

MEETING:	Audit Committee
DATE:	Wednesday, 22 January 2020
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

Procedural/Administrative Items

1. Declarations of Pecuniary and Non-Pecuniary Interest
2. Minutes (*Pages 3 - 10*)

To receive the minutes of the meeting held on the 4th December, 2019.

Items for Discussion/Decision

3. Internal Audit Progress Report 2019/20 (*Pages 11 - 24*)

The Head of Internal Audit, Anti-Fraud and Assurance will submit a report providing a summary of the Internal Audit activity completed and the key issues arising from it for the period 1st November to 31st December, 2019 and providing information regarding the performance of the internal Audit function during that period.

4. Corporate Whistleblowing Policy - Annual Report (*Pages 25 - 28*)

The Executive Director Core Services will submit his annual report reviewing the activities and current issues regarding the Council's Corporate Whistleblowing Policy and supporting procedures.

Items for Information

5. External Audit Plan 2019/20 (*Pages 29 - 48*)

The Committee will receive a report from the External Auditor providing an overview of the planned scope and timing of the statutory audit of the Council.

6. Audit Committee Work Plan 2019/20 and 2020/21 (*Pages 49 - 52*)

The Committee will receive the indicative Audit Committee Work Plan for the remainder of the 2019/20 Municipal Year and for 2020/21.

To: Chair and Members of Audit Committee:-

Councillors Richardson (Chair), Barnard, P. Birkinshaw and Lofts; together with Independent members Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks

Chief Executive
All Executive Directors

Andrew Frosdick, Executive Director Core Services
Rob Winter, Head of Internal Audit, Anti-Fraud and Assurance
Neil Copley, Service Director Finance (Section 151 Officer)
Ian Rooth, Head of Financial Services
Michael Potter, Service Director Business Improvement and Communications
Louise Booth, Audit Manager

Council Governance Unit – 3 copies

Please contact William Ward on email governance@barnsley.gov.uk

Tuesday, 14 January 2020

MEETING:	Audit Committee
DATE:	Wednesday, 4 December 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present Councillors Richardson (Chair), Barnard and P. Birkinshaw together with Independent Members - Ms K Armitage, Ms D Brown, Mr S Gill, Mr P Johnson and Mr M Marks

32. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

There were no declarations of interest from Members in respect of items on the agenda.

33. MINUTES

The minutes of the meeting held on the 11th September, 2019 were taken as read and signed by the Chair as a correct record.

34. INFORMATION GOVERNANCE AND CYBER SECURITY

The Head of IT (Service Management) provided an Assessment testing Members knowledge and understanding of Information Governance and Cyber Security issues based on the updates proved to the Committee during the year.

The assessment covered the following issues:

- The principles of the General Data Protection Regulations
- The use of IT systems securely in order to prevent cyber attacks
- The 'rules' for using IT systems whilst working away from the office
- The use of emails and the internet correctly in order to ensure information security
- The correct procedures for creating and storing information
- The potential consequences of breaching the General Date Protection Regulations
- The compliance with the Council's password policy
- The ways in which individuals could remain safe online
- The procedures and arrangements for keeping and disposing of information
- The number of cyber-attacks defended by the Council in 2018/19

RESOLVED that Ms S Hydon, Head of IT (Service Management) be thanked for her most informative and thought provoking assessment.

35. ANNUAL GOVERNANCE STATEMENT ACTION PLAN 2018/19

The Chief Executive and Executive Director Core Services submitted a joint report supporting the updated Action plan relating to the issues identified following the Annual Governance Review for 2018/19.

The Head of Internal Audit, Anti-Fraud and Assurance, who presented the report, introduced Ms Alison Salt who was to join the Authority shortly as the newly appointed Corporate Governance and Assurance Manager. Members of the Committee were briefly informed of the key roles of this and arising out of this particularly reference was made to her future involvement with a planned examination of the Annual Governance Review process which would ensure that all governance and assurance issues continued to be properly identified and actioned.

He then reported that the Action Plan covered two areas the progress on which was outlined in detail within the appendix to the report:

- The monitoring of the implementation of management actions identified by the Data Protection Officer to further improve compliance with the General Data Protection Regulations and embed good general data protection practice
- The delivery of the improvement action noted within the 2019 Peer Review findings specifically to address recommendations relating to governance and risk

In the ensuing discussion particular reference was made to the following:

- The reasons for and the rationale behind the need have an inventory of CCTV in use within the Authority and appoint a responsible officer CCTV. This had been triggered following the receipt of a letter from the Surveillance Camera Commissioner.
 - The Head of Internal Audit, Anti-Fraud and Assurance had assumed the 'responsible' officer role.
 - Work was progressing on the inventory (which included body cams as well as CCTV) and was now substantially complete. Work was also progressing in this respect with schools for which the authority held responsibility
 - The process had also identified the need to introduce a common procurement approach in order to reduce costs but also to standardise the use of equipment.
 - The consequences of not complying with the Surveillance Camera Commissioner's requests were outlined
 - In response to questioning, the Executive Director Core Services briefly outlined the role of the Surveillance Camera Commissioner in ensuring compliance with the surveillance camera code of practice
- Reference was made to the assurance review in relation to Cyber Security – issues had been raised in relation to monitoring and assurance but no significant concerns had been identified. It was hoped that an update could be provided for the January meeting

RESOLVED that the progress being made against each item listed in the Annual Governance Statement Action Plan be noted.

36. ANNUAL REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report on the framework proposed to prepare, manage and deliver the Quality Assurance and

Improvement Programme (QAIP) for the Internal Audit function as required by the Public Sector Internal Audit Standards 2017 (PSIAS).

Appendices to the report provided an extract from the PSIAS together with the Draft QAIP Action Plan.

The report, in detailing the background to the need for and the specific requirements for a framework, indicated that a QAIP Action Plan had been prepared. In addition, the report indicated that there was a duty to undertake an annual self-assessment and an independent external assessment against the PSIAS once every five years. The last Independent Assessment had been undertaken in 2015 when the Internal Audit Function had been judged to be in full conformance with PSIAS and the next external assessment would, therefore, be undertaken in Autumn 2020.

In order to ensure continuous improvement and focus on quality and conformance, an Audit Manager had been designated the responsibility to maintain and manage the QAIP and general quality process. The Action Plan was, therefore, updated and discussed with the Head of Internal Audit, Anti-Fraud and Assurance on a monthly basis.

Since the previous QAIP report in December 2018 there had been a number of continuous improvement related activities completed and these were detailed within the report. In addition there were a number of other actions undertaken on an annual basis (and then as and when required during the financial year) and these too were outlined within the report.

There was a discussion of the way in which an external assessment of the Internal Audit function would be undertaken. Arising out of this reference was made to the way in which the service prepared for this, on how excellence in provision could be demonstrated and on the organisation/bodies that undertook such assessments

RESOLVED

- (i) that the proposed QAIP Framework setting out how the Service will meet the requirements set out in the PSIAS be approved; and
- (ii) that the Committee receive an annual update on the delivery of the Quality Assurance and Improvement Programme.

37. INTERNAL AUDIT PROGRESS REPORT 2019/20

The Head of Internal Audit, Anti-Fraud and Assurance submitted a report summarising the Internal Audit activity completed and the key issues arising from it together with the performance of the function for the period 1st April to 31st October, 2019.

The report, which was presented by Mrs L Booth, Audit Manager, outlined:

- The progress of the Internal Audit Plan up to the end of October analysed by the number of plan assignments producing a report and audit days delivered by Directorate/Service

- There was a variance of six assignments completed against those planned. These were all at draft report stage, although one was virtually complete, and meetings were scheduled with officers to discuss the outcomes and finalise the reports
- A number of audits had been deferred, added to or deleted from the audit plan as agreed in conjunction with management. The reasons for these actions were outlined
- Three audits had been finalised since the last meeting and copies of all final reports were available upon request. A summary of assurances and the number and categorisation of recommendations included in the report was outlined
- A summary of the key issues included in audit reports finalised during the period providing a limited or no assurance opinion was provided. It was noted that discussions had been held with the Executive Director Core Services and the Service Director Finance in relation to a commissioning of placements/fostering. There were no major issues to report, however, a copy of the full report could be made available if required
- Details were provided of the outcome of other Internal Audit activities concluded not producing a specific assurance opinion
- Information was provided on the following up of Internal Audit Report management actions together with a summary of work in progress
- Information on the status of management actions by directorate/maintained schools due for completion was provided
- Details of Internal Audit performance against Performance Indicators
- Based on the audits reported during the period an overall adequate assurance was considered to be appropriate

In the ensuing discussion the following matters were highlighted:

- There was a discussion of the reasons and implications of the deferral of the audit entitled 'Policy into Practice Managing Attendance'. It was noted that this was largely due to changing priorities within the Directorate and that further discussions were to be held between the Audit Manager and the Service Director. There were no concerns about the delay
- In response to detailed questioning clarification was given as to the judgements made which resulted in either Limited or Reasonable assurance opinion
- The reasons for the deferral of the audit of Schools Governance and HR Policies audit were outlined. The Head of Internal Audit, Anti-Fraud and Assurance explained that the DfE required all maintained schools to have an internal audit every three years. Barnsley was looking at a new approach to such audits and this was currently being trialled and it was hoped that a programme of school audits would be introduced in the near future
- Reference was made to the three fundamental recommendations for which no management response had been received. The Audit Manager reported that discussions had been undertaken with officers. Appropriate action was being taken and all recommendations were in the process of being addressed

RESOLVED:

- (i) that the issues arising from the completed internal audit work for the period along with the responses received from management be noted;
- (ii) that the assurance opinion on the adequacy and effectiveness of the Authority's Internal Control Framework based on the work of Internal Audit in the period to the end of October, 2019 be noted;
- (iii) that the progress against the Internal Audit Plan for 2019/20 for the period to the end of October, 2019 be noted; and
- (iv) that the performance of the Internal Audit Division for the second quarter be noted.

