

Eastern Internal Audit Services



SOUTH HOLLAND DISTRICT COUNCIL

Strategic and Annual Internal Audit Plans 20xx/xx

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CONTENTS

1. INTRODUCTION2

2. AUDIT CHARTER.....2

3. INTERNAL AUDIT STRATEGY3

4. STRATEGIC INTERNAL AUDIT PLAN3

5. ANNUAL INTERNAL AUDIT PLAN3

6. PERFORMANCE MANAGEMENT4

APPENDIX 1 – INTERNAL AUDIT CHARTER5

APPENDIX 2 – INTERNAL AUDIT STRATEGY13

APPENDIX 3 – STRATEGIC INTERNAL AUDIT PLAN17

APPENDIX 4 – ANNUAL INTERNAL AUDIT PLAN19

APPENDIX 5 – PERFORMANCE MEASURES22

1. INTRODUCTION

- 1.1 The Accounts and Audit Regulations 2015 require that “a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 1.2 The PSIAS mandate a periodic preparation of a risk-based plan, which must incorporate or be linked to a strategic high level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities, this is set out in the Internal Audit Strategy.
- 1.3 Risk is defined as 'the possibility of an event occurring that will have an impact on the achievement of objectives'. Risk can be a positive and negative aspect, so as well as managing things that could have an adverse impact (downside risk) it is also important to look at potential benefits (upside risk).
- 1.4 The development of a risk-based plan takes into account the organisation's risk management framework. The process identifies the assurance (and consulting) assignments for a specific period, by identifying and prioritising all those areas on which objective assurance is required. This is then also applied when carrying out individual risk based assignments to provide assurance on part of the risk management framework, including the mitigation of individual or groups of risks.
- 1.5 The following factors are also taken into account when developing the internal audit plan:
 - Any declarations of interest so as to avoid conflicts of interest;
 - The requirements of the use of specialists e.g. IT auditors;
 - Striking the right balance over the range of reviews needing to be delivered, for example systems and risk based reviews, specific key controls testing, value for money and added value reviews;
 - The relative risk maturity of the Council;
 - Allowing contingency time to undertake ad-hoc reviews or fraud investigations as necessary;
 - The time required to carry out the audit planning process effectively as well as regular reporting to and attendance at Governance and Audit Committee, the development of the annual report and opinion and the Quality Assurance and Improvement Programme.
- 1.6 In accordance with best practice the Governance and Audit Committee should '*review and assess the annual internal audit work plan*'.

2. AUDIT CHARTER

- 2.1 The Audit Charter incorporates the requirements of the PSIAS. There is an obligation under the PSIAS for the Charter to be periodically reviewed and presented. This Charter is therefore reviewed annually by the Internal Audit Consortium Manager to confirm its ongoing validity and completeness. In addition the Charter will be presented to the Section 151 Officer, senior management and the Governance and Audit Committee every 2 years for review.
- 2.2 The updates for the 2016/17 financial year were made to reflect the operation of the internal audit team, under the new contract with TIAA Ltd, which commenced on 1 April 2015, and to take on board improvements made to the service during the 2015/16 financial year. This

updated Charter is attached at **Appendix 1**, for review and approval by the Governance and Audit Committee.

- 2.3 As part of the review of the Audit Charter the Code of Ethics are also reviewed by the Internal Audit Consortium Manager, and it is ensured that the Internal Audit Services contractor staff, as well as the Internal Audit Consortium Manager adhere to these, specifically with regard to; integrity, objectivity, confidentiality and competency. Formal sign off to acceptance of the Code of Ethics is retained by the Internal Audit Consortium Manager.

3. INTERNAL AUDIT STRATEGY

- 3.1 The purpose of the Internal Audit Strategy (**see Appendix 2**) is to confirm:
- How internal audit services will be delivered;
 - How internal audit services will be developed in accordance with the internal audit charter;
 - How internal audit services links to organisational objectives and priorities; and
 - How the internal audit resource requirements have been assessed.

