

The London Borough of Barnet

Annual Internal Audit Opinion

2018/2019

July 2019

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Contents

Executive summary

1



Summary of findings

2



Internal audit work conducted

3



Summary of schools audits

4



Follow up work conducted

5



Appendices

6



Executive summary (1 of 4)

Introduction

This report outlines the internal audit work carried out for the year ended 31 March 2019. Internal audit work was performed in accordance with the Public Sector Internal Audit Standards 2017.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

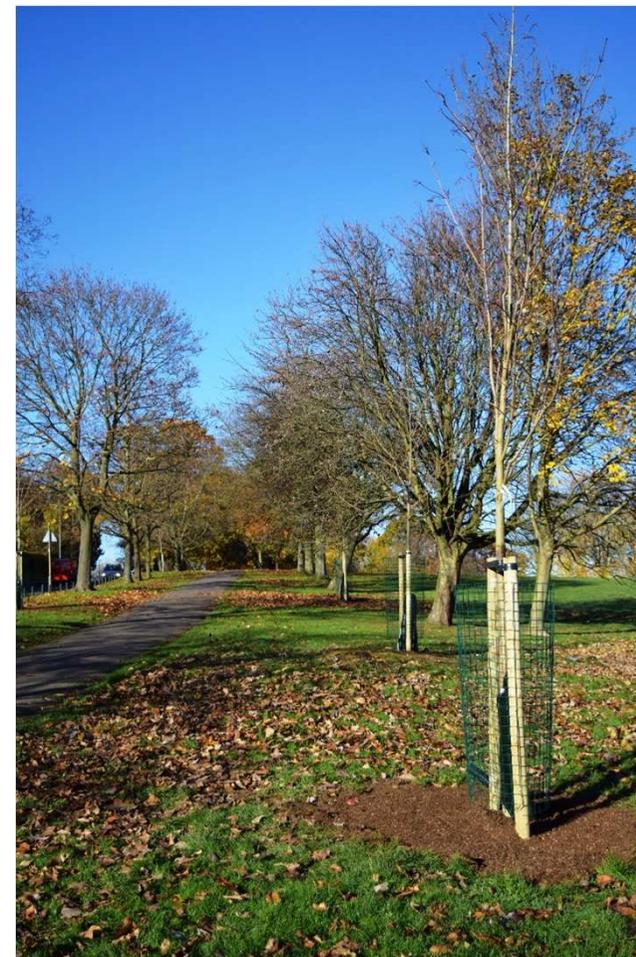
During 2018/19, the range of audit coverage was narrower than originally planned due to the significant amount of work needed to confirm the implementation of the actions from the Grant Thornton review of Compulsory Purchase Order (CPO) Fraud (see Appendix 5, Changes to the 2018/19 published plan). The majority of audit work completed during the year was to address key risks associated within the operation of the Council's support functions provided by Capita, whereas there was less coverage of the Council's in-house services than in previous years.

While systems of internal control were found to be 'Reasonable' or 'Substantial' in 75% of audits, particular concerns have existed around HR (including payroll and pensions), finance and estates which have meant that the overall opinion remains at 'Limited Assurance' for the year – as these support services impact upon all of the Council's operations. It should be noted that in response to these concerns strategic HR and finance were brought back in-house on 1st April 2019.

Head of Internal Audit opinion

I am satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute.

An explanation of the types of opinion that may be given can be found in Appendix 2.



Executive summary (2 of 4)

Opinion

My opinion is as follows:

Limited Assurance

Although improvement has been shown, particularly in the second half of the year, there is still significant work needed to embed these improvements and address known weaknesses and non-compliance in the framework of governance, risk management and control which put the achievement of the organisation's objectives at risk.

Further improvements are required to improve the adequacy and effectiveness of governance and control compliance.

Please see our Summary of Findings in Section 2.

Direction of travel

2017/18 annual opinion:

Limited Assurance



Basis of opinion

My opinion is based on:

- All audits undertaken during the year.
- Any follow up action taken in respect of audits from previous periods.
- Where applicable, any significant recommendations not accepted by management and the resulting risks.
- The effects of any significant changes in the organisation's objectives or systems.
- Any limitations which may have been placed on the scope or resources of internal audit.
- What proportion of the organisation's audit needs have been covered to date.
- Consideration of third party assurances where available.

The commentary below provides the context for my opinion and together with the opinion should be read in its entirety.

Commentary

We completed 41 internal audit reviews and 22 schools audits during 2018/19 (compared to 49 internal audit reviews and 24 schools audits in 2017/18). This resulted in the identification of 0 critical, 26 high, 120 medium and 98 low risk findings to improve weaknesses in the design of controls and/or their operating effectiveness (compared to 0 critical, 27 high, 143 medium and 88 low risk findings in 2017/18).

- During 2018/19, alongside the planned internal audit reviews there was a considerable focus on the delivery of the 'GT Action Plan', the recommendations that came from the **Grant Thornton review of the CPO fraud** that was identified in December 2017. Internal Audit's role during the year has been to confirm the operating effectiveness of the strengthened financial controls that were introduced off the back of this review. As at the end of Q4, Internal Audit had confirmed that 23 of these 27 actions had been implemented and the Council's financial controls framework has clearly improved. However, the speed of implementation across some aspects of the GT Action plan has been slower than it could have been and for a significant portion of 2018/19 a number of key actions had not been completed.

A failure of the control environment around financial management could significantly exacerbate the already extensive financial pressures on the Council and increases the risk of fraud.

