

The Chair and Members of Joint Board

Please ask for Joel Hammond-Gant

Direct Line 01246 34 5273

Fax 01246 345252

4 September 2017

Dear Councillor,

Please attend a meeting of the JOINT BOARD to be held on TUESDAY, 12 SEPTEMBER 2017 at 3.00 pm in the **Council Chamber, Bolsover District Council, The Arc, High Street, Clowne, S43 4JY**, the agenda for which is set out below.

## AGENDA

### Part 1(Public Information)

1. Declarations of Members' and Officers' Interests relating to items on the Agenda
2. Apologies for Absence
3. Minutes (Pages 3 - 12)
  - Record of decisions of the Joint Board held on 3 March, 2017.
  - Notes of the meeting of the Joint Board held on 3 March, 2017.
4. Internal Audit Consortium - Annual Report 2016/17 (Pages 13 - 38)

Yours sincerely,



Local Government and Regulatory Law Manager and Monitoring Officer  
(Chesterfield Borough Council)



# Agenda Item 3

|  |                                   |  |                                 |                                       |                              |
|--|-----------------------------------|--|---------------------------------|---------------------------------------|------------------------------|
| CBC:LEADER   |                                   |  |                                 | Date of Decision<br>13.03.2017        |                              |
| BDC: LEADER  |                                   |  |                                 |                                       |                              |
| NEDDC:LEADER   |                                   |  |                                 |                                       |                              |
| Title Reference: Chesterfield and North East Derbyshire Credit Union – Business Plan 2016 – 2019                                       |                                   |  |                                 |                                       |                              |
| Key Decision References (if applicable):<br>CBC: N/A<br>BDC: N/A<br>NEDDC: N/A   |                                   |  | Delegation Reference:           |                                       | CBC: R080L<br>BDC:<br>NEDDC: |
| Report and background papers   | Yes                               | Public <input checked="" type="checkbox"/> | Exempt <input type="checkbox"/> | Confidential <input type="checkbox"/> |                              |
| Decision Status  | Notice of Key or Private Decision |  |                                 | Authorised By: N/A                    |                              |
|  | General Urgency                   |  | N/A                             |                                       |                              |
|  | Special Urgency                   |  | N/A                             |                                       |                              |
|  | Exempt Urgency                    |  | N/A                             |                                       |                              |
| Record of Decision:  |                                   |  |                                 |                                       |                              |
| That the report be noted   |                                   |  |                                 |                                       |                              |
| Reasons for Decision:  |                                   |  |                                 |                                       |                              |
| To note the progress on the Chesterfield and North East Derbyshire Credit Union.   |                                   |  |                                 |                                       |                              |
| Alternative options considered and rejected (if any): N/A  |                                   |  |                                 |                                       |                              |
| Declarations of interests: None  |                                   |  |                                 |                                       |                              |
| Decision subject to call-in: Yes<br>Date of implementation if not called in: 20 March 2017   |                                   |  |                                 |                                       |                              |
| Date Record Issued 13.03.2017<br>Contact Officer: Rachel Lenthall, Chesterfield Borough Council<br>rachel.lenthall@chesterfield.gov.uk |                                   |  |                                 |                                       |                              |

|   |                                   |     |  |                                 |                                       |
|---|-----------------------------------|-----|--|---------------------------------|---------------------------------------|
| CBC:LEADER  |                                   |     |  | Date of Decision<br>13.03.2017  |                                       |
| BDC: LEADER   |                                   |     |  |                                 |                                       |
| NEDDC:LEADER  |                                   |     |  |                                 |                                       |
| Title Reference: Internal Audit Consortium Progress Report 2016/17 and Draft Business Plan 2017/18  |                                   |     |  |                                 |                                       |
| Key Decision References (if applicable):<br>CBC: N/A<br>BDC: N/A<br>NEDDC: N/A  |                                   |     | Delegation Reference:                      |                                 | CBC: R080L<br>BDC:<br>NEDDC:          |
| Report and background papers  |                                   | Yes | Public <input checked="" type="checkbox"/> | Exempt <input type="checkbox"/> | Confidential <input type="checkbox"/> |
| Decision Status   | Notice of Key or Private Decision |     |  |                                 | Authorised By: N/A                    |
|   | General Urgency                   |     | N/A  |                                 |                                       |
|   | Special Urgency                   |     | N/A  |                                 |                                       |
|   | Exempt Urgency                    |     | N/A  |                                 |                                       |
| Record of Decision: <ol style="list-style-type: none"> <li>1. That the progress made by the Internal Audit Consortium be noted.</li> <li>2. That the revised Business Plan (budget) for 2016/17 and the draft Internal Audit Consortium Business Plan (and associated charges) for 2017/18 be approved.</li> <li>3. That the accumulated surplus of the Internal Audit Consortium at the 31 March, 2017 (less £20,000 to be held as a working balance) be distributed to the partner authorities.</li> <li>4. That an annual report on the outcome of the operation of the Internal Audit Consortium for 2016/17 be submitted to the Joint Board following the year-end.</li> </ol> |                                   |     |  |                                 |                                       |
| Reasons for Decision: <ol style="list-style-type: none"> <li>1. To enable members to be aware of the progress made by the Internal Audit Consortium.</li> <li>2. To enable the Consortium resource availability to be kept under review.</li> <li>3. To enable the partner authorities to budget for the Consortium charges for 2017/18.</li> </ol>   |                                   |     |  |                                 |                                       |
| Alternative options considered and rejected (if any): N/A   |                                   |     |  |                                 |                                       |
| Declarations of interests: None   |                                   |     | Page 4                                     |                                 |                                       |



Decision subject to call-in: Yes  
Date of implementation if not called in: 20 March 2017

Date Record Issued 13.03.2017  
Contact Officer: Rachel Lenthall, Chesterfield Borough Council  
[rachel.lenthall@chesterfield.gov.uk](mailto:rachel.lenthall@chesterfield.gov.uk)