38. CORPORATE ANTI-FRAUD AND CORRUPTION POLICIES

The Head of Internal Audit, Anti-Fraud and Assurance submitted draft versions of the following policies and requesting the Committee to make any necessary observations and suggestions prior to their submission to Cabinet for approval:

- Corporate Anti-Fraud and Corruption Policy
- Corporate Anti-Fraud and Corruption Strategy
- Corporate Anti-Bribery Policy
- Corporate Prosecutions Policy
- Corporate Fraud Response Plan
- Confidential Reporting Policy (formerly the Whistleblowing Policy)
- Corporate Anti-Money Laundering Policy

The policies, all of which had been reviewed and updated as appropriate by Ms J Race (Principal Auditor) represented a suite of documents which provided a framework of counter fraud policies addressing specific areas of risk and supported the Council's zero tolerance approach to fraud and illegal activity as well as providing mechanisms which officers could use to raise concerns of wrongdoing or fraudulent activity. The covering report provided a summary of the amendments to the policies previously submitted to Committee.

In the ensuing discussion the following matters were highlighted:

- There was a discussion of the wording of the Corporate Anti-Fraud and Corruption Policy and whether or not it should be changed to reflect a request for a more mandatory approach to the reporting of issues. The Head of Internal Audit, Anti-Fraud and Assurance stated that further reflection would be given to the wording but it was acknowledged that getting the correct balance could be difficult
- Arising out of the above, there was a discussion about the way in which staff could be encouraged to respond appropriately to concerns identified
- It was suggested that the policies, being lengthy by their very nature, may not be easily digestible and there was a discussion of the ways in which they could be made more easily accessible. It was noted that the newly appointed Corporate Governance and Assurance Manager would be asked to look at

such matters. Arising out of this reference was made to the ways in which these types of policies could be brought to staff attention which it was suggested may be either via the Council's intranet or via training modules

- In response to questioning, the Head of Internal Audit, Anti-Fraud and Assurance stated that issues identified relating to Universal Credit Fraud would be referred to the Department for Work and Pensions
- It was noted that the Confidential Reporting Policy was aimed at members of staff but nevertheless referred to how members of the public could raise concerns. The Head of Internal Audit, Anti-Fraud and Assurance briefly commented on how the public could raise concerns or disclosures of wrongdoing. He would undertake a review of how robust the complaints process was and would also reflect further on the wording of this section of the policy
- There were no particular concerns in relation to money laundering and indeed the risks of the Council contravening legislation in this respect were relatively low and some of the legal and regulatory requirements did not apply to public authorities. The Council could not be immune to such risks, however, and it was appropriate, therefore, that it complied with the principles of the money laundering legislation by taking appropriate and proportionate safeguards

RESOLVED that the suite of Corporate Anti-Fraud and Corruption Policies and Strategies appended to the report now submitted be noted and referred to Cabinet for approval.

39. EXTERNAL AUDIT PROGRESS REPORT

Mr G Mills representing the External Auditor (Grant Thornton) presented an update of the current position with regard to External Audit work undertaken on behalf of the Authority to date in the current audit cycle.

He stated that the work on the 2018/19 audit was virtually complete and the reports on the Teacher's Pension Scheme and Housing Benefit claims had been signed off in line with the appropriate deadlines. Grant Thornton was now moving onto work for the 2019/20 audit. Work was progressing and discussions were ongoing with the Service Director Finance and his staff with a view to presenting a report on the Audit Plan to the next meeting of the Committee.

In the ensuing discussion particular reference was made to the following:

- In response to questioning about recent press articles, Mr Mills stated that there would be no impact on either the timeliness or the quality of the service provided for local authorities
- Mr Mills was pleased that Members had found the 2019 training session held at Grant Thornton HQ in Leeds extremely useful. It was unlikely that this would be repeated in 2020 as a new Code of Audit Practice was anticipated and it would, therefore, be appropriate that any future training session be organised following the publication of that Code
- There was a brief discussion of likely changes to the audit arrangements for public authorities from 2021 following the publication of the Redmond report. Particular reference was made to Value for Money audits and the way in which future audits could be made more meaningful and more focused towards local

authority arrangements. A further update would be provided as and when more information became available.

RESOLVED that the report be received.

40. AUDIT COMMITTEE WORK PLAN 2019/20 AND 2020/21

The Committee received a report providing the indicative work plan for the Committee for its proposed scheduled meetings for the remainder of the 2019/20 municipal year and for 2020/21.

It was reported that following the training/awareness session held in October, 2019 it was proposed that an update on the Committee Self-Assessment and Review of the Terms of Reference be provided at a training/awareness session to be held immediately prior to the January meeting.

A request was made for an update of the current position with regard to corporate borrowing/treasury management and on the progress of the Glassworks Project. It was noted that a report on these matters was scheduled to be considered by the Cabinet in January and, therefore, it was anticipated that an update could be provided for the March meeting.

RESOLVED:

- (i) that the core work plan for 2019/20 and 2020/21 meetings of the Audit Committee be approved and reviewed on a regular basis;
- (ii) that a training/awareness session be held immediately prior to the meeting scheduled for the 22nd January, 2020 at which an update be provided on the Committee Self-Assessment and the review of the Terms of Reference; and
- (iii) that a report on corporate borrowing/treasury management and the progress of the Glassworks Project be submitted to the meeting to be held on the 18th March, 2020.

The Chair, Councillor Richardson, closed the meeting by wishing all Members and Officers a Merry Christmas and a Happy and prosperous New Year.

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Chair

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Item 3

Report of the Head of Internal Audit, Anti-Fraud and Assurance

AUDIT COMMITTEE – 22nd January 2020

INTERNAL AUDIT PROGRESS REPORT 2019/20

1. Purpose of this report

- 1.1 The purpose of this report is to provide a summary of the Internal Audit activity completed, and the key issues arising from it, for the period from 1st November 2019 to 31st December 2019.
- 1.2 To provide information regarding the performance of the Internal Audit function during the period.

2 Background information

- 2.1 The Audit Committee has responsibility for reviewing the adequacy of the Council's corporate governance arrangements, including matters such as internal control and risk management. The reports issued by internal Audit are a key source of assurance providing the Committee with some evidence that the internal control environment is operating as intended.
- 2.2 At the end of the financial year, Internal Audit will produce an Annual Internal Audit Report, which will provide our overall opinion on the adequacy of the Council's control environment and compliance with it during the year.

3 Recommendations

- 3.1 **It is recommended that the Audit Committee considers the assurances it needs on the effectiveness of the Authority's internal control, risk and governance arrangements through the work of Internal Audit by:-**
 - i. **considering the issues arising from completed Internal Audit work in the period along with the responses received from management;**
 - ii. **noting the assurance opinion on the adequacy and effectiveness of the Authority's internal control framework based on the work of Internal Audit in the period to the end of December 2019;**
 - iii. **noting the progress against the Internal Audit plan for 2019/20 for the period to the end of December 2019; and**
 - iv. **considering the performance of the Internal Audit Service for the third quarter.**

4 Local Area Implications

- 4.1 There are no Local Area Implications arising from this report.

5 Consultations

- 5.1 All audit reports are discussed with the main auditee. Individual audit reports are provided to the appropriate Executive Director and/or Service Director to apprise him/her of key issues raised and remedial actions agreed.
- 5.2 No specific consultation has been necessary in the preparation of this quarterly report.

6 Compatibility with European Convention on Human Rights

- 6.2 In the conduct of audit work and investigations particularly, Internal Audit operates under the provisions of the Data Protection Act 2018, the Regulation of Investigatory Powers Act 2000 and the Police and Criminal Evidence Act.

7 Reduction of Crime and Disorder

- 7.1 An inherent aspect of audit work is to prevent, detect and investigate incidents of fraud, theft and corruption. The control issues arising from audit investigations have been considered to ensure improvements in overall controls are made. Additionally, Internal Audit ensures that in specific instances, management takes appropriate action to minimise the risks of fraud and corruption re-occurring.

8 Risk Management Considerations

- 8.1 The underlying purpose of the work of Internal Audit is to address and advise on key risks facing management and, as such, risk issues are inherent in the body of the report.
- 8.2 The Service's operational risk register includes the following risks which are relevant to this report:
- Ensuring the appropriate use of and management of, information to inform and direct internal audit activities;
 - Able to provide a flexible, high performing and innovative service; and
 - Ensuring continuously high levels of customer satisfaction.
- 8.3 All of these risks have been assessed and remain within the tolerance of the Service.
- 8.4 An essential element of the control (and on-going) management of these risks is the provision of update reports to the Audit Committee and the assurance this provides.

9 Employee Implications

- 9.1 There are no employee implications arising from this report.

10 Financial Implications

- 10.1 There are no financial implications arising directly from this report. The costs of the Internal Audit function are included within the Authority's base budget.

11 Appendices

Appendix 1 - Key To Internal Audit Assurance Gradings & Classification of Management Actions.

12 Background Papers

- 12.1 Various Internal and External Audit reports, files and working papers.

Officer Contact: Head of Internal Audit, Anti-Fraud and Assurance

Telephone No: 01226 773241

Date: 8th January 2020

Barnsley Metropolitan Borough Council

Internal Audit Progress Report

Audit Committee

22nd January 2020

INTERNAL AUDIT PROGRESS REPORT 2019/20

1st November 2019 to 31st December 2019

Purpose of this report

This report has been prepared to inform the Committee on the Internal Audit activity for the period 1st November to 31st December 2019, bringing attention to matters that are relevant to the responsibilities of the Authority's Audit Committee.

