

**Name of meeting: Corporate Governance & Audit Committee**  
**Date: 20th April 2018**

**Title of report: Annual Report of Internal Audit 2017/18 & issues for 2018/19**

**Purpose of report; To provide information about Internal Audit activity, and conclusions on the control environment and assurance provided in 2017/18, and on matters that relate to Internal Audit activity in 2018/19**

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports)</a> ?	Not applicable
The Decision - Is it eligible for "call in" by Scrutiny?	Not applicable
Date signed off by Director & name Is it also signed off by the Service Director for Finance, IT & Transactional Services?  Is it also signed off by the Service Director for Legal, Governance & Commissioning?	Not applicable
Cabinet member portfolio	Not applicable

**Electoral wards affected: All**  
**Ward councillors consulted: Not applicable**

**Public**

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**1. Summary**

- 1.1 To provide information about Internal Audit activity in the year to 31st March 2018.
- 1.2 To provide an "opinion" on the adequacy and effectiveness of the Council's framework of governance, risk management and control.
- 1.3 To indicate compliance with the requirements of the Public Sector Internal Audit Standards (PSIAS).
- 1.4 To provide an Audit Plan for 2018/19 and to indicate priorities for the year.

**2. Information required to take a decision**

- 2.1 Based on an objective assessment of the Council's framework of governance, risk management and control it is concluded that the Council has sound arrangements to operate its business effectively.
- 2.2 However there are a number of observations and qualifications which are highlighted in the report which should be addressed.

- 2.3 This Committee also needs to review, and indicate that it is content as regards, the effectiveness of its systems of internal control. The attached report contains material intended to assist the Committee in reaching a decision.
- 2.4 The report notes that whilst the external assessor has confirmed that the internal audit operates at the best of 3 rating standards, the formal report has not yet been received. This Committee should approve the Audit Charter each year but, as the external assessment may make suggestions related to the Charter, it is recommended that, pending receipt of the external assessor's report and the consideration of any actions, the March 2017 version of the Charter continue to be the basis of Internal Audit practice.

### **3. Implications for the Council**

- 3.1 Early Intervention and Prevention (EIP) -None directly
- 3.2 Economic Resilience (ER) -None directly
- 3.3 Improving Outcomes for Children -None directly
- 3.4 Reducing demand of services -None directly
- 3.5 Although each of the sub categorisations above suggest no direct implications, the work of Internal Audit covers all aspects of the Council's operations, including elements of the above, either specifically, indirectly or on a commissioned basis.
- 3.6 The report sets out information about control assurance in the broad activity areas related to the above.
- 3.7 The report also refers to financial and legal implications for the Council, including the level of resources available for Internal Audit.

### **4. Consultees and their opinions**

- 4.1 Not applicable.

### **5. Next steps**

- 5.1 This report informs the preparation of the Annual Governance Statement for 2017/18.
- 5.2 Audit activity in 2018/19 will continue to concentrate on major areas of risk and control, although resources will remain available to investigate any areas of concern on a reactive basis.

### **6. Officer recommendations and reasons**

The Committee is asked to confirm it is content with the:

- (a) Effectiveness of the broader control environment, risk management and governance arrangements of the Council (subject to the observations contained within the report)
- (b) Effectiveness of its internal audit function, and to note its conformance with Public Sector Internal Audit Standards.
- (c) Proposed audit plans for general services, and the HRA/KNH for 2018/19; and
- (d) To confirm its continued approval of the March 2017 Internal Audit Charter.

**7. Cabinet portfolio holder recommendation**

Not applicable.

**8. Contact officer**

Martin Dearnley, Head of Risk 01484 221000 (73672)

**9. Background Papers and History of Decisions**

The Annual Report Internal Audit 2017/18 is attached.

**10. Director responsible**

Not applicable.

## **KIRKLEES COUNCIL**

### **CORPORATE SERVICES: RISK SERVICE**

#### **INTERNAL AUDIT**

#### **ANNUAL REPORT OF INTERNAL AUDIT 2017/18 & ISSUES FOR 2018/19**

##### **1. Introduction**

- 1.1 This report assesses the adequacy and effectiveness of the Council's governance, risk management and control environment arrangements during 2017/18 and provides a summary of the activities and performance of Internal Audit during the year. The report also recommends an Audit Plan for 2018/19 and discusses other issues that relate to the year.

