

Governance and Ethics Committee

Wednesday, 19 July 2017 at 13:00

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 15 June 2017 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Internal Audit Plan process - presentation by Rob Disney, Head of Internal Audit | |
| 5 | Annual Fraud Report 2016-17 | 7 - 16 |
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| 7 | Financial Regulations Waivers 2016-17 | 39 - 48 |
| 8 | Changes to Democratic Services Staffing Structure | 49 - 56 |
| 9 | Work Programme | 57 - 60 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any

Group Meetings which are planned for this meeting.

- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Keith Ford (Tel. 0115 977 2590) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>



Meeting **GOVERNANCE AND ETHICS COMMITTEE**

Date **Thursday 15 June 2017**

membership

Persons absent are marked with `A`

COUNCILLORS

Bruce Laughton (Chairman)
Andy Sissons (Vice-Chairman)

Nicki Brooks
Richard Butler
Steve Carr
Jim Creamer
Kate Foale

John Handley
Rachel Madden
Phil Rostance
Mike Quigley MBE

OFFICERS IN ATTENDANCE

Glen Bicknell Carl Bilbey Rob Disney Keith Ford Michael Fowler Jayne Francis-Ward Nigel Stevenson	}	Resources
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Carline Baria Adult Social Care, Health & Public Protection

Tony Crawley KPMG External Auditors
Sayeed Haris

APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Steve Carr.

The following temporary changes of membership, for this meeting only, were reported:-

- Councillor Richard Butler replaced Councillor Tony Harper
- Councillor Jim Creamer replaced Councillor Errol Henry

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

CHAIRMAN AND VICE-CHAIRMAN

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RESOLVED: 2017/001

That the appointment of Councillor Bruce Laughton and Councillor Andy Sissons as Chairman and Vice-Chairman of the Committee respectively be noted.

MEMBERSHIP AND TERMS OF REFERENCE

With regard to the table of responsibilities, Mr Crawley highlighted that it would be unusual for a committee to have delegated responsibility for approving the Annual Statement of Accounts but not the Annual Governance Statement. It was agreed that this issue would be given further consideration.

RESOLVED: 2017/002

That the Committee's membership and terms of reference be noted.

FOLLOW-UP OF INTERNAL AUDIT RECOMMENDATIONS

During discussions of the Interim Homecare audit recommendations, Members requested an update to a future meeting on the planned award of the contract for hospital discharges in August / September 2017 and how the providers are performing in relation to discharges.

RESOLVED: 2017/0003

- 1) That the progress detailed in the report and its appendix be noted.
- 2) That the progress detailed in the verbal update about Interim Homecare be noted and a future update be provided on the award of the contract for hospital discharges and provider performance.

INTERNAL AUDIT PLAN 2017-18

RESOLVED: 2017/004

That the Internal Audit Plan 2017-18 be noted.

DRAFT LOCAL CODE OF CORPORATE GOVERNANCE AND DRAFT ANNUAL GOVERNANCE STATEMENT

RESOLVED: 2017/005

That the Code of Corporate Governance and the Annual Governance Statement 2016-17 be endorsed.

EXTERNAL AUDIT – KPMG AUDIT FEES 2017-18 AND PROGRESS REPORT AND TECHNICAL UPDATE

RESOLVED: 2017/006

- 1) That the proposed KPMG audit fee levels be noted.
- 2) That the KPMG Progress Report and Technical Update be noted.

MANDATORY INQUIRIES – 2016-17 STATEMENT OF ACCOUNTS

RESOLVED: 2017/007

That the inquiries for those charged with governance for the 2016-17 audit of the Statement of Accounts be noted.

WORK PROGRAMME

RESOLVED: 2017/008

That the work programme be noted.

The meeting closed at 2.20 pm.

CHAIRMAN

19 July 2017**Agenda Item: 5****REPORT OF SERVICE DIRECTOR, FINANCE, PROCUREMENT &
IMPROVEMENT****ANNUAL FRAUD REPORT 2016/17****Purpose of the Report**

1. To present to Members the Council's Annual Fraud Report, and to invite feedback on its content.

Information and Advice

2. The Council's revised strategy for countering fraud and corruption was approved by the Policy Committee in June 2015, following a review of the Council's arrangements against best practice. The revised strategy includes the requirement for an Annual Fraud Report to be submitted to both the Corporate Leadership Team (CLT) and the Governance & Ethics Committee. This requirement was included in the strategy with a view to demonstrably strengthening the counter-fraud culture at the Council.
3. The attached report represents the second edition of the Annual Fraud Report. Since the first report last year, work has been carried out to strengthen the Fraud Risk Assessment, which is an underpinning element of the strategy. The input of key officers in the Council has been engaged to assess the following
 - the nature of fraud threats facing the Council
 - inherent and residual risk levels.

Other Options Considered

4. The requirement to publish an Annual Fraud Report is a feature of the Council's refreshed strategy for countering fraud and corruption.

Reason for Recommendation

5. To inform the Committee of the Council's current arrangements for tackling fraud and corruption and to invite suggestions for how those arrangements can be improved.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Committee notes the content of the Annual Fraud Report 2016/17.
- 2) That the Committee offers its feedback on the adequacy of the Council's current and planned arrangements for tackling fraud and corruption.

Nigel Stevenson

Service Director – Finance, Procurement & Improvement

For any enquiries about this report please contact:

Rob Disney

Head of Internal Audit

Constitutional Comments (SMG 23/06/2017)

The proposals set out in this report fall within the remit of this Committee.

Financial Comments (RWK 22/6/2017)

There are no specific financial implications arising directly from the report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972:

None

Electoral Division(s) and Member(s) Affected

All

ANNUAL FRAUD REPORT 2016/17

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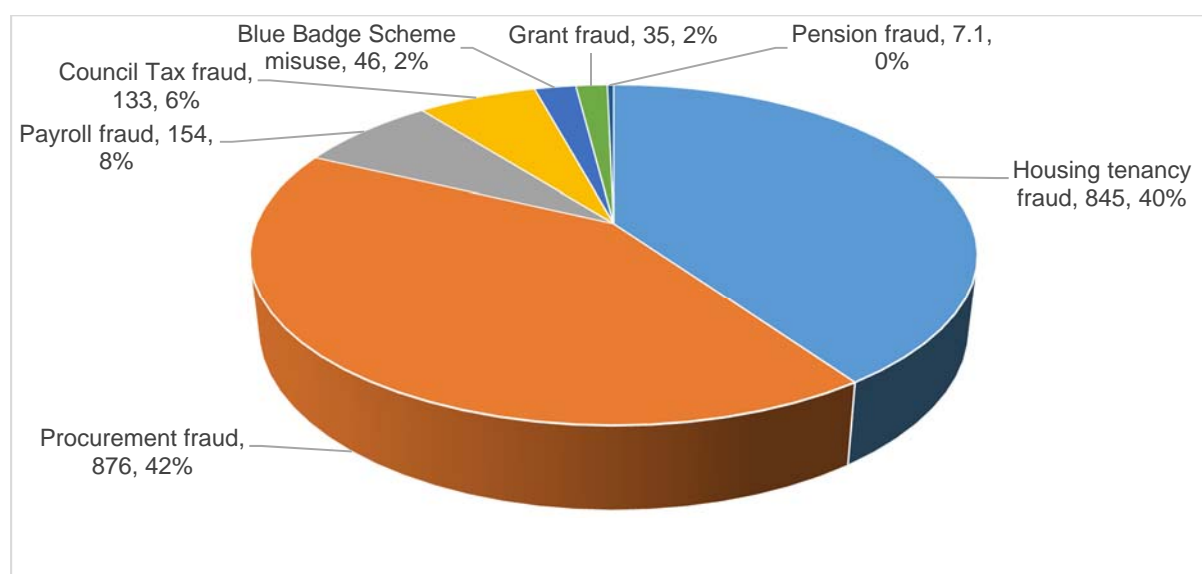
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1. UNDERSTANDING THE FRAUD THREAT

National picture

1.1 The CIPFA Counter Fraud Centre publication, 'Fighting Fraud Locally', is a local government strategy for countering fraud and corruption. Using estimates prepared by the National Fraud Authority, 'Fighting Fraud Locally' estimates fraud losses across all sectors in the UK to be £52 billion. Of this total, £20.6 billion is thought to be perpetrated against the public sector. Local government losses are considered to be around £2.1 billion, the breakdown of which is shown in the chart below.

Table 1 – Estimated losses to fraud in local government (£m)



1.2 Serious and organised crime is a threat to our national security and the Government's Serious and Organised Crime Strategy published in 2013 reported that it costs the UK more than £24 billion a year. Organised crime includes drug trafficking, human trafficking, child sexual exploitation, high value fraud and cyber-crime. Organised crime groups may seek to benefit from public services in different ways, including to raise money through fraudulent activity and to use businesses/services used by Local Authorities to launder criminal proceeds. In this way public money can be lost and can ultimately fund other illegal activity.

Local threat level

1.3 The Council's Fraud Risk Assessment (FRA) has been updated to assess the nature of the fraud and corruption threats the Council currently faces. The assessment draws on a number of information sources:

- 'Fighting Fraud & Corruption Locally 2016-2019' - this sets out the CIPFA Counter Fraud Centre's assessment of the key threats facing local councils
- Periodic fraud alerts from organisations such as the National Anti-Fraud Network and the National Fraud Intelligence Bureau – these are received regularly throughout the year by the Internal Audit service.
- The incidence of suspected fraud cases at the Council
- Discussions with key managers across the Council to understand inherent and residual risk levels in services that are vulnerable to fraud

- The Internal Audit service's knowledge and review of the core systems of control in place within the Council

1.4 The FRA highlights the following to be the key areas of risk for NCC:

Internal threats

- Misappropriation of cash and bank balances
- Inappropriate use of NCC assets
- Submission of fraudulent claims for overtime and expenses
- Non-compliance with tendering regulations

External threats

- Submission of invoices for services not delivered or goods not received
- Misuse of direct payments
- Deprivation of assets to increase Council support for care costs
- Pension fraud
- Invalid use of travel and parking permits
- Cyber security threats

An update on the planned actions in 2016/17 to strengthen the Council's controls against fraud is set out below in section 3, along with further details of actions planned for 2017/18.

- During 2016/17, the incidence of fraud cases was a feature of the quarterly meetings of the statutory officers to discuss governance issues, and cases were also reported through to the Corporate Leadership Team as part of Internal Audit's quarterly update reports.