The report also provides information regarding the performance of the Internal Audit function during the period.

2019/20 Internal Audit Plan Progress

The following tables show the progress of the internal audit plan up to the end of December 2019, analysed by the number of plan assignments producing a report and audit days delivered by Directorate / Service.

Position as at 31st December 2019 – Audit Days Delivered

Directorate	Original 2019/20 Plan days	Revised 2019/20 Plan days	Actual days (% of revised days)
Communities	102	78	60 (77%)
People	128	91	58 (64%)
Place	87	100	86 (86%)
Public Health	11	19	17 (89%)
Core Services	408	462	337 (73%)
Council Wide	165	165	95 (58%)
Corporate	177	183	131 (72%)
Responsive	40	20	0
Barnsley MBC	1,118	1,117	784 (70%)
Corporate Anti-Fraud Team	572	572	391 (68%)
Barnsley MBC Internal Audit Total	1,690	1,689	1,175 (70%)

HolA role as Head of Assurance	0	1	10 (1,000%)
HolA role as DPO	50	50	51 (102%)
DPO Assurance	45	45	43 (96%)
Sub Total	95	96	104 (108%)

External Clients	1,215	1,215	846 (70%)
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Total Chargeable Planned Days	3,000	3,000	2,125 (71%)
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Position as at 31st December 2019 – Plan Assignments

Directorate	2019/20 plan assignments	Assignments expected to be completed to date	Actual assignments completed
Communities	2	2	1
People	2	1	1
Place	4	2	2
Public Health	0	0	0
Core Services	11	9	5
Total	19	14	9

Whilst there is a variance of 5 assignments completed, 4 are at draft report stage and 1 is finalising the fieldwork (see Work in Progress at page 6). Meetings are scheduled with officers to discuss the outcomes and finalise the reports.

Changes to the 2019/20 Internal Audit Plan

At the beginning of the year provision is made in the allocation of audit resources for unplanned work, through a contingency. As requests for audit work are received, or more time is required for jobs or changes in priorities are identified, time is allocated from this contingency.

The following audits have been deferred, added to or deleted from the audit plan, as agreed in conjunction with management:

Directorate/ Service	Audit Assignment Title	Deferred / Added / Deleted/ +/- contingency days
Core - Business Improvement, Communications & HR	Policy Into Practice - Honoraria & Agency Staff	Added – the planned ‘Managing Attendance’ review was deferred in quarter 2. The Honoraria and Agency Staff review forms part of the planned schedule of ‘Policy into Practice’ reviews.
Core - Finance	BPC Review	Deferred – Discussed with Service Director – Finance and deferred to 2020/21
Core - Finance	Berneslai Homes Review	Deferred – Discussed with Service Director – Finance and deferred to 2020/21
People - Schools	Dearne Goldthorpe Primary School	Added – providing specialist audit support to the IEB
People - Education, Early Start and Prevention	Family Centres	Added – at the request of the Head of Service.

Final Internal Audit reports issued

We have finalised 2 audit reports since the last Audit Committee meeting. The following table provides a summary of assurances, where applicable, and the number and categorisation of agreed management actions included in these reports:

Directorate- Audit Assignment	Assurance Opinion	Number of Management Actions Agreed:			Total	Agreed
		High	Medium	Low		
Communities - Homelessness	Reasonable	0	4	2	6	6
Core – Glassworks Phase II Governance	N/A	3	0	0	3	3
Total		3	4	2	9	9

Please note that final audit reports are available to Audit Committee members on request.

Internal Audit reports providing a limited or no assurance opinion

There were no audit reports issued during the period that had a limited or no assurance opinion.

Details and outcome of other Internal Audit activities concluded in the period not producing a specific assurance opinion

Audit Work Completed	Details	Contribution to Assurance
Communities: Troubled Families – Quarterly validation	Grant claim validation.	The work contributes to assurance in respect of financial management.
Core: Banking Services Tender	Provision of advice to Finance and Procurement colleagues on the regulatory compliance of the Banking Services Procurement Project	The work contributes to assurance in respect of the application of Procurement Regulations
Core/Place – Glassworks Governance Review	Provide independent and objective assurance that effective and efficient risk, control and governance arrangements exist to provide a robust framework upon which the phase two scheme can be delivered (i.e. on time, in budget and to the required standard) and provide for VfM”	The work contributes to assurance in respect to contract management, governance and financial management.
CPR Working Group	Phase 2 review of the Council's Contract Procedure Rules to consider and incorporate (where applicable) additional feedback received from stakeholders as part of the initial consultation process following the completion of CPR Phase 1 review.	The work ensures that the Council's CPRs facilitate compliance with legislative, regulatory and regulatory requirements. In addition, ensures that they are streamlined to ensure that the needs of the organisation are met whilst operating within the legal framework.
Core – SAP Access Controls	Provision of advice to Finance and IT colleagues on the adequacy and effectiveness of access controls and separation of duties within the financial elements of the SAP system	The work contributes to assurance in respect of financial management allowing for the more timely update and / or removal of access permissions and also the proactive monitoring and management of SOD conflicts.

Other Internal Audit work undertaken

Audit Activity	Description
Follow-up of Recommendations	Regular work undertaken to follow-up recommendations / agreed management actions made.
Attendance at Steering / Working Groups	<ul style="list-style-type: none"> Information Governance Board Commissioning, Procurement & Contracts Working Group Housing Property Repairs & Improvement Board Digital Leadership Team Capital Programme Oversight Board SharePoint Board Public Health Quality & Governance Group
Liaison, Planning and Feedback	Meeting and corresponding with Service and Executive Directors and Heads of Service regarding progress of audit work, future planning and general client liaison.

Audit Activity	Description
Audit Committee Support	Time taken in the preparation of Audit Committee reports, Audit Committee Member training, general support and development.
Corporate Whistleblowing	General time taken in providing advice and the initial consideration of matters raised. Also includes the review of arrangements.
Corporate Matters	Covering time required to meet corporate requirements, i.e. corporate document management, service business continuity and health and safety.

Work in progress

The following table provides a summary of audits in progress at the time of producing this report:

Directorate- Audit Assignment	Audit Planning	Work in Progress	Draft Report
Communities – IT Project/ Programme Management			✓
Core – SAP Concur – Policy Into Practice			✓
Core – Systems Fit For Purpose, Corporate Governance Arrangements			✓
Core – Procurement Compliance Review			✓
Core - DPO Arrangements Compliance		✓	
Core – Fixed Asset Register		✓	
People – SEND Improvement Governance		✓	

Follow-up of Internal Audit report management actions

As previously reported to members, Internal Audit is working closely with management to monitor the general position with regards the implementation of management actions and to establish the reasons behind any delays. In an effort to provide more transparency to Executive Directors on the status and progress of their management actions, Internal Audit continues to issue a detailed monthly status update. This is in addition to the quarterly performance reports currently presented to SMT.

The following table shows the status of internal audit management actions by Directorate due for completion during the period:

Internal Audit performance indicators and performance feedback for 2019/20

Internal Audit's performance against a number of indicators is summarised below.

Rec. Classification	Due for completion this period	Completed in period	Not yet completed – Revised date agreed	Not yet completed / No management response	Number not yet due	Number Followed up in period
Communities						
Fundamental/ High	2	1	0	1	0	2
Significant/ Medium	3	0	0	3	2	5
TOTAL	5	1	0	4	2	7
Place						
Fundamental/ High	1	0	0	1	0	1
Significant/ Medium	8	3	2	3	0	8
TOTAL	9	3	2	4	0	9
People (excl Maintained Schools)						
Fundamental/ High	1	0	0	1	0	1
Significant/ Medium	12	0	6	6	0	12
TOTAL	13	0	6	7	0	13
Maintained Schools						
Fundamental/ High	1	0	0	1	0	1
Significant/ Medium	3	0	0	3	0	3
TOTAL	4	0	0	4	0	4
Core						
Fundamental/ High	0	0	0	0	0	0
Significant/ Medium	5	0	1	4	4	9
TOTAL	5	0	1	4	4	9
Public Health						
Fundamental/ High	0	0	0	0	0	0
Significant/ Medium	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0
OVERALL TOTAL	36	4	9	23	6	42
		36				

Ref.	Indicator	Frequency of Report	Target 2018/19	This Period	Year to Date
1.	<u>Customer Perspective:</u>				
1.1	Percentage of questionnaires received noted “good” or “very good” relating to work concluding with an audit report.	Quarterly	95%	100% (3 responses received)	100% (7 responses received)
2.	<u>Business Process Perspective:</u>				
2.1	Percentage of final audit reports issued within 10 working days of completion and agreement of the draft audit report. (2 reports this period)	Quarterly	80%	50%	82%
2.2	Percentage of chargeable time against total available.	Quarterly	73%	69%	69%
2.3	Average number of days lost through sickness per FTE (Cumulative 5 days in total)	Quarterly	6 days	1.0 day	1.2 days ¹
3.	<u>Continuous Improvement Perspective:</u>				
3.1	Personal development plans for staff completed within the prescribed timetable.	Annual	100%	100%	100%
4.	<u>Financial Perspective:</u>				
4.1	Total Internal Audit costs v budget.	Quarterly	Within Budget	Yes	Yes

¹ Please note that the sickness figures exclude 2 members of staff who were on long term absence.