Executive summary (3 of 4)

Commentary (continued)

- In 2017/18 one of the contributing factors to the Limited Assurance opinion was Barnet Children's services being rated as Inadequate by **Ofsted** in May 2018. During 2018/19 Internal Audit undertook an 'embedded assurance' role, providing independent assurance that the Children's Services improvement plan was being delivered and that reported progress was supported by evidence. At the end of Q3, due to the positive monitoring visits from Ofsted during the year, the decision was made to move back to a 'Business as Usual' approach to auditing Family Services. Ofsted completed their full follow-up inspection in May 2019 with an extremely positive outcome of Barnet's children's services moving from 'Inadequate' to 'Good'.
- As in the previous year, **governance issues** were noted across a number of audits, for example within Schools Payroll, Temporary and Interim Workforce and Integra Access & Change Management where roles, responsibilities and reporting lines were not consistently defined or understood, leading to gaps in delivery and oversight. In a number of cases where there have been issues with the quality of service delivery, in my view this has not been helped by back office functions being operated from a number of different locations across the country, in particular Schools Payroll and Pensions Administration. The Grant Thornton review of the CPO Fraud highlighted that within the '3 Lines of Defence' model in operation at the Council, there were gaps in how the three lines (1 – Business Operations, 2 – Oversight Functions and 3 – Independent Assurance) were communicating with and feeding back to each other. It is recognised by all concerned that communication needs to improve. Whilst it is recognised that a particular focus for the Council this year was to improve financial governance, including financial delegations and controls, this work was completed towards the end of the year, culminating in the finance function being brought back in-house from 1 April 2019. It will be a key focus of the 2019/20 Internal Audit plan to confirm that these arrangements have led to improvement.
- When considering the ratings of all non-schools Internal Audit reports issued during the year. Overall the percentage of Limited and No Assurance ratings compared to the prior year is the same (25% in total), However, in 2018/19 there were two No Assurance reports issued (whereas in 2017/18 there were none). Similarly, although the overall percentage of Reasonable and Substantial ratings compared to the prior year is the same (75% in total), in 2018/19 there were only two Substantial reports issued (whereas in 2017/18 there were four).
- During the year the **implementation of audit actions** was well below target. The target of 90% of high priority recommendations being implemented was not met in any quarter. This required the intervention of the Chief Executive in Q3 to re-focus services on the importance of implementation of audit recommendations. It is positive to note that performance did improve in Q4 when 82% of high priority actions were implemented, compared to 49% in Q3. The risk rating of the associated risk, AG020, remained at 16 at the end of the year until there was evidence that this improvement has been sustained. It is also apparent that across the Council medium priority actions are not routinely implemented.

The key findings from our audits have been grouped into four themes in the Summary of Findings section:

- **Financial control and fraud risk**
- **CSG Assurance Framework and Service Delivery**
- **Data quality and integrity**
- **Compliance / Policies & Procedures**

Executive summary (4 of 4)

Although improvement has been shown, particularly in the second half of the year, there is still significant work needed to embed these improvements and address known weaknesses and non-compliance in the framework of governance, risk management and control which put the achievement of the organisation's objectives at risk. In recognition of continued governance issues and the need for change, particularly in finance and HR, the decision was taken by the Council to bring these services in-house.

Further improvements are required to improve the adequacy and effectiveness of governance and control compliance as these changes become embedded.

Therefore a **Limited Assurance** opinion has been given.

Please see our Summary of Findings in Section 2.

Internal Audit Quality Assurance and Improvement Programme

The Internal Audit function has continued to perform effectively, learning from previous years reviews and findings, for example:

- Internal Audit has increased the focus on high fraud risk areas for the Council through a number of joint reviews with the Corporate Anti-Fraud Team (CAFT).
- Internal Audit has implemented its actions raised through the Grant Thornton review of CPO Fraud, namely around:
 - *Developing the Terms of Reference*
 - *Weighting risks in Testing*

A summary of performance and a self-assessment against the Public Sector Internal Audit Standards can be found at Appendix 4.

Implications for next year's plan

The 2019/20 internal audit plan is a live document, which will be reviewed during the year to accommodate any emerging risks. The Internal Audit service budget for 2019/20 has been increased; this increased capacity will be used to focus more resource on the audits of key financial systems, follow-up audit work so that not only high priority actions are monitored and additional contingency days to enable the service to be responsive as new audit requirements arise.

Acknowledgement

We would like to take this opportunity to thank the Council and its partners, including Customer Support Group (CSG) and Re staff, for their co-operation and assistance provided during the year.

Summary of findings (1 of 8)

A summary of key findings from our programme of internal audit work for the year is recorded in the table below:

1) Financial control and fraud risk

A key theme in my 2017/18 Internal Audit Opinion was the weakening of the financial control environment. The Council was subject to a significant financial fraud in December 2017 and responded immediately with a criminal investigation by the Corporate Anti-Fraud Team. The suspect was suspended from work and shortly after dismissed; stringent additional emergency financial controls were put in place to safeguard the Council’s finances. An independent review of financial control and financial forensic analysis was undertaken by Grant Thornton.

Our 2018/19 Internal Audit Plan has remained focussed on key processes and controls to maintain financial control and mitigate the risk of fraud. The Plan included a number of audits within which we specifically sought to confirm the operating effectiveness of the new controls introduced as a result of the Grant Thornton review. The GT review identified five broad themes to describe aspects of financial control that relate to the management of regeneration schemes, and the related finance support services which at that time were provided by CSG – the ‘Five Pillars’. Grant Thornton considered that if any one of these control pillars were functioning effectively during the period, it should not have been possible for the individual to perpetrate the fraud for such an extended period of time through prevention of the means and opportunity, or through detection or deterrence. The following page shows the status of the GT actions across the Five Pillars; as at 31 March 2019 Internal Audit work was ongoing to confirm the operating effectiveness of controls in place relating to the 4 outstanding actions as follows. This remaining work is being taken forward as part of the 2019/20 Internal Audit plan.

GT ref	GT finding	Proposed Audit	Provisional timing
GT4	Managing access and authorisation rights on IT systems	HR Processes (post insourcing)	Q2
GT15	BACS process for new suppliers	Accounts Payable (2018/19 review still at fieldwork stage)	Q1
GT21	Capital Budgets (BDM)	Capital Budget Monitoring	Q2
GT20	Capital Budget Review	Capital Budget Monitoring	Q2

Summary of findings (2 of 8)

1) Financial control and fraud risk (continued)

As at 31 March 2019 the status against the GT actions was as follows:

Pillar	I: Delegated authority and control over access to systems	II: Control over the processing of transactions	III: Control over journals within the Integra ledger	IV: Budgetary control and financial reporting	V: The financial control environment for regeneration projects
Summary	A lack of clarity over the lines of delegated authority and a lack of control over system access, created the opportunity to access cost centres for inappropriate use.	A lack of robust review and challenge in the authorisation of payments and a lack of reconciliation to amounts due back from developers, allowed fraudulent payments to be made.	A lack of robust challenge and review in the authorisation of journals that enabled fraudulent transactions to be disguised.	A lack of robust challenge from CSG finance business partners and a lack of scrutiny at transactional level resulted in a lost opportunity to identify and question unusual payments.	Insufficient review and professional scepticism by managers in CSG Finance and Re, contributed to significant financial control weaknesses in relation to regeneration projects. Many of these weaknesses persisted over a long period of time and should have been identified and mitigated as part of routine management activity. There was also insufficient oversight by the Council.
High, immediate priority recommendations	2 out of 3 implemented 1 out of 3 partially implemented	3 out of 4 implemented 1 out of 4 partially implemented	1 out of 1 implemented	1 out of 1 partially implemented	3 out of 3 implemented
Medium priority recommendations	1 out of 1 implemented	8 out of 8 implemented	1 out of 1 implemented	6 out of 7 implemented 1 out of 7 partially implemented	4 out of 4 implemented

As at 31 March 2019 the Partly Implemented GT actions were:

- GT4 – Managing access and authorisation rights on IT systems (High)
- GT15 – BACS process for new suppliers (High)
- GT20 – Capital Budget Review (Medium)
- GT21 - Capital Budgets – BDM (High)

Summary of findings (3 of 8)

1) Financial control and fraud risk (continued)

A summary of key findings from the rest of our programme of internal audit work for the year is recorded in the table below.

Other examples noted in the course of our testing	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
<p>Banking and payments arrangements (Treasury) – Weaknesses were identified over granting and maintenance of authorisation rights and access within Bankline, including: a user with multiple login IDs; no process for regular access reviews of Bankline users; and weak guidance about how to request new users and assign user profiles. The policy governing access and authorisation rights in Bankline did not accurately reflect the roles and responsibilities that have been set up for Council users.</p>	8	1
<p>Schools payroll – We were not provided with evidence of how the Barnet Schools’ Payroll reconciled to the BACS file released. Similarly, while evidence of the payment to HMRC was provided, we were unable to assess how this covered all the PAYE due by Barnet Schools.</p>	5	2
<p>CIL and S106 follow-up - A number of anti-fraud controls were agreed by the Strategic Planning Operations Board in 2017 but they were not operating as expected. In particular there was no formal monthly checking of liabilities calculated which were under £200,000 and reliefs granted whose value was under £50,000.</p>	2	1
<p>Facilities management – There was a lack of audit trail linking incidents raised on Hornbill with Permit to Work forms and subsequent Purchase Order (PO) numbers and invoices raised by contractors. This meant that in some instances we were unable to confirm controls were operating as expected. In addition, the authorisation process for resolving incidents did not appear to be appropriately designed and had potential for work to be agreed by CSG Estates without a detailed knowledge of the final cost.</p>	12	0
<p>Integra access and change management - An "Integra User Setup Form" template is used to request access/permissions in Integra for Integra users. The form, which must be completed by the user's line manager, includes an "Instruction" tab re-iterating the requirements for the authorisation of user access in Integra. The "Instruction" tab referred to the line manager's responsibility to complete the form; however, it did not refer to the additional requirement that it must be approved by an assistant director or above where the new user is allocated a financial authority limit allowing them to approve expenditure.</p>	4	1

Summary of findings (4 of 8)

2) CSG Assurance Framework and Service Delivery

The Grant Thornton (GT) review of the CPO Fraud highlighted that within the ‘3 Lines of Defence’ model in operation at the Council, there were gaps in how the three lines (1 – Business Operations, 2 – Oversight Functions and 3 – Independent Assurance) were communicating with and feeding back to each other. During 2018/19, there has been continued focus on embedding, reviewing and strengthening the arrangements introduced through the Council’s 2017/18 Performance Governance Review, including much better clarity over the Accountability that rests with the Council’s Management Team, and ensuring the Council has adequate capacity to deal with contractual performance issues as they arise, particularly regarding the Capita contracts. This has included the implementation of a high priority internal audit recommendation from June 2016 around the CSG Assurance Framework, via an exercise to understand and document the ‘Three Lines of Defence’ over the CSG and Re contracts which has supported better contract management of poorly performing HR/pensions, finance and estates services. These activities were completed in May 2018 and January 2019 respectively. In addition, there has been a particular focus on improving financial governance including financial delegations and controls. However, for the first part of the year the weaknesses identified by the GT review remained e.g. lack of clear policies and procedures within Regeneration and Finance, lack of a Regeneration structure chart, lack of training within the Regeneration and Finance teams.

Our audit work highlighted that in some other areas roles, responsibilities and reporting lines were not consistently defined or understood and that training for staff was not consistently provided, leading to gaps in delivery or governance oversight.

Examples noted in the course of our testing

Temporary and interim workforce - We noted that the management of the Agency staff contract sits with both Procurement and HR. Based on our findings, there were indications that this arrangement meant that the contract management process was unclear and didn't facilitate and support workforce planning and management at an operational level. For instance, roles and responsibilities for monitoring the performance of the temporary agency staff supply contract were unclear.

Integra access and change management - There was a general lack of understanding of roles and responsibilities by line managers in relation to the operating procedures for access and change management for Integra. The process for removing access from Integra when somebody leaves the organisation is currently not fully joined up and does not always work in practice. In addition, periodic user access reviews have not been performed on a regular basis to ensure that only appropriate personnel have active user accounts in the system and that they have appropriate rights commensurate with their job responsibilities.

	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
Temporary and interim workforce	18	11
Integra access and change management	4	1

Summary of findings (5 of 8)

2) CSG Assurance Framework and Service Delivery (continued)

Examples noted in the course of our testing	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
<p>Schools payroll - There was no evidence of exception reporting to mitigate the risk of fraud which is exacerbated by wide processing access allocated to officers in Carlisle. During remuneration testing, we were unable to provide assurance over the accuracy of certain pay elements and related controls owing to evidence not being provided.</p>	5	2
<p>Onboarding - We were unable to confirm attendance at Induction training for 14/19 (74%) of our sample of new starters. Non-attendance for induction sessions was not alerted to the responsible line managers. A 'Site Welcome Pack' for new starters, prepared by the Estates Facilities Management team and covering key areas including fire emergency health and safety procedures, was not communicated to new starters.</p>	4	1

Summary of findings (6 of 8)

3) Data quality and integrity

Data quality and integrity issues were noted across some areas at the Council, particularly regarding Pensions Administration, Equalities data quality and analysis, Schools payroll and Facilities Management. In the absence of strong data management and analysis, governance is weakened because the ability of senior staff and Members to scrutinise performance is reduced. There are instances where data quality and processing issues may lead to legal and reputational repercussions (e.g. in the area of pensions, where specific risks have been identified and recorded by the regulator in relation to data quality and data on breaches of law). In a number of areas, there was no evidence that data cleansing is carried out to ensure the ongoing quality of data held in key financial systems. With the introduction of the General Data Protection Regulation (GDPR), there is an increasing level of public scrutiny of data processing and protection, and the potential repercussions of control failures in this area are significant.