##### **2. About Internal Audit**

- 2.1 The scope of Internal Audit's activity is established by the Council's Financial Procedure Rules and the Internal Audit Strategy and Charter. These rules include a right for Internal Audit to have free and unrestricted access to carry out work as is considered by the Head of Internal Audit (the Head of Risk) to be appropriate.
- 2.2 Internal Audit reviews the Council's framework of governance, risk management and business systems and controls, although the majority of time is spent assessing arrangements for financial control. Time is also spent investigating allegations that the Council's business activities may not be operating in the ways intended and on work related to contracting strategy and contractor appraisals, to a fairly limited extent value for money, and resolving a range of finance and control related issues (the most significant of which are reported in our quarterly reports). Whilst Internal Audit work can provide some assurance about business processes, it is not resourced in a way to assess professional judgement.
- 2.3 Quarterly Reports on the activities of Internal Audit have been provided to the Corporate Governance and Audit Committee. These reports provide information about major and special investigations and an opinion about the level of assurance that can be taken from the arrangements in operation at the time of each audit ("substantial", "adequate", "limited" and "no" assurance) assessing systems, processes and establishments, locations and schools.
- 2.4 The Internal Audit opinion is based on the arrangements in operation at the time of the audit. Implementation of the agreed recommendations should provide a satisfactory degree of control in all cases.
- 2.5 Information on follow up of earlier Internal Audit work is also provided.

### 3. Summary of Audit Work in 2017/18

- 3.1 The overall proportion of work which identified that systems or operations provided "limited assurance" was 22% (no work attracted a "no assurance" status this year). This was a worsening of the position compared to previous years. There were some areas of significant operation that achieved only limited assurance, suggesting that there is a requirement to improve some core operational processes to achieve an acceptable standard. The core business systems which had attracted only limited assurance included:
- Debtors (follow up)
  - Bank reconciliation (follow up)
  - IT Environmental Controls (follow up)
  - Counter Fraud

A number of other areas, particularly in Children's Services, attracted the limited assurance status.

	2017/18	2016/17	2015/16	2014/15	2013/14
Days spent on audit work	976	1,372	1,745	1,844	2,083
Financial and business processes and systems examined	28	54	80	67	87
Location, establishment, schools audits undertaken.	38	48	55	70	79
Follow up audit work	18	19	18	13	21
Investigations into irregularity	5	5	6	8	10
Management, governance or value for money studies Grant audits, consultancy, projects	15	26	10	8	10
Completed formal tasks	104	152	169	166	207
<b>Overall proportion of work offering limited or no assurance ("unsatisfactory" in 2014/15 and earlier)</b>	<b>22%</b> All limited assurance	<b>19%</b> 17% limited assurance 2% no assurance	<b>24%</b> All limited assurance	<b>8%</b> All unsatisfactory	<b>14%</b> All unsatisfactory

See also Appendix 5

- 3.2 The proportion of work found to provide an inadequate level of assurance was 22% overall. However, only one of the 38 school audits provided inadequate assurance (3%). Assessing only the new work on Council operations the level of activity found to be inadequate was 30%.
- 3.3 Only 56% of follow up work achieved a substantial or adequate assurance outcome. This is disappointing, and shows that the commitment to address short comings may be lacking in some areas, although it is recognised that in some cases, as with bank reconciliation and debtors identified above, the matters identified as being inadequate at the follow up stage were often new or different issues that had arisen since the original work was progressed. One school (of 6)

was inadequate at follow up as well, meaning that 7 of 12 Council arrangements -58%- remained inadequate at follow up.