|   |                                   |     |  |                                 |                                       |     |
|---|-----------------------------------|-----|--|---------------------------------|---------------------------------------|-----|
| CBC:LEADER  |                                   |     |  | Date of Decision<br>13.03.2017  |                                       |     |
| BDC: LEADER   |                                   |     |  |                                 |                                       |     |
| NEDDC:LEADER  |                                   |     |  |                                 |                                       |     |
| Title Reference: External Review of Internal Audit  |                                   |     |  |                                 |                                       |     |
| Key Decision References (if applicable):<br>CBC: N/A<br>BDC: N/A<br>NEDDC: N/A  |                                   |     | Delegation Reference:                      |                                 | CBC: R080L<br>BDC:<br>NEDDC:          |     |
| Report and background papers  |                                   | Yes | Public <input checked="" type="checkbox"/> | Exempt <input type="checkbox"/> | Confidential <input type="checkbox"/> |     |
| Decision Status   | Notice of Key or Private Decision |     | Authorised By: N/A                         |                                 |                                       |     |
|   | General Urgency                   |     |  |                                 |                                       | N/A |
|   | Special Urgency                   |     |  |                                 |                                       | N/A |
|   | Exempt Urgency                    |     |  |                                 |                                       | N/A |
| Record of Decision:   |                                   |     |  |                                 |                                       |     |
| <p>1. That the results of the external review of internal audit be noted.</p> <p>2. That the action plan that had been put in place to address the recommendations arising out of the review be approved.</p> |                                   |     |  |                                 |                                       |     |
| Reasons for Decision:   |                                   |     |  |                                 |                                       |     |
| To ensure that Members are aware of the results of the external review of internal audit that is required by the Public Sector Internal Audit Standards.  |                                   |     |  |                                 |                                       |     |
| Alternative options considered and rejected (if any): N/A   |                                   |     |  |                                 |                                       |     |
| Declarations of interests: None   |                                   |     |  |                                 |                                       |     |
| Decision subject to call-in: Yes<br>Date of implementation if not called in: 20 March 2017  |                                   |     |  |                                 |                                       |     |
| Date Record Issued 13.03.2017<br>Contact Officer: Rachel Lenthall, Chesterfield Borough Council<br>rachel.lenthall@chesterfield.gov.uk  |                                   |     |  |                                 |                                       |     |

## **Notes to Record of Decisions (Joint Working):**

### **CBC - CALL-IN REQUESTS**

*The implementation of certain decisions is suspended until the call-in period has expired without a call-in being validly invoked. Any Member of the Council shall be entitled to call for a decision to be suspended by giving notice to the Monitoring Officer either by telephone, fax, email or in writing **not later than 5.00 pm on the day following the date of the Joint Board meeting.** Any decisions so suspended shall not be capable of implementation for a period of **five calendar days** from the date of the Joint Board meeting. During the call-in period a request may be made in respect of any decision so suspended by not less than one quarter of the total membership of the Overview and Performance Scrutiny Committee. To do this you will need to notify the Monitoring Officer in writing, by fax or by email by 5.00 pm on the date being five days following the day of the Joint Board meeting.*

### **BDC - CALL-IN REQUESTS**

*All Key Decisions come into effect **five working days** after the meeting unless three members give notice in writing to the Governance Manager requesting to call in the decision. The call-in request should be on a **completed 'call-in' request form and include the names and signatures of the three signatories**, the decision making principles it is believed have been breached and also the reasons for this. Non Key Decisions may not be called in.*

### **NEDDC - CALL-IN REQUESTS**

*The implementation of key decisions is suspended until the call-in period has expired without a call-in being validly invoked. The call-in period is **five working days** after the publication of this decision. During the call-in period the **Chair or Vice Chair together with three other members of any Overview and Scrutiny committee** may object to a key decision and call it in. Non-Key decisions cannot be called in at North East Derbyshire District Council.*

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**JOINT BOARD****Monday, 13th March, 2017**

Present:-

**Bolsover District Council**

Councillor Mary Dooley  
Councillor Ann Syrett  
Dan Swaine (BDC/NEDDC)

**Chesterfield Borough Council**

Councillor John Burrows  
Councillor Terry Gilby  
Jenny Williams

**North East Derbyshire District Council**

Councillor Graham Baxter (Chair)  
Councillor Betty Hill

**Chesterfield and North East Derbyshire Credit Union**

Bill Furness

17 **DECLARATIONS OF MEMBERS' AND OFFICERS' INTERESTS  
RELATING TO ITEMS ON THE AGENDA**

No declarations of interest were received.

18 **APOLOGIES FOR ABSENCE**

Apologies were received from Huw Bowen.

19 **MINUTES**

The notes and the Record of Decisions of the Joint Board meeting held on 12 September, 2016 were noted.

20 **CHESTERFIELD AND NORTH EAST DERBYSHIRE CREDIT UNION -**

## **BUSINESS PLAN**

The Joint Board considered the Business Plan of Chesterfield and North East Derbyshire Credit Union (CNEDCU) for October 2016 to September 2019.

The Business Plan noted that the financial and professional support from partner agencies had been fundamental in putting the CNEDCU in a position where it could continue to grow in order to achieve its mission, address its vision and meet its aims and objectives whilst maintaining its core values. Growth had been seen through the increase in the number of paid staff, move to high street premises and Junior Savers Scheme and Family Loan Scheme.

The plan outlined the credit unions' mission, aims and objectives and the ways in which the business plan would be delivered. Details were also provided on the three year financial plan and the associated risks, mitigation and contingency plans.

### **AGREED –**

That the report be noted.

## **21 INTERNAL AUDIT CONSORTIUM 2017/18 BUSINESS PLAN**

The Internal Audit Consortium Manager attended to present a report to update the Joint Board on the progress made by the Internal Audit Consortium during 2016/17 and to seek approval for the business plan (budget) for the Consortium for 2017/18.

The report included a progress summary on:

- the external review of internal audit;
- the current staffing and training situation;
- the update of working procedures;
- the internal audit plans for the 3 authorities.

It was noted that the revised business plan for 2016/17 now predicted a surplus of £40,730 mainly due to salary savings from not filling a 0.5FTE vacant post and the external review of internal audit costing less than expected. The estimated accumulated surplus at the end of 2016/17 was £60,730; it was proposed that £20,000 would be retained as a working

balance with the remainder (£40,730) distributed to the partner authorities.

The Internal Audit Consortium Manager advised that the draft business plan for 2017/18 had been prepared based on retaining 9.1 FTE posts and the draft budget had reflected provision for pay awards.

### **AGREED –**

1. That the progress made by Internal Audit Consortium be noted.
2. That the revised Business Plan (budget) for 2016/17 and the draft Internal Audit Consortium Business Plan (and associated charges) for 2017/18 be approved.
3. That the accumulated surplus of the Internal Audit Consortium at the 31 March, 2017 (less £20,000 to be held as a working balance) be distributed to the partner authorities.
4. That an annual report on the outcome of the operation of the Internal Audit Consortium for 2016/17 be submitted to the Joint Board following the year-end.

## **22 EXTERNAL REVIEW OF INTERNAL AUDIT**

The Internal Audit Consortium Manager presented a report to inform the Joint Board of the results of the external review of internal audit that took place at the beginning of October 2016.

Internal Audit had been working to the Public Sector Internal Audit Standards (PSIAS) since their introduction in April 2013; the PSIAS require that an external assessment of internal audit be carried out at least once every 5 years by a qualified, independent assessor or team. Following a tender exercise, Robin Pritchard, a CIPFA qualified assessor with 39 years internal audit experience, was procured to undertake the external assessment.