4. STRATEGIC INTERNAL AUDIT PLAN

- 4.1 The overarching objective of the Strategic Audit Plan (**see Appendix 3**) is to provide a comprehensive programme of review work over the next three years, with each year providing sufficient audit coverage to give annual opinions, which can be used to inform the organisation's Annual Governance Statement.
- 4.2 The coverage over the forthcoming three years has been discussed with senior management to ensure audits are undertaken at the right time and at a time where value can be added. These discussions also went into greater detail in relation to the scope of the audits for the forthcoming year.

5. ANNUAL INTERNAL AUDIT PLAN

- 5.1 Having developed the Strategic Internal Audit Plan, the Annual Internal Audit Plan is an extract of this for the forthcoming financial year (**see Appendix 4**). This details the areas being reviewed by Internal Audit, the number of days for each review, the quarter during which the audit will take place and a brief summary / purpose of the review.
- 5.2 The Annual Internal Audit Plan for 2016/17 totals 160 days, encompassing:
- Nine assignments which will be provided by Eastern Internal Audit Services concluding in an audit opinion (four of which will be joint audits with Breckland DC),
 - two reviews where advice and guidance will be concluded at the end of the review,
 - IT audits (totaling 20 days) which are yet to be determined. A meeting is booked in to determine coverage and an update will be provided to the Committee at the next report; and
 - Four assignments to be completed by East Lindsey DC, three of which will conclude in an audit opinion, and the final area relates to Housing Benefit Subsidy testing.
- 5.3 Audit verification work concerning audit recommendations implemented to improve the Council's internal control environment will also be undertaken throughout the financial year.

- 5.4 The role of project management at the Council is becoming ever more important, with the Programme Delivery Manager (Shared) endeavouring to roll out a consistent approach to this and embedding the tools and techniques across the Council(s). It is planned that the Internal Audit Consortium Manager will undertake a critical friend role in key projects.
- 5.5 The Internal Audit Consortium Manager is a member of the Finance Board which has established terms of reference, part of these terms of reference include - “be the link to the Transformation Board by monitoring Transformation Business cases to ensure benefits realisation”. This element of the terms of reference ensures that the Internal Audit Consortium Manager is aware of the projects that are underway as part of this programme, thus ensuring that audits are undertaken at the right time; this can be prior to the project, mid-way or at the end, and it also ensures that advice and guidance in relation to benefits realisation can be gleaned from the internal audit contractor at the right time.
- 5.6 The Internal Audit Consortium Manager is also a member of the Performance, Audit and Risk Board, which also has established terms of reference. Through this Board audit recommendations can be escalated for action / review should such action be necessary, and also ensures that a strategic view of the action / resource needed to address audit recommendations is achieved. Being a member of this Board also provides the Internal Audit Consortium Manager with an insight into performance measures and risks that the Council is managing, both of which is integral information for the audit plan.

6. PERFORMANCE MANAGEMENT

- 6.1 The new Internal Audit Services contract includes a suite of key performance indicators (**see Appendix 5**) against which the new contractor will be reviewed on a quarterly basis. There are a total of 13 indicators, over 4 areas. From the first year of the contract records will be maintained for all 13, however performance can only be recorded on 11 of these as base line data is required for the final 2. Monitoring of these will commence in 2017/18.
- 6.2 There are individual requirements for performance in relation to each indicator; however performance will be assessed on an overall basis as follows (for the first year):
- 9-11 KPIs have met target = Green Status.
 - 5-8 KPIs have met target = Amber Status.
 - 4 or below have met target = Red Status.

Where performance is amber or red a Performance Improvement Plan will be developed and agreed with the contractor to ensure that appropriate action is taken.

- 6.3 Performance in relation to these indicators will be reported to the Committee as part of the Progress Reports and the Annual Report and Opinion, ensuring that Members are kept up to date on a regular basis.