- 3.4 Each year there are a number of investigations that relate to matters principally of alleged financial irregularity, some reported by management, others by various forms of allegation or whistle-blowing. Although there have been no major investigations, work included looking into allegations about the appointment of a contractor, theft from a school, poor procurement and other practices at a school and theft of car parking income.
- 3.5 During the year a number of audits and projects have looked to support improvements in value for money or governance. These have included:
- Assessment of arrangements to secure agency staffing in Children's Services
  - Review of the Emergency Duty Service
  - Use of Purchasing Cards
  - Assessment of market pay, acting up and honoraria payments
- 3.6 Audit time has also been spent on:
- Support to governance and control arrangements generally.
  - Preparation of the Annual Governance Statement and monitoring progress in relation to matters identified.
  - Monitoring and updating Contract Procedure Rules (CPRs) and Financial Procedure Rules (FPRs).
  - Financial appraisal and scoring of applicants for contracts and other aspects of assessing or approving the Council's contractual arrangements.
  - National Fraud Initiative.
  - Forming a part of the Whistleblowing assessment process by carrying out initial assessment of whistleblowing to decide on the extent to which an allegation may have sufficient merit to justify further investigation.
  - Verification/certification relating to grants, including Stronger Families and Highways Incentive Funds.
  - Support to waste management project, and to the project dealing with care home disposals.
  - Assessing write off arrangements/testing proposed debt write-offs.
  - Support to the Electronic Call Monitoring arrangements in Adult Services.
  - Monitoring work related to the Annual Governance Statement Action Plan.
- 3.7 Routine audit work continues to identify a number of procurement related issues and the involvement in monitoring and assistance has recognised others. Whilst some aspects of procurement concern appear to have been addressed (eg agency employment) CPR compliance policies and procedures are not being followed as a matter of routine in some service areas, requiring stronger understanding and compliance enforcement.
- 3.8 The Council has arrangements to generate a list of strategic and generic risks that could impact on the corporate organisation. However, during the year no routine processes systematically identified or reported on emerging risks or

issues, corporately or at service level. A new Risk Management Statement and new procedures to establish a robust process were prepared and approved during the year, reflecting on good practice elsewhere, but the implementation will not take place until the financial year 2018/19. Good practice expects that any Internal Audit planning will recognise the risk management processes of the organisation. However, where risk management arrangements are under developed, audit planning is adjusted to recognise this.

- 3.10 Although the Council used a risk based audit plan in achieving the coverage of business and activity areas, on which this opinion is based, the assurance framework delivered by Internal Audit is not comprehensive. Whilst coverage of financial (and commercial) business process and governance is risk based, in particular it does not assess the areas that involve professional judgement, particularly in relation to care related services and some other assessments that relate to individual needs.
- 3.11 During the year the Internal Audit work in relation to public housing services was subject to a specific audit plan related to both the Housing Revenue Account and Kirklees Neighbourhood Housing(KNH) (a wholly owned Council subsidiary) – which includes also Property Services- which carries out building maintenance on Council housing and public buildings.

The work plan was agreed by this Audit Committee, but responsibility for implementation and management lies with (in the most part) KNH service management and the KNH Audit Committee. Internal Audit work carried out and its assessed status is now included, cumulatively, in tabular form in each quarterly report.

There are no significant areas of concern in relation to core systems and arrangements operated by KNH. The nature of landlord responsibilities, particularly in an HRA context, and the complete ownership of the subsidiary means that in practice all risks, both legislative and commercial lie with the Council.

- 3.12 Work continues to be performed for Kirklees Active Leisure, partially under contract to that organisation and partly as a part of client side monitoring. Outcomes are reported to KAL's own Audit Committee
- 3.13 During 2017/18 we have continued to undertake some sharing (of information, audit programmes, knowledge and reports) with Calderdale Council's Internal Audit team. Calderdale IA did carry out a comparative assessment of approaches to social value, as a piece of consultancy.
- 3.14 The intention had been to complete 93 planned audit tasks (last year 126 actual). This was a total revised downwards slightly when a number of previously agreed commissions for project work in Children's Services were removed as no longer required this year (2017/18). The number of planned tasks achieved was 75 (81%) in addition to which 29 formal and initially unplanned tasks were completed. Not all of these attracted an audit opinion.

- 3.15 There were 5 planned pieces of work in progress at the year end and a number of investigations continue and will be reported in 2018/19.
- 3.16 As noted in 2.1 the Council's Financial Procedure Rules and the Strategy and Charter document allow Internal Audit unrestricted access to consider areas of activity as they see fit in providing this audit opinion. At no point during the year has any officer or Member sought to influence or restrict the scope or areas of activity of any piece of work. The conclusions reached in the work are those of Internal Audit.
- 3.17 From work during 2017/18 the vast majority of the assessments of the Council's governance, risk management, financial and business controls that were examined were sound and effective, and it is concluded that (subject to the observations above) the Council can be considered to have an adequate control environment.