The key points arising from the review included:

- the Internal Audit Consortium (IAC) complied with and in places exceeded the requirements of the PSIAS;
- the IAC benchmarked favourably compared with its peers;

The key theme throughout the report and recommendations was in relation to enhancing and developing the use of risk based auditing.

An action plan addressing the recommendations would be implemented to ensure that the Councils continued to receive an effective internal audit service that was compliant with the PSIAS.

**AGREED –**

1. That the results of the external review of internal audit be noted.
2. That the action plan that had been put in place to address the recommendations arising out of the review be approved.



## For publication

### INTERNAL AUDIT CONSORTIUM – ANNUAL REPORT 2016/17

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|                    |                                   |
|--------------------|-----------------------------------|
| Meeting:           | Joint Board                       |
| Date:              | 12th September 2017               |
| Cabinet portfolio: | Governance                        |
| Report by:         | Internal Audit Consortium Manager |

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## **For publication**

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### **1.0 Purpose of report**

- 1.1 To report on the performance of the Internal Audit Consortium during 2016/17.

### **2.0 Recommendations**

- 2.1 That the annual report of the Internal Audit Consortium be approved.

### **3.0 Report details**

#### **BACKGROUND**

- 3.1 The Internal Audit Consortium came into operation on 1 April 2007. Chesterfield Borough Council, Bolsover District Council and North East Derbyshire District Council are full members of the Internal Audit Consortium. In addition to this the Internal Audit Consortium provides a management role in respect of Derbyshire Dales District Council's internal audit function.
- 3.2 The Public Sector Internal Audit Standards, require that a detailed annual report should be prepared. Detailed reports on the performance against the Audit Plans for each constituent authority have already been presented to each council's respective Audit Committee.

## PERFORMANCE IN 2016/17

### Internal Audit Plans

- 3.3 Internal Audit Plans were established and agreed for each authority before the start of the financial year. The plans were substantially completed for 2016/17 and this was reported to each audit committee in May 2017.
- 3.4 Regular progress reports were submitted to each Audit Committee summarising internal audit reports issued.

### Working Procedures / Improvement plan

- 3.5 Progress has continued in addressing a number of service improvements, for example:
- All staff now have laptops
  - Testing schedules are continually being reviewed and updated as each audit is undertaken to ensure that key controls and risks are addressed.
  - The Internal Audit manual has been updated
  - A self-assessment of compliance with the Public Sector Internal Audit Standards was completed in May 2016 and the review did not identify any significant areas of non-compliance. This was supported by the findings of the external review of internal audit undertaken in October 2016.
  - The external review did recommend some improvements and the resulting action plan is in the process of being implemented. The action plan at Appendix C details progress against the action plan to date.

### Performance Targets

- 3.6 The results of the performance targets measured in 2016/17 are shown in the table below.

| Description                  | 2015/16 | 2016/17 |               |
|------------------------------|---------|---------|---------------|
|                              | Actual  | Plan    | Actual        |
| Cost per Audit Day           | £237    | £286    | £256 (Note 1) |
| Percentage of Plan Completed | 100%    | 96%     | 92%           |

|   |      |                           |      |
|---|------|---------------------------|------|
| Sickness Absence (Average Days per Employee)                        | 11   | 8.5<br>(Corporate Target) | 2.4  |
| Customer Satisfaction Score   | 92%  | 80%                       | 93%  |
| To issue internal audit reports within 10 days of close out meeting | 99%  | 90%                       | 98%  |
| Number/proportion of audits completed within time allocation        | 75%  | 80%                       | 76%  |
| % 2015/16 Agreed recommendations implemented by due date            | 68%  | 80%                       | 77%  |
| Quarterly reporting to Audit Committee's                            | 100% | 100%                      | 100% |

- 3.7 **Note 1** - This is due mainly to the 0.5 vacant post within the Consortium structure not being filled and an underspend on the training budget. A decision has been taken not to fill the vacant post, however, the budget for this has now been used to fund a full time Senior Auditor post (as opposed to 0.9 FTE of the retiring Senior Auditor) and also to pay a market supplement on this post which has enabled another qualified Officer to be appointed.

## FINANCIAL PERFORMANCE

- 3.8 The original budgets and charges for 2016/17 were agreed by the Joint Board on the 14th March 2016 and subsequently revised on the 13<sup>th</sup> March 2017. The revised budget for 2016/17 showed an estimated surplus for the year of £40,730 plus a brought forward balance of £20,000.
- 3.9 The outturn for the year shows a surplus of £52,610 plus a brought forward balance of £20,000. **Appendix A** provides a comparison of the budget and outturn figures. The main reason for the surplus is detailed in paragraph 3.7.
- 3.10 At its meeting on 13 March 2017, Joint Board agreed that:
- The accumulated surplus less £20,000 be distributed to the partner authorities
  - That £20,000 be held as a working balance
- 3.11 This has resulted in the following distribution:

|  |               |
|--|---------------|
|  | £             |
| Surplus at 31 <sup>st</sup> March 2017 | 72,610        |
| Less Balance carried forward           | 20,000        |
|  | <b>52,610</b> |
| Distribution:                          |               |
| Chesterfield (36.6%)                   | 19,255        |
| North East Derbyshire DC (31.8%)       | 16,730        |
| Bolsover DC (31.6%)                    | 16,625        |
|  | <b>52,610</b> |

## Staffing

- 3.12 The Senior Internal Auditor based at NEDDC retired in April 2017. A new Senior Auditor has been appointed and started on 8 June 2017. The new Senior Auditor is fully qualified which has added resilience to the service in terms of compliance with the Public Sector Internal Audit Standards.
- 3.13 The Auditor seconded to Accountancy has now joined the Accountancy team at CBC on a permanent basis and the temporary Auditor covering that post has now been appointed to a permanent Auditor position.

## Training

- 3.14 Training needs are discussed and assessed with each staff member during employee Personal Development Reviews.
- 3.15 Training consists of a combination of formal qualifications; CPD activities/courses; internal courses; team meeting updates/information sharing; reading relevant articles; and on the job training.

## RISK REGISTER

- 3.16 The Internal Audit Consortium risk register has been updated and is shown as **Appendix B**.

## 4 Human resources/people management implications

- 4.1 Not Applicable.

## 5 Financial implications

- 5.1 The Internal Audit Consortium operated under budget during 2016/17 which has resulted in a repayment to each of the partner authorities.

## **6 Legal and data protection implications**

6.1 None.

## **7 Consultation**

7.1 Not Applicable.

## **8 Risk management**

8.1 The production of an annual report enables Joint Board to assess if the Internal Audit Consortium is providing an effective value-for-money service.