2. INCIDENCE OF FRAUD AT NCC

- In compliance with the Transparency Code, NCC publishes summary information on its website each year concerning its arrangements for countering fraud. This includes the number of fraud cases investigated each year. The published details for the past three years are the following:

Table 2 – Published Transparency Code information

	2014/15	2015/16	2016/17
No. employees involved in fraud investigation	25	21	28
No. professionally accredited fraud specialists	0	0	0
Cost of employee time investigating fraud	£44,168	£43,087	£109,073
No. fraud cases investigated	28	40	162

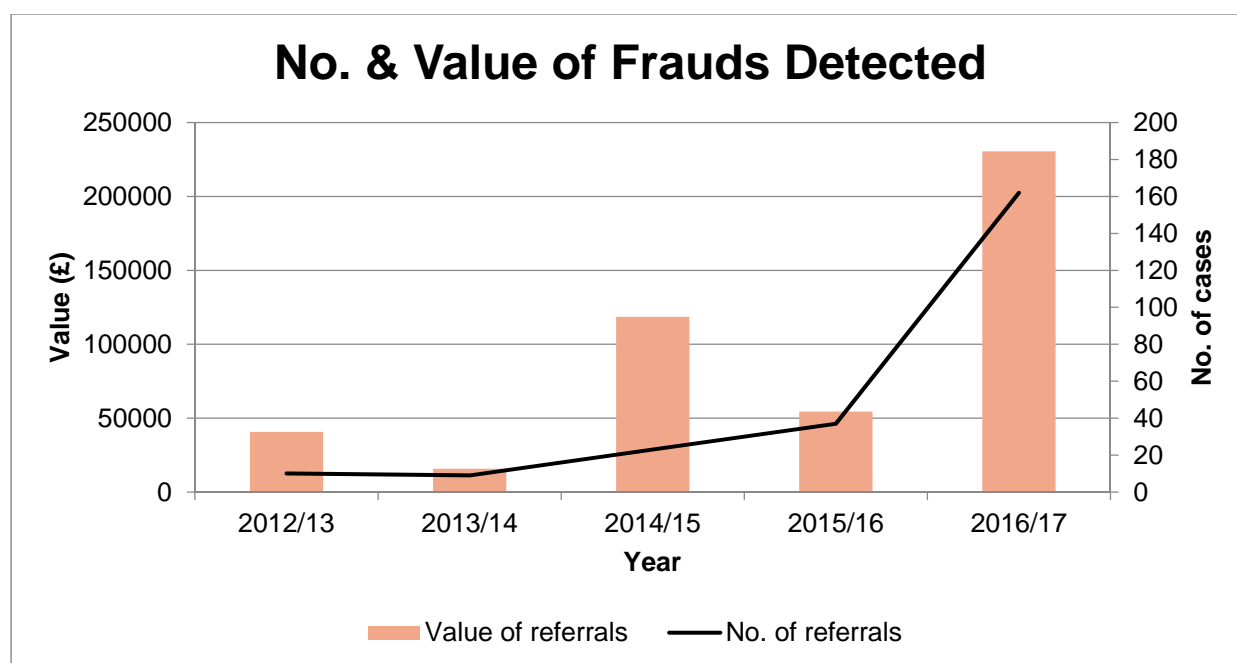
- The significant change in both the cost of investigating fraud and the number of cases detected in 2016/17 is due to developments in the Adults, Social Care, Health and Public Protection Department. Over the past year, the department has targeted its resources more intensely on the pro-active review of direct payments and on financial assessments to detect concerns around possible cases of deprivation of assets. This has returned the positive results presented above.

2.3 The increase in the number of detected cases of fraud over the past three years can also be attributed to a number of other positive actions the Council is taking to tackle fraud:

- Improved awareness of potential fraud through the Council's re-vamped Counter-Fraud and Counter-Corruption Strategy & Policy, and its Fraud Response Plan
- Improved intelligence over the incidence of fraud in the Council
- Improved systems for detection, through targeted reviews in the services at the greatest risk of fraud.

2.4 These developments are further reflected in the following chart, which analyses the trend over the past five years in the number and value of detected frauds. The cases included are those which resulted in action being taken: to prevent a payment; to stop an entitlement; to raise a debt; or to take internal disciplinary action.

Table 3 – Trend in the incidence of detected fraud at NCC



2.5 In the 2016/17 financial year, the following fraud cases were detected:

Table 4 – Detected fraud cases in 2016/17

Nature of fraud	Detection source	Amount involved (£)	Response status
NCC – Internal			
Cash deficit in imprest account	Management overview	118	More stringent control procedures have been introduced. The shortfall has been written off.
Plagiarism as part of social work qualification training	Vetting and review by qualification assessment panel	Potential future earnings on gaining qualification	Final written warning issued

Nature of fraud	Detection source	Amount involved (£)	Response status
Incorrect recording of flexitime hours	Management controls	475	Caution issued
NCC – External			
Non-notification of deceased service user (residential care)	Cross-checking against Health records	20,284	Full recovery of over-claim against ongoing payments
Deprivation of assets for adult social care assessments (92 cases)	Financial assessment	Not readily available	The service users are now paying the full cost of care. The saving to the Council from these cases is not readily available but this information will be captured for 2017/18.
Misuse of Direct Payments (15 cases in 2016/17)	Internal monitoring procedures	81,395	To date, £24,000 has been recovered and repayments are continuing. 3 cases are currently referred to the police and further referrals remain under consideration as the cases continue to be investigated.
Misuse of Blue Badges - disabled parking permits (16 cases in 2016/17)	Civil Parking Enforcement Officers	n/a	Warning letters sent out to 16 pass holders
Suspected fraudulent insurance claim (3 claims flagged in 2016/17)	Internal monitoring procedures	36,400	2 claims have been successfully repudiated. The 3 rd is under investigation.
Inadequate record-keeping and general practices by a contractor engaged to deliver social care assessments to the Council	Whistleblower	n/a	Almost all of the allegations were considered to be unfounded. One further case of potential misuse of a direct payment is to be investigated further during 2017/18.
Inappropriate employment practices and bogus claims for payment by a contractor engaged by the Public Health service	Whistleblower	45,000	The employment practices are being investigated further with the company. Invalid claims for payment amounting to £45,000 were identified and a credit note has been received from the company.
Failure to notify the death of Personal Budget recipients	National Fraud Initiative	5,848	These are two early cases identified from review of the latest NFI matches, and both are being pursued.
Duplicate payments to suppliers (27 payments stopped in 2016/17)	Use of dedicated analytical software	£41,000	Duplicated supplier invoices may have been submitted in error as well as with fraudulent intent.
Attempt to set up a bogus direct debit on a Council bank account	Rejection by the Council's bank	unknown	The request did not match the bank mandate therefore it was rejected. The record of the request is not available, therefore it has not been possible to quantify the amount involved or to confirm whether this was a case of fraud or administrative error.

3. NCC'S ASSESSED RESILIENCE TO FRAUD

3.1 The Transparency Code information presented above in Table 2 identifies that 28 staff were involved in the investigation of fraud in 2016/17. This comprised staff working in the following areas of service:

- Internal Audit
- Adults' Social Care, Health & Public Protection (ASCH&PP) department's Adult Care Financial Services and Reviewing Team
- Human Resources
- Risk and Insurance
- Blue Badge (parking)
- Business Support Centre

ASCH&PP

3.2 An emerging area of fraud for Councils is some misuse of direct payments (although this remains a small proportion overall) and intentional deprivation of assets to increase the extent of Council contributions to social care costs. The deployment of ASCH&PP staffing resources has been particularly effective over the past 12 months in rooting out cases of the misuse of Council funds by some service users. Whilst the numbers of fraud cases, as identified through concerted auditing and reviews, has increased, the numbers remain relatively low compared to the overall number of service users receiving services funded by the Council, including those people that have a direct payment. The cases picked up represent less than 1% of all service users receiving care. Nonetheless, the department is continuing its efforts in detecting cases of fraud where they are suspected.

3.3 A pilot reviewing team, working alongside the Department's Adult Care Financial Services team, returned significant outcomes in 2016/17. The Department plans to continue with this approach in the coming year. The Internal Audit team is currently working with the department as it looks to consolidate and strengthen its approaches to the investigation of suspicious cases.

Risk and Insurance

3.4 The Risk and Insurance Team actively work to detect fraudulent claims. According to the Association of British Insurers (ABI) in 2015 insurance fraud cost the industry £1.36b over 130,000 detected cases. Most claims against the Council are public liability claims relating to accidents on the highway network, for example pot hole damage to vehicles and trips on the footway. The ABI estimates fraudulent claims of this nature to amount to £390m, with 26,900 cases detected in 2015.

3.5 The Risk and Insurance Team uses a 48 point checklist to screen all new liability claims where damages are valued at over £1,000. Claims are then flagged as presenting either a red, amber or green risk of fraud. Of approximately 600 liability claims received in 2016-17, only three were scored as red or amber for fraud.

Business Support Centre (BSC)

3.6 Analytical software is deployed prior to the processing of all accounts payable runs to identify potentially duplicate payments. Any accounts identified as potential duplicates are removed from the run for further investigation, thereby achieving a strong preventative safeguard against fraud.

- 3.7 Another area of vulnerability is the potential for continuing payments in respect of deceased pensioners. The National Fraud Initiative is a key source of assurance for this, but the BSC is active in looking for ways to identify and deal with such cases as promptly as possible. The benefits of an externally provided mortality screening service remains under review, and action is being taken to link the Local Government Pension Scheme to the Council's 'Tell Us Once' facility. Both options should ensure the Council receives timely and accurate information about pensioner deaths.

Internal Audit

- 3.8 The Council does not have a staffing resource dedicated exclusively to the investigation of fraud, nor does it currently have any staff professionally qualified as fraud investigators. The Internal Audit Service has been successful recently in recruiting two senior auditors, one of whom has a formal qualification in the investigation of fraud. It is intended to progress this over the coming year towards becoming a CIPFA Accredited Counter Fraud Specialist.
- 3.9 The approved audit plan for 2017/18 incorporates a number of assignments that will contribute to the update of the FRA. In addition to these audits, the Internal Audit Plan contains an allocation of days each year for carrying out pro-active counter-fraud work in support of the Council's Counter-Fraud Strategy. In 2016/17, the internal publication, 'Team Talk', was used to draw staff attention to the Council's Counter Fraud & Counter Corruption Strategy, and to the Fraud Response Plan.
- 3.10 Staff vigilance and the promotion of a strong counter-fraud culture are key elements in tackling fraud. The Internal Audit team will continue with its pro-active programme in 2017/18, with consideration of the use of interactive e-learning to further encourage staff awareness and engagement. The Head of Internal Audit has drafted a refresh of the Council's Anti-Money Laundering Policy, and this will be scheduled for consideration by the Policy Committee.
- 3.11 In relation to the Fraud Response Plan, colleagues in Human Resources are progressing a protocol for ongoing dialogue over, and formal referral of, suspected fraud cases to the Police. This is being developed as part of a wider review of the Council's employment policies, through joint working with the recognised Trades Unions and managers in the Leadership Development cohort. A suite of policy statements are to be presented to Committee for approval, following which work on the protocol will be completed. In the interim, the Fraud Response Plan provides clear pathways for the reporting of suspected fraud cases. Human Resources, Internal Audit and Legal Services colleagues are consulted to determine the earliest opportunity at which to involve the Police.

Cyber Security

- 3.12 The Council's technology estate comprises more than 600 applications over cabled, wireless, 3G and 4G networks, using more than 11,000 devices. A range of security measures are deployed to provide for digital and physical asset protection. Through a combination of: security policies, guidance and governance arrangements; security infrastructure and asset protection; and security monitoring, the ICT Division works to safeguard the Council against ever evolving cyber-attacks. During 2016/17 the ICT Division successfully defended 4,478 attempts, approximately 12 every day, to compromise the Council's systems or data through virus, malware and malicious website attacks. An analysis of the attacks per quarter during 2016/17 is shown in Table 5 below.

Table 5 – Cyber-attacks defended in 2016/17

Attack	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Virus/Malware	726	365	378	470	1,939
Malicious Websites	446	950	663	480	2,539

Serious and organised crime

- 3.13 An internal self-assessment against a serious and organised crime checklist, issued jointly by the Home Office and the Department for Communities and Local Government, identified an action plan for implementation in 2017/18. Central to this is closer liaison with Nottinghamshire Police to gain a clearer understanding of the level of threat posed to the Council.

4. ACTION PLAN

- 4.1 Table 6, below identifies the actions required to implement the future requirements from the Annual Fraud Report.

