

Annual governance report

Somerset Primary Care Trust

Audit 2010/11

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Contents

Key messages	3
Audit opinion	3
Financial statements	3
Internal control environment	4
Value for money	4
Independence	4
Next steps	5
Financial statements	6
Value for money	8
Securing financial resilience	8
Securing economy, efficiency and effectiveness	9
Transition to GP Commissioning Consortium (GPCC)	10
Payment by results	11
Appendix 1 Draft independent auditor's report to the Board of Directors of Somerset Primary Care Trust	13
Appendix 2 Amendments to the draft financial statements	17
Appendix 3 Draft letter of representation	18
Appendix 4 Glossary	20

Ladies and Gentlemen

2010/11 Annual Governance Report

I am pleased to present the results of my audit work for 2010/11.

I discussed and agreed a draft of my report with the Director of Finance and Performance on 20 May 2011.

My report sets out the key issues that you should consider before I complete the audit.

It asks you to:

- consider the matters raised in the report ;
- note the adjustments to the financial statements set out in this report (appendix 2); and
- note the letter of representation on behalf of the Primary Care Trust before I issue my opinion and conclusion (Appendix 3).

Yours faithfully

Simon Garlick
District Auditor

25 May 2011

Key messages

This report summarises the findings from the 2010/11 audit which is substantially complete. It includes the messages arising from my audit of your financial statements and the results of the work I have undertaken to assess your arrangements to secure value for money in your use of resources.

Table 1: **Key messages - financial statements**

Financial statements	Results	Page
Unqualified audit opinion	Yes	6
Important weaknesses in internal control	None	

Table 2: **Key messages - value for money**

Value for money	Result	Page
Proper arrangements to secure value for money	Yes	8

Audit opinion

1 Following the satisfactory conclusion to any outstanding issues, I propose to issue an unqualified opinion upon your financial statements in the form set out in Appendix 1.

Financial statements

2 The financial statements were presented for audit in a timely manner having been submitted to the Department of Health before the submission deadline. The statements are supported by good working papers. The finance staff should again be commended for their accounts preparation and the manner in which they engaged with us during the audit.

Internal control environment

3 I have considered aspects of your internal control environment relevant to our audit. I have not identified any issues that need to be brought to your attention.

Value for money

4 I propose to issue an unqualified Value for Money conclusion in the form set out in Appendix 1.

Independence

5 I can confirm that I have complied with the Audit Practice Board's ethical standards for auditors, including ES 1 (revised) - Integrity, Objectivity and Independence. I can also confirm there were no relationships resulting in a threat to independence, objectivity and integrity.

6 The Audit Commission's Audit Practice has not undertaken any non-audit work for Somerset PCT during 2010/11.

Next steps

This report identifies the key messages that you should consider before I issue my financial statements opinion, value for money conclusion and audit closure certificate. It includes only matters of governance interest that have come to my attention in performing my audit. My audit is not designed to identify all matters that might be relevant to you.

7 I ask the Audit Committee to:

- consider the matters raised in the report;
- note the adjustments to the financial statements set out in this report (Appendix 2); and
- note the letter of representation on behalf of the Primary Care Trust before I issue my opinion and conclusion (Appendix 3).

Financial statements

The PCT's financial statements and statement on internal control are important means by which the PCT accounts for its stewardship of public funds. As Board members you have final responsibility for these statements. It is important that you consider my findings before you adopt the financial statements and the annual governance statement.

Opinion on the financial statements

8 Subject to satisfactory clearance of outstanding matters, I plan to issue an audit report including an unqualified opinion on the financial statements. Appendix 1 contains a copy of my draft audit report.

Key areas of judgement and audit risk

9 In planning my audit I identified specific risks and areas of judgement that I have considered as part of my audit.

Table 3: **Key areas of judgement and audit risk**

Issue or risk	Finding
Demand pressures on the PCT's budget may lead to material misstatements of accruals and provisions within the PCT's financial statements in the categorisation of expenditure.	I have carried out testing of year-end journals and transactions and gained assurance the financial statements are materially correct.
The capital programme for 2010/11 includes funding for two major building projects. Minehead Community Hospital, completed in 2010/11 and South Petherton Community Hospital in 2011/12.	I have tested the expenditure incurred on these projects during the year and found it to be correctly reported in the accounts.

Issue or risk	Finding
Local Counter Fraud Service investigations have found fraudulent exemption claims for Opticians, Prescription and Dental charges are being made. This has resulted in a loss of income to the PCT.	I concluded the PCT has effective controls in place to identify fraudulent claims and recover income due.