8.2 The provision of an effective Internal Audit service helps to ensure that the internal controls and governance arrangements of the involved organisations are appropriately assessed in terms of their adequacy and effectiveness.

## **9 Equalities Impact Assessment (EIA)**

9.1 Not Applicable.

## **10 Alternative options and reasons for rejection**

10.1 Not Applicable.

## **11 Recommendations**

11.1 That the annual report of the Internal Audit Consortium be approved.

## **12 Reasons for recommendations**

12.1 To enable the Joint Board to consider and approve the 2016/17 Annual Report of the Internal Audit Consortium.

### **Decision information**

|   |   |
|---|---|
| <b>Key decision number</b>              | <b>N/A</b>  |
| <b>Wards affected</b>                   | All   |
| <b>Links to Council Plan priorities</b> | An effective internal audit service helps towards the Council's priority of providing VFM |

### **Document information**

| <b>Report author</b>  | <b>Contact number/email</b>  |
|---|--|
| Jenny Williams – Internal Audit Consortium Manager  | 01246 345468   |
| <b>Background documents</b><br>These are unpublished works which have been relied on to a material extent when the report was prepared. |  |
|   |  |
| <b>Appendices to the report</b>   |  |
| Appendix A  | Internal Audit Consortium Budget and Actual - 2016/17 and Estimate 2017/18 |
| Appendix B  | Internal Audit Consortium Risk Register                                    |
| Appendix C  | Internal Audit Consortium Progress on External Review Action Plan          |

**INTERNAL AUDIT CONSORTIUM BUDGET & ACTUAL - 2016/17  
AND ESTIMATE 2017/18**

|                                      | 2016/17        |                |                | 2017/18        |
|--------------------------------------|----------------|----------------|----------------|----------------|
|                                      | Original<br>£  | Revised<br>£   | Actual<br>£    | Estimate<br>£  |
| <b><u>Expenditure:</u></b>           |                |                |                |                |
| Employees                            | 355,760        | 338,820        | 331,677        | 365,690        |
| Transport                            | 3,150          | 3,150          | 2,688          | 3,150          |
| Supplies                             | 26,540         | 10,130         | 5,319          | 6,540          |
| Support Services                     | 52,420         | 51,740         | 52,176         | 52,470         |
| <b>Total Expenditure</b>             | <b>437,870</b> | <b>403,840</b> | <b>391,860</b> | <b>427,850</b> |
| <b><u>Income:</u></b>                |                |                |                |                |
| Charges to CBC                       | 154,180        | 154,180        | 154,180        | 152,800        |
| Charges to NEDDC                     | 134,600        | 134,600        | 134,600        | 132,740        |
| Charges to Bolsover                  | 133,790        | 133,790        | 133,790        | 131,910        |
| Charges – other                      | 500            | 500            | 400            | 500            |
| Charges to DDDC                      | 14,800         | 10,700         | 10,700         | 9,900          |
| <b>Total Income</b>                  | <b>437,870</b> | <b>433,770</b> | <b>433,670</b> | <b>427,850</b> |
| Transfer in from Earmarked Reserve   | 0              | 10,800         | 10,800         | 0              |
| <b>Net surplus/(deficit) in year</b> | <b>0</b>       | <b>40,730</b>  | <b>52,610</b>  | <b>0</b>       |
| Net surplus/(deficit) b/fwd          | 20,000         | 20,000         | 20,000         | 20,000         |
| <b>Net surplus/(deficit) c/fwd.</b>  | <b>20,000</b>  | <b>60,730</b>  | <b>72,610</b>  | <b>20,000</b>  |
| Less surplus to be distributed       | 0              | 40,730         | 52,610         | 0              |
| Working Balance Carried Forward      | 20,000         | 20,000         | 20,000         | 20,000         |

## Appendix B

### Internal Audit Consortium Risk Register

Total Risk Score: Likelihood x Impact. Rating Key:

|           |            |         |
|-----------|------------|---------|
| 0-4 Green | 5-14 Amber | 15+ Red |
|-----------|------------|---------|

| CAUSE  | EFFECT  | ACTIONS UNDERTAKEN TO MITIGATE THE RISK  | CURRENT RISK RATING LIKELIHOOD /RISK IMPACT | FURTHER ACTION REQUIRED/DATE | TARGET RISK RATING LIKELIHOOD /RISK IMPACT/DATE | RISK LEAD                         |
|--|---|--|---|------------------------------|---|-----------------------------------|
| Failure to substantially complete the agreed audit plans | The Internal Audit Consortium Manager can't give an opinion on the controls in place which may lead to external audit undertaking more work or qualified accounts | Quarterly monitoring and reporting of progress to client officers and Audit Committees.<br>£20,000 working balance retained which could be used to fund additional resource if required. | Unlikely/High<br>2 x 4 = 8<br>Amber         | None                         | Unlikely/High<br>2*4 = 8<br>Amber               | Internal Audit Consortium Manager |



|  |  |   |  |   |  |                                   |
|--|--|---|--|---|--|-----------------------------------|
| IA -Failure to undertake work to a satisfactory standard | External audit and section 151 officers can't place reliance on work | All work subject to quality reviews by senior staff. Regular review of compliance with PSIAS. External review of internal audit undertaken October 2016 concludes that the Consortium is compliant with the PSIAS | <b>Highly Unlikely/Medium</b><br>1 x 3 = 3<br><b>Green</b> | Implementation of the action plan arising out of the external review of Internal audit will further enhance the service provided. | <b>Highly Unlikely/Medium</b><br>1 x 3 = 3<br><b>Green</b> | Internal Audit Consortium Manager |
| IA - Insufficient financial resources to fund consortium | Cannot achieve plans   | Joint Board approved the Consortiums budget March 17 for 2017/18  | <b>Unlikely/High</b><br>2 x 4 = 8<br><b>Amber</b>          | None  | <b>Unlikely/High</b><br>2 x 4 = 8<br><b>Amber</b>          | Internal Audit Consortium Manager |
| Loss of data through IT failure                          | Loss of work   | Data stored on each Councils network and subject to their back up and security procedures.  | <b>Unlikely/Medium</b><br>2 x 3 = 6<br><b>Amber</b>        | None  | <b>Unlikely/Medium</b><br>2 x 3 = 6<br><b>Amber</b>        | Internal Audit Consortium Manager |

|                      |  |                           |  |
|----------------------|--|---------------------------|--|
| <b>Report Title:</b> | <b>External Review of Internal Audit (October 2016).</b> | <b>Update August 2017</b> |  |
|                      |  |                           |  |