Performance indicator definitions and supporting information

PI Ref	Indicator	Comments
1.1	Percentage of favourable auditee questionnaire responses received (noted “good” or “very good”) relating to work concluding with an audit report.	Questionnaires are left at the end on each audit job resulting in a formal report. The questionnaire asks 14 specific questions covering the effectiveness of audit planning, communication, timing and quality of the audit report. An overall assessment is sought as to the overall value of the audit. This is the answer used for this PI. All questionnaires are analysed in detail to ensure all aspects of the audit process are monitored and improved.
2.1	Percentage of final audit reports issued within 10 working days of completion and agreement of the draft audit report.	This is an operational PI to ensure the timely issue of final reports. This PI is influenced by the availability of senior Internal Audit staff to clear the report and any issues the Service’s quality assessment process highlights along with the availability of the auditee.
2.2	Percentage of chargeable time against total available.	A key operational measure of the ‘productivity’ of Audit staff taking into account allowances for administration, general management, training and other absences. This PI will reflect the % chargeable time of staff in post, net of vacancies.
2.3	Average number of days lost through sickness per FTE.	A corporate PI to measure the effectiveness of good absence / attendance management.
3.1	Personal development plans for staff completed within the prescribed timetable.	IA place a high level of importance on staff training and continuous development and are committed to ensure all staff have their own training plans derived from the personal development plan process.
4.1	Total Internal Audit costs v budget.	This is a simple overall measure to note whether the Service’s expenditure for the year has been kept within the budget.

Head of Internal Audit's Internal Control Assurance Opinion

The Head of Internal Audit, Corporate Anti-Fraud and Assurance must deliver an annual internal audit opinion and report that can be used by the organisation to inform its Annual Governance Statement. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Based on the audits reported in the period, an overall **adequate** assurance opinion is considered to be appropriate.

A summary of our quarterly opinions for the year to date is as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Assurance Opinion	Adequate	Adequate	Adequate	

Consideration of our overall opinion takes the following into account:

- results from the substantive audit assignments we have completed during the period;
- outcomes from our audit work not producing an assurance opinion;
- an assessment as to the timely implementation of internal audit report management actions.

Fraud, Investigations and the Corporate Anti-Fraud Team

The Audit Committee receives a separate report covering the detail of fraud and irregularity investigations undertaken, the preventative work and the general activities and work plan of the Corporate Anti-Fraud Team.

Audit Contacts

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KEY TO INTERNAL AUDIT ASSURANCE GRADINGS AND CLASSIFICATION OF MANAGEMENT ACTIONS

1. Classification of Management Actions

Fundamental / High	Requires immediate action – imperative to ensuring the objectives of the system under review are met.
Significant / Medium	Requiring action necessary to avoid exposure to a significant risk to the achievement of the objectives of the system under review.
Merits Attention / Low	Action is advised to enhance control or improve operational efficiency.

2. Assurance Opinions

	Level	Control Adequacy	Control Application
POSITIVE OPINIONS	Substantial	Robust framework of controls exist that are likely to ensure that objectives will be achieved.	Controls are applied continuously or with only minor lapses.
	Reasonable	Sufficient framework of key controls exist that are likely to result in objectives being achieved, but the control framework could be stronger.	Controls are applied but with some lapses.
NEGATIVE OPINIONS	Limited	Risk exists of objectives not being achieved due to the absence of key controls in the system.	Significant breakdown in the application of key controls.
	Non-Existent	Significant risk exists of objectives not being achieved due to the absence of controls in the system.	Fundamental breakdown in the application of all or most controls.

Item 4

Report of the Executive Director – Core Services

AUDIT COMMITTEE – 22nd JANUARY 2020

CORPORATE WHISTLEBLOWING POLICY – ANNUAL REPORT

1. Purpose of the Report

- 1.1 This annual report presents the Audit Committee with a review of the activities and current issues regarding the Council's Corporate Whistleblowing Policy and supporting procedures.

2. Recommendation

- 2.1 **It is recommended that the Audit Committee consider the report and the assurances it provides and commits to supporting the Council's overall counter fraud culture and the work of the Corporate Anti-Fraud Team.**

3. Background

- 3.1 The Council has had a Corporate Whistleblowing Policy since 2000. It has undergone a number of reviews and revisions to ensure it remains fit for purpose and meets best practice and guidance as may have emerged and changed over the years.
- 3.2 The last revision/refresh was recently with the Audit Committee considering it at its December meeting. Cabinet approved the Policy at its meeting on 8th January.
- 3.3 As the Committee will recall the review of the Policy included changing its name to the Confidential Reporting (Whistleblowing) Policy. The review also examined the latest guidance to ensure the Policy was meeting best practice.
- 3.4 The specific whistleblowing arrangements are of course just one vehicle for concerns to be raised. The degree and extent of the use of the whistleblowing procedures is therefore not considered significant. What is important of course is ensuring there are a number of clear and understood routes for raising concerns and that there are suitable resources and arrangements in place to ensure appropriate investigations are undertaken.
- 3.5 Again as the Committee is aware a number of other policies, strategies and procedures were also reviewed and considered by Committee (and approved by Cabinet). Now these have been updated these will be publicised internally. Part of that publicity will dovetail into the preparations for the Anti-Fraud week scheduled for early May. Details of that week and the activities and initiatives will be brought to the Committee in due course.

4. Whistleblowing Activity

- 4.1 As referred to above the whistleblowing arrangements are part of a wider framework of how employees, particularly can raise concerns. However, specifically in relation to the use of the whistleblowing arrangements, during the last 12 months there have been 4 instances of contact, 3 via email and one through direct contact to one of the Corporate Whistleblowing Officers. None of the four concerns were raised anonymously.
- 4.2 A brief analysis of those is that 2 have been investigated and are now closed and 2 remain subject to live investigations. The two investigated did not involve significant concerns and related generally to issues around operational procedures. In both cases a satisfactory outcome was achieved with appropriate actions arising from the concerns raised. Neither involved issues of staff conduct requiring disciplinary proceedings. The two live investigations will be reported to the Committee in due course as appropriate.
- 4.3 As has been highlighted in previous reports, whilst this level of activity may be regarded as low, it is difficult to speculate what would be an appropriate figure. There are several ways to judge the volume of referrals through this process; a low number could indicate on the one hand there are only a few instances of irregularity or concern that are being identified or that the process is not trusted. A higher number could indicate a higher level of trust with the process but an indication that there are more instances of irregularity occurring.
- 4.4 Using the procedure does of course provide the additional protection of a protected disclosure and employees raising concerns do not necessarily look for that assurance – which is in fact reassuring that they have confidence that concerns will be acted on in an appropriate way.
- 4.5 Of particular focus is to have regard to the extent to which firstly, we feel the policy and procedures meet best practice, secondly, that we have appropriate means to publicise the policy, and thirdly, that when the arrangements are used, there is an appropriate response – i.e. the arrangements work. In all three aspects, in combination, the review of the policy and the publicity that will now follow along with the experiences of the four ‘cases’, provides a good basis to have positive assurance.

5. Risk Management Considerations

- 5.1 Having effective arrangements for whistleblowing is a key element to any organisation’s attempts to minimise the risk and incidence of fraud, corruption and other wrongdoing. Whilst fraud risk cannot be reduced to nil, having good

policies and procedures supported by proactive awareness and regular reviews can contribute considerably to minimising this risk.

- 5.2 Fraud and corruption risks feature within the Strategic Risk Register (SRR) and as such are recognised as an Authority-wide threat.

6. Financial Implications

- 6.1 There are no financial implications arising directly from this report. The very modest annual costs associated with publicity materials, the telephone 'hotlines' and dedicated P.O. box number are met within the Internal Audit budget.
- 6.2 There are however indeterminate but potentially significant financial implications arising from whistleblowing in terms of the issues raised and their specific consequences. It is also impossible to calculate the cumulative deterrent effect of the whole suite of policies and procedures that may have prevented wrongdoing occurring.

7. Employee Implications

- 7.1 As with the financial implications, there are no employee implications arising directly from this report.
- 7.2 There are of course major implications for employees, elected and co-opted members and all those likely to utilise the Policy and arrangements in fulfilling their duty to report concerns. In raising a concern in the public interest through this Policy, or in the other ways identified in the Policy, employees are afforded employment protection provided by the Public Interest Disclosure Act. Those individuals who become the subject of concerns raised will be themselves subject to the normal procedures around investigations and any subsequent disciplinary procedures.

8. Background Papers

Whistleblowing Policy and supporting guidance.

Contact Officers: Executive Director – Core Services and the Head of Internal Audit, Anti-Fraud and Assurance as the Council's designated Corporate Whistleblowing Officers.

Telephone: 01226 773001 / 01226 773241

Date: 8th January 2020

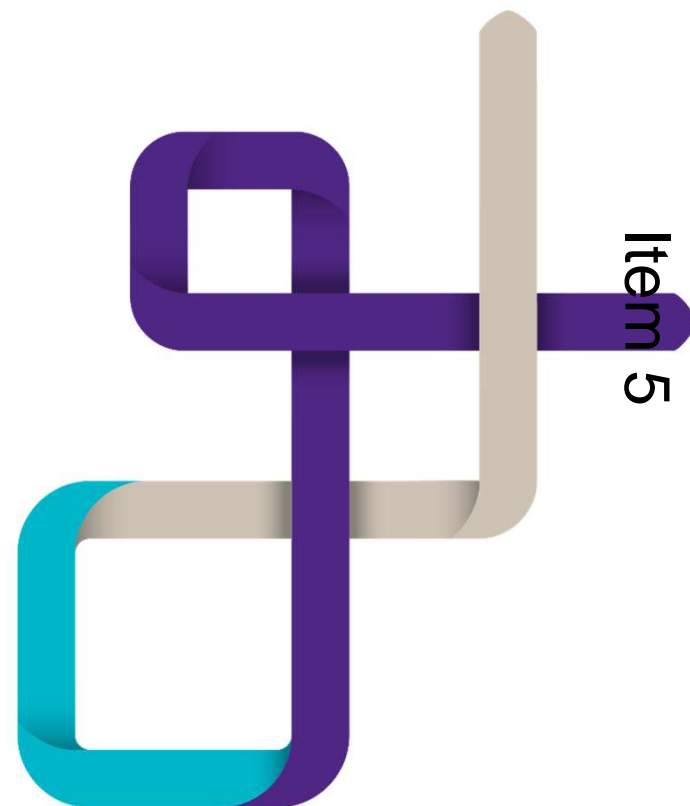
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External Audit Plan

Year ending 31 March 2020

arnsley Metropolitan Borough Council
4 January 2020

Page 29



Contents



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Section

Section	Page
1. Introduction & headlines	3
2. Key matters impacting our audit	4
3. Group audit scope and risk assessment	5
4. Significant risks identified	6
5. Other risks identified	9
6. Other matters	10
7. Materiality	11
8. Value for Money arrangements	12
9. Audit logistics & team	13
10. Audit fees	14
11. Independence & non-audit services	16

Appendix

A. Audit Quality – national context	18
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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Authority or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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1. Introduction & headlines

Purpose

This document provides an overview of the planned scope and timing of the statutory audit of Barnsley Metropolitan Borough Council ('the Authority') for those charged with governance.