Table 6 – Actions required from Annual Fraud Report

Action	Timescale	Responsibility
1. One member of staff to complete the CIPFA Accredited Counter Fraud Specialist qualification.	March 2018	Head of Internal Audit
2. Develop the use of interactive, counter-fraud e-learning to promote engagement and learning among all staff.	March 2018	Head of Internal Audit and Head of Human Resources
3. Complete the refresh of the Anti-Money Laundering Policy and Procedures for consideration by the Policy Committee.	September 2017	Head of Internal Audit
4. Commence a refresh of the Counter Fraud & Counter Corruption Policy & Strategy and the Fraud Response Plan.	September 2017	Head of Internal Audit
5. Provide insight and responses to fraud alerts with the dissemination of information through 'Team Talk' updates	2 releases in 2017/18	Head of Internal Audit
6. Complete the referral protocol with Nottinghamshire Police for local liaison arrangements	September 2017	Head of Internal Audit and Service Director Customers & Human Resources

19 July 2017**Agenda Item: 6****REPORT OF SERVICE DIRECTOR - FINANCE, PROCUREMENT AND
IMPROVEMENT****INTERNAL AUDIT ANNUAL REPORT – 2016/17****Purpose of the Report**

1. To inform Members of the Head of Internal Audit's Annual Report on the work carried out by Internal Audit in 2016/17, and based on this work, his opinion on the adequacy of the County Council's internal control environment.

Information and Advice

2. The Authority has a statutory responsibility to undertake an adequate and effective internal audit of the County Council's operations. This responsibility is discharged by the Internal Audit Service which has unrestricted access to all activities undertaken by the County Council.
3. The Audit Service worked to the Public Sector Internal Audit Standards (PSIAS) during 2016/17. One requirement of the standards is that the Head of Internal Audit should provide an annual, written report to those charged with governance. The report must:-
 - a) deliver an annual internal audit opinion that can be used by the organisation to inform its governance statement
 - b) conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control
 - c) incorporate the opinion, a summary of the work that supports that opinion, and a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.
4. The Head of Internal Audit has set out the work completed during 2016/17, provided an analysis of the Audit Opinions reached in individual audits during the year, identified all those reports where the Opinion was that the level of internal control was for limited assurance, and come to a conclusion on the overall system of internal control.
5. The Head of Internal Audit's conclusion is that the **overall system of internal control was satisfactory during 2016/17.**

6. The Annual Report also sets out an analysis of the Audit Section's performance during 2016/17. Resource issues hampered the service's progress during the year, and action has been taken to resolve these for delivery of the 2017/18 Audit Plan. Despite these challenges, the work completed continues to be carried out in compliance with the required standards, and clients continue to respond well to the recommendations made and to the audit approach.

Other Options Considered

7. The Audit Section worked to the Public Sector Internal Audit Standards during 2016/17. This report meets the requirement of the Standards to provide an Annual Report. No other option was considered.

Reason/s for Recommendation/s

8. To set out the Annual Report of the Head of Internal Audit for 2016/17.

Statutory and Policy Implications

9. The Local Government Act 1972 requires, in Section 151 that the Authority appoint an officer who is responsible for the proper administration of the Council's financial affairs. The Service Director – Finance, Procurement and Improvement is the designated Section 151 officer within Nottinghamshire County Council. Section 6 of the Accounts and Audit Regulations 2011 requires Local Authorities to undertake an adequate and effective internal audit of its accounting records and of its system of internal control. The County Council has delegated the responsibility to maintain an internal audit function for the Authority to the Service Director – Finance, Procurement and Improvement.
10. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That Members note the Head of Internal Audit's Annual Report for 2016/17.

Nigel Stevenson

Service Director – Finance, Procurement and Improvement

For any enquiries about this report please contact:

Rob Disney

Head of Internal Audit

Constitutional Comments (SMG 26/06/17)

The proposals set out in this report fall within the remit of this Committee.

Financial Comments (RWK 22/6/2017)

There are no specific financial implications arising directly from the report.

Background Papers.

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972:

Electoral Division(s) and Member(s) Affected

All

Internal Audit Annual Report 2016/17

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Appendix 3: Quality Assurance and Improvement Programme	

Purpose of the Report

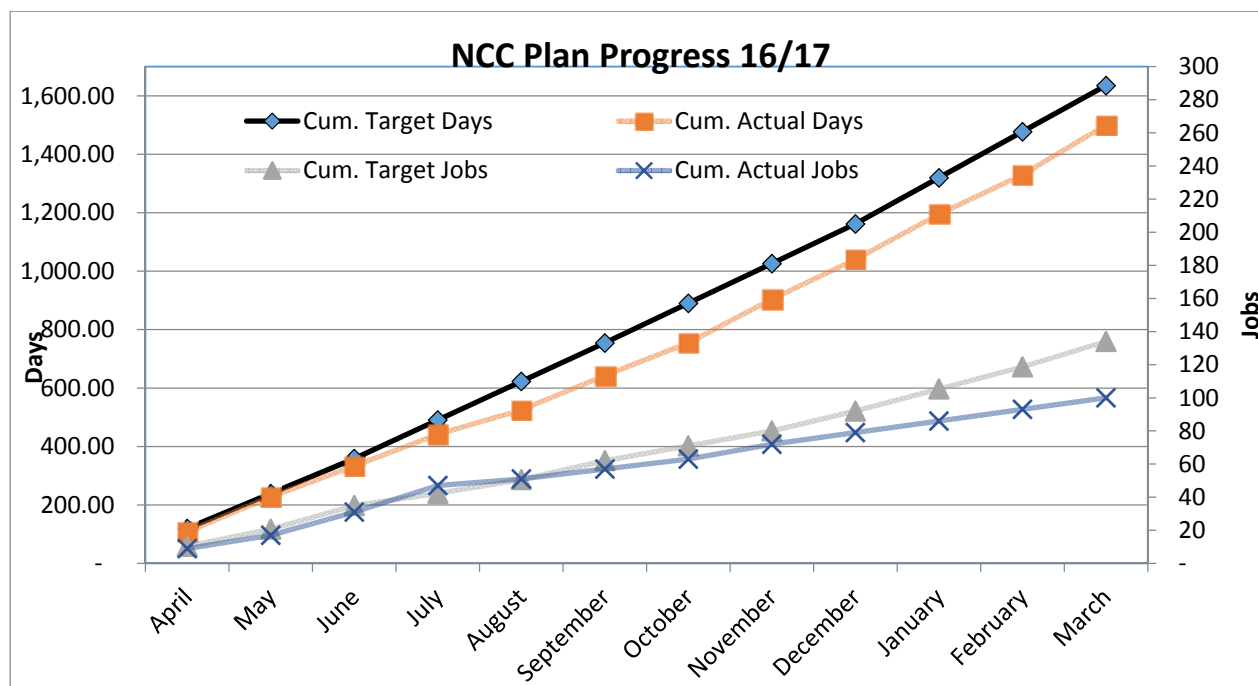
1. To set out the work carried out by Internal Audit during 2016/17 and, based on this work, to provide an opinion on the adequacy of the County Council's internal control environment.

Information and Advice

2. The Authority has a statutory responsibility to undertake an adequate and effective internal audit of the County Council's operations. This responsibility is discharged by the Internal Audit Service which has unrestricted access to all activities undertaken by the County Council.
3. The work carried out by Internal Audit involves reviewing and reporting on the control environment established by management to:-
 - a) determine and monitor the achievement of the Authority's objectives
 - b) identify, assess and appropriately manage the risks to achieving the Authority's objectives
 - c) facilitate policy and decision making
 - d) ensure the economical, effective and efficient use of resources
 - e) ensure compliance with established policies, procedures, laws and regulations
 - f) safeguard the Authority's assets and interests.
4. Internal Audit's work is planned to cover these areas and to provide an independent assessment of whether the Authority's systems and procedures are working appropriately. The work of Internal Audit is carried out in compliance with the Public Sector Internal Audit Standards (PSIAS). It is good practice to provide progress reports on Internal Audit work to senior management (Corporate Leadership Team) and the Board (Governance & Ethics Committee) and this report satisfies this expectation.

Summary of Internal Audit Work for 2016/17

5. The graph below depicts achievements against the audit plan for 2016/17. Achievements are expressed in terms of the following:
 - Inputs – the number of audit days delivered against the plan
 - Outputs – the number of jobs completed against the plan
 - Productivity indicator – the target score is 1, indicating that all jobs have been completed on time and using the allocated number of days.



6. Productivity in 2016/17 was 0.81, meaning that fewer jobs than planned were completed within the days utilised. The key factors giving rise to the shortfall are summarised below:

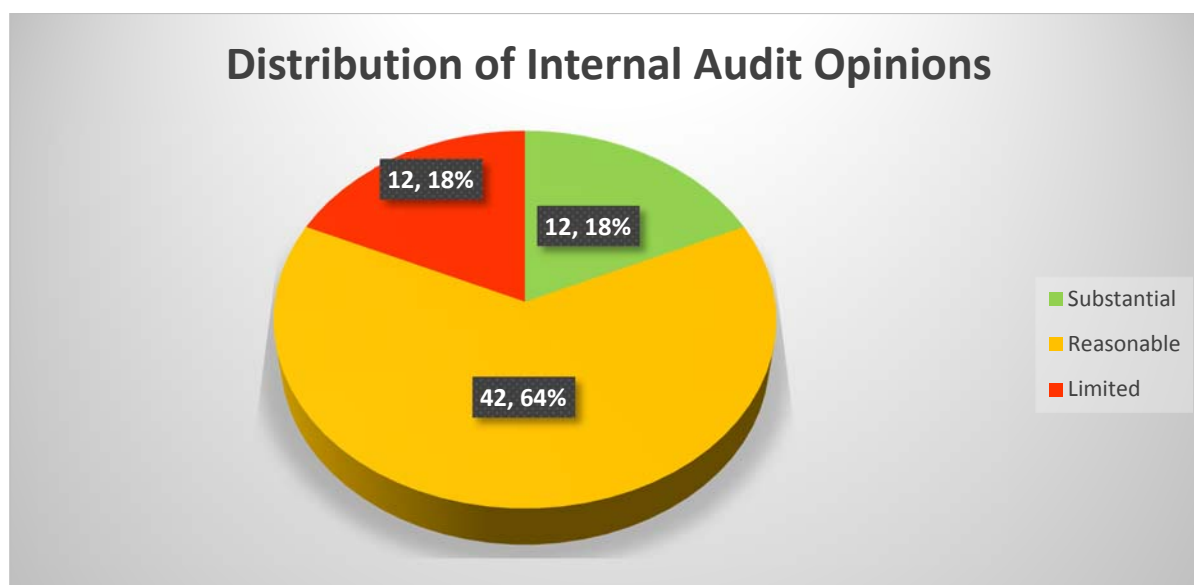
- impact of significant pieces of unplanned work – these take more time to complete and so restrict the number of more routine jobs that can be carried out
- staffing vacancies and turnover – inability to recruit to senior auditor vacancies requiring the engagement of temporary auditors through the agency contract. The availability of these resources has been both intermittent and of variable quality, and the staff turnover rate has increased the time required for on-the-job training. This has been a contributing factor in extending the length of time taken to bring jobs through to the stage of issuing a draft report. Owing to backfill arrangements to cover for the career break of the Head of Internal Audit, the section carried a vacancy in the ICT Auditor post throughout 2016/17. The postholder took on the role of Audit Manager and this restricted his capacity to carry out the usual number of ICT audit assignments.
- There is scope to increase the number of jobs completed by target deadlines. This issue has been discussed with the Internal Audit team and actions agreed to improve the team's performance on this in future.

