



Final Internal Audit Report

Coroner's Service

August 2018

Distribution:

Executive Director of Resources and s151 Officer (Final report only)

Director of Finance Investment and Risk

Head of Risk and Corporate Programme Office

Support Services Manager (South London Coroner's Service)

Assurance Level	Recommendations	Made
	(i) Printly 1	0
Substantial Assurance	Priority 2	3
	Priority 3	0

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the Improvements that may be required.

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 Croydon is the lead authority for the South London Coroner's Service (SLCS), which also covers the boroughs of Bexley, Bromley and Sutton. The Coroner is an independent judicial officer who is accountable to the Lord Chancellor. Coroners act in accordance with the Coroners and Justice Act 2009. They inquire into deaths which are violent, unnatural or sudden and of unknown cause, and also inquire into all deaths in prison, police custody or similar circumstances.
- 1.2 The Head of Risk & Corporate Programme Office is responsible for the Support Team for the SLCS. The team's functions include front of house services, premises, contract management and payment of invoices.
- 1.3 The SLCS has an annual budget of £1.2m, and its costs are split between the four constituent boroughs on the basis of population.
- 1.4 This audit is being undertaken as part of the agreed Internal Audit Plan for 2018/19.

2. Key Issues

Priority 2 Issues

The collaboration agreement had not yet been signed by two partner authorities (Bexley and Sutton) at the time of the audit. (Issue 1)

The Office Manual was still under development and did not contain policies and procedure notes for all key activities. (Issue 2)

Work had started on the production of a Business Continuity Plan, but the plan had not yet been finalised. (Issue 3)

There were no Priority 3 issues.

3. Actions and Key Findings/Rationale

Control	Area 1: Agree	Control Area 1: Agreements with Other Borougl	hs
Priority	Action Propo	Priority Action Proposed by Management	Detailed Finding/Rationale – Issue 1
a	The MOU has Bromley, Bex	The MOU has now been signed by Bromley, Bexley & Sutton.	There were previously no formal arrangements in place for running the consortium, but these arrangements are being formalised under a 'Memorandum of Understanding' (MOU), which is currently being signed by all parties. The MOU addresses the requirements of the Coroner & Justice Act implemented in 2013 and the relationship between the Coroner and local authority. The MOU sets out the objectives of the Consortium and the rules/procedures by which the Consortium works together. The agreement makes provision for an 'Accountable Body Role' that leads the Consortium and will be reviewed annually.
			Bexley and London Borough of Sutton at the time of the audit.
Respon	Responsible officer	Deadline	Where the MOU is not signed by all parties to the agreement, there is a risk that the
Suppo	Support Services Manager	Completed	arises with a partner authority.

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Priority	Priority Action Proposed by Management	De
2	All financial procedures are covered by Pol	Pol
	the Oracle manual, details of which tas	tas
	have been printed out and placed in the and	and
	Office Manual. These are also	- To
	available on the intranet. All permanent	<u>+</u>
	staff are unable to use the system	2 5

In all cases the Coroners service has adopted LBC contracts, policies and procedures (Financial, HR, FM, ICT, Telephony, Photocopying, to name a few.)

is being replaced in September by a full case in the process automated to alleviate any risk that the processes won't be management system. The current processes are being mapped in order to capture and create full electronic sit outside the existing system. The software for all coroner processes that currently fields will be mandatory and each step completed correctly. The operator will workflow options within the new system programme and database Coroner's current The

licies and procedures provide staff with guidance on the process for completing d management. These should be regularly reviewed to ensure that these fit ks, to ensure they abide by regulations as well as the requirements of the Council rrent procedures and law.

tailed Finding/Rationale - Issue 2

vas established that the Support Services Manager set up an Office Manual folder on the shared drive when she started her role in September 2017. There was previously no central repository for procedure documents. Policies and procedures are being added to the Office Manual as and when these are located, and additional procedures will be written by the new Administrative Officer.

e learning

package and as their manager I can

rack their progress.

tracked

<u>s</u>

module. This the Croydon

learning through

unless they undertake the on line e

Where staff do not have access to a comprehensive set of policies and procedures, there is a risk that they may not work in an efficient and effective manner.

not be able to move onto the next stage of the process unless the preceding step is completed.	The few processes that do sit outside the new system – court recordings, website access, audio conference calling and setting up of video links into prisons are already documented.	Deadline	Completed
not be able to move onto of the process unless step is completed.	The few procent the new syst website accented calling and selections are all	Responsible officer	Support Services Manager

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Priority	Action Propo	Priority Action Proposed by Management	Detailed Finding/Rationale - Issue 3
7	This is now shared with	This is now finalised and has been shared with MPS Coroner Officer's	A Business Continuity Plan helps to ensure that an organisation is able to continue to deliver its critical functions where a serious incident arises.
	Manager at all s has been sut resilience team.	Manager at all stages of creation. This has been submitted to the LBC resilience team.	A draft Business Continuity Plan for the South London Coroner's Service was produced in June 2017 in conjunction with Croydon Council's Corporate Resilience Team. It was established that the final draft plan had not yet been discussed with the Coroner's Officers at Davis House employed by the Metropolitan Police, and had
Respon	Responsible officer	Deadline	not yet been submitted to the partner authorities for comment. Where the Business Continuity Plan is not finalised in a timely manner, there is a
Suppo	Support Services Manager	Completed	risk that contingency arrangements may be inadequate, resulting in possible service disruption and damage to reputation.

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TERMS OF REFERENCE

Coroner's Service

1. INTRODUCTION

- 1.1 Croydon is the lead authority for the South London Coroner's Service (SLCS), which also covers the boroughs of Bexley, Bromley and Sutton. The Coroner is an independent judicial officer who is accountable to the Lord Chancellor. Coroners act in accordance with the Coroner's and Justice Act 2009. They inquire into deaths which are violent, unnatural or sudden and of unknown cause, and also inquire into all deaths in prison, police custody or similar circumstances.
- 1.2 The Head of Risk & Corporate Programme Office is responsible for the Support Team for the SLCS. The team's functions include front of house services, premises, contract management and payment of invoices.
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2. OBJECTIVES AND METHODOLOGY

- 2.1 The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls/processes relating to the Coroner's Service.
- 2.2 The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.3 The audit will for each controls / process being considered:
 - Walkthrough the processes to consider the key controls;
 - Conduct sample testing of the identified key controls, and
 - Report on these accordingly.

3. SCOPE

3.1 This audit examined the Council's arrangements for the following areas relating to the Coroner's Service (and number of recommendations made):

	Recommendations Made			
Control Areas/Risks	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)	
Agreements with Other Boroughs	0	1	0	
Cost Control	0	0	0	
Recharges to Other Boroughs	0	1	0	
Reporting and Liaison with Other Boroughs	0	1	0	

DEFINITIONS FOR AUDIT OPINIONS AND RECOMMENDATIONS

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are consistently applied.
0	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance which may put this achievement at risk.
0	Limited Assurance	There are significant weaknesses in key areas of system controls and/or non-compliance that puts achieving the system objectives at risk.
	No Assurance	Controls are non-existent or weak and/or there are high levels of non-compliance, leaving the system open to the high risk of error or abuse which could result in financial loss and/or reputational damage.

Priorities assigned to recommendations are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require the immediate attention of management to mitigate significant exposure to risk.		
Priority 2 (Medium)	Control weakness that represent an exposure to risk and require timely action.		
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, action to address still provides an opportunity for improvement. May also apply to areas considered to be of best practice.		



STATEMENT OF RESPONSIBILITY

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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