| Issue Identified   | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented<br>By:        |             | Progress as at end August 2017   |
|--|---|--------|---------------------------------|-------------|--|
|  |   |        | Officer                         | Date        |  |
| <b>RESOURCES</b><br><b>Supervision</b><br>Supervision of an internal audit assignment is not always evidenced within internal audit files. A formal file review document is completed by a supervisor following exit meetings or production of a draft report, with supervision during an audit being conducted through discussion and monthly 121 meetings. | The nominated supervisor should ensure and evidence that active supervision is maintained and documented throughout the assignment process through recording involvement and instructions on the review form.<br><br>A suggested format for diarising supervision which is used within peer providers is attached as Appendix 1 | Part   | IAC Manager/<br>Senior Auditors | On-going    | <b>Complete</b> – review documentation is completed at the end of an audit with any significant issues arising during the audit also being recorded. |
|  | File review forms should be introduced at DDDC as part of a standard approach.  | Y      | IAC Manager                     | Immediate   | <b>Complete</b> – forms introduced   |
| <b>COMPETENCY</b><br><b>Governance and standards</b><br>The Internal Audit Manual is a comprehensive document which refers to the PSIAS but does not   | The Internal Audit Manual could be beneficially improved by referring directly to those PSIAS standards that <b>must</b> be followed and providing  | Y      | IAC Manager                     | August 2017 | <b>Complete</b> – the audit manual has been reviewed and updated and redistributed to staff  |

| Issue Identified  | Recommended Action –<br>Red, Amber Green   | Agreed | To be Implemented<br>By: |                      | Progress as at end August 2017   |
|---|--|--------|--------------------------|----------------------|--|
|   |  |        | Officer                  | Date                 |  |
| sufficiently reference the processes that audit staff should follow in conducting assignments to the various standards. We feel that this would help to elevate the understanding and status of internal audit if the key standards within the PSIAS were fully documented within the document.   | detailed advice regarding expectations, particularly in respect of each area.  |        |                          |                      |  |
| <b>COMPETENCY</b><br><b>Internal Audit Planning</b><br>Whilst planning is based upon a risk model as required by the PSIAS, the process largely depends on an assessment devised by internal audit; this shows a financial bias and the use of different definitions of risk impact to those approved within the Council risk management strategy; rather than reflecting the wider and accepted risk issues being recognised by the Council.<br>There should be a direct and identified link between the internal audit plan content discussed with Audit Committees | a) Audit Plans should be constructed to achieve the objectives of the department as set out in the Internal Audit Charter and the audit planning process designed to reflect the same through transparent alignment with the Council wide approach to risk management.<br><br>b) The internal audit planning process should further identify other sources of assurance that are available and upon which Councils can place reliance. | Y      | IAC<br>Manager           | For 17/18<br>IA Plan | <b>Complete</b> – Audit plans devised following thorough risk analysis and discussion with client officers. The plan details the key risk element and links to the strategic/corporate risk registers.   |
|   |  | Y      | IAC<br>Manager           | August<br>2017       | <b>In progress</b> - IAC Manager to meet with Directors/Heads of Service/ raise at CMT/quarterly Directorate meetings to identify and document other sources of assurance that are available upon which the Council can place reliance. The results of this exercise can then be used to further inform the basis for the internal audit plan. |

| Issue Identified   | Recommended Action –<br>Red, Amber Green   | Agreed | To be Implemented<br>By:              |            | Progress as at end August 2017  |
|--|--|--------|---------------------------------------|------------|---|
|  |  |        | Officer                               | Date       |   |
| <p>which aligns with the Council's risk management systems; beneficially reflecting both identified controls and assurances available. The risk based reasoning for inclusion of the assignment in the audit plan should be evident (why is there a need for independent assurance?) and in turn this should drive the preparation of the terms of reference for each assignment as recorded within the Audit Brief.</p> | <p>c) The starting point for the development of the Audit Brief should be a preliminary discussion with management regarding the inherent and residual risks relevant to the audit area under review. It may aid assignment planning if the management objectives for the area under review were also identified. This should result in the formation of a direct link with the Authority's risk register and the key mitigating controls highlighted, thereby aiding the understanding and ability of members of the Audit Committee to contribute to the assurance agenda.</p> | Y      | IAC<br>Manager/<br>Senior<br>Auditors | April 2017 | <p><b>Complete</b> – Audit Brief updated to record potential risks. Preliminary discussion with management identifies risks and mitigation factors.</p> |

| Issue Identified  | Recommended Action –<br>Red, Amber Green   | Agreed | To be Implemented<br>By: |             | Progress as at end August 2017  |
|---|--|--------|--------------------------|-------------|---|
|   |  |        | Officer                  | Date        |   |
| <b>COMPETENCY</b><br><br><b>Training</b><br>The department has an experienced team of internal audit staff whose training needs are assessed through regular 121 meetings and appraisal and development meetings. Most staff has a relevant qualification, although only the IACM and one other member of staff have a recognised CCAB or IIA certification.<br>The team attend routine meetings of various groups locally and regionally and use is made of dedicated cost effective training that is available.<br>The IACM ensures that available budgets are used to best effect. | a) Consideration should be given to those areas within the training matrix which reflect greatest need for routine mandatory training of a professional or technical nature. These may relate to areas such as Data Protection or health and Safety where it is important for all staff to have a firm understanding or specific training relating to internal audit such as risk based internal audit or reporting.<br><br>b) There is a need for the Consortium to be able to provide assurance relating to IT risks given the increasing complexity of technology and associated controls. It is therefore essential that appropriate professional training is supported for a member of the team or that the service is acquired externally in | Y      | IAC Manager              | On-going    | <p><b>On-going</b> - all audit staff have regular data protection, information security and safeguarding training and undertake corporate training as available/required. Health and safety modules are soon to be added to CBC's learning pool of training modules.</p> <p>Consideration will continue to be given to the provision of other training in relation to technical and professional areas within the confines of the budget available.</p> <p>A risk based internal audit training day has been organised for all internal audit staff on the 17<sup>th</sup> November 2017.</p> |
| Whilst the IA team have identified technology related issues given the nature of cyber risk it is felt that this is a weakness that should be addressed.  |  | Y      | IAC Manager              | As required | <p><b>On-going</b> A discussion has been held with the Head of IT and it is evident that a great deal of assurance can be gained from the external assessment and requirements to meet PSN.</p> <p>The Internal Audit Consortium will continue to review elements of IT during every audit and to conduct specific IT audits.</p> <p>The possibility of utilising external</p>  |