As a result of these factors, it has not been possible to carry out all of the audits in the 2016/17 Plan. Deferred audits have been rescheduled as part of the annual audit needs assessment.

7. Despite the above, a wide range of audit work was completed during the year. **Appendix 1** sets out details of all final reports, draft reports and written advice, covering the following key types of Internal Audit input:

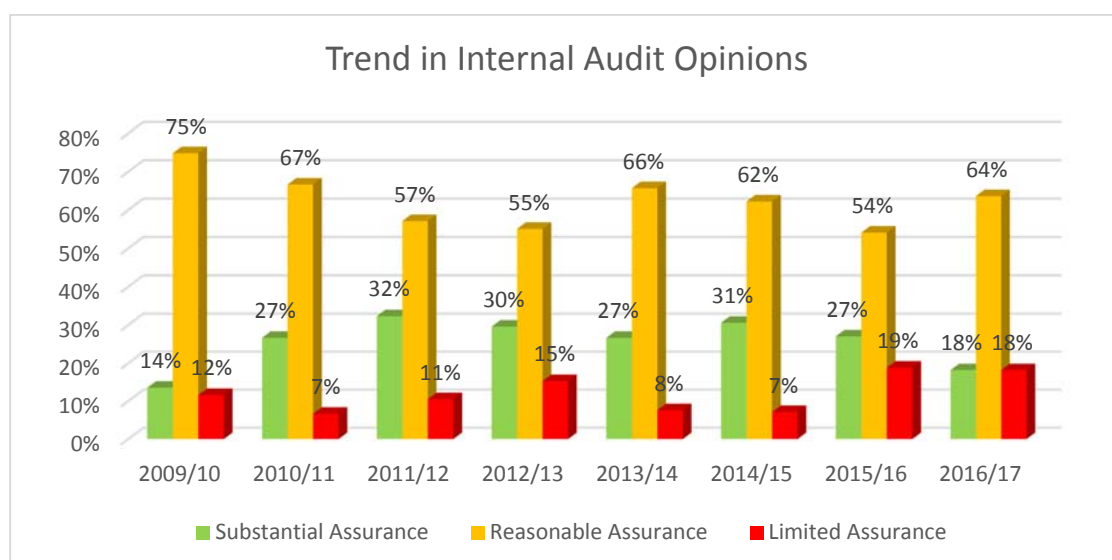
- Assurance audits, for which an audit opinion is issued
- Advice and consultancy – often relating to key developments and initiatives
- Counter-fraud – including the investigation of suspected fraud and whistleblower reports
- Certification audits – generally small jobs to sign off returns and accounts.

8. Most of Internal Audit's assurance work results in the issue of an opinion on the financial controls and procedures in place, categorised as follows:-
 - *Substantial Assurance* – there are no weaknesses or only minor weaknesses
 - *Reasonable Assurance* – most of the arrangements for financial management are effective, but some weaknesses have been identified
 - *Limited Assurance* – there is an unacceptable level of risk which requires the prompt implementation of the recommendations made to correct the weaknesses identified.
9. Analysis of the opinion-based assurance work shows the following distribution of opinions issued during 2016/17. Based on this, we can conclude that **a satisfactory level of internal control is in operation in the Council.**



10. The work in 2016/17 has identified some areas in which internal controls need to be strengthened, most notably in the 12 areas for which a 'limited assurance' opinion was issued. Details of these reports are presented in **Appendix 2**. The weaknesses can be traced back to failures to comply with some aspect of the Council's Financial Regulations. The findings in 2016/17 emphasise a particular need for focus on the following:
 - compliance with procurement regulations
 - control over, and supporting documentation for, locally managed funds
 - risk of failure to secure government funding.
11. It was highlighted in last year's Annual Report that the increased focus by Internal Audit in recent years, on cross-cutting, Council-wide processes has identified inconsistent levels of compliance with the Council's governance framework. Follow-up work on these areas has confirmed the implementation of agreed recommendations, and it is noteworthy from Appendix 1 that the Council-wide reviews carried out in 2016/17 resulted in positive opinions. This is indicative of effective actions being taken across the Council to address the key risks in corporate processes.
12. The trend in the incidence of audit opinions over the past few years is illustrated in the graph below. This shows that, in percentage terms, the incidence of

limited assurance opinions increased in 2015/16 and it has remained at a similar level in 2016/17. As stated above at paragraph 9, Internal Audit's opinion remains that the overall level of internal control in the Council is satisfactory. Nonetheless, the Annual Governance Statement for 2016/17 draws attention to this downturn in the level of assurance provided by the reports over the past 12 months as a current area of significance for the Authority to manage.



13. Internal Audit provided advisory input to a number of key developments in the Council during the year; these are identified in Appendix 1 as 'Advisory and consultancy' input to each department. This type of input ensures that timely advice is delivered by the Section while new and changed systems are being designed and implemented, and it helps to maintain the influence the Section has to retain a proper focus on control issues. Informal feedback from senior officers indicates that this type of input is valued.
14. Internal Audit was involved with a number of irregularity investigations during the year. Details of this work are incorporated in the Annual Fraud Report for 2016/17, which is the subject of a separate report to the Governance & Ethics Committee.

Annual Governance Statement

15. The Accounts and Audit Regulations 2011 require the Authority to publish an Annual Governance Statement with its Accounts. The Statement focuses on the Authority's system of governance and internal control which facilitates the effective exercise of its functions and the achievement of its objectives. Internal Audit's work contributes to the assurance process detailed in the Annual Governance Statement.
16. The individual audit opinions set out in paragraph 9 combine to form the basis of the overall Internal Audit opinion on the adequacy of the Authority's internal control system. The chart at paragraph 9 shows that 82% of the audits

undertaken identified that appropriate controls were in place, therefore Internal Audit's overall opinion is that the Authority's system of internal control is satisfactory. However, 18% of the activities audited were found to provide limited assurance, and the reports on these areas feature a higher proportion of high priority recommendations. Additional work is carried out on these areas to ensure that agreed improvements are realised, or continuing concerns are reported to the Governance & Ethics Committee. The evidence from the update reports to the former Audit Committee on the follow-up of Internal Audit recommendations is very positive indeed, with assurance being provided in the vast majority of cases that actions are taken to address the control weaknesses.

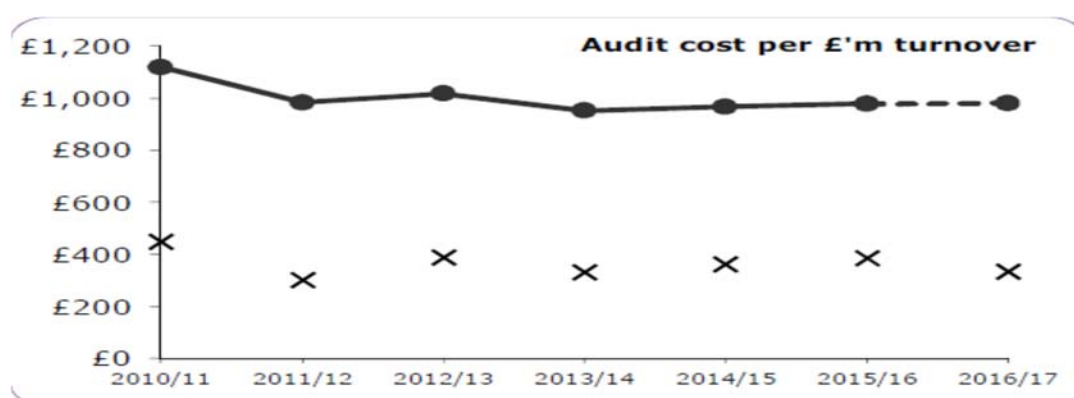
Internal Audit Performance Indicators

17. Progress against the Section's performance indicators, as at 31 March 2017, is detailed in the following table:

Internal Audit Performance Indicators 2016/17

Performance Measure/Criteria	Target	Outcome as at 31/3/17	
1. Risk-aware Council			
Completion of Audit Plan - Days - Jobs	90% 90%	92% 75%	✓ X
Regular progress reports to: - Departmental Leadership Teams - Corporate Leadership Team - Audit Committee	3 pa 3 pa 2 pa	3 3 2	✓ ✓ ✓
Publication of periodic fraud/control awareness updates	2 pa	1 st issue in Q4	X
2. Influential Audit Section			
Recommendations agreed	95%	98.7%	✓
Engagement with the Transformation agenda	Active in 5 key projects	Currently engaged with 5	✓
3. Improved internal control & VFM			
Percentage of high, medium & VFM priority recommendations implemented	75%	95% for 2015/16 actions 74% to date for 2016/17 actions	✓ X
4. Quality measures			
Compliance with the Public Sector Internal Audit Standards	Compliance achieved	Substantial compliance	✓
Reliance placed on Internal Audit work	External Audit place reliance	No concerns raised at 15/16 audit	✓
Positive customer feedback through Quality Control Questionnaire (QCQ) scores	Feedback good or excellent (where a score of 1 is excellent and a score of 2 is good)	Average score 1.76	✓

18. The staffing issues at senior auditor level have hindered the Section's ability to meet the Plan. The vacancies have now been filled and the section is now on a much firmer footing for delivery of the 2017/18 annual plan.
19. Despite the challenges, the work completed continues to be carried out in compliance with the required standards, and clients continue to respond well to the recommendations made and to the audit approach.
20. During the year, the section continued to use a customer satisfaction questionnaire, and has maintained very positive results. The vast majority of recommendations made have been agreed for implementation (98%).
21. The Section participates in the Chartered Institute of Public Finance and Accountancy (CIPFA) benchmarking club for internal audit services. Extracts from the latest benchmarking report received in December 2016 show the Council's Internal Audit Section (plotted 'X's) is below the comparator average (trend line) in terms of the cost of the Internal Audit service per £1m of the Council's turnover. The net budget for 2017/18 is £345k.



Quality Assurance and Improvement Programme (QAIP)

22. The Public Sector Internal Audit Standards require Internal Audit Sections to develop a QAIP to ensure that appropriate quality standards are being applied. An updated QAIP has been developed and is attached as **Appendix 3**, providing an update on progress against the action plan for 2016/17, revised timescales where required, and the addition of new actions arising from the latest assessment against the standards.
23. The QAIP has been informed by an internal assessment of the Internal Audit Section's compliance with the PSIAS, carried out by the Head of Internal Audit. In the following respects, the standing arrangements at the County Council mean that standards are not strictly complied with, but the compensatory arrangements described remain in place:
 - a) The requirement for the Chief Audit Executive (Head of Internal Audit at Nottinghamshire County Council) to report to an organisational level equal or higher than the corporate management team is not strictly met; the Head