**EASTERN INTERNAL AUDIT SERVICES
BRECKLAND AND SOUTH HOLLAND DISTRICT COUNCILS**

INTERNAL AUDIT CHARTER FOR 2016/17

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) came into effect from 1 April 2013, these provide a consolidated approach across the public sector thus ensuring continuity, sound corporate governance and transparency.
- 1.2 The Standards require all internal audit services to implement, monitor and review an internal audit charter; this formally defines the internal audit's purpose, authority and responsibility, and is a mandatory document. The charter also displays formal commitment to the definition of internal auditing, the code of ethics and the PSIAS.
- 1.3 The charter also:
- Establishes the position and reporting lines of internal audit;
 - Provides unrestricted access;
 - Sets the tone for internal audit activities;
 - Defines the nature and scope of internal audit services, in particular assurance and consultancy services; and
 - Sets out the nature and scope of assurance provided to other parties.
- 1.4 The charter is to be periodically reviewed and presented to Senior Management and the Board (Audit Committee / Governance & Audit Committee) for approval, for Eastern Internal Audit Services the charter will be reviewed annually by the Internal Audit Consortium Manager (Chief Audit Executive) to confirm its ongoing completeness and validity, and presented to Senior Management and the Board every 2 years for review.
- 1.5 This Charter applies to all Authority's which are part of Eastern Internal Audit Services, currently; Breckland, Broadland, North Norfolk and South Norfolk District Councils, Gt Yarmouth Borough Council and the Broads Authority. From April 2016 this will also include South Holland District Council.

2. Purpose, Authority and Responsibility

2.1 Purpose

- 2.1.1 Internal auditing is defined as; *"an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes"*.
- 2.1.2 Internal audit will provide reasonable assurance to all organisations that are part of Eastern Internal Audit Services that necessary arrangements are in place and operating effectively, and to identify risk exposures and areas where improvements can be made.

2.2 Authority

- 2.2.1 The Accounts and Audit Regulations (England) 2015, states that the relevant body must; *“undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”*. The statutory requirement for internal audit is recognised in the Constitution of each Authority and the internal auditing standards in this regard are the Public Sector Internal Audit Standards.
- 2.2.2 The Chartered Institute of Public Finance and Accountancy (CIPFA) Statement on the Role of the Head of Internal Audit confirms that this person is responsible for the organisations internal audit service, including drawing up the internal audit strategy and annual plan and giving the annual audit opinion. The requirements of this statement are fully adhered to by the Internal Audit Consortium Manager.

2.3 Responsibility

- 2.3.1 The responsibility for maintaining an effective internal audit to evaluate risk management, control and governance processes lies with each Authority’s Chief Finance Officer (Section 151 Officer).
- 2.3.2 The Authority and its Members must be satisfied about the adequacy of the advice and support it receives from internal audit.
- 2.3.3 Internal audit is provided by Eastern Internal Audit Services, with the Internal Audit Consortium Manager responsible for ensuring the internal audit activity is undertaken in accordance with the definition of internal auditing, the code of ethics and the standards.
- 2.3.4 Senior management are responsible for ensuring that internal control, risk management and governance arrangements are sufficient to address the risks facing the Authority. Accountability for responding to internal audit rests with senior management who either accept and implement the recommendations, or formally reject it. Any advice that is rejected will be formally reported.

3. Key Relationships and Position in the Organisation

- 3.1 The PSIAS require the terms ‘Chief Audit Executive’, ‘Board’ and ‘Senior Management’ to be defined in the context of the governance arrangements in each public sector organisation in order to safeguard the independence and objectivity of internal audit. The following interpretations are applied within Eastern Internal Audit Services.
- 3.2 Chief Audit Executive
 - 3.2.1 The Chief Audit Executive is the Internal Audit Consortium Manager who provides the role of the Head of Internal Audit to all organisations part of the Eastern Internal Audit Services. The delivery of the annual internal audit plan, and any ad-hoc assignments is provided by an external contractor; TIAA Ltd since 1 April 2015.
 - 3.2.2 The Internal Audit Consortium Manager reports functionally to the Board and administratively to the Director of Business Development at South Norfolk Council. In addition the Internal Audit Consortium Manager also reports administratively to the Section 151 Officer at each organisation.
 - 3.2.3 The Internal Audit Consortium Manager also has a direct line of reporting and unfettered access to the Chief Executive, the Senior Management Team at each Authority and the

Chair of the Governance and Audit Committee at South Holland DC and the Chair of the Audit Committee at Breckland DC.