| Issue Identified   | Recommended Action –<br>Red, Amber Green   | Agreed | To be Implemented<br>By: |          | Progress as at end August 2017  |
|--|--|--------|--------------------------|----------|---|
|  |  |        | Officer                  | Date     |   |
|  | order to deliver on the assurance needs of the consortium members.   |        |                          |          | specialist support e.g. DCC or Derby City IT internal auditors will be kept under review.<br><br>June 2017 - Senior Auditors attended a Data Protection and Cyber Security training day |
| <b>COMPETENCY</b><br><br><b>Control evaluation</b><br>The IAC uses the following gradings for the assessment of controls included within the testing schedule.<br><br><b>Good</b> – A few minor recommendations (if any)<br><b>Satisfactory</b> – minimal risk; a few changes identified where changes would be beneficial<br><b>Marginal</b> – a number of areas have been identified for improvement<br><b>Unsatisfactory</b> – Unacceptable risks identified, changes should be made<br><b>Unsound</b> – Major risks identified; fundamental improvements are | The Consortium should consider the merits of moving to expression of the control in environment in the form of:-<br>a) The appropriateness of the control environment having regard to the significance of the risks involved – adequate/inadequate, and<br>b) Whether the control is being consistently applied – effective/ineffective | Y      | IAC Manager              | April 17 | <b>Complete</b> - the audit opinion from 2017/18 will be based on levels of assurance.  |

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|--|--|--------|---------------------------------------|----------|--|
|  |  |        | Officer                               | Date     |  |
| <p>required</p> <p>Our view would be that this represents an overly complex structure for expression of an opinion on the control environment and the nature of the issue identified against which a recommendation will be made. Standard practice is for each control to be assessed in terms of its adequacy and effectiveness, with the subsequent recommendation being graded as risk based (see Delivery 3b/c)</p> |  |        |                                       |          |  |
| <p><b>DELIVERY</b></p> <p><b>Focus on pre-identified controls</b></p> <p>Assignments are dominated by previously identified controls emanating from CIPFA control matrices which are then tested to specified testing levels rather than provide focus on significant risk and associated key controls identified and evaluated as part of the documentation process. Benefits would be achieved</p>                     | <p>Internal audit working papers should focus on major risks to the Council that have been identified and discussed with the auditee.</p> <p>Assignment briefs should therefore reflect assessment of risks as defined within the Councils risk impact definitions and then consider the controls that are required to mitigate that risk within the risk appetite</p> | Part   | IAC<br>Manager/<br>Senior<br>Auditors | On-going | <p><b>On-going</b> – test schedules are reviewed before the commencement of each audit to ensure that they are still relevant and concentrate on the key risk areas.</p> <p>The audit brief has been updated to record the key risks identified at the commencement of the audit</p> |



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|  |  |        | Officer                  | Date     |  |
| through increased focus on agreed “local” key controls relating to the business critical risks and then tested according to the materiality of their contribution to the Council’s risk management framework. Whilst the current testing is robust, documented and well evidenced it may not provide assurance relating to the most significant risks to which the service is exposed.   | of the Council.<br><br>An example risk based Assignment Brief is included as Appendix 2.   |        |                          |          |  |
| <b>DELIVERY</b><br><br><b>Methodology and use of walk-through tests</b><br>For core financial systems, systems documentation exists and is well understood supported by flowcharts, in accordance with para 8.1.1 of the Internal Audit Manual. For other audits whilst it is accepted the system notes exist mostly in the form of notes within the evidence collected, files do not contain an outline of the system as specified in the | a. Auditors should complete at least a system note at the start of each audit in order to outline an overview of the processes being reviewed in order to aid understanding and the structure of the audit and provide an understanding of the system to aid supervision and the efficient conduct of future audits. | Part   | All audit staff          | April 17 | <b>Complete</b> - permanent files are now being set up as each audit is undertaken.<br><br>Sample documentation and system, notes are already routinely placed on file to evidence the processes in place whilst undertaking sample testing. |



| Issue Identified  | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented<br>By: |           | Progress as at end August 2017                          |
|---|---|--------|--------------------------|-----------|---|
|   |   |        | Officer                  | Date      |   |
| internal audit manual as stage 4 of the above and there is therefore a reliance on previously constructed testing schedules to define the scope of the audit. As the risk environment, service provision, staff in post and therefore systems change it is considered important that each audit commences with providing a documented oversight of the component parts of the system in which key controls that are to be relied upon for the purposes of providing an opinion are documented and tested using a walk through test. | b. The internal audit manual should specify the minimum standards requirements for file structure and content for electronic files in order to aid supervision. These may be planning and communication, systems documentation and identified procedures, fieldwork (control summaries supported by testing and evidence) and reporting. (Refers to section 9.3.3 of the internal audit manual) | Y      | IAC<br>Manager           | August 17 | <b>Complete</b> – file structures have been established |

| Issue Identified   | Recommended Action –<br>Red, Amber Green   | Agreed | To be Implemented<br>By:        |          | Progress as at end August 2017   |
|--|--|--------|---------------------------------|----------|--|
|  |  |        | Officer                         | Date     |  |
| <b>DELIVERY</b><br><br><b>Audit Opinions - Recommendations</b><br>These are currently developed and assessed by each internal auditor, and reviewed by the Audit Manager prior to release of the draft report (sometimes subsequent to discussion of findings at an 'exit meeting' at which the grading of recommendations may have been discussed). This system relies on personal judgement related to 'Priority' for which no definition exists to articulate the meaning of High, Medium or Low.<br>The definitions used by internal audit to support opinions therefore lack clarity and should be more closely linked with each Authority's risk appetite and the definitions of impact risk being used to embed risk management thinking within the organisation. The basis for grading of recommendations should as a result influence the overall | a) Audit supervisors should formally agree the grading of recommendations prior to the conduct of exit meetings.   | Y      | IAC Manager/<br>Senior Auditors | On-going | <b>Complete</b> – this is already done as a matter of routine during the file review stage.  |
|  | b) Risk definitions used by internal audit should be developed to reflect the risk appetite within each organisation, and the definitions of impact and likelihood used by the Council. These should be used by each internal auditor to grade the recommendation and discuss the level of risk to which the organisation is exposed with each auditee at the exit meeting | Y      | IAC Manager                     | April 17 | <b>Complete</b> - Definitions have been developed for High, Medium and Low internal audit recommendations linked to risk. This will aid in reducing subjectivity and increase consistency. |

| Issue Identified  | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented |             | Progress as at end August 2017  |
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|   |   |        | Officer           | By:<br>Date |   |
| <p>opinion for each audit directly, for example if a risk falling into a definition of the highest category is identified (potential for death, loss greater than £500k) then the assurance level given is reduced. Any risk of this nature should automatically trigger a negative audit opinion of 'limited assurance'.</p> | <p>c) Consideration should be given to removing the need to include 'low' rated recommendations in formal audit reports; alternatively reflecting on these in a side letter to the manager. This would aid the profile of internal audit through concentrating on things that really matter in relation to significant risk as defined within risk management policies.</p> | N      |                   |             | <p>This approach would lead to the risk that low priority recommendations are not even considered by managers. Managers can already disagree recommendations if they feel the risk is too low given the resource available etc.<br/>It is up to managers to set the risk appetite of the Council.</p> |