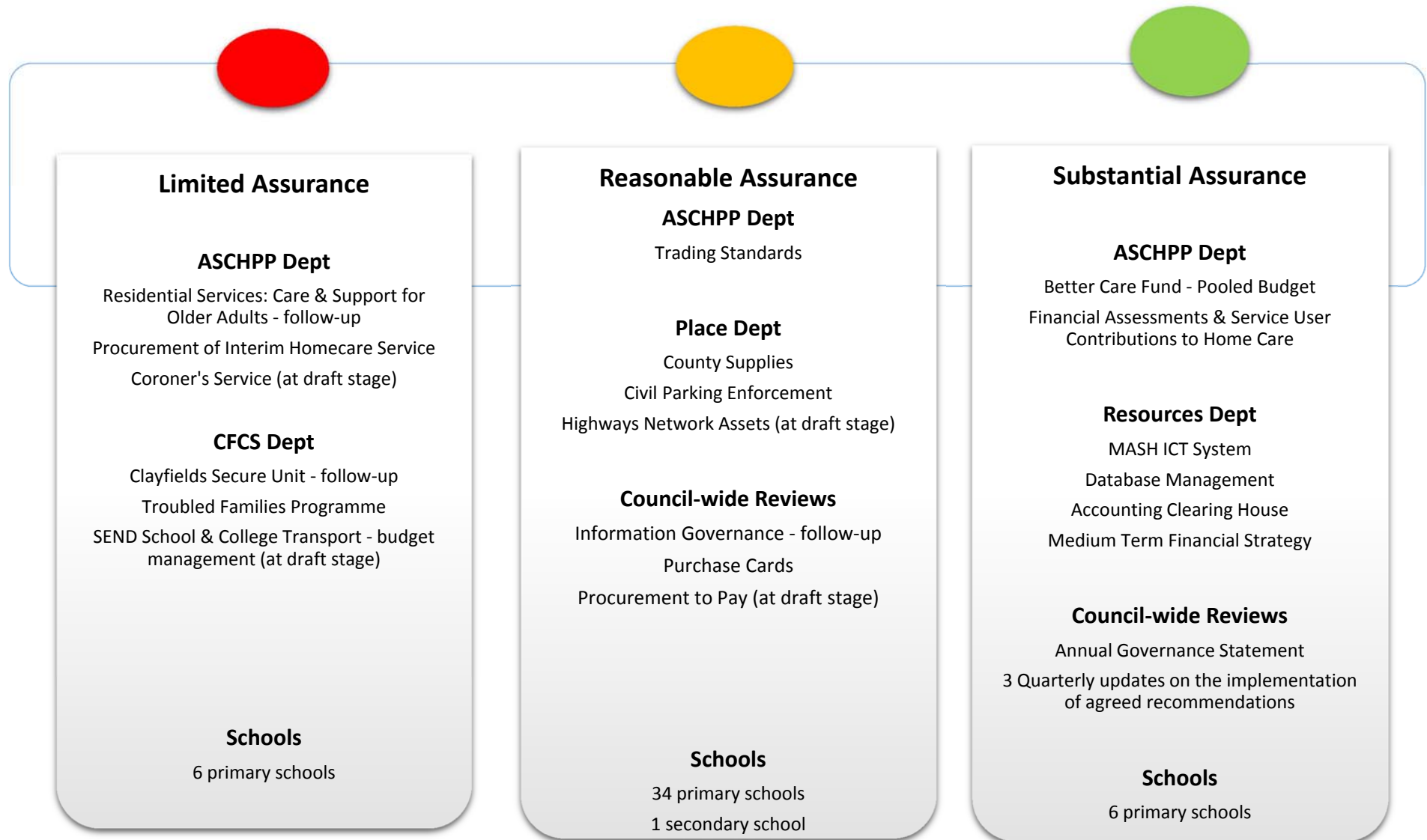
- of Internal Audit's line manager is the Service Director - Finance, Procurement and Improvement. However, this does not hinder the Head of Internal Audit's direct access to the Chairman of the Governance & Ethics Committee, the Chief Executive or other members of the Corporate Leadership Team. From 2016, the Head of Internal Audit has been meeting quarterly with the Chief Executive, the Monitoring Officer and the Section 151 Chief Financial Officer to discuss governance issues.
- b) The requirement for the appointment and removal of the Chief Audit Executive to be approved by the Board is not met, as this is dealt with by delegated powers under the Constitution.
 - c) The Board is not responsible for approving the budget and resource plan of Internal Audit. However, the Governance & Ethics Committee receives, and has the opportunity to comment upon, information concerning the size of the annual budget for Internal Audit, its staffing structure and the overall cost of the service per £1m of the Council's budget.
24. The QAIP identifies opportunities to improve the control, governance and risk management framework in the Council and in the procedures and approaches adopted by the Internal Audit Section. Key areas of focus for the coming year will be the following:
- a) A strengthened approach to assurance mapping, both at the corporate level and in terms of its use by the Internal Audit Section.
 - b) More embedded use of data analysis techniques as a matter of routine in Internal Audit's work.
25. Notwithstanding the above and the areas for improvement set out in the QAIP, the Head of Internal Audit's self-assessment against the required standards has confirmed the following in respect of the work carried out by the service in 2016/17:
- a) The service applied a systematic, risk-based approach to the assurance work it delivered
 - b) Internal Audit staff performed their duties with due regard to the code of ethics set out in the standards
 - c) There were no impairments to the independence and objectivity of the service during the year.

Conclusion

26. The work undertaken by Internal Audit during 2016/17 has covered key systems in the Authority and has identified that the controls in the majority of systems and procedures continue to operate satisfactorily. Of the systems and procedures reviewed, 18% were found to provide limited assurance. Action plans have been agreed to address these concerns and follow-up audit work will be carried out to ensure that these areas are addressed.

Rob Disney CPFA
Head of Internal Audit
Nottinghamshire County Council

ASSURANCE AUDITS



ADVISORY/CONSULTANCY INPUT

ASCHPP Dept

- Commissioning & reviewing packages of care
- Care Home remittance advices from Mosaic

CFCS Dept

- Youth Service locality funds – post investigation

Place Dept

- Enviro Energy Ltd – turbine partnership with Nottingham City Council (in draft)
- Property Group Operations overtime
- Highways ASDM – pre go-live advisory input
- Property ASDM – pre go-live advisory input
- Concessionary travel passes – document retention
- Schools catering – meals returns

County-wide

- RSEMB attendance

COUNTER-FRAUD

ASCHPP Dept

- The Grange Nursing Home
- Direct payments – advisory input with current departmental investigations and a proposed data-matching exercise with the City Council
- Care package assessor - whistleblower allegations

CFCS Dept

- Youth Service whistleblowing – budgets and locality funds

Place Dept

- Nottinghamshire Police referral – payments to transport provider

County-wide

- Transparency Code
- Pro-active fraud awareness – Team Talk article
- National Fraud Initiative – data submission
- National Anti-Fraud Network – alert monitoring & dissemination

CERTIFICATION AUDITS

ASCHPP Dept

- Trading Standards: Scambusters audit certificate 2015/16
- Trading Standards: Operation Spinnaker audit certificate 2015/16
- Trading Standards: Operation Comfort audit certificate 2015/16

CFCS Dept

- Beeston Youth & Community Centre Trust accounts

Place Dept

- Carbon Reduction Certificate
- Platt Lane Playing Fields accounts
- Bus Services Operators' Grant

Audit Reports issued to date in 2016/17 which had a “Limited Assurance” Audit Opinion

ASCH 1705 – Residential Services care & support for older adults – follow-up – July 2016. This follow-up review was carried out prior to the change in approach to the follow-up of audit recommendations. The key concern raised in the report is the rate of progress being made with bringing the contractual arrangements with health providers for intermediate care and assessment bed services into line with NCC Financial Regulations and Public Contracts Regulations 2015. The report recommends taking action now to set up a framework agreement for intermediate care to cater for the eventuality of funding becoming available beyond April 2017. Recommendations were also made regarding the authorisation of additional hours worked by staff and the lack of documentation to support some purchase card transactions.

ASCH 1706 - Procurement of the interim homecare service – January 2017. Four core providers were competitively procured to deliver an interim homecare service, but they all experienced significant difficulties with capacity. As a result, the department continued to use the former provider of the service, along with other spot contractors. The contractual arrangements for this were not compliant with financial regulations, and this situation continued for more than two years. Recommendations are made in the report to improve the arrangements both within the department and corporately for monitoring compliance with procurement regulations. Strengthened controls should aim to ensure that problem areas are identified promptly so that the required procurement activity can be scheduled in good time.

2016-40 HM Coroner for Nottinghamshire: NCC contributions – report in draft. A brief summary of key issues arising from this audit will be included in a future progress update, once the report has been finalised.

CFCS 1701 – Clayfields Secure Unit – follow-up – June 2016. This follow-up review was carried out prior to the change in approach to the follow-up of audit recommendations. It identified further lapses in controls over the Unit's imprest account, which operates to a relatively high balance due to the need to process many of the young people's allowances and pocket monies in cash. We also identified scope to limit further the use of the Unit's purchase card, in favour of using the regular purchasing order processing facility in the Business Management System. Recommendations are also made to improve controls over cash handling and budgetary control.

CFCS 1705 – Troubled Families Programme – October 2016. Government funding of just over £5m over five years is anticipated for this programme, although this is dependent on the number of eligible families the Council is actively working and making progress with. The report highlights the slow progress being made with setting families up on the programme and, for some of the families that have

been set up, concerns are raised that some of the established targets for sustained and significant progress may not be consistent with the agreed Outcomes Plan. All of this may place at risk the level of funding the Council will receive

2016-92 SEND Home to school transport – report in draft. A brief summary of key issues arising from this audit will be included in a future progress update, once the report has been finalised.

School Budget Share audits. The programme of school visits in 2016/17 identified six schools for which a limited assurance audit opinion was provided. The audits of school budget share cover a broad range of areas including governance, expenditure, income, assets and information. Reports are provided to the Headteacher and the Chair of Governors for action.

1. Update on progress against the 2016/17 QAIP

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	Progress as at June 2017
Organisational Independence						
1617 – 1	The Chief Executive should contribute to the performance appraisal of the CAE	No formal contribution from the Chief Executive	Include in future performance appraisal	Service Director – Finance, Procurement & Improvement	December 2016	Implemented. The Chief Executive provided feedback for the Head of Internal Audit's appraisal.
1617 – 2	Feedback should be sought from the Chairman of the Audit Committee for the CAE's performance appraisal	No formal contribution from the Chairman	Include in future performance appraisal	Service Director – Finance, Procurement & Improvement	December 2016	Implemented. The Chairman of the Audit Committee provided feedback for the Head of Internal Audit's appraisal.
Due Professional Care						
1617 – 3	Consider the cost of consulting engagements in relation to potential benefits	Not formally considered and documented	Include this consideration in the engagement record for consulting assignments	Head of Internal Audit	Immediate	The section's engagement record has been updated to ensure this is a factor for consideration in consultancy engagements.
Reviewing the effectiveness of Internal Audit						
1617 – 4	A formal external review of Internal Audit must be completed once every five years, with the first being due by the end of 2017/18	External review has yet to be commissioned	Evaluate options for the external review of Internal Audit and seek approval of Governance & Ethics Committee	Governance & Ethics Committee to consider options presented by the Head of Internal Audit	March 2017	Options are still to be presented to the Governance & Ethics Committee.

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	Progress as at June 2017
1617 – 5	Internal self-assessments of Internal Audit should be carried out by officers independent of the Section and with the appropriate knowledge and understanding of the required standards,	Self-assessments are carried out by the Head of Internal Audit	Determine whether an appropriate, independent officer is available within the Council to carry out an internal self-assessment prior to the commissioning of the external review	Head of Internal Audit to identify a suitable officer Appointed officer to carry out self-assessment	September 2016 March 2017	Not progressed due to general capacity limitations for prospective internal officers. Progress will now be made with the external assessment.
Policies and Procedures						
1617 – 6	Maintaining an audit manual to guide staff in the performance of their duties in compliance with the PSIAS	The current Audit Manual requires updating	Update the Audit Manual	Head of Internal Audit	September 2016	Progress has been made but this requires completion. To be carried out by August 2017.
Nature of audit coverage						
1617 – 7	Review the organisation's ethics-related objectives, programmes and activities	Coverage as part of some planned audits, but no audit dedicated to this topic	Include a cross-cutting review of the organisation's culture and ethics as part of a future planning period	Head of Internal Audit	January 2017 as part of planning for 2017/18 audit plan	An audit of ethics will be scheduled as part of the 2017/18 Audit Plan.
1617 - 8	Review the effectiveness of the organisation's risk management processes	The Head of Internal Audit is a member of the Risk Safety & Emergency Management Board, but a dedicated audit of this topic has not been carried out recently	A dedicated cross-cutting review of risk management is included in the 2016/17 audit plan	Head of Internal Audit	March 2017	An audit of risk management was being finalised at the close of the 2016/17 financial year, with a report expected to be issued in the first quarter of 2017/18.