To note: A General Data Protection Regulations (GDPR) Plan Review was completed in Q1 2019/20, which noted no significant issues, and concluded that the plan broadly covers the actions required to deliver the key aspects of the GDPR.

Examples noted in the course of our testing	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
<p>Pensions Administration follow-up – Significant data quality issues with regards the conditional data required for the Triennial valuation of the Scheme Fund were identified. Although these were reduced in year, interest from the Pensions Regulator and a number of other issues remain.</p>	10	2
<p>Equalities data quality and analysis - Significant issues were found in the design and operation of controls relating to the processing and interpretation of equalities data at the Council. Data analysis was not sufficiently in-depth to identify equalities issues and support the targeting of interventions to improve equalities performance. As such, this activity did not support the Council to demonstrate that it is meeting the requirements of the Public Sector Equalities Duty.</p>	10	3
<p>Mandatory gender pay gap reporting (part of Equalities Data Quality and Analysis audit) – Mandatory gender pay gap reporting published by the Council included an incorrectly calculated median gender pay gap: the published data stated that there was no median gender pay gap, but a median pay gap of -6.3% (women are paid more than men) should have been reported. Records of the approach taken to the calculation were not retained, and as such it was not possible to confirm that the national guidance was fully followed.</p>	As above	As above

Summary of findings (7 of 8)

3) Data quality and integrity (continued)

Examples noted in the course of our testing	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
<p>Staff performance reviews - Equalities data analysis was carried out relating to staff performance reviews. However, this analysis did not identify potential issues relating to the performance ratings assigned to some groups of staff with protected characteristics under the Equality Act. This was exacerbated by a failure to act on high risk findings from a previous audit. Data was published which might allow the outcomes of individuals' performance reviews to be identified. Some protected characteristics were omitted from the data analysis.</p>	2	2
<p>Schools payroll - CSG Schools Finance confirmed ongoing data quality issues relating to upload of schools' payroll data to Integra. Initially, the schools' payroll data was not provided monthly for use/reconciliation by Schools' Finance teams. There was a delay initially in the upload of the first 5 months of schools' payroll data - from April to August 2018 - which was only uploaded, in one tranche, in October 2018.</p>	5	2
<p>Facilities management - The KPI definition for Resolving Facilities Incidents required for jobs to be categorised according to resolution time, however, we found that there was no definition of reporting categories and their agreed rectification times.</p>	12	0

Summary of findings (8 of 8)

4) Compliance / Policies and Procedures

We noted issues with the performance of key employment checks including DBS and right to work checks, which could lead to fines, legal action and reputational damage. In a number of areas including some key financial systems, we (and Grant Thornton in their review of the CPO Fraud) noted that policies and procedures were not consistently in place or regularly updated. As a basic pillar of a functioning control framework, this indicates that the control environment is not being regularly reviewed and updated to mirror changes in local or statutory approaches to service delivery, increasing the level of risk exposure for the Council.

Examples noted in the course of our testing

Examples noted in the course of our testing	# High priority actions raised in audit	# High priority actions not yet implemented at 31 March 2019
<p>Depot review arrangements - The monitoring of the tracking reports of the commercial waste and recycling refuse vehicles, in line with the Street Scene Use of Tracker Information Systems document, had not been undertaken since June 2017. In addition, refuse vehicle inspections did not follow the policy of one check each day Monday - Friday and of the 25 days tested, trade waste refuse vehicles were only inspected 3 times. The policy is not specific as to trade waste vehicles, however as issues had been noted in the trade waste area in the past we would have expected inspections of trade waste refuse vehicles more frequently.</p>	4	1
<p>Temporary and interim workforce - Significant issues were found in the design and operation of controls around contract monitoring and the process for requesting agency staff which may significantly reduce the Council's ability to monitor the contract in a way which will allow targeted interventions to reduce overall agency staffing spend. Issues were noted with systems in place for requesting agency staff which may mean that statutory compliance around DBS checks is not sufficiently monitored and that staff can be requested by people who do not have authority over the relevant cost codes. Through our testing, we noted that there were controls operating to review the DBS status of staff who have access to vulnerable residents or client groups; however, these controls were not documented and the reviews carried out do not have clear sampling and testing parameters or escalation routes for any issues identified. Further, DBS clearance was not consistently included as a requirement in role profiles for roles which would include access to vulnerable residents and user groups. Clearance details were not consistently held within the agency staff system for individuals employed in such roles. In addition, we noted that there were no agreed policies or procedures in place over the hiring of agency or interim staff.</p>	18	11
<p>Facilities management - The FM Team report on incident resolution through KPI CSG 25 (Incident Resolution). Management confirmed that incidents could be placed on 'hold' when there is a delay outside the control of Facilities Management, but we noted there was no definition or clear expectation of reasons to place incidents on hold.</p>	12	0

Internal audit work conducted (1 of 5)

Introduction

We completed 41 non-schools audits and advisory reviews in the year ending 31 March 2019. The table below sets out the results of our internal audit work. This is followed by a summary of the direction of travel shown.