| Issue Identified  | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented<br>By: |          | Progress as at end August 2017   |
|---|---|--------|--------------------------|----------|--|
|   |   |        | Officer                  | Date     |  |
| <p><b>DELIVERY</b></p> <p><b><i>Audit Opinions - Overall opinions</i></b></p> <p>These are currently based upon the personal judgement of each auditor, within the definitions specified as relating and subject to review by the supervisor and IACM of the draft report prior to release.</p> <p>The overall opinion also appears to be loosely based on the aggregate number of recommendations made and not the level of risk identified. The current is for the opinion to reflect the reliability of the internal controls operating in the system / area reviewed was assessed as good* / satisfactory* / marginal* / unsatisfactory* / unsound*.</p> <p>Wider best practice provides for three levels of opinion being substantial, adequate or limited as this provides a clearer indication to stakeholders of the level of assurance that can be gained. This opinion can then be aligned directly with the nature of the risks being identified and the</p> | <p>a) The grading of recommendations should be based upon the level of risk exposure identified within the review and reflect the highest ranked recommendation being reported upon.</p> <p>Best practice would reflect:</p> <ul style="list-style-type: none"> <li>- Where a fundamental risk (red) is identified that no/limited assurance is given.</li> <li>- Where significant risks (amber) are identified then adequate assurance is given, and</li> <li>- Where 'merits attention' (green) risks are identified these are not referred to in the report and substantial assurance is given</li> </ul> | Part   | IAC Manager              | April 17 | <p><b>Complete</b> - Definitions have been developed for the use of High, Medium and Low when grading recommendations. This will help to ensure consistency based on levels of risk.</p> |

| Issue Identified                             | Recommended Action –<br>Red, Amber Green | Agreed | To be Implemented<br>By: | Progress as at end August 2017 |
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|  |  |        | Officer                  |                                |
|  |  |        | Date                     |                                |
| grading of those recommendations being made. |  |        |                          |                                |

| Issue Identified   | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented<br>By: |          | Progress as at end August 2017  |
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|  |   |        | Officer                  | Date     |   |
|  | b) Reducing the levels of opinion to three would provide a clearer indication of the assurance being provided and represent a more straight-forward approach for internal audit staff to administer.  | Part   | IAC<br>Manager           | April 17 | <b>Complete</b> – The levels of opinion have been considered by the Internal Audit Consortium Manager, Client Officers and each Audit Committee and reduced to four. This will be implemented from 2017/18.   |
| <b>DELIVERY</b><br><b>Report format</b><br>The Consortium currently provides a detailed report which is then summarised appropriately to inform other meetings within the Council at Officer and Member levels.<br>It would not be appropriate to comment negatively on this approach particularly as positive feedback regarding internal audit performance can be seen in the return of satisfaction surveys | The Consortium should consider whether focusing on risk as a basis for reporting would allow movement towards an ‘executive summary’ approach which highlights only significant risks.<br>This may help further build the profile of internal audit and allow greater efficiency within the team through reducing the time consumed in report production and clearance. | N      |                          |          | Managers have not liked this approach in the past as reports were seen as focusing purely on the negative.<br><br>Current feedback from customer satisfaction surveys on the current reporting style is positive.<br><br>Where a marginal or worse conclusion is reached the main issues / risks will be summarised in a paragraph under the conclusion. The majority of reports are already short. |

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|  |  |        | Officer                  | Date     |  |
| <p>during 2016/17 and was gained in meetings with officers as part of the EQA.</p> <p>However, internal audit reports are 'lengthy' and in developing an increasingly risk based approach consideration could be given to moving to an exceptions based executive summary highlighting significant risks.</p>  |  |        |                          |          |  |
| <p><b>DELIVERY</b></p> <p><b>Auditee feedback</b></p> <p>At the time of the review feedback questionnaires had been received in respect of 24 audits undertaken during 2016/17, all received scores in excess of 80% with the only areas showing as requiring improvement relating to:-</p> <ul style="list-style-type: none"> <li>- Were recommendations practical and useful, and</li> <li>- Sufficient to remedy weaknesses identified in the report</li> </ul> | <p>The IACM should continue to monitor feedback as it moves towards an increasingly risk focused so that as changes are made to internal audit practices; these can be aligned with improvements in the way internal audit value is perceived.</p> | Y      | IAC Manager              | March 18 | <p><b>On-going</b> - All customer satisfaction surveys are reviewed with a view to taking on board any learning points.</p> <p>Surveys are also used as a discussion point with Auditors at EPD's and 1:1's</p> <p>As the Consortium further develops risk based auditing the customer satisfaction survey will be reviewed to ensure that it is still collecting relevant feedback.</p> |

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|---|---|--------|--------------------------|-----------------------|--|
|   |   |        | Officer                  | Date                  |  |
| <b>DELIVERY</b><br><br><b>Annual Report</b><br>The IACM produces an Annual Audit report which summarises the years' work and includes an analysis of performance. The opinion reflects 'In respect of the main financial systems, Appendix 1 shows that internal controls were found to be operating satisfactorily or well, giving an overall confidence in the internal control system operating in relation to these systems'.<br>The form required by the PSIAS requires a wider statement which 'must also include significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by senior management and the board'. | In alignment with recommendations made earlier the internal audit plan should be constructed so that the IACM is able to provide a wider assurance to each Authority in support of the governance statement.<br>Best practice is that the Annual Report should also contain reference to all significant risks and therefore co-ordination with and an understanding of issues being raised the range of assurances available is essential in order to meet this broader scope.<br><br>In this way the Annual report can be used to support the Council's Governance Statement. | Y      | IAC Manager              | 2016/17 audit opinion | <b>Complete</b> - the 2016/17 audit opinion refers to other significant risks as detailed in strategic risk registers. |
| <b>DELIVERY</b><br><br><b>Reports produced by the IACM</b><br>It is considered good practice that the IACM is involved in   | In circumstances where the IACM undertakes a review personally arrangements should be made for a second person review of the  | Y      | Senior Auditors          | Immediate             | <b>Complete</b> – A senior Auditor now reviews any audits undertaken by the IACM                                       |



| Issue Identified  | Recommended Action –<br>Red, Amber Green  | Agreed | To be Implemented              |             | Progress as at end August 2017                       |
|---|---|--------|--------------------------------|-------------|--|
|   |   |        | Officer                        | By:<br>Date |  |
| conducting assignments particularly in relation to high risk areas but in such circumstances appropriate arrangements should be made for 'supervision' and clearance of reports.  | file.   |        |                                |             |  |
| <b>DELIVERY</b><br><b>Derbyshire Dales DC</b><br>Whilst it is recognised that arrangements for this Council are outside of the core Consortium arrangements. It would be beneficial for the established internal audit processes contained within the Internal Audit Manual to be applied as this will aid consistency of approach, training and supervision. | Standardised procedures should be implemented regarding:<br><ul style="list-style-type: none"> <li>- The use of Audit Briefs,</li> <li>- Working paper review, and</li> <li>- The approach to IT audit</li> </ul> | Y      | IAC Manager and Senior Auditor | Immediate   | <b>Complete</b> – standardised procedures are in use |