Respective responsibilities

The National Audit Office ('the NAO') has issued a document entitled Code of Audit Practice ('the Code'). This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. Our respective responsibilities are also set out in the Terms of Appointment and Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA), the body responsible for appointing us as auditor of the Authority. We draw your attention to both of these documents on [PSAA website](#)

Scope of our audit

The scope of our audit is set in accordance with the Code and International Standards on Auditing (ISAs) (UK). We are responsible for forming and expressing an opinion on the:

- Authority and group's financial statements that have been prepared by management with the oversight of those charged with governance (the Audit Committee)
- Value for Money arrangements in place at the Authority for securing economy, efficiency and effectiveness in your use of resources.

The audit of the financial statements does not relieve management or the Audit Committee of your responsibilities. It is the responsibility of the Authority to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the Authority is fulfilling these responsibilities.

Our audit approach is based on a thorough understanding of the Authority's business and is risk based.

Group Accounts	The Authority is required to prepare group financial statements that consolidate the financial information of Berneslai Homes Limited and Penistone Grammar Trust.
Significant risks	<p>Those risks requiring special audit consideration and procedures to address the likelihood of a material financial statement error have been identified as:</p> <ul style="list-style-type: none">• Management override of controls• Valuation of land and buildings• Valuation of net pension fund liability <p>We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA 260) Report in July 2020.</p>
Materiality	We have determined planning materiality to be £8.443m for the group (PY £10m) and £8.425m for Authority's single entity financial statements (PY £9.9m), which equates to 1.5% (PY 1.8%) of your prior year gross expenditure for cost of services. We are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. The 'clearly trivial' reporting threshold has been set at £422,000 (PY £500,000).
Value for Money arrangements	<p>Our risk assessment regarding your arrangements to secure value for money have identified the following VFM significant risks:</p> <ul style="list-style-type: none">• Financial standing – the Authority as other authorities, continues to operate under significant financial pressures. For 2019-20, the Council is planning to deliver a balanced outturn position but to achieve this, needs to deliver savings of some £5.8m whilst managing cost and demand pressures within Children's Services, Adult Social care and other vital services for the local population.• Glassworks development – this scheme is one of the largest capital projects ever undertaken by the Council. The project continues to represent a significant financial investment with an estimated total cost of over £190m. Given the significance of the development to the Council's regeneration objectives, financial commitments, borrowings, the governance and risk management arrangements, this capital project will continue to be a key area of focus for our 2019-20 VFM review.
Audit logistics	Our interim visit will take place in February and March and our final visit will take place in June and July. Our key deliverables are this Audit Plan and our Audit Findings (ISA260) Report. Our fee for the audit will be £125,568 (PY: £113,718) for the Authority, subject to the Authority meeting our requirements set out on page 14. The increase in fees reflects the additional work which will be required during 2019-20. Further details are set out on pages 14 and 15.
Independence	We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the Authority's financial statements.

2. Key matters impacting our audit

Factors

The wider economy and political uncertainty

Local Government funding continues to be stretched with increasing cost pressures and demand for services from residents. The Authority achieved its 2018-19 budget with an overall underspend of £7.5m after utilisation of £5.8m general fund reserves. As a result, the general fund reserves reduced from £135.8m to £130m as at 31 March 2019.

For 2019-20, the Authority is planning to deliver a balanced outturn position but to achieve this, needs to deliver savings of some £5.8m whilst continuing to manage cost and demand pressures within Children's Services, Adult Social care and other vital services for the local population.

The Month 6 Corporate Finance Report presented to the Cabinet in April states the majority of savings plans are on track to be delivered. At Month 6, the Council is projecting an overall general fund revenue underspend of £4.329m for 2019-20. However, there are continuing service demands and challenges to overcome in the second half of the year to deliver a balanced budget.

At a national level, the government is continuing its negotiation with the EU over Brexit. The Authority will need to ensure that it is prepared for all outcomes, including in terms of any impact on contracts, on service delivery and on its support for local people and businesses.

Financial reporting and audit – raising the bar

The Financial Reporting Council (FRC) has set out its expectation of improved financial reporting from organisations and the need for auditors to demonstrate increased scepticism and challenge, and to undertake more robust testing as detailed at Appendix A.

Our work in 2018-19 highlighted areas where local government financial reporting, in particular, property, plant and equipment and pensions, needs to be enhanced, with a corresponding increase in audit procedures. We have also identified an increase in the complexity of local government financial transactions which require greater audit scrutiny.

Other issues

Glassworks development

This scheme is one of the largest capital projects ever undertaken by the Council and set to be completed by the summer of 2021. The project represents a significant financial investment with an estimated total cost of over £190m.

Given the significance of the development to the Council's regeneration objectives, financial commitments, borrowings, the governance and risk management arrangements, this capital project will continue to be a key area of focus for our 2019-20 VFM review.

Preparing for IFRS 16 Implementation

The Authority will need to undertake initial preparatory work on its leases to prepare for the full introduction of IFRS 16 for 2020-21.

Our response

- We will consider your arrangements for managing and reporting your financial resources as part of our work in reaching our Value for Money conclusion.
- We will consider whether your financial position leads to material uncertainty about the going concern of the Authority and will review related disclosures in the financial statements.
- We will continue to meet with senior managers and consider the Authority's financial position and delivery of the savings programme.

As a firm, we are absolutely committed to meeting the expectations of the FRC with regard to audit quality and local government financial reporting.

Our proposed work and fees, as set out in this Audit Plan, has been agreed with the Service Director – Finance and is subject to PSAA agreement.

- As part of our Value for Money arrangements work we will continue to consider the Council's arrangements in place in relation to Glassworks project, specifically considering the continuing governance and risk management arrangements during the final phases of this project.
- We will assess the adequacy of your disclosures about the financial impact of implementing IFRS 16 – Leases in your 2019-20 financial statements.

3. Group audit scope and risk assessment

In accordance with ISA (UK) 600, as group auditor we are required to obtain sufficient appropriate audit evidence regarding the financial information of the components and the consolidation process to express an opinion on whether the group financial statements are prepared, in all material respects, in accordance with the applicable financial reporting framework.

Component	Individually Significant?	Audit Scope	Risks identified	Planned audit approach
Barnsley Metropolitan Borough Council (BMBC)	Yes	Full audit of the BMBC accounts as the significant component within the group.	<ul style="list-style-type: none"> Please refer to the significant risks identified in section 4 of this Plan on pages 6 to 8. 	Full statutory audit of the single entity BMBC accounts to be performed by the Grant Thornton group audit engagement team, to be concluded by 31 July 2020.
Berneslai Homes Limited (BHL)	No	Audit of the specific area of the BHL net pension fund liability and related disclosures. This relates to the significant risk of material misstatement at the group financial statements level.	<ul style="list-style-type: none"> Please refer to the significant risk identified in section 4 of this Plan on page 7. 	<p>Audit of the specific area of the BHL net pension fund liability and related disclosures for the year ended 31 March 2020.</p> <p>This will be performed by Grant Thornton group audit engagement team, to be concluded by 31 July 2020.</p>
Penistone Grammar Trust (PGT)	No	Audit of material balances and transactions of the PGT financial statements for year end 31 March 2020.	<ul style="list-style-type: none"> No significant risks identified in relation to this group component 	<p>Audit of material balances and transactions of the PGT financial statements for year end 31 March 2020.</p> <p>This will be performed by Grant Thornton group audit engagement team, to be concluded by 31 July 2020</p>

Page 33

Key changes within the group:

There are no key changes to the group structure or components for the year ended 31 March 2020.

However, we will continue to discuss the group structure and components with management. At the time of this Audit Plan, we can confirm that these are the only components within the group that form part of the group consolidation process. We have requested a paper from management assessing other entities with which the Authority has an interest in, to consider whether there are any other components which would be required to form part of the group.

If there are any changes to this current group audit scoping structure, we will update you in due course.