Results of individual assignments – No Assurance

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Temporary and interim workforce	CSG HR	No	-	5	5	4	1
Schools Payroll	CSG Payroll	No	-	5	1	-	-
Total		2	-	10	6	4	1

Results of individual assignments - Limited Assurance

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Non-Schools Payroll	CSG Payroll	Limited	-	1	8	2	-
Facilities Management	CSG Estates	Limited	-	2	2	2	-
Equalities Data Quality and Analysis	CSG HR	Limited	-	2	-	2	-
Onboarding	CSG HR	Limited	-	1	3	-	1
Total		4	-	6	13	6	1

Internal audit work conducted (2 of 5)

Results of individual assignments - Reasonable Assurance

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Integra Access and Program Change Management (“APCM”)	CSG Finance	Reasonable	-	1	2	1	2
Teachers Pensions – Phase 2	CSG Pensions	Reasonable	-	1	2	1	-
Housing benefit	CSG Revs & Bens	Reasonable	-	1	1	4	-
Banking & Payment Arrangements – Treasury Management	CSG Finance	Reasonable	-	1	1	3	4
Review of new Depot arrangements	LBB Street Scene	Reasonable	-	1	1	3	1
IT Governance – Strategic Decision Making	CSG IT	Reasonable	-	-	5	1	-
Emergency Planning	LBB Emergency Planning	Reasonable	-	-	5	1	-
General Ledger	CSG Finance	Reasonable	-	-	5	1	-
S106 & CILS Follow-Up	Re Planning	Reasonable	-	1	1	1	-
Highways DLO	LBB Environment	Reasonable	-	-	4	1	-
Contract management: Sport & Physical Activity	LBB Adults & Health	Reasonable	-	-	4	-	-
Private Treaty Agreements	Re Regeneration	Reasonable	-	-	4	-	-
Disabled Persons Freedom Passes	CSG Customer Services	Reasonable	-	-	3	1	1
Public Sector Equality Duty (PSED) Compliance	LBB Commissioning	Reasonable	-	-	3	1	-
Business Continuity	LBB Business Continuity	Reasonable	-	-	2	1	-
Accounts Receivable – Debt Management and Collection	CSG Finance	Reasonable	-	-	2	-	-
Total		16	-	6	45	20	8

Internal audit work conducted (3 of 5)

Results of individual assignments – Substantial Assurance

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Review of use of the Project Management Toolkit, including consideration of Health and Safety Risks, for six projects	LBB Commissioning	Substantial	-	-	1	2	-
Customer Transformation Programme – Content Management System workstream	CSG Project Management Office	Substantial	-	-	-	4	-
Total		2	-	-	1	6	-

Results of individual assignments – claim and grant verification

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Troubled Families - Payment by Results – June submission	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Local Transport Capital Block Funding (Pothole Action Fund)	Re Highways	Claim verified	Compliance audit – ratings not assigned				
Troubled Families - Payment by Results – July submission	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Troubled Families - Payment by Results - September submission	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Troubled Families - Payment by Results - October submission	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Troubled Families - Payment by Results - March submission (1 of 2)	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Troubled Families - Payment by Results - March submission (2 of 2)	LBB Family Services	Claim verified	Compliance audit – ratings not assigned				
Local Authority Bus Subsidy Grant	LBB Street Scene	Claim verified	Compliance audit – ratings not assigned				
Total		8					

Internal audit work conducted (4 of 5)

Results of individual assignments – management letters

Review	Primary Audit Area	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Teachers Pensions Phase 1 – Statutory returns	CSG Pensions	Management letter issued	Management letter – ratings not assigned				
Income Generation – benchmarking report (Advisory)	LBB Commissioning	Management letter issued	Management letter – ratings not assigned				
Elections Management follow-up – June 2018	LBB Assurance	Management letter issued	Management letter – ratings not assigned				
Live Unlimited Charity – Financial Controls (Advisory)	LBB Family Services	Management letter issued	Management letter – ratings not assigned				
Payments data analytics and matching exercises	CSG Finance	Management letter issued	Management letter – ratings not assigned				
Performance management framework	LBB Commissioning	Management letter issued	Management letter – ratings not assigned				
Pensions Admin follow-up (Phase 1)	CSG Pensions	Management letter issued	Management letter – ratings not assigned				
Pensions Admin follow-up (Phase 2)	CSG Pensions	Management letter issued	Management letter – ratings not assigned				
Risk management framework	LBB Commissioning	Management letter issued	Management letter – ratings not assigned				
Total		9					

Internal audit work conducted (5 of 5)

Direction of travel

The following page shows direction of control travel for non-schools audits and a summary of 2018/19 planned audits that were completed after year end.

Report rating	Trend between current and prior year	Number of reports		
		2018/19	2017/18	2016/17
Substantial		2 (8%)	4 (14%)	4 (11%)
Reasonable		16 (67%)	17 (61%)	29 (78%)
Limited		4 (17%)	7 (25%)	4 (11%)
No assurance		2 (8%)	0 (0%)	0 (0%)
Advisory / compliance	N/A	17 (N/A – not rated)	21 (N/A – not rated)	13 (N/A – not rated)
Total		41	49	50

Although overall the percentage of Limited and No Assurance ratings compared to the prior year is the same (25% in total), in 2018/19 there were two No Assurance reports issued (whereas in 2017/18 there were none).

Similarly, although the overall percentage of Reasonable and Substantial ratings compared to the prior year is the same (75% in total), in 2018/19 there were only two Substantial reports issued (whereas in 2017/18 there were four).

2018/19 audits completed in Q1 of 2019/20

Audit title	Report classification	C	H	M	L	A
Council Tax	Reasonable	0	0	3	2	0
Housing Benefit	Reasonable	0	0	3	0	0
NNDR	Reasonable	0	0	1	2	0
Disabled Facilities Grant	Reasonable	0	0	5	1	0
Re Operations Review Follow-Up	Partially Implemented	0	1	0	0	0
Follow-Up of CFO's Internal Controls Review	Partially Implemented	-	-	-	-	-
Investing in IT lessons learned (Advisory)	Management letter issued	Associated actions agreed				
General Data Protections Regulation (GDPR) Plan	Management letter issued	No significant issues noted				
Total		0	1	12	5	0

Delays to the delivery of planned audits were primarily due to the need to prioritise the internal audit work in response to the GT review and in some cases lack of engagement from auditees. These findings will be included in the 2019/20 opinion and have not been included in the analysis of internal audit work conducted in 2018/19.

Summary of schools audits (1 of 3)

Results of individual audits

In line with the Scheme of Financing Schools, the Chief Finance Officer is required to deploy internal audit to examine the control frameworks operating within schools under the control of the Local Education Authority (“LEA”). In 2018/19, Internal Audit performed 22 school visits and undertook 4 follow-up reviews. The results of the work are reported in the table below and in the section of this report entitled **Follow-up work conducted**.

