider how internal audit can assist. The audit reports have included areas for process improvement and have highlighted specific areas where value for money could be improved.

### **Schools**

34. The rolling programme of school audits has continued during 2017/18. 5 school audits have been undertaken as part of the new pilot. Initial impressions on the new approach have been positive and a lessons learned exercise has taken place identifying good practice and further improvement areas. The opinions given for the finalised reviews are set out at Appendix A.

### **Performance Management**

35. The Audit Committee has agreed some Key Performance Indicators (KPI), which are regularly reported to the Committee. Overall, performance has been positive and where targets have not been met, action will be taken aimed at improving performance. The table below summarises the results for the year, and also includes the previous year's indicators, for comparative purposes.

36. The indicators include both CBC audit activities and school activity.

### **Activities for 1 April 2017 – 31 March 2018**

<b>KPI</b>	<b>Definition</b>	<b>2017/18 How we performed</b>	<b>2016/17 How we performed</b>	<b>2015/16 How we performed</b>	<b>Our target</b>
KPI01	Percentage of total audit days completed.	76%	91%	90%	80%
KPI02	Percentage of the number of planned reviews completed to final report stage.	72%	70%	75%	80%
KPI03	Percentage of audit reviews completed within the planned time budget, or within a 1 day tolerance.	79%	70%	77%	75%

KPI04	Time taken to draft reports: Percentage of reviews where the first final draft report was returned by auditee within 2 weeks of receipt of the report from the Auditor.	71%	81%	79%	80%
KPI05	Time taken to issue a final report: Percentage of reviews where the final report was issued within 2 weeks of receipt of the response agreeing to the formal report.	93%	92%	100%	80%
KPI06	Overall customer satisfaction.	91%	91%	93%	80%

### 37. Analysis of indicators:

KPI01 – During the year we delivered a total of 963 productive audit days against a total of 1260 planned days for the year. This is below our expectations and mainly due to the long term Audit Manager vacancy and secondment.

KPI02 – 72% of the planned reviews had been completed to final report stage, which is below the target and reflects the resourcing issues already mentioned earlier in this report. However, this KPI does not reflect work in progress. Reprioritisation of outstanding work as part of the new 18/19 plan will ensure completion of high priority work.

KPI03 – 79% of planned reviews have been completed either within the planned time budgets, or within a 1 day tolerance. This is above the target for the year.

KPI04 - This indicator measures the time taken for Internal Audit to receive a response from the auditee to the final draft report. During 2017/18, 71% of draft reports were responded to within the target set.

KPI05 - This indicator measures the time taken by Internal Audit to issue the final report upon receipt of an agreed response from the auditee, and continues to be positive at 93%.

KPI06 – The responses received have been positive at 91%. We consider all feedback to continue to drive improvement where possible.

### **Conformance with the Public Sector Internal Audit Standards**

38. The Public Sector Internal Audit Standards require the Annual Internal Audit Opinion to include a statement on conformance with the PSIAS and also the results of the Quality Assurance and Improvement Programme.

39. In order to ensure that the Internal Audit Service operates in accordance with the PSIAS, the Head of Internal Audit and Risk undertakes an annual self-assessment of compliance with the standards. The Accounts and Audit Regulations 2015 require that there is a review of the effectiveness of the System of Internal Audit. An external assessment was undertaken during 2015/16 by CIPFA. The outcome of the external assessment was reported to the April Audit Committee and the self-

assessment for this year raised no significant issues of concern, although one area previously reported relates to the Corporate Risk Management arrangements which have not been subject to an internal audit in the recent past. Given the role of the Head of Internal Audit and Risk in delivering audits and monitoring risk management activity, and to ensure that the independence and objectivity of the function is preserved, last year's statement indicated that an external review of Risk Management was planned for later in the year. As the Head of Internal Audit and Risk is relatively new in post and has been reviewing CBC's risk management arrangements during 2017/18, the external review is now planned for 2018/19.

40. The PSIAS require the Annual Audit opinion to include a statement of conformance with the standard. Following the implementation of the recommendations made by the CIPFA assessor, the Internal Audit service is fully compliant with the standards.
41. A Quality Assurance Improvement Programme (QAIP) is in place. Following the announcement of the retirement of the previous Head of Internal Audit, the management team undertook a skills assessment and training needs assessment for the whole team to identify any pressing gaps and to ensure that training resource was allocated on a priority basis. This programme is intended to ensure that the internal audit service continues to develop and improve. As such, it is envisaged that work will be ongoing in this area, and the programme will be regularly refreshed and updated.
42. The Head of Internal Audit and Risk will continue to regularly review internal audit activity against the standards and any areas of development identified will be addressed.

## **Review of the Effectiveness of Internal Audit and the Effectiveness of the Systems of Internal Control**

### **Background (Accounts and Audit Regulations 2015)**

43. All councils are required to publish an Annual Governance Statement (AGS) to accompany their Statement of Accounts, in accordance with the 2015 Accounts and Audit Regulations. Assessments of the Effectiveness of Internal Audit and the Effectiveness of Systems of Internal Control are two key aspects of the AGS. Central Bedfordshire Council has reviewed both systems for 2017/18 and the findings are incorporated into the Annual Audit Opinion and subsequently into the AGS.

### **Review of the Effectiveness of Internal Audit**

44. As referred to in paragraph 39 above, a review of the Effectiveness of Internal Audit was undertaken by CIPFA in 2015/16 and by self-assessment this year.

### **Review of the Effectiveness of the Systems of Internal Control**

45. The Council's review of the effectiveness of the system of internal control is informed by:
  - Directorate assurance based on management information, performance information, officer assurance statements and Scrutiny reports
  - the work undertaken by Internal Audit during the year
  - the work undertaken by the external auditor reported in their annual audit and inspection letter
  - other work undertaken by independent inspection bodies

46. The Head of Internal Audit and Risk has supported the Monitoring Officer to collect evidence required for the production of the AGS.
47. Directors have signed statements on the Effectiveness of Internal Control for 2017/18, confirming that during the year they were:
- Ensuring that there are arrangements in place for establishing Directorate objectives and compliance to corporate priorities;
  - Ensuring compliance to the Council's governance arrangements (Constitution, Ethical Framework, and Policies & Regulations);
  - Ensuring arrangements for sound budgetary controls;
  - Effectively monitoring and managing performance;
  - Reporting to the appropriate Member Committees;
  - Responding promptly to internal & external audits & inspections;
  - Continuously managing business risks and service continuity arrangements.
48. The work undertaken by Internal Audit on the systems of internal control disclosed that generally they were effective during 2017/18.

### **Corporate Implications**

49. None directly from this report.

### **Legal Implications**

50. None directly from this report.

### **Financial Implications**

51. None directly from this report. However, sound systems assist in preventing loss of resources (by other wastage or fraud), thereby improving effectiveness and efficiency.

### **Equalities Implications**

52. None directly from this report.

### **Conclusion and next Steps**

53. The work undertaken by Internal Audit has enabled the team to advise management of some of the control weaknesses identified at an early stage, and make recommendations designed to enhance and strengthen controls and mitigate risks.
54. Overall, the internal control environment is considered fit for purpose and operated adequately during 2017/18.

### **Appendices:**

Appendix A – Summary of Internal Audit Activity 2017/18

Appendix B – Audit Opinion Definitions

### **Background Papers:**

None