4. Significant risks identified

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
The revenue cycle includes fraudulent transactions	<p>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p> <p>This presumption can be rebutted if the auditor concludes that there is no risk of material misstatement due to fraud relating to revenue recognition.</p> <p>Having considered the risk factors set out in ISA240 and the nature of the revenue streams at the Authority, we have determined that the risk of fraud arising from revenue recognition can be rebutted, because:</p> <ul style="list-style-type: none"> • there is little incentive to manipulate revenue recognition • opportunities to manipulate revenue recognition are very limited • the culture and ethical frameworks of local authorities, including at Barnsley Metropolitan Borough Council, mean that all forms of fraud are seen as unacceptable. 	<p>As we do not consider this to be a significant risk for the Authority, we will not be undertaking any specific work in this area other than our normal audit procedures, including validating total revenues to council tax, non domestic rates and central government grants income.</p>
Management over-ride of controls	<p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Authority faces external scrutiny of its spending and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We will:</p> <ul style="list-style-type: none"> • evaluate the design effectiveness of management controls over journals • analyse the journals listing and determine the criteria for selecting high risk unusual journals • test unusual journals recorded during the year and after the draft accounts stage for appropriateness and corroboration • gain an understanding of the accounting estimates and critical judgements applied and made by management and consider their reasonableness with regard to corroborative evidence • evaluate the rationale for any changes in accounting policies, estimates or significant unusual transactions.

Significant risks identified

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
Valuation of land and buildings	<p>The Authority revalues its land and buildings on a rolling five-yearly basis. This valuation represents a significant estimate by management in the financial statements due to the size of the numbers involved (£845 million) and the sensitivity of this estimate to changes in key assumptions.</p> <p>Additionally, management will need to ensure the carrying value in the Authority's financial statements is not materially different from the current value or the fair value (for surplus assets) at the financial statements date, where a rolling programme is used.</p> <p>We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement, and a key audit matter.</p>	<p>We will:</p> <ul style="list-style-type: none"> • update our understanding of the processes and controls put in place by management to ensure that the Authority's valuation of land and buildings are not materially misstated and evaluate the design of the associated controls • evaluate management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work • evaluate the competence, capabilities and objectivity of the valuation expert • discuss with the valuer the basis on which the valuation was carried out • challenge the information and assumptions used by the valuer to assess completeness and consistency with our understanding • in a new development for 2019-20, engage our own valuer to assess the instructions to the Authority's valuer, the Authority's valuer's report and the assumptions that underpin the valuation • test revaluations made during the year to see if they had been input correctly into the Authority's asset register • evaluate the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value at year end.

Significant risks identified

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
Valuation of the pension fund net liability	<p>The group's pension fund net liability, as reflected in the group balance sheet as the retirement benefit obligations, represents a significant estimate in the financial statements and group accounts.</p> <p>The group's pension fund net liability is considered a significant estimate due to the size of the numbers involved (PY: £482m in the group balance sheet) and the sensitivity of the estimate to changes in key assumptions.</p> <p>The £482m net liability is derived from both the Council's single entity liability of £450m and BHL liability of £32m.</p> <p>We therefore identified valuation of the group and Council's pension fund net liability as a significant risk, which was one of the most significant assessed risks of material misstatement</p>	<p>We will:</p> <ul style="list-style-type: none"> • update our understanding of the processes and controls put in place by management to ensure that the Group's pension fund net liability is not materially misstated and evaluate the design of the associated controls • evaluate the instructions issued by management to their management expert (an actuary) for this estimate and the scope of the actuary's work • assess the competence, capabilities and objectivity of the actuary who carried out the Group's pension fund valuation • assess the accuracy and completeness of the information provided by the Group to the actuary to estimate the liability • test the consistency of the pension fund asset and liability and disclosures in the notes to the core financial statements with the actuarial reports from respective actuaries • undertake procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performing any additional procedures suggested within the report • obtain assurances from the auditor of the SouthYorkshire Pension Fund as to the controls surrounding the validity and accuracy of membership data; contributions data and benefits data sent to the actuary by the pension fund and the fund assets valuation in the pension fund financial statements.

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA260) Report in July 2020.

5. Other risks identified

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
International Financial Reporting Standard (IFRS) 16 Leases – (issued but not adopted)	<p>The public sector will implement this standard from 1 April 2020. It will replace IAS 17 Leases, and the three interpretations that supported its application (IFRIC 4, Determining whether an Arrangement contains a Lease, SIC-15, Operating Leases – Incentives, and SIC-27 Evaluating the Substance of Transactions Involving the Legal Form of a Lease).</p> <p>Under the new standard the current distinction between operating and finance leases is removed for lessees and, subject to certain exceptions, lessees will recognise all leases on their balance sheet as a right of use asset and a liability to make the lease payments.</p> <p>The Code adapts IFRS 16 and requires that the subsequent measurement of the right of use asset where the underlying asset is an item of property, plant and equipment is measured in accordance with section 4.1 of the Code.</p> <p>However, in accordance with IAS 8 and paragraph 3.3.4.3 of the Code disclosures of the expected impact of IFRS 16 should be included in the Authority's 2019-20 financial statements. The Authority has a significant amount of leases that will be within the scope of IFRS 16. We will consider the completeness of this disclosure note around impact on IFRS 16 as an other risk for 2019-20 financial statements audit.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Evaluate the processes the Authority has adopted to assess the impact of IFRS16 on its 2020-21 financial statements and whether the estimated impact on assets, liabilities and reserves has been disclosed in the 2019-20 financial statements. • Assess the completeness of the disclosures made by the Authority in its 2019-20 financial statements with reference to The Code and CIPFA/LASAAC 'Local Authority Leasing Briefings'.

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings Report in July 2020.

6. Other matters

Other work

In addition to our responsibilities under the Code of Practice, we have a number of other audit responsibilities, as follows:

- We read your Narrative Report and Annual Governance Statement and any other information published alongside your financial statements to check that they are consistent with the financial statements on which we give an opinion and consistent with our knowledge of the Authority
- We carry out work to satisfy ourselves that disclosures made in your Annual Governance Statement are in line with the guidance issued by CIPFA
- We carry out work on your consolidation schedules for the Whole of Government Accounts process in accordance with NAO group audit instructions
- We consider our other duties under the Local Audit and Accountability Act 2014 (the Act) and the Code, as and when required, including:
 - Giving electors the opportunity to raise questions about your 2019-20 financial statements, consider and decide upon any objections received in relation to the 2019-20 financial statements
 - Issue of a report in the public interest or written recommendations to the Authority under section 24 of the Act, copied to the Secretary of State
 - Application to the court for a declaration that an item of account is contrary to law under Section 28 or for a judicial review under Section 31 of the Act or
 - Issuing an advisory notice under Section 29 of the Act.
- We certify completion of our audit.

Other material balances and transactions

Under International Standards on Auditing, "irrespective of the assessed risks of material misstatement, the auditor shall design and perform substantive procedures for each material class of transactions, account balance and disclosure". All other material balances and transaction streams will therefore be audited. However, the procedures will not be as extensive as the procedures adopted for the risks identified in this report.

Going concern

As auditors, we are required to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the Authority's ability to continue as a going concern" (ISA (UK) 570). We will review management's assessment of the going concern assumption and material uncertainties, and evaluate the disclosures in the financial statements.

7. Materiality

The concept of materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law. Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Materiality for planning purposes

We have determined financial statement materiality based on a proportion of the gross expenditure of the cost of services of the group and Authority for the previous financial year (2018-19). In the prior year a similar benchmark was used. Materiality at the planning stage of our audit is £8.443m (PY: £10m) for the group and £8.425m (PY: £9.9m) for the single entity Authority accounts, which equates to 1.5% of your 2018-19 gross expenditure of cost of services. Last year this percentage was 1.8% of the same benchmark. The reduction in materiality compared to the previous year reflects the higher profile of local audit following external reviews such as those led by Sir John Kingman and Sir Tony Redman.

We design our procedures to detect errors in specific accounts balances or disclosures at a high level of precision. The senior officer remuneration disclosure in the financial statements has been identified as an area requiring lower level of materiality of £5,000 (PY: £3,000), due to the sensitive nature of the disclosure.

We will reconsider planning materiality if, during the course of our audit engagement, we become aware of facts and circumstances that would have caused us to make a different determination of planning materiality.

Matters we will report to the Audit Committee

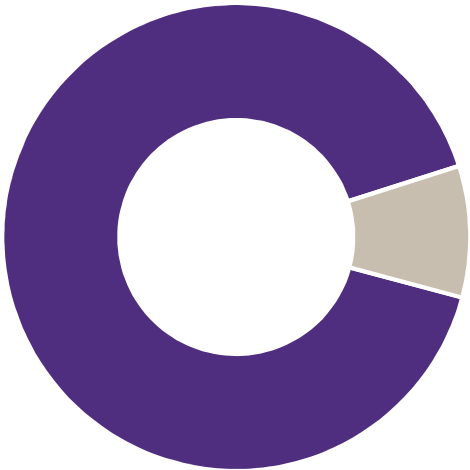
Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to the Audit Committee any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work.

Under ISA (UK) 260 'Communication with those charged with governance', we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA (UK) 260 defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria. In the context of the group and Authority, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £422,000 (PY: £500,000).

If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit Committee to assist it in fulfilling its governance responsibilities.