Review	School type	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Tudor School	Primary	Limited	-	1	3	3	-
All Saints’ CE Primary School, NW2	Primary	Limited	-	2	3	2	-
St Andrew’s CE Primary School	Primary	Reasonable	-	1	2	3	-
Pardes House Primary School	Primary	Reasonable	-	-	2	6	-
St Agnes’ Catholic Primary School	Primary	Reasonable	-	-	2	5	-
Brookland Infant School	Primary	Reasonable	-	-	2	4	-
Brookland Junior School	Primary	Reasonable	-	-	2	4	-
Moss Hall Infant School	Primary	Reasonable	-	-	5	2	-
St John’s CE School, N20	Primary	Reasonable	-	-	2	3	-
Menorah Primary School	Primary	Reasonable	-	-	4	2	-
Fairway School	Primary	Reasonable	-	-	4	1	-
Northside School	Primary	Reasonable	-	-	5	3	-
Beit Shvidler School	Primary	Reasonable	-	-	4	1	-
Christ Church CE School	Primary	Reasonable	-	-	2	1	-

Summary of schools audits (2 of 3)

Results of individual audits

Review	School type	Report classification	Number of findings				
			Critical	High	Medium	Low	Advisory
Woodridge School	Primary	Reasonable	-	-	2	5	-
Finchley Catholic High School	Secondary	Reasonable	-	-	4	3	-
Deansbrook Infant School	Primary	Reasonable	-	-	3	2	-
St Vincent's Catholic School	Primary	Reasonable	-	-	2	3	-
Courtland School	Primary	Substantial	-	-	1	2	-
All Saints' CE School, N20	Primary	Substantial	-	-	1	3	-
Garden Suburb Infant School	Primary	Substantial	-	-	-	1	-
Our Lady of Lourdes Catholic School	Primary	Substantial	-	-	-	3	-
	Total	22	-	4	55	62	-

Summary of schools audits (3 of 3)

Direction of travel

Report rating	Trend between current and prior year	Number of reports		
		2018/19	2017/18	2016/17
Substantial		4 (17%)	4 (17%)	2 (9%)
Reasonable		16 (70%)	18 (75%)	19 (82%)
Limited		3 (13%)	2 (8%)	2 (9%)
No assurance		0 (0%)	0 (0%)	0 (0%)
Total		23	24	23

It should be noted that schools are audited on a risk-based, cyclical basis and the prior period figures relate to different schools.

Each school will be audited on a three to five year cycle, depending on a risk assessment of that school, unless the circumstances of a school require an audit on a more frequent basis.

High priority recommendations made in limited or no assurance audit reports are followed up to ensure that they have been implemented within agreed timeframes.

Commentary

The results of schools audits highlighted generally sound financial management practices with few significant issues identified around financial controls and budget monitoring.

The largest number of issues were identified in the areas of Asset Management, Governance, Purchasing and our review of the Schools Financial Value Standard (SFVS) return.

Asset Management: no inappropriate use of assets was noted in the year, however asset registers were often not up to date.

Governance: the Governing Body has responsibility for overall financial management of the school and must ensure the requirements of the scheme for financing schools and associated guidance from the Chief Finance Officer are met. In order to meet these requirements the school must prepare its own Financial Management Policy and Procedures document for internal use to be approved by the Governing Body. The Governing Body must ensure that Policy and Procedures are implemented. We frequently find during audit visits that this document is not up to date.

We are also checking that schools have up to date information on Governors on the school website.

Purchasing: most recommendations related to use of school debit or credit cards. Evidence of prior independent authorisation of debit/credit card purchases and related audit trails to allow a credit/debit card purchase to be traced from ordering through to payment were not retained consistently by schools for our review.

School Financial Value Standard (SFVS) review: we were unable to confirm Governor review of benchmarking of financial data against similar schools, and an up to date declaration of business interests from some staff, in some schools.

Follow up work conducted (2 of 5)

Results of follow up work

Audit title	Number of agreed actions	Status of agreed actions at 31 March 2019			
		Implemented	Ongoing	Outstanding	Not yet due
Customer Support Group (CSG) – Invoicing and Monitoring Arrangements (June 2016)	1	1			
Highways Programme (March 2017)	3	3			
Regeneration – Benefits Realisation (October 2017)	7	7			
Transformation Benefits Realisation (December 2017)	7	7			
Accounts Payable (December 2017)	3	3			
Accounts Receivable (December 2017)	3	3			
Pensions Admin (January 2018)	10	8	2		

Follow up work conducted (3 of 5)

Audit title	Number of agreed actions	Status of agreed actions at 31 March 2019			
		Implemented	Ongoing	Outstanding	Not yet due
S106 and CILS Phase 1 - Expenditure (January 2018)	15	15			
Elections Management - Annual Canvass (January 2018)	8	8			
Staff Performance Reviews (March 2018)	2	2			
Fixed Asset Register (FAR) (March 2018)	3	3			
Non-Schools Payroll (March 2018)	1	1			
Housing Benefit (March 2018)	1	1			
Temporary and Interim Workforce (May 2018)	18	7	9	2	
Onboarding (June 2018)	4	3	1		
Review of Depot Arrangements (June 2018)	4	3	1		

Follow up work conducted (4 of 5)

Audit title	Number of agreed actions	Status of agreed actions at 31 March 2019			
		Implemented	Ongoing	Outstanding	Not yet due
Facilities Management (June 2018)	12	12			
Teachers Pensions (November 2018)	3	3			
Equalities data - quality and analysis (November 2018)	10	7	2		1
Banking and Payment Arrangements - Treasury (Bankline) (November 2018)	8	7	1		
Integra Access and Program Change Management ("APCM") (December 2018)	4	3	1		
Community Infrastructure Levy (CIL) and Section 106 (S106) Agreement Follow Ups (January 2019)	2	1			1
Schools Payroll (February 2019)	5	3	2		

Follow up work conducted (5 of 5)

Audit title	Number of agreed actions	Status of agreed actions at 31 March 2019			
		Implemented	Ongoing	Outstanding	Not yet due
St Pauls N11	1	1			
Tudor	1	1			
All Saints NW2	2	2			
St Andrews	1	1			
Totals	103	81	9		13

Although 81/90 actions (90%) have eventually been implemented they have been done so late, hence the quarterly performance indicator of 90% has not been met in any quarter during the year. In order to highlight where there is a recurrent lack of implementation a new 'slippage' column was added to the quarterly reports during the year.