4. **Performance Measures of Internal Audit**

4.1 There is very little comparative benchmarking available about the costs of Internal Audit. When this was last compared (2013/14) Kirklees Internal Audit continued to have average costs per activity day, and lower quartile costs in terms of audit days per £m gross expenditure. Comparison of staffing numbers locally suggest that taking account of Council (and other) activity, the Kirklees IA team is somewhat smaller than others.

4.2 The main performance statistics for the year are:

	Target 17/18	Actual 17/18	Actual 16/17	Actual 15/16	Actual 14/15	Actual 13/14
Work completed within time allowed	80%	77%	87%	77%	81%	79%
Draft reports issued within 10 days	85%	93%	90%	91%	90%	92%

Some work took longer than planned, though not dissimilar to some previous years.

Only a small number of customer surveys are completed, mainly by schools. Performance being lower than previous years is a reflection of the reaction by an employee respondent in a single school to a draft report issued to them. Internal audit also has an internal quality assurance system. A sample of work is checked against the achievement of a number of standards. Variances are noted and investigated/corrected, although a piece of work can achieve the standard without every feature being correct. The work tested (10% sample) during 2017/18 met the standard.



## **5 Effectiveness of the system of Internal Control**

- 5.1 The Accounts & Audit Regulations (England) 2015 require an Authority to conduct an annual review of the effectiveness of their system of internal control. An understanding of the arrangements of Internal Audit supports the ability to utilize the opinion of the Head of Internal Audit on the internal control environment as a key source of evidence in the Annual Governance Statement.
- 5.2 Financial Procedure Rules 5.6 requires the Head of Risk to review the systems of Internal Audit on an annual basis. The Public Sector Internal Audit Standards (PSIAS) make it a responsibility of the Head of Internal Audit to carry out periodic internal reviews (see Appendix 2) and every 5 years have an external review of the Internal Audit function and report these to this Committee. The standard is complex and the recommended evaluation criteria (as codified by CIPFA) are quite cumbersome, and some are difficult to evaluate.
- 5.3 The five yearly external review, required by PSIAS, was carried out by the Head of Internal Audit at Wakefield Council on a peer review basis during January and February 2018. The assessment has three potential standards;
- (A) Does not conform
  - (B) Partially conforms
  - (C) Generally conforms
- The external assessor has confirmed in writing that the Council's Internal Audit operations meets the highest standard (C), but the full report has not yet been received. This will be brought to a future meeting of this Committee. The assessor has indicated that she is likely to advise on the need for the Council's general risk management arrangements to be improved, a matter noted elsewhere in this report. (The rather vague nature of the highest standard being "generally conforms" is a reflection of the complexity of the standard, as per 5.2 above)
- 5.4 Members can gain assurance from a number of routes and strands including their assessment of this and other reports (particularly the four quarterly reports) to the Corporate Governance & Audit Committee. They can also gain assurance using factors such as performance indicators, quality assurance, client satisfaction and consultation with senior management, although it is acknowledged that for this year that information is quite limited.

## **6. Internal Audit in 2018/19**

- 6.1 As agreed and successfully implemented in 2017/18, there are no Service specific audit plans, although operational staff, heads of service and directors are still expected to participate in audit planning, delivery and response to findings. The draft proposed Audit Plans for Kirklees Council, and Housing Related Services/KNH are attached as Appendix 1.

The performance targets for Internal Audit are at Appendix 3. The schedule of key systems, organisational and business controls is attached as Appendix 4.