Errors in the financial statements

10 I have found two non-trivial errors from my audit work on the 2010/11 financial statements, which the PCT has corrected in the accounts:

- The incorrect posting of a payables balance of £1,218,536 to the prepayment account included in the trade and other receivables balance. This has resulted in an understatement of prepayments and a corresponding understatement of trade payables in the statement of financial position.
- The valuation of non-current assets held for sale at net book value in the statement of financial position is incorrectly shown as £2,136,000. Assets held for sale should be valued at the market value provided by the District Valuer of £1,660,000. The resulting reduction in valuation of £476,000 should be charged to the revaluation reserve.

11 These adjustments are set out in Appendix 2.

Quality of your financial statements

12 I consider aspects of your accounting practices, accounting policies, accounting estimates and financial statement disclosures. There are no matters I wish to bring to your attention.

Letter of representation

13 Before I issue my opinion, auditing standards require me to ask you and management for written representations about your financial statements and governance arrangements. Appendix 3 contains the draft letter of representation.

Value for money

I am required to conclude whether the PCT put in place proper corporate arrangements for securing economy, efficiency and effectiveness in its use of resources.

This is known as the value for money conclusion.

14 I assess your arrangements to secure economy, efficiency and effectiveness in your use of resources against two criteria specified by the Audit Commission. My conclusion on each area is shown below.

Criteria	Met
The organisation has proper arrangements for securing financial resilience.	Yes
The organisation has proper arrangements for securing economy, efficiency and effectiveness.	Yes

15 I intend to issue an unqualified conclusion stating that the PCT had adequate arrangements to secure economy, efficiency and effectiveness in the use of resources. Appendix 1 contains the wording of my draft report.

Securing financial resilience

Financial governance

16 The performance management process ensures delivery of the local delivery plan. External evaluation by consultants and World Class Commissioning (WCC) evaluation provide assurance of a well run organisation. The Board continues to receive comprehensive and useful monthly finance and performance reports, these outline the key performance issues and risks to corporate performance, incorporating the key performance measures.

17 The Audit Committee is effective and comprehensive agendas for meetings are prepared. The Committee considers all external and internal audit reports and monitors progress and actions to ensure issues are addressed. Its effectiveness could be further improved through inviting a more diverse selection of officers to present and discuss relevant issues.

Financial planning

18 The PCT has developed a Strategic Framework for Improving Health in Somerset for 2010/11 to 2014/15. This informs the PCT's investment decisions and demonstrates assessment of the needs of the population of Somerset; commissioning innovative services to drive improvements in health outcomes. The PCT has a sound underlying financial position and this financial framework sets out plans for the development of health services across Somerset.

19 The PCT produced a Local Delivery Plans and Operational Plans for 2010/11 and 2011/12, setting out the work programme and major investments required to deliver national and local priorities. It also incorporates a financial framework, setting out the sources of funds and how these will be used. The Annual Operating Plan 2010/11 was delivered and a sound financial position in 2010/11 maintained, reporting an underspend of £7,965,000 to be returned to the PCT 2011/12.

20 Longer term financial modelling assesses the wide ranging impacts of the Quality, Innovation, Productivity and Prevention (QIPP) programme. The QIPP programme sets an opportunity savings target for Somerset of £181 million savings in the years 2011/12 to 2014/15. Additionally the PCT is expected to meet local financial performance targets agreed with the SHA. With the introduction of QIPP financial modelling and accountability will need to be redesigned to deliver the new programme of cost reductions and improve patient pathways for the delivery of healthcare in Somerset.

Financial control

21 The PCT's monitoring and forecasting of the financial position is continually being improved. Forecasting has historically been good and corrective action taken where necessary to ensure the target budget is delivered. As the PCT gradually hands over responsibility to the emerging GP Consortia it will be crucial to ensure that such controls remain effective.

Securing economy, efficiency and effectiveness

Prioritising resources

22 Performance management arrangements in place are working well with the cost improvement programme reported regularly to the Board.

23 The PCT financial decisions are based on robust information. The quality of information at the PCT is good. The PCT has identified opportunities for operational as well as capital efficiency, for example in the strategic plan. Disinvestment opportunities are incorporated in the financial plan and outcomes are benchmarked against national best practice.

24 The PCT is clear about the implications of decreases in spending and how this affects care pathways. As part of QIPP the PCT is actively managing changes in funding and working with partners and providers.