Appendices

Appendix 1: Limitations and responsibilities

Appendix 2: Opinion types

Appendix 3: Basis of our classifications

Appendix 4: Performance of Internal Audit

Appendix 5: Changes to the 2018/19 published plan

Appendix 1: Limitations and responsibilities

Limitations inherent to the internal auditor's work

Our work has been performed subject to the limitations outlined below.

Opinion

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that we are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence management and the Audit Committee should be aware that our opinion may have differed if our programme of work or scope for individual reviews was extended or other relevant matters were brought to our attention.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls relating to Barnet Council is for the period 1 April 2018 to 31 March 2019. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly our examinations as internal auditors should not be relied upon to disclose all fraud, defalcations or other irregularities which may exist.

Appendix 2: Opinion types

The table below sets out the four types of opinion that we use, along with an indication of the types of findings that may determine the opinion given.

Type of opinion	Indication of when this type of opinion may be given
Substantial assurance	<ul style="list-style-type: none"> A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and None of the individual assignment reports have an overall report classification of either high or critical risk.
Reasonable assurance	<ul style="list-style-type: none"> Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control; and/or High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and None of the individual assignment reports have an overall classification of critical risk.
Limited assurance	<ul style="list-style-type: none"> Medium risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or Critical risk rated weaknesses identified in individual assignments that are not pervasive to the system of internal control; and A minority of the individual assignment reports may have an overall report classification of either high or critical risk.
No assurance	<ul style="list-style-type: none"> High risk rated weaknesses identified in individual assignments that in aggregate are pervasive to the system of internal control; and/or Critical risk rated weaknesses identified in individual assignments that are pervasive to the system of internal control; and/or More than a minority of the individual assignment reports have an overall report classification of either high or critical risk.
Disclaimer opinion	<ul style="list-style-type: none"> An opinion cannot be issued because insufficient internal audit work has been completed. This may be due to either: <ul style="list-style-type: none"> Restrictions in the audit programme agreed with the Audit Committee, which meant that our planned work would not allow us to gather sufficient evidence to conclude on the adequacy and effectiveness of governance, risk management and control; or We were unable to complete enough reviews and gather sufficient information to conclude on the adequacy and effectiveness of arrangements for governance, risk management and control.

Appendix 3: Basis of our classifications (1 of 3)

Overall report classification

The report classification is determined by allocating points to each of the findings included in the report and adding them together (see next slide for details of how points are allocated to individual findings).

Finding rating	Points	Assessment rationale
 No assurance	40 points or more	<ul style="list-style-type: none"> There are fundamental weaknesses in the control environment which jeopardise the achievement of key service objectives and could lead to significant risk of error, fraud, loss or reputational damage being suffered.
 Limited assurance	18-39 points (non-schools) 20-39 (schools)	<ul style="list-style-type: none"> There are a number of significant control weaknesses which could put the achievement of key service objectives at risk and result in error, fraud, loss or reputational damage. There are High recommendations indicating significant failings. Any Critical recommendations would need to be mitigated by significant strengths elsewhere.
 Reasonable assurance	7-17 points 7-19* (schools)	<ul style="list-style-type: none"> An adequate control framework is in place but there are weaknesses which may put some service objectives at risk. There are Medium priority recommendations indicating weaknesses but these do not undermine the system's overall integrity. Any Critical recommendation will prevent this assessment, and any High recommendations would need to be mitigated by significant strengths elsewhere. <p>* For schools audits the threshold for moving into Limited Assurance is higher (19 points as opposed to 17 points). This is because there are 17 different audit scope areas in a schools audit making it possible to accumulate a high number of points through Low priority findings. Our analysis of past reports has shown that this would lead to a disproportionate increase in the number of schools receiving a Limited Assurance rating under the points based system.</p>
 Substantial assurance	6 points or less	<ul style="list-style-type: none"> There is a sound control environment with risks to key service objectives being reasonably managed. Any deficiencies identified are not cause for major concern. Recommendations will normally only be Advice and Best Practice.

Appendix 3: Basis of our classifications (2 of 3)

Individual finding ratings

The report classification is determined by allocating points to each of the findings included in the report according to the scoring matrix below.

Finding rating	Points	Assessment rationale
 Critical	40 points per finding	<ul style="list-style-type: none"> Life threatening or multiple serious injuries or prolonged work place stress. Severe impact on morale & service performance. Mass strike actions etc Critical impact on the reputation or brand of the organisation which could threaten its future viability. Intense political and media scrutiny i.e. front-page headlines, TV. Possible criminal, or high profile, civil action against the Council, members or officers. Cessation of core activities, Strategies not consistent with government's agenda, trends show service is degraded. Failure of major Projects – elected Members & SMBs are required to intervene Major financial loss – Significant, material increase on project budget/cost. Statutory intervention triggered. Impact the whole Council; Critical breach in laws and regulations that could result in material fines or consequences.
 High	10 points per finding	<ul style="list-style-type: none"> Serious injuries or stressful experience requiring medical many workdays lost. Major impact on morale & performance of staff. Significant impact on the reputation or brand of the organisation; Scrutiny required by external agencies, Audit Commission etc. Unfavourable external media coverage. Noticeable impact on public opinion Significant disruption of core activities. Key targets missed, some services compromised. Management action required to overcome med – term difficulties. High financial loss Significant increase on project budget/cost. Service budgets exceeded. Significant breach in laws and regulations resulting in significant fines and consequences.
 Medium	3 points per finding	<ul style="list-style-type: none"> Injuries or stress level requiring some medical treatment, potentially some workdays lost. Some impact on morale & performance of staff. Moderate impact on the reputation or brand of the organisation; Scrutiny required by internal committees or internal audit to prevent escalation. Probable limited unfavourable media coverage. Significant short-term disruption of non-core activities. Standing Orders occasionally not complied with, or services do not fully meet needs. Service action will be required. Medium financial loss - Small increase on project budget/cost. Handled within the team. Moderate breach in laws and regulations resulting in fines and consequences
 Low	1 point per finding	<ul style="list-style-type: none"> Minor injuries or stress with no workdays lost or minimal medical treatment. No impact on staff morale Internal Review, unlikely to have impact on the corporate image. Minor impact on the reputation of the organisation Minor errors in systems/operations or processes requiring action or minor delay without impact on overall schedule. Handled within normal day to day routines. Minimal financial loss – Minimal effect on project budget/cost. Minor breach in laws and regulations with limited consequences
 Advisory	0 points per finding	<ul style="list-style-type: none"> An observation that would help to improve the system or process being reviewed or align it to good practice seen elsewhere. Does not require a formal management response.