- 6.2 Priorities for 2018/19 will continue to be
- a) Concentrating on high impact activity - high value or high risk - whilst continuing to ensure that the organisation's core systems and its basic financial operations are not compromised during a period of continuing substantial reorganisation and change. Every activity is still potentially in view, but this will no longer be achievable within a 5 year horizon.
  - b) Demonstrating the wider assurance environment that operates across the organisation, and determining if additional processes or procedures need to be undertaken and or recorded to achieve a full set of entity control and assurance.
  - c) Work to ensure that the new approach to risk management is successfully embedded, achieves an appropriate level of openness and is not over complex.
  - d) Activity to ensure basic compliance with processes, particularly in relation to contract procedure rules.
  - e) Carrying out work contributing to the organisational objective of understanding and improving value for money, including assisting with major consulting projects as necessary.
  - f) Identifying an appropriate approach to corporate reporting and investigation of potential fraud and similar, including clear instructions to senior and operational managers about reporting such matters.
- 6.3 The overall resources available to Internal Audit, whilst substantially reduced, are believed to be sufficient in 2018/19. However, the consequence is a reduced level of assurance that can be directly provided, and the organisation needs to consider on a risk based approach, what alternative assurance is desirable and achievable, given the resources available. Whilst the scope will still exist to carry out some investigations and some consultancy tasks, regard needs to be had to the need to achieve sufficient assurance based coverage, as is a requirement of the Public Sector Internal Audit Standards. This may mean that there has to be discussion about additional resources in the event of serious multiple demands for activity.
- 6.4 Internal Audit will continue to work with the Calderdale Internal Audit team where appropriate and likely to bring mutual advantage (or to share skills or experiences).

## 7. **Conclusions**

- 7.1 This report has summarised the activities of Internal Audit during 2017/18. Detailed information has been provided to Corporate Governance & Audit Committee during the year.
- 7.2 There is sufficient evidence to demonstrate that the Council's system of governance, risk management and internal control is effective and that the opinion of the Head of Internal Audit on the internal control environment can be relied upon as a key source of evidence in the compilation of the Annual Governance Statement, although there are caveats;
- (a) That the assurance coverage is risk based, and not absolute across the entire range of organisational activity

(b) Corporate risk management arrangements do not fully support the Council's governance processes.

(c) Other matters as described in this report.

- 7.3 The proportion of audit work which resulted in an assessment providing at least adequate assurance is 78%. The remaining 22% provides a limited level of assurance. There were no "no assurance" cases this year.
- 7.4 There are no areas where, following audit recommendations, management have formally chosen to refuse to implement recommendations for action (and accordingly overtly accepted the potential consequences as a risk).
- 7.5 The opinion from the work performed - the scope of which does not presently cover every area of entity risk - is that, although there are some weaknesses in some systems of control, the overall framework of the Council's governance, risk, business and financial systems, processes, controls, and its management of assets, remains sound.
- 7.6 It is concluded that overall the Council has an adequate and effective control environment.

## 8. **Annual Governance Statement**

- 8.1 Information generated by Internal Audit forms a key part of the Council's assessment of the quality of its organisational and business controls and the degree of assurance that can be placed upon their operational effectiveness. This information is used in preparing the Council's Annual Governance Statement which accompanies the Statement of Accounts.
- 8.2 The positive opinion that the Council's arrangements provide an adequate and effective control environment needs to be considered in the context of the breadth of assurance provided by Internal Audit, and the comments contained in this report. There are a number of areas that might appropriately be escalated to the Annual Statement of Governance and these are covered in the separate report to be considered by this Committee.

Contact Officer

M E Dearnley –Head of Internal Audit; (Head of Risk) – 01484 221000- x 73672

**Appendix 1**  
**Draft Audit Plans 2018/19**

**Council**

Corporate

National Fraud Initiative 2018/19  
Cyber Security  
Ethics  
Information Security (toolkit)  
GDPR  
Business Continuity  
Mandatory Staff Training  
Health and Safety  
Proceeds of Crime Act (Money Laundering)

Adults Social Care

Third Party Payments (Domiciliary Care)  
Safeguarding  
Adult Care Quality of Provision  
Deferred Charges (follow up)  
Clients Property (follow up)  
Home Care Charges (follow up)

Child Protection and Family Support

Safeguarding  
Section 17 Payments (follow up)  
Purchasing Cards (follow up)

Learning and Early Support

High Schools x 4  
Primary Schools x 30  
School follow ups x 5  
Troubled Families Claims  
Associate Framework

Commercial, Regulatory and Operational Services

Accident and Casualty Reduction  
Highways Network Asset Management Review  
Non Domestic Property Repairs and Maintenance  
Taxi Licensing  
Building Control Approvals  
Car Parks Income and Fine Collection (follow up)  
Environmental Enforcement (follow up)

Economy, Regeneration and Culture

Fire Safety  
Homeless Management

Policy, Intelligence and Public Health

Emergency Plan

Sexual Health Contract

Public Access ICT Controls

Performance Management

Translation/Interpretation (follow up)