Improving efficiency and productivity

25 Since the formation of the PCT, significant improvements have been made to data quality and performance management systems. Data quality and information to support commissioning has continued to be of a good quality.

26 The PCT displays many innovative approaches to delivering services. For example economies in procurement are being achieved through the Peninsula Purchasing and Supply Alliance, shared ICT costs and resources through the Somerset Health Informatics Service, and general ledger and payment services through the Shared Business Service.

27 The PCT sets itself challenging targets, commended through the last WCC assessment. The capital development of community hospitals has resulted in commissioning three new hospitals to upgrade current facilities in towns across Somerset. The PCT has developed funding scenarios to support the delivery of its five year plan.

28 Under the national Transforming Community Services (TCS) programme, it is proposed Somerset Community Health (SCH) is to be acquired by Somerset Partnership NHS Foundation Trust. SCH is being maintained as an Arms Length Organisation under a management contract with the PCT prior to Monitor's approval. In the meantime, the PCT is taking appropriate action to ensure the transition takes place smoothly and staff kept fully informed.

29 My cost improvement plan (CIPS) review confirms the PCT as a high performer and is making arrangements to redesign care pathways to deliver QIPP. The County Council has agreed to integrate QIPP initiatives in its business plans for 2011/12. The QIPP action plans are being aligned with the operational plans of all partners. There are continuing contractual negotiations with the two main acute hospitals about proposals to decommission some services and to set up related changes in patient pathways.

Transition to GP Commissioning Consortium (GPCC)

30 A Functions and Delegation Committee oversees the transition process for the transfer of responsibilities from the PCT to other organisations, including the GPCC. This is in line with the proposals set out in the 'White Paper: Equity and Excellence – Liberating the NHS'. An election has taken place to form an interim GPCC and three existing PCT directors have been seconded to join their Board.

31 The PCT will support the interim GPCC in preparation for the accreditation to ensure it is 'fit for purpose'. The PCT will help shape the process of transferring some of the larger commissioning roles, such as the acute providers. The PCT remains committed to preserve flexibility during the transfer of roles to the GPCC. During the period of change flexible planning is required, maintaining a careful balance between enough preparation and flexible decision making.

32 The PCT unlike may others, is not clustering with another body. Managerially the PCT remains strong, keeping the same senior management for a number of years. Throughout the transition, there is a need to keep enough skilled staff to closedown and transfer responsibilities effectively, while ensuring the statutory responsibilities and QIPP are delivered. The cluster will need to ensure a sound and equitable basis for identification of staff appointments and during the transition period, maintain effective communication with stakeholders and staff.

33 Implementation remains the critical success factor to the proposed healthcare reforms. Currently there are correct processes in place to ensure statutory responsibilities are met. However, ensuring that such processes continue to operate, in such a fast changing environment remains a challenge. This includes ensuring decisions are free from bias and provide effective support and choices that represent good value for money.

Payment by results

34 As part of this year's audit we have supplemented the Audit Commission's audit of clinical coding at provider trusts and reference cost data with a review of the arrangements established by Somerset PCT under the Payment by Results (PbR) Data Assurance Framework.

35 The review of PCT arrangements is important and timely. The Operating Framework for the NHS in England 2011/12 places an emphasis on improving contracting and the quality of data supplied by providers. Undertaking this work will help PCTs and commissioners identify where they can strengthen arrangements to improve provider data quality.

36 The objective of this work is to give assurance that the quality of data underpinning PbR contracts is good and the arrangements in place to support this are effective. The work will help improve contract management between the PCT and acute providers. The paragraphs below summarise our findings.

Accountability for improving data

37 The PCT has met minimum requirements and is performing adequately. The PCT systems produce data validation reports, which flag poor provider data quality such as omission or duplication. The systems generate clear reports detailing the issues on a case by case basis, which the PCT share with the provider for action and resolution.

38 Roles and responsibilities of management and operational staff, in relation to provider data quality are clearly defined and documented in the PCT Data Quality Policy and in job descriptions. Staff objectives include the improvement of data quality and actions required for achievement.

39 Data quality issues with providers and data quality issues in general have recently been reported in the risk register (from) March 2011.

Quality of data

40 The PCT is performing well, consistently above the minimum requirements. The provider contracts set out the agreement about the quality of data that must be supplied to the PCT by providers. As and when data anomalies occur, performance/information/commissioner team personnel liaise with key contacts to resolve and improve data quality. The PCT shares issues and actions with other commissioners.