Appendix 3: Basis of our classifications (3 of 3)

Individual finding ratings – schools audits

Simplified descriptions are used within Schools audit reports as the issues that are typically raised in school audit reports do not correspond with the descriptions used for non-schools audits.

Finding rating	Points	Assessment rationale
 Critical	40 points per finding	<ul style="list-style-type: none"> Critical issue where action is considered imperative. Action to be effected immediately.
 High	10 points per finding	<ul style="list-style-type: none"> Fundamental issue where action is considered imperative to ensure that the School is not exposed to high risks, also covers breaches of legislation and policies and procedures. Action to be effected within 1 to 3 months.
 Medium	3 points per finding	<ul style="list-style-type: none"> Significant issue where action is considered necessary to avoid exposure to risk. Action to be effected within 3 to 6 months.
 Low	1 point per finding	<ul style="list-style-type: none"> Issue that merits attention/where action is considered desirable. Action usually to be effected within 6 to 12 months.
 Advisory	0 points per finding	<ul style="list-style-type: none"> An observation that would help to improve the system or process being reviewed or align it to good practice seen elsewhere. Does not require a formal management response.

Appendix 4: Performance of internal audit

Key performance indicators

We agreed a suite of Key Performance Indicators (KPIs) with management and the Audit Committee. Our performance against each KPI is shown in the table below. These highlight the focus of our work and the standard attained:

KPI	Target	Performance	Comments
Effectiveness			
• % of recommendations accepted	98%	100%	Target achieved
• % of critical and high risk recommendations implemented	90%	82%	Target partially achieved*
Efficiency			
• % of plan delivered	95%	94%	Target partially achieved
Quality of Service			
• Average auditee satisfaction score	85%	100%	Target met

* Note that this reflects the best quarterly performance against this target (during Q4). In earlier quarters the performance was further below target as follows: Q1: 51%, Q2: 67%, Q3: 49%

Quality assurance and improvement programme

In line with the Public Sector Internal Audit Standards, we undertook a self-assessment of compliance with the Standards during the year.

No significant compliance issues were noted for reporting to the Audit Committee.

The Internal Audit function has continued to perform effectively, learning from previous years reviews and findings, for example:

- Internal Audit has increased the focus on high fraud risk areas for the Council through a number of joint reviews with the Corporate Anti-Fraud Team (CAFT).
- Internal Audit has implemented its actions raised through the Grant Thornton review of CPO Fraud, namely around:
 - *Developing the Terms of Reference*
 - *Weighting risks in Testing*

Appendix 5: Changes to the 2018/19 published plan (1 of 2)

The 2018/19 Internal Audit plan was approved by the Audit Committee in April 2018. There have been a number of changes to the plan since the date of approval. These have been reported to the Audit Committee within the quarterly progress reports but a summary of all changes made throughout the year is included in the table below.

Review	Change	Reason
Transformation Q1	Cancelled	Cancelled as Transformation Portfolio has reduced
KFS – Cash & Bank	Merged	Review merged into Banking and Payment Arrangements Review
Capital Programme	Cancelled	Cancelled as incorporated into Follow-Up of CFO’s Internal Controls Review
Integra Issue Management	Deferred to 2019/20	Deferred as the priority was focus on the Integra Access and Program Change Management review
KFS – Non-Schools Payroll	Cancelled	Cancelled as 2017/18 review finalised in 2018/19
Scheme of Financial Delegation	Merged	Review merged into Follow-Up of CFO Financial Controls Review
Parking – PCN Cancellations	Deferred to 2019/20	Deferred due to priority being given to work following Grant Thornton review
Transformation Q3	Deferred to 2019/20	Deferred to 2019/20 as Outline Business Cases will not be ready until beginning of 2019/20
Data Management Procedures (IT Governance)	Deferred to 2019/20	Deferred to 2019/20 to spread IT reviews out
Highways Health & Safety	Deferred to 2019/20	Deferred to 2019/20 due to Grant Thornton review and also delay to Highways Programme audit
Mosaic lessons learnt	Merged	Merged into IT Project and Portfolio Management Review
Decision making framework - compliance	Deferred to 2019/20	Deferred to 2019/20 as Chief Officer decision approach only went live in September 2018

Appendix 1: Limitations and responsibilities

Appendix 2: Opinion types

Appendix 3: Basis of our classifications

Appendix 4: Performance of internal audit

Appendix 5: Changes to the 2017/18 published plan

Appendix 6: Internal Audit Peer Review action plan

Appendix 5: Changes to the 2018/19 published plan (2 of 2)

Review	Change	Reason
Conduct Standards – compliance	Deferred to 2019/20	Deferred to 2019/20 due to Grant Thornton work taking priority on the plan and lack of resourcing
Better Care Fund - Finalisation of audit and fraud protocol with the Clinical Commissioning Group	Deferred to 2019/20	Deferred to 2019/20 due to new Governance arrangements in Joint Commissioning
Recruitment – ‘Vacancy Filler’ system	Deferred to 2019/20	Deferred to 2019/20 due to delayed implementation
Banking and Payment Arrangements: Cash & Bank	Deferred to 2019/20	Deferred to 2019/20 to be picked up alongside Accounts Receivable review in Q1 2019/20
Domestic Violence	Deferred to 2019/20	Deferred to 2019/20 due to secondment into Elections team and priority of Grant Thornton responses
Elections Quality Assurance – Advisory	Deferred to 2019/20	Deferred to 2019/20 as priority is implementation of audit actions due at end of Q1 and GT review.
KFS - Treasury Management	Deferred to 2019/20	Deferred to 2019/20 to be picked up alongside Accounts Receivable and Cash & Bank reviews
KFS - Revenue Budget Monitoring	Deferred to 2019/20	Deferred to 2019/20 due to insourcing of finance team and competing priorities
Brent Cross regeneration	Deferred to 2019/20	Deferred to 2019/20 due to secondment into Elections and Grant Thornton responses