Finance and Accountancy

SAP Ordering and Category Management

BACS Bureau

Direct Debit Payments

Treasury Management

Government Grant Income

VAT

SAP Debtors Key Controls (follow up)

Bank Reconciliation (follow up)

Revenues and Benefits

Debt Recovery and Write Offs

Digital Transformation

NDR Liability including relief

CT Liability

CT Reduction Scheme

NFI 2018 Single Person Discounts

Information Technology

Contract and Supplier Management

Environmental Controls (follow up)

Legal and Governance

Yortender

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**HRA & KNH Audit Plan 18/19**

Debtors and Creditors Interface

SAP System Overview and Utilisation

Stocks and Stores

Rent Levels

Fraud

Current Tenant Arrears (impact of Universal Credit)

Management Fee

Write Offs

Service Charges

## Appendix 2

### Recommendations from the (Head of Internal Audit's own) summary Annual Review of Internal Audit - 2017

	<b>Recommendations</b>	<b>Actions</b>	<b>Date</b>	<b>Progress</b>
1	It would be appropriate to ensure that IA staff have appropriate skills, needed to address the new more strategic approach to audit.(3.3)	Carry out a simple skills assessment, and determine if there are gaps, and look to meet any training requirement	July 2017	Carried out as a part of PRD during 2017/18 and some training agreed
2	Ensure an appropriate devotion of resources to assurance activity (such that the core purpose of IA is not compromised) 4.1	Active monitoring	Quarterly	A large proportion of the planned IA assurance programme was completed in 2017/18

A further report will address any issues raised by the external assessment

## Appendix 3

### INTERNAL AUDIT PERFORMANCE TARGETS 2018/19

<u>Objectives</u>	<u>Performance Measures</u>
Achieve planned audit work; as adjusted	90% of planned priority audits achieved
Achieve each planned audit within budgeted time allowed	80% of planned work achieved within initial time budget
Achieve high level of work quality and customer satisfaction	90% good or better responses to customer questionnaires
Delivery of completed audit work	85% of draft reports issued within 10 days of completion of site work

## **Appendix 4**

### **KEY CORPORATE SYSTEMS 2018/19** **Financial Systems & Controls**

Payroll (SAP)  
Housing Rents  
Debtors (SAP)  
Procurement / Creditors (SAP)  
Payments for Social Care  
School Payments  
Treasury Management  
Council Tax  
NDR  
Council Tax Reduction Scheme (residual Benefits)  
Internal Recharging

### **Key Organisation & Business Controls**

Code of Corporate Governance  
Contract Procedure Rules  
Financial Procedure Rules  
Contract Management  
HR Operations  
Risk Management  
IT Controls  
Performance Management Systems  
Partnership Governance  
Emergency & Business Continuity Planning  
Information Security  
Health & Safety  
Fraud Bribery & Corruption Risk  
Whistleblowing

## Appendix 5

### DETAILED PERFORMANCE STATISTICS FOR 5 YEAR

	2017/18	2016/17	2015/16	2014/15	2013/14
Number of days spent on audit work	976	1,372	1,745	1,844	2,083
Number of processes and systems examined	16	42	55	55	67
Percentage offering limited assurance/ *unsatisfactory.	44%	19%	20%	*11%	*9%
Number of location/ establishment audits undertaken.	3	14	23	26	36
Percentage offering limited assurance/ *unsatisfactory.	0%	21%	13%	*8%	*14%
Number of school audits undertaken	35	34	32	44	43
Percentage offering limited assurance/ *unsatisfactory.	3%	18%	28%	*7%	*7%
Follow up audit work carried out	18	19	18	13	21
Percentage offering limited assurance/ *unsatisfactory.	44%	21%	33%	*8%	*5%
Number of business control audits undertaken	12	12	25	12	20
Percentage offering limited assurance/ *unsatisfactory.	18%	17%	28%	*0%	*20%
Number of investigations into irregularity	5	5	6	8	10
Number of management, governance or value for money studies	4	26	2	1	2
Number of grant audits, consultancy, projects	11		8	7	8
Completed formal tasks	104	152	169	166	207
<b>Overall proportion of work offering limited assurance/ *unsatisfactory</b>	<b>22%</b>	<b>19%</b>	<b>24%</b>	<b>*8%</b>	<b>*14%</b>