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	Progress as at June 2017
Communications						
1617 – 9	Engagement results released outside the organisation should include limitations on distribution and use of the results	No caveat is placed on results released outside the organisation	A caveat has been developed but still to be actively used	Head of Internal Audit	Immediate	The caveat is in place, ready for use.
1617 – 10	Timeliness of communications	Some instances in recent years of assignments taking lengthy periods to complete and report findings	Timely completion of audit assignments to be monitored more closely through the introduction of 1:1 supervision sessions	Head of Internal Audit to carry out periodic 1:1 supervision sessions with all staff	From June 2016	1:1 reviews have been carried out regularly with all staff during 2016/17 and will continue.
General efficiency and effectiveness of the service						
1617 – 11	Identifying opportunities to improve the efficiency and effectiveness of the service	The Internal Audit Service Plan for 2016/17 includes actions to improve some aspects of the service	a) Embed the use of audit automation software b) Implement revised time-recording and performance management module c) Revise procedure for following up audit recommendations	Head of Internal Audit	a) Immediate b) September 2016 c) September 2016	a) The audit automation is now in place b) Capacity issues in 2016/17 have delayed implementation. Now targeted for the second quarter of 2017/18. c) The revised approach to the follow-up of agreed actions was implemented from September 2016
Internal Audit Charter						

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	Progress as at June 2017
1617 – 12	Internal Audit Charter is compliant with the current standards	The standards were revised with effect from April 2016 to include an Audit Mission statement and a set of Core Principles. The charter may need to be updated if proposals to revise the follow-up process are accepted.	Present an updated Internal Audit Charter to the Audit Committee for approval.	Head of Internal Audit	September 2016 meeting of the Audit Committee	The updated Audit Charter was approved by the Audit Committee in September 2016. Further, minor amendments now required for the change to the Governance & Ethics Committee.

2. New actions for 2017/18

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	(Progress – to be updated for 2017/18)
Proficiency						
1718 - 1	Auditors have sufficient knowledge of the appropriate computer-assisted audit techniques that are available to them to perform their work, including data analysis techniques	There is scope to make the use of these techniques more routine and embedded in the section's day-to-day work	Provision of training and refresher training on the tools currently available. Instil a data-analysis approach wherever it is relevant and appropriate for the work planned in 2017/18.	Head of Internal Audit	For all audits in the 2017/18 audit plan	

	Audit Standard	Gap in meeting standard	Action Required	Officer responsible	Timeline	(Progress – to be updated for 2017/18)
Assurance mapping						
1718 - 2	<p>The application of assurance mapping in relation to the following:</p> <ul style="list-style-type: none"> • The risk-based plan takes into account the organisation's assurance framework • The CAE shares information and coordinates activities with other internal and external providers of assurance and consulting services • The CAE's annual opinion takes account of the risk or control framework or other criteria used as a basis for the overall opinion 	<p>There is scope to strengthen the current approach to assurance mapping at a number of levels:</p> <ul style="list-style-type: none"> • Corporately in relation to the work of the Governance & Ethics Committee • Relating to Internal Audit's planning process • Delivery of internal audit engagements 	<p>Design and implement an assurance mapping process for the work of the Governance & Ethics Committee and for corporate governance processes.</p> <p>Carry out a mid-year review of the 2017/18 Audit Plan to assess any required changes in light of the assurance map. Future opinions of the CAE on the overall effectiveness of the control framework to be based on all available sources of assurance.</p>	Head of Internal Audit	<p>Initial proposals targeted for September 2017</p> <p>Mid-year review of the Internal Audit plan for 2017/18</p> <p>Annual opinion of the CAE in 2017/18</p>	

19 July 2017**Agenda Item: 7****REPORT OF SERVICE DIRECTOR – FINANCE, PROCUREMENT &
IMPROVEMENT****FINANCIAL REGULATIONS WAIVERS 2016/17****Purpose of the Report**

1. To inform Members about requests to waive the Financial Regulations (waivers) in the Period (1st April 2016 - 31st March 2017).

Information and Advice

2. The Council's Financial Regulations set out the procedures and standards for financial management and control that must be followed by officers.
3. The Council may only contract with external parties within the legal framework for Local Authority procurement. However there are occasions where it is not practical or possible to procure contracts in accordance with the standard contract procedures. In such instances officers may seek exemption through a waiver. The waiver process acts as a peer challenge to such requests to ensure there is a valid reason for approval.
4. Waiver requests are considered by S151 officer who determines whether they can be approved or not. The S151 may also refer any request for a waiver to the Group Manager Legal Services.
5. There are six categories of exemption where the rules for obtaining quotations or running tenders can be suspended. These are:-
 1. The work to be executed or the goods or materials to be supplied constitute the first valid extension of an existing contract,
 2. The Council is buying from a contract entered into following a compliant tendering exercise by a consortium, collaboration, of which the Council is a member and authorised to buy from or through,

3. The work to be executed or the goods or materials are specific to that machinery or upgrades to existing software packages,
4. Works, supplies or services are urgently needed for the immediate protection of life or property,
5. The Corporate Director decides that special circumstances make it appropriate and beneficial to negotiate with a single firm or that a single tender be invited.
6. The Section 151 Officer, after consulting with the Group Manager for Legal Services, may vary, waive or suspend any regulation. Requests to waive Financial Regulations.

6. The tables below summarise the number of waivers granted in 2016/17 (table1) compared to the previous year by directorate and value, full details for those waivers are contained in appendix 1.

Table 1	2016-2017				2015-2016			
Directorate	Number Waivers	Total Value	No. Rejected	Value Rejected	Number Waivers	Total Value	No. Rejected	Value Rejected
Resources	8	£369,475	3	£173,000	11	£402,740	1	£8,000
Adult Social Care, Health & Public Protection & Public Health	11	£1,041,042	4	£368,254	11	£1,891,176	1	£270,176
Children, Families & Cultural Services	4	£107,521	2	£89,521	6	£322,100	1	£137,300
Place	3	£78,829	1	£17,200	10	£4,638,691	1	£1,251,790
Schools	0	0	0	0	2	£180,000	0	£0
TOTAL	26	£1,596,867	10	£647,975	40	£7,434,707	4	£1,667,266

7. The total number of waivers has decreased since last year with an overall reduction of 35%. In 2015-16 10% of requests received were rejected in 2016-17 the rejection rate was 38%. Whilst we have not seen a reduction in the number of requests received from ASCH&PP there has been a 27% reduction from Resources and 33% reduction in requests from CFCS. The most significant change can be seen from colleagues in Place with a 70%

reduction in requests, however this is likely to be a natural occurrence due the creation of the joint ventures in both highways and property.

8. The largest number of high value waivers was for ASCH&PP, whilst the value of these requests has reduction compared to the 2015-16 figures, it has to be noted that the spend still exceeds £1m.
9. Category Managers continue to work with the directorates to develop procurement category strategies that will aid the continued reduction of waiver requests.

Statutory and Policy Implications

10. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That Members of the Governance and Ethics Committee to note the Financial Regulations Waivers 2016/17 and the continued progress in keeping waivers to a minimum.

Nigel Stevenson

Service Director – Finance, Procurement & Improvement

For any enquiries about this report please contact:

Clare Winter - Group Manager, Procurement

Constitutional Comments (KK 06/07/17)

11. The proposal in this report is within the remit of the Governance and Ethics Committee.

Financial Comments (SES 05/07/17)

12. There are no specific financial implications arising directly from this report.

Background Papers and Published Documents

13. Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Waiver Details

Ref	Exemption	Subject	Value	Department	Waiver Details	Approved/Rejected
FR235	5	Performance Based Budgeting (PBB) Pilot	£70,000	CFCS	The waiver received requested the approval of a 3 year pilot on performance based budgeting to be delivered through a selected consultancy firm.	Rejected. The waiver was rejected as it appeared the commissioner had already commenced with the work, and no alternative supplier options had explored.
FR236	5	Critical Friend Support to the Corporate Services Review	£8,475	Resources	The waiver received sought to directly award a contract to a consultancy firm to deliver a Critical Friend Support to the Corporate Services Review in March 2016.	Approved. The waiver was approved on the basis that the intended contractor had the experience and knowledge of NCC, the costs to run a full tender process would outweigh the intended fee's to be paid.
FR237	1	CCTV Clayfields Security	£36,629	Place	The waiver received requested the direct award of a contract to replacement of 80 CCTV cameras. The proposal requested awarding the contract to the original security system installer. The stakeholder did not want to destabilise this system by seeking an alternative supplier.	Approved. The waiver was approved on the condition that there needed to be a formal contractual arrangement put in place between NCC and the supplier. The department was also required to provide the financial analysis of the cost comparison of the total replacement option.
FE238	5	Waste Management: Mansfield and Ashfield residual waste solution	£25,000	Place	The waiver received requested the continued use of consultancy support to conclude the waste management project.	Approved. The waiver was approved as it was deemed neither cost effective in both time and energy going to the market for support from a new potential consultant at this stage. Once this piece of work was completed it was expected that the relationship with this consultant would cease.

FR239	5	Commercial Development Unit	£50,000	Resources	The waiver received sought approval to directly engage the support of another County Council with the development of a model for the commercialisation of services at NCC, and to provide support to a pilot of the model.	Approved. The waiver was approved on the condition that once pilot was complete, no further works would be directly commissioned from the Council. This waiver was to cover the pilot and its conclusion in July 2016.
FR240 Was deemed not to be a waiver and returned						
FR241	4	Hospital Discharge Service	£140,868	ASCH&PP	The waiver received sought to directly award a care package to an out of area care provider. Contracts with current providers did not cover out of area placements, and the family of a particular service user wanted the placement to be in the City.	Approved. The waiver was approved on the basis that the urgent need and potential impacts for the service user outweigh the risks. The waiver was approved for a maximum of 2 years, and it was expected that the compliance position was resolved before the expiry of this waiver.
FR242	6	Intermediate Care services in Bassetlaw	£210,973	ASCH&PP	The waiver was received in June 2016 to seek the continuation of a jointly commissioned intermediate care service with health colleagues in Bassetlaw.	Rejected. The waiver was not considered for approval as it was received in June 2016 when the service had continued to run and be funded from April 2016 it was therefore a retrospective request.
FR243	5	Appointment of Insurance Fund Valuer	£10,000	Resources	The waiver received sought to direct award a contract to an insurance fund value on the basis of previous work that they had delivered for the authority in relation to the requirements to review NCC insurance fund.	Rejected. The waiver was rejected on the basis that there are other providers in the market, the stakeholder was instructed to seek alternative quotations.
FR244	5	Futures in Mind (Chapter 4): Resilient children and Young People in Nottinghamshire	£240,000	ASCH&PP	The waiver received sought to directly award a contract for 3 years for the provision of support services to children affected by traumatic incidents. The suggested provider was delivering a similar programme for health in Bassetlaw.	Approved. The waiver was approved on the basis that the programme would only be rolled out for the North and West of the county, through a proven programme.