Engagement with GPs

41 The PCT is performing well, consistently above the minimum requirements. Data Quality assurance was an intrinsic part of the work Somerset (with support from United Health) during its year as a national pilot for PBC information in 2008.

42 Every GP has on line access to the dash board covering budget, activity and financial performance. Dash board training sessions have been delivered to GP's. GP's regularly review the output, raising queries with the PCT for referral back to the provider for clarification or amendment. GP's are represented and have leads on the Practice Based Commissioning Group and the PEC.

Sharing of provider data

43 The PCT is performing well, consistently above the minimum requirements. Source data is validated to produce the GP dashboard, contract monitoring reports, benchmarking tools to inform QIPP and the cost improvement plan. Flexible reporting tools are used to present data in different formats to different users and to make the information easy to interpret. Provider information systems are regularly reviewed and additional requirements are included in annual contracts. Data is benchmarked against trends and other activity to improve data quality.

Follow up of PbR queries and audit recommendations

44 The PCT has met minimum requirements and is performing adequately. PbR assurance action plans are monitored through contract monitoring meetings and the Audit Committee. However, there are a number of agreed actions still to be completed. We recommend processes agreed in audit action plans are implemented promptly.

45 The PbR assurance audit remit includes arrangements for data checking and validation at providers. Additionally, when data quality issues arise, investigations take place to understand whether data is reliable. Where weaknesses are identified the PCT agrees to further audit/checking/validation processes to address the issue.

Appendix 1 Draft independent auditor's report to the Board of Directors of Somerset Primary Care Trust

I have audited the financial statements of Somerset Primary Care Trust for the year ended 31 March 2011 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies. I have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes; and
- the table of pension benefits of senior managers and related narrative notes.

This report is made solely to the Board of Directors of Somerset Primary Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to audit the accounting statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. I read all the information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Opinion on regularity

In my opinion, in all material respects the expenditure and income have been applied to the purposes intended by parliament and the financial transactions conform to the authorities which govern them.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of Somerset Primary Care Trust's affairs as at 31 March 2011 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report subject to audit has been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the Statement on Internal Control on which I report to you if, in my opinion the Statement on Internal Control does not reflect compliance with the Department of Health's requirements.

Conclusion on the PCT's arrangements for securing economy, efficiency and effectiveness in the use of resources

Trust's responsibilities

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities

I am required under Section 5 of the Audit Commission Act 1998 to satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires me to report to you my conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

I report if significant matters have come to my attention which prevent me from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. I am not required to consider, nor have I considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Basis of conclusion

I have undertaken my audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2010, as to whether the Trust has proper arrangements for:

- securing financial resilience; and
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for me to consider under the Code of Audit Practice in satisfying myself whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2011.

I planned my work in accordance with the Code of Audit Practice. Based on my risk assessment, I undertook such work as I considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of my work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2010, I am satisfied that, in all significant respects, Somerset Primary Care Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2011.

Certificate

I certify that I have completed the audit of the accounts of Somerset Primary Care Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Simon Garlick
District Auditor
Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire SO50 6AB

June 2011

Appendix 2 Amendments to the draft financial statements

I identified the following misstatements during my audit and management have adjusted the financial statements. I bring them to your attention to help you in fulfilling your governance responsibilities.

Table 4:

Adjusted mis-statement	Statement of comprehensive income		Statement of financial position	
	Dr £'000	Cr £'000	Dr £'000	Cr £'000
Description	Account entry and value			Account entry and value
Prepayments			1,218	
Trade payables				1,218
Assets held for sale				476
Revaluation Reserve			476	

Appendix 3 Draft letter of representation

Simon Garlick
District Auditor
Audit Commission
Collins House
Bishopstoke Road
Eastleigh
Hampshire
SO50 6AB

1 June 2011

Somerset Primary Care Trust - Audit for the year ended 31 March 2011

I confirm to the best of my knowledge and belief, having made appropriate enquiries of other directors of Somerset Primary Care Trust, the following representations given to you in connection with your audit of the PCT's financial statements for the year ended 31 March 2011.

Compliance with the statutory authorities

I have fulfilled my responsibility under the relevant statutory authorities for preparing the financial statements in accordance with the NHS Manual for Accounts which give a true and fair view of the financial position and financial performance of the PCT, for the completeness of the information provided to you, and for making accurate representations to you.

Supporting records

All relevant information and access to persons within the entity has been made available to you for the purpose of your audit, and all the transactions undertaken by Somerset Primary Care Trust have been properly reflected and recorded in the financial statements.