Gross expenditure of cost of services

£562.8 million group
£561.6 million Authority



- Prior year gross operating costs
- Materiality

Materiality



Group financial statements materiality
£8.443m
(PY: £10m)

Council financial statements materiality
£8.425m (PY: £9.9m)

£422,000
Misstatements to be reported to the Audit Committee
(PY: £500,000)

8. Value for Money arrangements

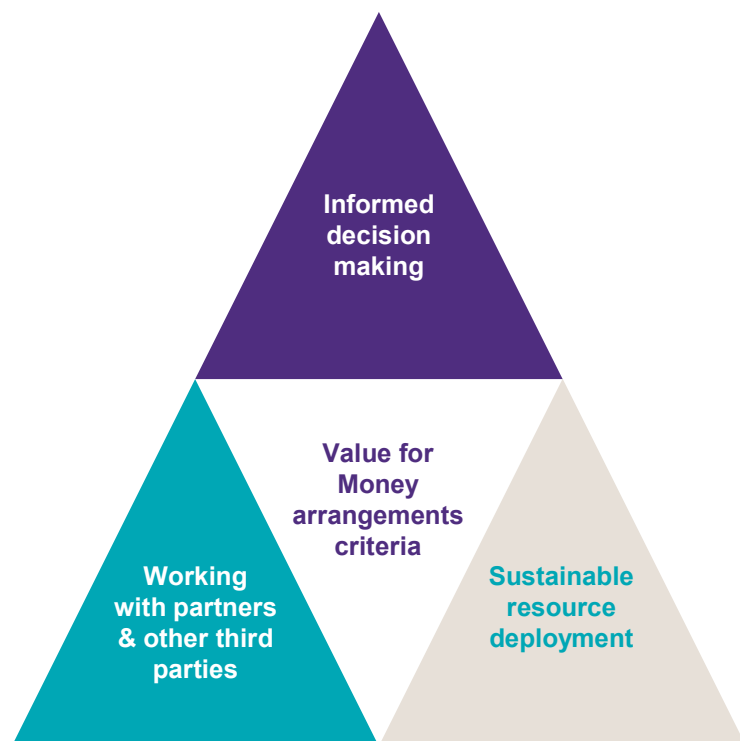
Background to our VFM approach

The NAO issued its guidance for auditors on Value for Money work in November 2017. The guidance states that for Local Government bodies, auditors are required to give a conclusion on whether the Authority has proper arrangements in place to secure value for money.

The guidance identifies one single criterion for auditors to evaluate:

"In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people."

This is supported by three sub-criteria, as set out below:



Significant VFM risks

Those risks requiring audit consideration and procedures to address the likelihood that proper arrangements are not in place at the Authority to deliver value for money.



Financial standing - delivery of 2019-20 budget and savings plan

The Authority achieved its 2018-19 budget with an overall underspend of £7.5m after utilisation of £5.8m general fund reserves. As a result, the general fund reserves reduced from £135.8m to £130m as at 31 March 2019.

For 2019-20, the Council is planning to deliver a balanced outturn position but to achieve this, needs to deliver savings of some £5.8m whilst continuing to manage cost and demand pressures within Children's Services, Adult Social care and other vital services for the local population.

Month 6 (September 2019) latest financial reporting to the Cabinet indicates the majority of savings plans are on track to be delivered. As at Month 6, the Council is projecting an overall general fund revenue underspend of £4.329m for 2019-20. However, there are continuing service demands and challenges to overcome in the second half of the year to deliver a balanced budget and achieve the savings targets for 2019-20.

We will continue to monitor the Authority's financial position through regular meetings with senior management and consider how the Authority manages its budget and savings plans. We will continue to assess progress in the identification and delivery of the future savings required as identified in the current iteration of the MTFS (£7.4m 2020-21 and £8.7m for 2021-22).



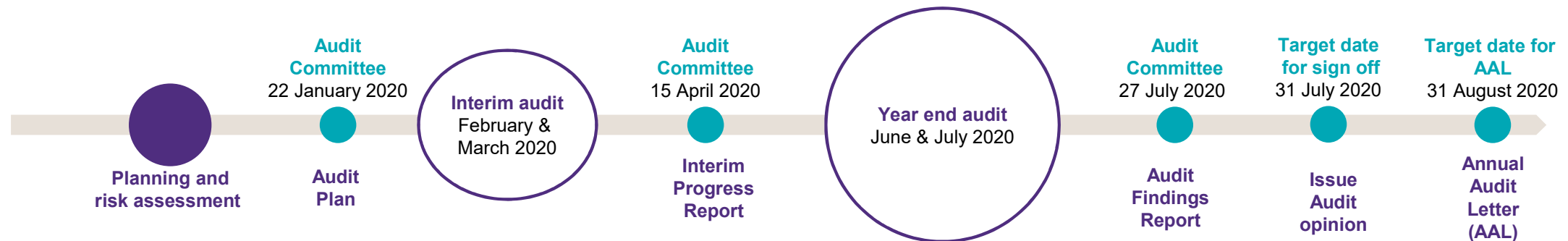
Glassworks Project

This scheme is one of the largest capital projects ever undertaken by the Council and set to be completed by summer of 2021. The project represents a significant financial investment with an estimated total cost of over £190m.

Given the significance of the development to the Council's regeneration objectives, financial commitments, borrowings, the governance and risk management arrangements, this capital project will continue to be a key area of focus for our 2019-20 VFM review.

As part of our Value for Money arrangements work we will continue to consider the Council's arrangements in place in relation to Glassworks project, specifically considering the continuing governance and risk management arrangements during the final phases of this project.

9. Audit logistics & team



Gareth Mills

Engagement Lead
 07825 115921
Gareth.Mills@uk.gt.com

Gareth leads our relationship with you and takes overall responsibility for the delivery of a high quality audit, ensuring the highest professional standards are maintained and a commitment to add value to the Council.

Thilina De Zoysa

Engagement Manager
 M 07500 784942
 E Thilina.De.Zoysa@uk.gt.com

Thilina plans, manages and leads the delivery of the audit. He is the first point of contact for your finance team for discussing any emerging issues.

Jack Walsh

Engagement –in charge
 M 07881 249907
 E Jack.H.Walsh@uk.gt.com

Jack's role is to assist in planning, managing and delivering the audit fieldwork, ensuring the audit is delivered effectively, efficiently and supervises and co-ordinates the on site audit team.

Client responsibilities

Where clients do not deliver to the timetable agreed, we need to ensure that this does not impact on audit quality or absorb a disproportionate amount of time, thereby disadvantaging other clients. Where the elapsed time to complete an audit exceeds that agreed due to a client not meeting its obligations we will not be able to maintain a team on site. Similarly, where additional resources are needed to complete the audit due to a client not meeting their obligations we are not able to guarantee the delivery of the audit to the agreed timescales. In addition, delayed audits will incur additional audit fees.

Our requirements

To minimise the risk of a delayed audit, you need to ensure that you:

- produce draft financial statements of good quality by the deadline you have agreed with us, including all notes, the Narrative Report and the Annual Governance Statement
- ensure that good quality working papers are available at the start of the audit, in accordance with the working paper requirements schedule that we have shared with you
- ensure that the agreed data reports are available to us at the start of the audit and are reconciled to the values in the accounts, in order to facilitate our selection of samples
- ensure that all appropriate staff are available on site throughout (or as otherwise agreed) the planned period of the audit
- respond promptly and adequately to audit queries.

10. Audit fees

Planned audit fees 2019-20

Across all sectors and firms, the FRC has set out its expectation of improved financial reporting from organisations and the need for auditors to demonstrate increased scepticism and challenge and to undertake additional and more robust testing. Within the public sector, where the FRC has recently assumed responsibility for the inspection of local government audit, the regulator requires that all audits achieve a 2A (few improvements needed) rating.

Our work across the sector in 2018-19 has highlighted areas where local government financial reporting, in particular, property, plant and equipment and pensions, needs to be improved. We have also identified an increase in the complexity of local government financial transactions. Combined with the FRC requirement that 100% of audits achieve a 2A rating this means that additional audit work is required. We have set out below the expected impact on our audit fee. The table overleaf provides more details about the areas where we will be undertaking further testing.

As a firm, we are absolutely committed to meeting the expectations of the FRC with regard to audit quality and local government financial reporting. Our proposed work and fee for 2019-20 at the planning stage, as set out below and with further analysis overleaf, has been agreed with the Service Director - Finance and is subject to PSAA agreement.

Page 42

	Actual Fee 2017-18 (KPMG)	Actual Fee 2018-19 (Grant Thornton)	Proposed Fee 2019-20 (Grant Thornton)
Council Audit scale fee set by PSAA	£135,998	£104,718	£104,718
Audit fee variations – additional work required (see page 15)	-	£9,000	£20,850
Total audit fees (excluding VAT)	£135,998	£113,718	£125,568

Assumptions:

In setting the above fees, we have assumed that the Authority will:

- prepare a good quality set of accounts, supported by comprehensive and well presented/referenced working papers which are ready at the start of the audit
- provide appropriate analysis, support and evidence to support all critical judgements and significant estimates made during the course of preparing the financial statements
- provide early notice of proposed complex or unusual transactions which could have a material impact on the financial statements.

Relevant professional standards:

In preparing our fee estimate, we have had regard to all relevant professional standards, including paragraphs 4.1 and 4.2 of the FRC's [Ethical Standard](#) which stipulate that the Engagement Lead (Key Audit Partner) must set a fee sufficient to enable the resourcing of the audit with staff of appropriate skills, time and abilities to deliver an audit to the required professional standard.

Audit fee variations – Further analysis

Planned audit fees

The table below shows the planned variations to the original scale fee for 2019-20 based on our best estimate at the audit planning stage. Further issues identified during the course of the audit may incur additional fees. In agreement with PSAA (where applicable) we will be seeking approval to secure these additional fees for the remainder of the contract via a formal rebasing of your scale fee to reflect the increased level of audit work required to enable us to discharge our responsibilities. Should any further issues arise during the course of the audit that necessitate further audit work additional fees will be incurred, subject to PSAA approval.