FR245	4	Day Service for person with profound physical needs	£52,000	ASCH&PP	The waiver received sought to directly award to the company to provide ongoing day care support to a service user with complex needs. Other options had been explored but they could not provide the facilities required.	Approved. The waiver was approved for a period of 1 year, contract documentation would be put in place between NCC and the provider.
FR246	5	Provision of Independent Adviser services to pension fund	£80,000	Resources	The waiver received requested the assignment of a previously awarded contract to an Independent adviser to the pension fund. A compliant procurement process had previously been concluded with the award of contract but subsequently the company had taken the decision to enter voluntary liquidation.	Approved. The waiver was approved on the basis that the costs to re-procure the contract could lead to a gap in service deliver. It would not make economic sense to re-procure the service at this time, and the financial position of the risk of liquidation by the original organisation could not have been known at the time of contract award.
FR247	5	Consultant Quality Assurance Safeguarding Adults	£38,500	ASCH&PP	The waiver received sought to directly award a contract to a consultant who would work closely with the Strategic Safeguarding Adults' Team and engage practitioners, managers and senior leadership colleagues in the review and revision of the current quality assurance process.	Rejected. The waiver was rejected as it was considered to be retrospective, there are other suppliers in the market who could deliver this project.
FR248	3	Ski tow repairs Holme Pierrepont	£19,521	CFCS	The waiver received sought to directly award a contract for the repair of the ski tow cables.	Rejected. The waiver was rejected as the works needed to be picked up with the contractor for the site and was not NCC responsibility.
FR249	5	Video Relay Service for British Sign Language users	£3,000	Resources	The waiver received sought the directly award for the provision of a Video Relay Service for British Sign Language users.	Approved. The waiver was approved on the condition that no further requests will be submitted post May 2018 and should the service be required following the pilot it would be combined with the City Council's procurement activity.
FR250	5	Pension Fund Property Work	£150,000	Resources	The waiver received sought to continue to directly engage the services of a consultant in support of the pension funds investment programme.	Rejected. The waiver was rejected on the basis that the compliance checks on the proposed contractor had not been undertaken and the risks of direct award to the individual were too high without further competition.

FR251	5	CFO Insights - Subscription	£30,000	Resources	The waiver received sought authorisation to award a contract directly to the subscription supplier. Evidence was provided that this is a unique offer over a short period of time and to go to the market would not make economic sense.	Approved. The waiver was approved on the basis that this is a subscription for the period of 3 years and for a fixed term cost any future requirements would need to be tendered.
FR252	5	CDU exemption for Trading Standards	£13,000	Resources	The waiver received sought the extension of the Commercial Development Unit work with another County Council the request sought the approval to proceed to spend additional monies on top of that already committed through the pilot project.	Rejected. The request was rejected as the application was retrospective and therefore was proceeding at risk.
FR253	5	Young people's health website (Health4teens, Leicestershire NHS Trust)	£40,482	ASCH&PP	The waiver received sought to directly award a contract to our health colleagues so that NCC could utilise the base of their young people's health website to fit to a Nottinghamshire model.	Approved. The waiver was approved on the basis that the Contractual relationship needed to be fully explore before any contract was entered into or any work authorised to proceed, and that this was a proven delivery model.
FR254 Was deemed not to be a waiver and returned						
FR255	5	Interim Hospital Discharge Winter Pressures	£44,625	ASCH&PP	The waiver received sought to commit some additional funding to support the hospital discharge services during winter pressures.	Approved. The waiver was approved as the cost and time of a procurement exercise would delay service delivery.
FR256	5	The East Midlands ASC SLI programme	£42,000	ASCH&PP	The waiver received sought to approve to continue to commission a provider to deliver a sector led improvement programme as part of the EM ADASS Branch of work to support an adult's peer challenge improvement programme.	Rejected. The waiver was rejected on the basis that it was received in November 2016, yet the service had been running since April 2016.
FR257	4	Supported Living Placement – out of county	£76,780	ASCH&PP	The waiver received sought to approve the direct award of an emergency placement provision out of county for a vulnerable adult in Derbyshire.	Rejected. The waiver was rejected as the placement was made on 3rd October but the waiver was not received until 18.11.2016.

FR258	5	D1N2 (East Mids) Social Investment Platform - Social Impact Bonds.	£18,000	CFCS	The waiver received sought to appoint a supplier to support CFCS with their application for funding to roll out Social Impact Bonds.	Approved. The waiver was approved as the cost of the application was small, and It would not make economic sense to go the market to procure support on such a small value assignment at this stage.
FR259	5	Oaklands Care Home - ASC Placement	£46,000	ASCH&PP	The waiver was received following a court Best Interest Decision that was made in January regarding the relocation of an adult mental health placement to Bristol from Nottingham. The waiver sought to approve the placement with a non-contracted supplier, in the short term to allow time for contracts to be agreed.	Approved. The waiver was approved for a maximum of 12 months with a formal contract being put in place.
FR260	5	Friendship Agreement with the Province of Zhejiang	£25,000	Resources	The waiver received sought to directly award a contract to the supplier who has a specialist China Unit that can assist NCC with this development.	Approved. The waiver was approved on the basis that Both the economic cost of tendering this low value tender and the potential impact on future relations with Province of Zhejiang, make it not a viable project for a full procurement exercise, in line with the financial regulations.
FR261	5	Supported Living Placement – out of county	£108,810	ASCH&PP	The waiver received sought to directly award a short term care package out of county to a provider for a service user with complex needs, no alternative services are available to meet the needs at this time and therefore a 6 months placement was requested.	Approved. The waiver was approved on the basis of a 6 month only placement and a contract being put in place.
FR262	5	Delivery of extra care and supported living accommodation on council owned site	£17,200	Place	The waiver received sought to directly award a contract to consultant to undertake some work at one of our sites as to the best use for this site.	Rejected. This waiver was not approved on the basis that there is a market out there for this type of consultancy support that does not appear to have been explored.

FR263	4	Residential Placements	No value	CFCS	<p>There is a need for residential placements and/or education for Looked After Children, particularly when the needs of the young person are complex, including those with special needs and/or disabilities. Our own contracted provision via 2 block contract arrangements for residential accommodation is not always appropriate due to those complex needs. The Council is also part of a regional framework that has a number of Suppliers on it that offer residential placements, and again those Suppliers may refuse to offer a place due to the complex needs or homes being full. Rather than issue a waiver for every request an overall waiver to approve short term off contract placements was requested.</p>	<p>Approved. The waiver was approved on the basis that after 12 months of operation a review would be carried out (and annually thereafter) to consider whether other alternative compliant procurement options have been identified or any adjustments to the approach have been identified. This waiver should be re-approved after each annual review to ensure that consideration is given to its ongoing need.</p>
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19 July 2017**Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR OF RESOURCES****CHANGES TO DEMOCRATIC SERVICES STAFFING STRUCTURE****Purpose of the Report**

1. To approve a revised staffing structure for Democratic Services to meet future demand and changed requirements.

Information and Advice

2. The existing staffing structure for Democratic Services was agreed in February 2014 (see Appendix 1) with a staffing establishment of 22.5 full time equivalent (FTE) posts. Subsequent changes linked to savings proposals reduced the staffing establishment further to its current level of 20.7 posts.
3. Following a review of requirements in light of the recent changes to the Council's committee structure, a proposed revised staffing structure is attached at Appendix 2. The proposed revised staffing establishment for Democratic Services is 14.5 FTE posts with provision for an additional flexible resource budget to meet seasonal and peak demand, particularly relating to education admission appeals.

Governance Team

4. The revised committee structure has resulted in a reduction in the number of committees and the overall number of committee meetings each year (along with related meetings and workload). However, it has been acknowledged that the revised Committees are all dealing with busy workloads and, in many cases, more complex issues. The skill and responsibility levels of Governance Team members within Democratic Services needs to reflect the demands of this new structure. It is therefore proposed to delete the Assistant Democratic Services Officers posts from the structure. It is also proposed that the number of Advanced Democratic Services Officers posts be reduced from two to one in light of the reduced staff management requirements.
5. The Governance Team in Democratic Services recently relocated to work alongside their colleagues in Legal Services. This closer working has already achieved efficiencies in terms of Democratic Services being able to utilise the existing Legal Services Business Support resource rather than fill existing full-time vacancies to deal largely with seasonal demand around the education appeals function.
6. As a further means of dealing with seasonal business support pressures, both

Democratic Services and Legal Services have also arranged paid, temporary work placements for Nottingham Trent University law students. Following the initial success of this arrangement this year it is proposed that a similar approach be followed, if needed, in future years.

7. It is proposed that the remaining two vacant Business Support Officer posts within Democratic Services be deleted with business support needs to be met from the existing Legal Services team as currently and from the temporary student placement.
8. It is also proposed to establish a Legal and Democratic Services apprenticeship post in order to offer an opportunity across the two teams. Further work is planned with Workforce Planning and Organisational Development colleagues to identify appropriate standards for this role. Discussions have also commenced with the Association of Democratic Services Officers to see whether there is potential to develop a new apprenticeship as part of the Government's apprenticeship Trailblazer initiative. This will enable the Council to meet revised statutory duties and draw down funding from the Apprenticeship Levy.

Education Appeals

9. As well as supporting the democratic function of the Council, the Governance Team also successfully manages the Council's arrangements and responsibilities around Education Appeals (both admission appeals and exclusion reviews). This area of work can prove problematic in that, in order to meet statutory deadlines, there are very busy seasonal peaks with this work that have to be managed alongside the ongoing committee meetings and any election arrangements.
10. In recent years, Democratic Services have tried various approaches to manage the impact of the number and complexity of education admission appeals. The bulk of the appeals continue to be clerked by Democratic Services Officers, Assistant Democratic Services Officers and Advanced Democratic Services Officers although various other temporary resourcing measures have also been piloted.
11. The current proposal is to look to establish a pool of external clerks who can be used on an ad hoc basis as a flexible resource to meet seasonal and other peak demand. This will enable the governance team to concentrate on the core business of democratic services and to enable a more balanced workload spread across the municipal year. If it proves possible to develop such a resource then further consideration will need to be given to the co-ordination of this and other aspects of the Education Appeals work.

Support to Political Groups

12. The support available to the various political groups, dependent upon the number of Councillors in each group, was agreed by Administration Committee on 16 April 2013. For the majority group it was agreed that a degree of flexibility to take account of Councillors' needs should be considered when deciding on staffing requirements.
13. In accordance with the arrangements agreed by Administration Committee, the Ashfield Independents Group will receive support from a 0.5 FTE administrative and research officer.

14. Because the new majority group is made up of two political parties (Conservatives and Mansfield Independents Forum) it is proposed that the current Minority Groups Research Officer, who supported the Mansfield Independent Forum Members (Independent Group) in the previous administration, moves to support the new majority group in a revised role. The proposed reductions in the Governance Team will mean that there is little or no scope for support to the Chairman and Vice-Chairman of the Council in their civic role. It is therefore proposed that such support is provided by this postholder, and that this post, in addition, provides cover for the Senior Researcher and the Personal Assistant in the Majority Group and is retitled Research and Civic Support. This post will have a revised job description developed which will require evaluation under the Council's scheme.
15. Affected staff and the Trades Unions have been consulted on the proposed structure in accordance with the employment procedures rules. One written response to the consultation was received. This raised concerns about reduced opportunities for progression within the new structure and a reduced variety of tasks within the Democratic Services Officer role. The progression issue is recognised and it is hoped that the proposed apprenticeship post may create an opportunity for development within the team overall. With regard to the variety of tasks, Democratic Services Officers will still undertake a broad range of duties within the overall workload of the Governance Team (including some Education Appeal clerking as and when needed) but the new structure enables officers to concentrate on the key tasks of supporting Councillors and the decision making process.
16. It is anticipated that the various redundancies involved within the Governance Team can be achieved through voluntary agreement, with timescales negotiable to address business need and appropriate transition. There will be a phased implementation of the changes with the new structure planned to be fully implemented by January 2018.
17. In line with the timescales for reviewing the new committee structure, it is proposed that the new staffing structure be reviewed in 6 months' time to ensure it is appropriate to meet business need.