Irregularities

I acknowledge my responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud or error.

I also confirm that I have disclosed:

- my knowledge of fraud, or suspected fraud, involving either management, employees who have significant roles in internal control or others where fraud could have a material effect on the financial statements;
- my knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others; and
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Law, regulations, contractual arrangements and codes of practice

I have disclosed to you all known instances of non-compliance, or suspected non-compliance with laws, regulations and codes of practice, whose effects should be considered when preparing financial statements.

Transactions and events have been carried out in accordance with law, regulation or other authority. The PCT has complied with all aspects of contractual arrangements that could have a material effect on the financial statements in the event of non-compliance.

All known actual or possible litigation and claims, whose effects should be considered when preparing the financial statements, have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

In all material respects, the expenditure and income recognised in the financial statements has been applied to purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Accounting estimates including fair values

I confirm the reasonableness of the significant assumptions used in making the accounting estimates, including those measured at fair value.

Related party transactions

I confirm that I have disclosed the identity of Somerset Primary Care Trust related parties and all the related party relationships and transactions of which I am aware. I have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirement of the framework.

Subsequent events

All events subsequent to the date of the financial statements, which would require additional adjustment or disclosure in the financial statements, have been adjusted or disclosed.

Signed on behalf of Somerset Primary Care Trust

I confirm that this letter has been discussed and agreed by the PCT Board on 1 June 2011.

Ian Tipney
Chief Executive
1 June 2011

Appendix 4 Glossary

Audit closure certificate

A certificate that I have completed the audit following statutory requirements. This marks the point when I have completed my responsibilities for the audit of the period covered by the financial statements.

Audit opinion

On completion of the audit of the financial statements, I must give my opinion on the financial statements, including:

- whether they give a true and fair view of the financial position of the audited body and its spending and income for the year in question; and
- whether they have been prepared properly, following the relevant accounting rules.

Opinion

If I agree that the financial statements give a true and fair view and that the spending and income was regular, I issue an unqualified opinion. I issue a qualified opinion if:

- I find the statements do not give a true and fair view; or
- I cannot confirm that the statements give a true and fair view; or
- I find that some spending or income was irregular.

Materiality (and significance)

The APB defines this concept as ‘an expression of the relative significance or importance of a particular matter for the financial statements as a whole. A matter is material if its omission would reasonably influence users of the financial statements, such as the addressees of the auditor’s report; also a misstatement is material if it would have a similar influence. Materiality may also be considered for any individual primary statement within the financial statements or of individual items included in them. We cannot define materiality mathematically, as it has both numerical and non-numerical aspects’.

The term ‘materiality’ applies only to the financial statements. Auditors appointed by the Commission have responsibilities and duties under statute, as well as their responsibility to give an opinion on the financial statements, which do not necessarily affect their opinion on the financial statements.

‘Significance’ applies to these wider responsibilities and auditors adopt a level of significance that may differ from the materiality level applied to their audit in relation to the financial statements. Significance has both qualitative and quantitative aspects.

Weaknesses in internal control

A weakness in internal control exists when:

- a control is designed, set up or used in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements quickly; or
- a control necessary to prevent, or detect and correct, misstatements in the financial statements quickly is missing.

An important weakness in internal control is a weakness, or a combination of weaknesses that, in my professional judgement, are important enough that I should report them to you.

Value for money conclusion

The auditor's conclusion on whether the audited body has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources based on criteria specified by the Audit Commission.

The Code of Audit Practice defines proper arrangements as corporate performance management and financial management arrangements that form a key part of the system of internal control. These comprise the arrangements for:

- planning finances effectively to deliver strategic priorities and secure sound financial health;
- having a sound understanding of costs and performance and achieving efficiencies in activities;
- reliable and timely financial reporting that meets the needs of internal users, stakeholders and local people;
- commissioning and buying quality services and supplies that are tailored to local needs and deliver sustainable outcomes and value for money;
- producing relevant and reliable data and information to support decision making and manage performance;
- promoting and displaying the principles and values of good governance;
- managing risks and maintaining a sound system of internal control;
- making effective use of natural resources;
- managing assets effectively to help deliver strategic priorities and service needs; and
- planning, organising and developing the workforce effectively to support the achievement of strategic priorities.

If I find that the audited body had adequate arrangements, I issue an unqualified conclusion. If I find that it did not, I issue a qualified conclusion.

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- any director/member or officer in their individual capacity; or
- any third party.



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