Audit area:	2019-20 fee £	Rationale for fee variation:
PSAA scale fee	104,718	PSAA scale fee
Increased challenge and depth of work	5,000	<p>To meet the higher threshold set by the FRC, we will be required to undertake additional work and challenge in the following areas, including:</p> <ul style="list-style-type: none"> • use of specialists • information provided by the entity (IPE) • journals & management review of controls • accounting estimates • financial resilience and going concern • related parties and similar areas
Pensions – valuation of net pension liabilities under International Auditing Standard (IAS) 19	3,500	A significant audit risk area, we have increased the granularity, depth and scope of coverage, with increased levels of sampling, additional levels of challenge and explanation sought, and heightened levels of documentation and reporting.
PPE Valuation – work of experts and other PPE related additional work	9,350	<p>A significant audit risk area, we have increased the granularity, depth and scope of coverage, with increased levels of sampling, additional levels of challenge and explanation sought, and heightened levels of documentation and reporting.</p> <p>In addition from 2019-20, we have engaged our own audit expert to support our work on valuation of your land and buildings (Wilks Head Eve) and increased the scope of our audit work to ensure an adequate level of audit scrutiny and challenge over the assumptions that underpin PPE valuations.</p> <p>The increase includes an estimate for the fee payable to the auditor's expert and our additional work in that respect.</p>
Reduction in materiality	3,000	A reduction in materiality from 1.8% of the benchmark (gross expenditure in cost of services) to 1.5% leads to up to an extra £3,000 charge, reflecting additional areas to audit and sample testing requirements, resulting from a lower level of materiality and a greater level of scrutiny and assurance.
Revised scale fee	125,568	(to be approved by PSAA)

11. Independence and non audit services

Auditor independence

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant facts and matters that may bear upon the integrity, objectivity and independence of the firm or covered persons relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

We confirm that we have implemented policies and procedures to meet the requirements of the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2017 and PSAA's Terms of Appointment which set out supplementary guidance on ethical requirements for auditors of local public bodies.

Audit and Non-audit services

For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Council. The following non-audit services were identified:

Service	£	Threats	Safeguards
Audit related:			
Using Benefit Certification	16,400	Self-Interest (because this is a recurring fee)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £16,400 (on the basis that we complete the HB workbooks) in comparison to the total fee for the audit of £125,568 (after fee variations)and in particular relative to Grant Thornton UK LLP's turnover overall.
Certification of Teachers' Pension Return	4,200	Self-Interest (because this is a recurring fee)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £4,200 in comparison to the total fee for the audit of £125,568 (after fee variations) and in particular relative to Grant Thornton UK LLP's turnover overall.
Pooling of Housing Capital Receipts Return Certification	3,000	Self-Interest (because this is a recurring fee)	The level of this recurring fee taken on its own is not considered a significant threat to independence as the fee for this work is £3,000 in comparison to the total fee for the audit of £125,568 (after fee variations) and in particular relative to Grant Thornton UK LLP's turnover overall.
Non-Audit related:			
None	-		

The amounts detailed are fees agreed to-date for audit related and non-audit services to be undertaken by Grant Thornton UK LLP in the current financial year. These services are consistent with the Council's policy on the allotment of non-audit work to your auditors. Any changes and full details of all fees charged for audit related and non-audit related services by Grant Thornton UK LLP and by Grant Thornton International Limited network member Firms will be included in our Audit Findings (ISA260) report at the conclusion of the audit.

None of the services provided are subject to contingent fees.

The firm is committed to improving our audit quality – please see our transparency report - <https://www.grantthornton.ie/about/transparency-report/>

Appendix

Audit Quality – national context

Appendix A: Audit Quality – national context

What has the FRC said about Audit Quality?

The Financial Reporting Council (FRC) publishes an annual Quality Inspection of our firm, alongside our competitors. The Annual Quality Review (AQR) monitors the quality of UK Public Interest Entity audits to promote continuous improvement in audit quality.

All of the major audit firms are subject to an annual review process in which the FRC inspects a small sample of audits performed from each of the firms to see if they fully conform to required standards.

The most recent report, published in July 2019, shows that the results of commercial audits taken across all the firms have worsened this year. The FRC has identified the need for auditors to:

- improve the extent and rigour of challenge of management in areas of judgement
- improve the consistency of audit teams' application of professional scepticism
- strengthen the effectiveness of the audit of revenue
- improve the audit of going concern
- improve the audit of the completeness and evaluation of prior year adjustments.

The FRC has also set all firms the target of achieving a grading of '2A' (limited improvements required) or better on all audits.

Other sector wide reviews

Alongside the FRC, other key stakeholders including the Department for Business, Energy and Industrial Strategy (BEIS) have expressed concern about the quality of audit work and the need for improvement. A number of key reviews into the profession have been undertaken or are in progress. These include the review by Sir John Kingman of the Financial Reporting Council (Dec 2018), the review by the Competition and Markets Authority of competition within the audit market, the ongoing review by Sir Donald Brydon of external audit, and specifically for public services, the Review by Sir Tony Redmond of local authority financial reporting and external audit. As a firm, we are contributing to all these reviews and keen to be at the forefront of developments and improvements in public audit.

What are we doing to address FRC findings?

In response to the FRC's findings, the firm is responding vigorously and with purpose. As part of our Audit Investment Programme (AIP), we are establishing a new Quality Board, commissioning an independent review of our audit function, and strengthening our senior leadership at the highest levels of the firm, for example through the appointment of Fiona Baldwin as Head of Audit. We are confident these investments will make a real difference.

We have also undertaken a root cause analysis and put in place processes to address the issues raised by the FRC. We have already implemented new training material that will reinforce the need for our engagement teams to challenge management and demonstrate how they have applied professional scepticism as part of the audit. Further guidance on auditing areas such as revenue has also been disseminated to all audit teams and we will continue to evolve our training and review processes on an ongoing basis.

What will be different in this audit?

We will continue working collaboratively with you to deliver the audit to the agreed timetable whilst improving our audit quality. In achieving this you may see, for example, an increased expectation for management to develop properly articulated papers for any new accounting standard, or unusual or complex transactions. In addition, you should expect engagement teams to exercise even greater challenge management in areas that are complex, significant or highly judgmental which may be the case for accounting estimates, going concern, related parties and similar areas. As a result you may find the audit process even more challenging than previous audits. These changes will give the Corporate Governance and Audit Committee – which has overall responsibility for governance - and senior management greater confidence that we have delivered a high quality audit and that the financial statements are not materially misstated. Even greater challenge of management will also enable us to provide greater insights into the quality of your finance function and internal control environment and provide those charged with governance confidence that a material misstatement due to fraud will have been detected.

We will still plan for a smooth audit and ensure this is completed to the timetable agreed. However, there may be instances where we may require additional time for both the audit work to be completed to the standard required and to ensure management have appropriate time to consider any matters raised. This may require us to agree with you a delay in signing the announcement and financial statements. To minimise this risk, we will keep you informed of progress and risks to the timetable as the audit progresses.

We are absolutely committed to delivering audit of the highest quality and we should be happy to provide further detail about our improvement plans should you require it.



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BARNLEY MBC AUDIT COMMITTEE – INDICATIVE WORK PROGRAMME

	Mtg. No.	6	7	8	1	2	3	4	5
Committee Work Area	Contact / Author	22.01.20	18.03.20	15.04.20	3.06.20	27.07.20	16.09.20	28.10.20	02.12.20
Committee Arrangements								Workshop	
Committee Work Programme	WW	X	X	X	X	X	X		X
Minutes/Actions Arising	WW	X	X	X	X	X	X		X
Review of Terms of Reference and Self-Assessment	RW/CHAIR		X					X (?)	X
Internal Control and Governance Environment									
Local Code of Corporate Governance	AF/RW								
Annual Governance Review Process and Timescales	AF/RW		X						
Draft Annual Governance Statement & Action Plan	AF/RW				X				
Final Annual Governance Statement	AF/RW					X			
AGS Action Plan Update	AF/RW								X
Corporate Whistleblowing Update & Annual Report	RW	X							
Annual Fraud Report	RW					X			
Corporate Fraud Team - Report	RW		X						
Corporate Risk Management									
Risk Management Policy & Strategy	RW			X					
Risk Management Update*	RW								
Risk Management Framework				X					

	Mtg. No.	6	7	8	1	2	3	4	5
Committee Work Area	Contact / Author	22.01.20	18.03.20	15.04.20	3.06.20	27.07.20	16.09.20	28.10.20	02.12.20
Annual Report	RW				X				
Strategic Risk Register Review	RW			X					
Internal Audit									
Internal Audit Charter (Annual)	RW		X						
Internal Audit Plan	RW		X						
Internal Audit Quarterly Report	RW	X				X			X
Annual Review of the Effectiveness of Internal Audit	RW								X
Internal Audit Annual Report	RW				X				
External Audit (Grant Thornton)									
Annual Governance Report (ISA260 Report)	GT					X			
Audit Plan	GT	X							
Annual Fees Letter	GT						X		
Claims & Returns Annual Report	GT	X							
External Audit Progress report & Technical Update	GT	X	X	X	X	X	X		X
Financial Reporting and Accounts									
Financial Regulations - Update	SL						X		
Budget Proposal Section 25 Report	NC		X						
Draft Statement of	NC			X					

	Mtg. No.	6	7	8	1	2	3	4	5
Committee Work Area	Contact / Author	22.01.20	18.03.20	15.04.20	3.06.20	27.07.20	16.09.20	28.10.20	02.12.20
Accounts									
Corporate Finance Summary	NC						X		X
Corporate Finance and Performance Management & Capital Programme Update	NC		X				X		X
Treasury Management Annual Report	IR					X			
Treasury Management Progress Report	IR/SW								X
Treasury Mgt. Policy & Strategy Statement	IR		X						
Other Corporate Functions contributing to overall assurance									
Human Resources (annual)	AB/JH						X		
Business Improvement and Communication (annual)	MP					X			
Health & Safety Resilience (6 monthly report – March Update – September Annual)	SD		X				X		
Governance & Member support (annual)	MMc/WW				X				
Information Governance and Cyber Security update	SJH			X			X		
General Data Protection Regulations - Update	RW/SH		X		X				

*Members of the Senior Management Team to be invited periodically to report on any issues identified within the Strategic Risk Register