Other Options Considered

18. To retain the existing system. This is not felt to be an appropriate option in light of the reduced committee workload and ongoing need for greater flexibility to deal with the various aspects of the Democratic Services team's remit.

Reason for Recommendation

19. The proposed new structure will ensure that Democratic Services:
 - will be appropriately staffed;
 - can better respond to the needs of the revised committee structure;
 - can better respond to the changing landscape, available technological advances and the need to undertake business in different ways;

- can seek to maintain, where demand continues, its offer to external bodies, including the Office of the Police and Crime Commissioner, various academies for education appeals and other councils in relation to supporting the Nottinghamshire Police and Crime Panel and the City of Nottingham and Nottinghamshire Joint Economic Prosperity Committee, which together currently achieve an annual average income of approximately £120,000.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

21. The net saving on an annual basis (including on-costs) of the proposed new structure is approximately £175,000. It is proposed that an element of this saving be retained towards the costs of the additional flexible resource required throughout the year (at this stage it is difficult to forecast likely demands on this but it is unlikely to exceed £40,000).

Human Resources Implications

22. The revised structure has been the subject of consultation with the recognised trades unions and individuals affected by the proposals. A meeting to discuss the revised arrangements with the trades unions took place on 26 May and two consultation meetings were also arranged for Democratic Services staff and the trades unions on 6 and 13 June.
23. The revised structure will be populated in accordance with the Council's agreed employment policies and procedures paying due consideration to the vacancy control process, redeployment and enabling procedures.
24. To ensure the new arrangements are robust and fit for purpose, a review of the revised arrangements is proposed to take place six months after the revised structure is established.

RECOMMENDATIONS

- 1) That the revised staffing structure for Democratic Services, attached at Appendix 2, be approved.
- 2) That the revised staffing structure be reviewed after six months to ensure business needs are being appropriately met.

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact:

Heather Dickinson, Group Manager, Legal and Democratic Services

Constitutional Comments (KK – 22/6/17)

25. The proposals within this report are within the remit of the Governance and Ethics Committee.

Financial Comments (SES 23/6/17)

26. The financial implications are set out in the report

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Report to Policy Committee – 5 February 2014 and minutes of that meeting (published)
- Report to Administration Committee – 16 April 2013 (published) and minutes of that meeting.

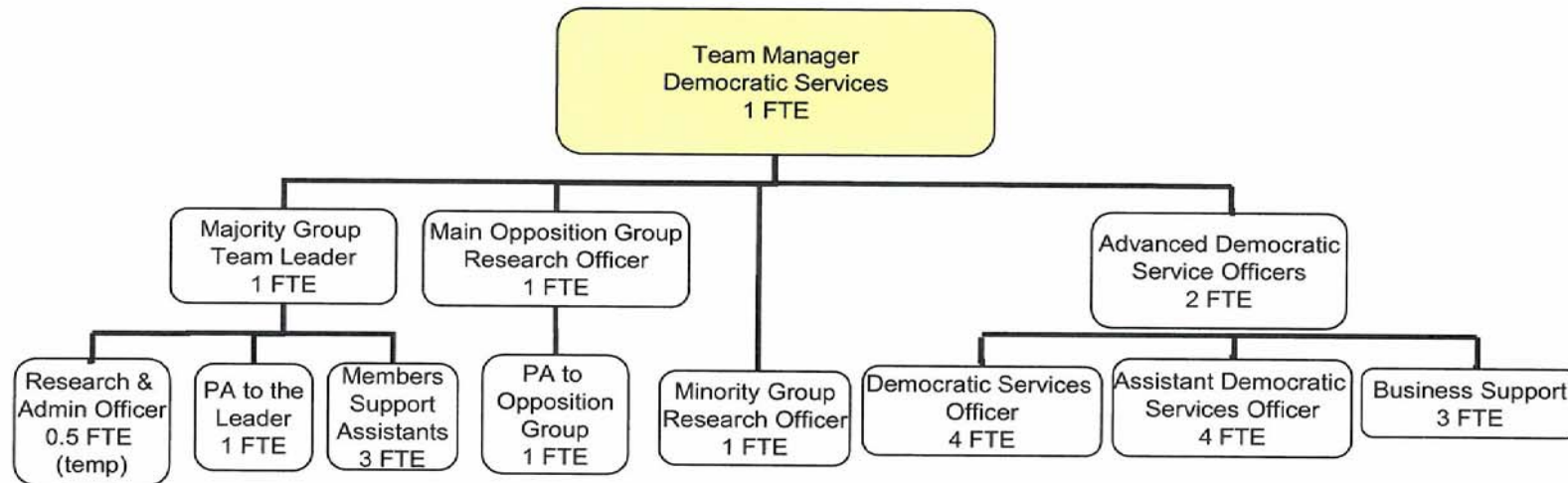
Electoral Division(s) and Member(s) Affected

- All

APPENDIX 1 – EXISTING STRUCTURE CHART (SUBJECT TO SUBSEQUENT CHANGES)

Structure Chart for **Democratic Services**

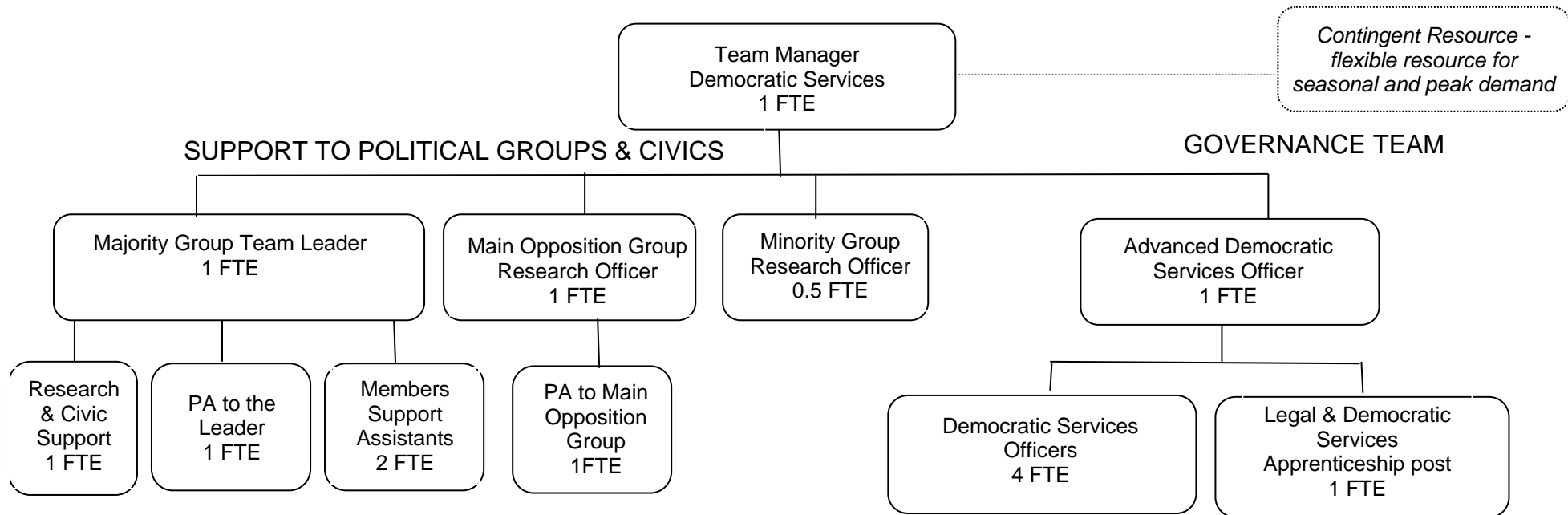
Ref: PPCS 1.4.4



Version: 1.1

Date: 02 Jan 14

APPENDIX 2 - PROPOSED REVISED STRUCTURE CHART



19 July 2017**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR OF RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To review the Committee's work programme for 2017/18.

Information and Advice

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the Committee's agenda, the scheduling of the Committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Committee meeting. Any member of the Committee is able to suggest items for possible inclusion.
3. The attached work programme includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To assist the Committee in preparing and managing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, ways of working, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That the Committee's work programme be noted, and consideration be given to any changes which the Committee wishes to make.

Jayne Francis-Ward
Corporate Director - Resources

For any enquiries about this report please contact:

Keith Ford, Team Manager, Democratic Services Tel. 0115 9772590

E-mail: keith.ford@nottsc.gov.uk

Constitutional Comments (SLB)

The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

Electoral Division(s) and Member(s) Affected

All

GOVERNANCE & ETHICS COMMITTEE - WORK PROGRAMME (AS AT 3 JULY 2017)

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
27 September 2017			
External Audit Annual Governance Reports	To receive for information, and comment, the External Auditor's Annual Governance Reports on the County Council and Pension Fund, prior to these being forwarded to Full Council for approval	Nigel Stevenson	Glen Bicknell / External Auditor
Risk management update	Periodic update on Risk Management issues.	Paul McKay	Robert Fisher
Follow up of Internal Audit Recommendations	To provide information on the Internal Audit's high priority recommendations.	Rob Disney	Rob Disney
8 November 2017			
Internal Audit Progress report for 2016/17	To provide details of internal audit work completed to the end of September 2017	Rob Disney	Rob Disney
13 December 2017			
Councillor Code of Conduct	To consider a draft revised Councillor Code of Conduct, prior to submission to Policy Committee for approval.	Jayne Francis-Ward	Keith Ford
External Audit – Annual Audit Letter 2016/17	KPMG summarises the findings from work carried out by the external auditors over the last financial year (2016/17)	Nigel Stevenson	Glen Bicknell / External Auditor
31 January 2018			
Follow up of Internal Audit Recommendations	<p>To provide information on the Internal Audit's high priority recommendations</p> <p>To include an update on Interim Homecare audit recommendations in relation to the award of the contract for hospital discharges (as requested at committee meeting of 15 June 2017).</p>	Rob Disney	Rob Disney

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
14 March 2018			
Statement of Accounts 2017/18 – Accounting Policies	To outline proposed changes to the accounting policies used for the Authority's Statement of Accounts for 2017/18 for review and approval	Nigel Stevenson	Glen Bicknell
Internal Audit Plan for 2018/19	Report from the Head of Internal Audit providing details of the planned work for 2018/19	Rob Disney	Rob Disney
External Audit Plan 2017/18	To provide information on the External Auditors' Audit Plan for their 2017/18 Audit.	Nigel Stevenson	Glen Bicknell / External Auditor
Certification of Grants and Returns 2016/17	To provide information on the External Auditors' Annual Report 2016/17 on the certification of Grants and Returns	Nigel Stevenson	Glen Bicknell / External Auditor
2 May 2018			
Follow up of Internal Audit Recommendations	To provide information on the Internal Audit's high priority recommendations	Rob Disney	Rob Disney
13 June 2018			
Annual Governance Statement	To agree the Council's Annual Governance Statement.	Nigel Stevenson	Rob Disney
25 July 2018			
Follow up of Internal Audit Recommendations	To provide information on the Internal Audit's high priority recommendations	Rob Disney	Rob Disney