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**RECORD OF EXECUTIVE DECISIONS – JOINT WORKING**

|   |                                   |     |  |                                 |                                       |     |
|---|-----------------------------------|-----|--|---------------------------------|---------------------------------------|-----|
| CBC:DEPUTY LEADER<br><br>BDC: LEADER<br><br>NEDDC:LEADER  |                                   |     |  | Date of Decision<br>12.09.2017  |                                       |     |
| Title Reference: Minutes  |                                   |     |  |                                 |                                       |     |
| Key Decision References (if applicable):<br>CBC: N/A<br>BDC: N/A<br>NEDDC: N/A  |                                   |     | Delegation<br>Reference:                   |                                 | CBC: R080L<br>BDC:<br>NEDDC:          |     |
| Report and background papers  |                                   | Yes | Public <input checked="" type="checkbox"/> | Exempt <input type="checkbox"/> | Confidential <input type="checkbox"/> |     |
| Decision<br>Status  | Notice of Key or Private Decision |     | Authorised By: N/A                         |                                 |                                       |     |
|   | General Urgency                   |     |  |                                 |                                       | N/A |
|   | Special Urgency                   |     |  |                                 |                                       | N/A |
|   | Exempt Urgency                    |     |  |                                 |                                       | N/A |
| Record of Decision:<br><br>That the notes and the Record of Decisions of the Joint Board meeting held on 13 March, 2017 be noted.           |                                   |     |  |                                 |                                       |     |
| Reasons for Decision:<br><br>To note progress on joint working.   |                                   |     |  |                                 |                                       |     |
| Alternative options considered and rejected (if any):<br>N/A  |                                   |     |  |                                 |                                       |     |
| Declarations of interests: None   |                                   |     |  |                                 |                                       |     |
| Decision subject to call-in: No<br>Date of implementation if not called in: N/A   |                                   |     |  |                                 |                                       |     |
| Date Record Issued: 12.09.2017<br>Contact Officer: Joel Hammond-Gant, Chesterfield Borough Council<br>joel.hammond-gant@chesterfield.gov.uk |                                   |     |  |                                 |                                       |     |

|   |                                   |  |                                 |                                       |                              |
|---|-----------------------------------|--|---------------------------------|---------------------------------------|------------------------------|
| CBC:DEPUTY LEADER   |                                   |  |                                 | Date of Decision<br>12.09.2017        |                              |
| BDC: LEADER   |                                   |  |                                 |                                       |                              |
| NEDDC:LEADER  |                                   |  |                                 |                                       |                              |
| Title Reference: Internal Audit Consortium – Annual Report 2016/17  |                                   |  |                                 |                                       |                              |
| Key Decision References (if applicable):<br>CBC: N/A<br>BDC: N/A<br>NEDDC: N/A  |                                   |  | Delegation<br>Reference:        |                                       | CBC: R080L<br>BDC:<br>NEDDC: |
| Report and background papers  | Yes                               | Public <input checked="" type="checkbox"/> | Exempt <input type="checkbox"/> | Confidential <input type="checkbox"/> |                              |
| Decision<br>Status  | Notice of Key or Private Decision |  |                                 | Authorised By: N/A                    |                              |
|   | General Urgency                   |  | N/A                             |                                       |                              |
|   | Special Urgency                   |  | N/A                             |                                       |                              |
|   | Exempt Urgency                    |  | N/A                             |                                       |                              |
| Record of Decision:   |                                   |  |                                 |                                       |                              |
| That the annual report of the Internal Audit Consortium be approved.  |                                   |  |                                 |                                       |                              |
| Reasons for Decision:   |                                   |  |                                 |                                       |                              |
| To enable the Joint Board to consider and approve the 2016/17 Annual Report of the Internal Audit Consortium.                               |                                   |  |                                 |                                       |                              |
| Alternative options considered and rejected (if any):<br>N/A  |                                   |  |                                 |                                       |                              |
| Declarations of interests: None   |                                   |  |                                 |                                       |                              |
| Decision subject to call-in: Yes<br>Date of implementation if not called in: 19.09.2017   |                                   |  |                                 |                                       |                              |
| Date Record Issued: 12.09.2017<br>Contact Officer: Joel Hammond-Gant, Chesterfield Borough Council<br>joel.hammond-gant@chesterfield.gov.uk |                                   |  |                                 |                                       |                              |

## **Notes to Record of Decision (Joint Working):**

### **CBC - CALL-IN REQUESTS**

*The implementation of certain decisions is suspended until the call-in period has expired without a call-in being validly invoked. Any Member of the Council shall be entitled to call for a decision to be suspended by giving notice to the Head of Governance, as Monitoring Officer either by telephone, fax, email or in writing **not later than 5.00 pm on the day following the date of the Joint Board meeting.** Any decisions so suspended shall not be capable of implementation for a period of **five calendar days** from the date of the Joint Board meeting. During the call-in period a request may be made in respect of any decision so suspended by not less than one quarter of the total membership of the Overview and Performance Scrutiny Committee. To do this you will need to notify the Monitoring Officer in writing, by fax or by email by 5.00 pm on the date being five days following the day of the Joint Board meeting.*

### **BDC - CALL-IN REQUESTS**

*The implementation of certain decisions is suspended until the call-in period has expired without a call-in being validly invoked. The call-in period is **nine working days** from the date of this decision. During the call-in period **at least three** members may request certain decisions to be called in. You may do this in any of the following ways - In writing - a written notice may be signed by one or more Members, or By telephone - in order to safeguard the integrity of the system, Members may only call in by telephone on their own behalf, • E mail - this may be done using a Members terminal within the Council Offices or where a member has the facility via the internet, • By fax - as with written notifications, the faxed message may contain the signature of more than one Member, • In person. Democratic Services Officers who are authorised to accept notifications from Members.*

### **NEDDC - CALL-IN REQUESTS**

*The implementation of certain decisions is suspended until the call-in period has expired without a call-in being validly invoked. The call-in period is **five working days** after the publication of this decision. During the call-in period the **Chair and Vice Chair together with three other members of any Overview and Scrutiny committee** may object to a decision and call it in.*