3.3 Board

3.3.1 The 'Board' is the governance group charged with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting. At South Holland DC this is the Governance and Audit Committee and at Breckland DC this is the Audit Committee (here after referred to as the Committee), whose responsibilities are discharged through the Constitution and explicitly referred to in the terms of reference.

3.3.2 This functional reporting includes;

- Approving the audit charter, audit strategy and annual plans;
- Receiving regular reports on the outcomes of internal audit activity and performance;
- Receiving regular reports on management action in relation to agreed internal audit recommendations;
- Receiving the Annual Report and Opinion of the Internal Audit Consortium Manager, alongside a conclusion as to the effectiveness of internal audit;

3.3.3 In addition the Committee assesses its own effectiveness on an annual basis to ensure it meets best practice, receives reports in relation to relevant Policy / Strategy updates i.e. Fraud and will, in the future, receive and oversee the results of external assessments of internal audit.

3.4 Senior Management

3.4.1 'Senior Management' is those responsible for the leadership and direction of the organisation, and are responsible for specific aspects of internal control, risk management and governance arrangements. There is effective liaison between internal audit and senior management to ensure that independence remains, and provides for a critical challenge.

3.4.2 The Internal Audit Consortium Manager meets regularly with the Section 151 Officer, both formally and informally, to ensure organisational awareness is maintained and that good working relationships are in place. The formal arrangements facilitate discussion in relation to the delivery of the current internal audit plan to ensure it remains on track and is responsive to changes and emerging risks. The meeting also highlights any areas which require immediate attention, that are not in the current annual plan, and also areas for future consideration. In addition the Internal Audit Consortium Manager also meets regularly with the Corporate Improvement and Performance Manager to keep up to date with key risks and also progress in relation to the Transformation Programme, this relationship is key to ensuring that the risk based audit plan is focussing on the right areas.

3.4.3 The Internal Audit Consortium Manager meets with officers of the senior management team through the annual audit planning process to enable a risk based internal audit plan. These relationships are maintained throughout the year to ensure awareness of developments within service areas, to keep up to date, and to ensure internal audit involvement where necessary. These are key relationships to the effective delivery of internal audit and to ensure a value-added service is provided.

3.5 Other key relationships

3.5.1 There are other key relationships that are maintained which are important to the effective and efficient delivery of internal audit.

- 3.5.2 Regular liaison is maintained with External Audit to consult on audit plans, and to discuss matters of mutual interest. The external auditors have the opportunity to take account of the work of internal audit where appropriate.
- 3.5.3 Where appropriate internal audit will liaise with other internal audit providers, where shared arrangements exist. In such cases, a dialogue will be opened with the Chief Audit Executive to agree a way forward regarding the auditing of such shared services. This is to ensure an efficient and effective approach, and enable reliance on each other's outcomes. Where formal arrangements are entered into a protocol will be determined and agreed by both Chief Audit Executives.
- 3.5.4 At South Holland DC Compass Point provide back office services; finance, human resources & payroll, ICT, customer services and revenues & benefits to both South Holland and East Lindsey DC's. This area has been previously audited by the East Lindsey DC internal audit team for both Councils and it is envisaged that this arrangement will continue. A draft protocol has been agreed between both Heads of Internal Audit, thus enabling South Holland DC to place reliance on this work to inform the Annual Report and Opinion.
- 3.5.5 At Breckland DC a protocol is in place with West Suffolk Internal Audit Services where reliance is placed on the audits undertaken by the team in relation to Council Tax, National Non-Domestic Rates and Housing Benefits. The protocol has been in place since the 2012/13 financial year, and has recently been extended for a year until 31 March 2017. In 2016 the relevant Heads of Internal Audit for the respective Council's whose Revenues and Benefits services are provided by Anglian Revenues Partnership (ARP) will be reviewing the arrangement for internal audit going forwards.
- 3.5.6 Internal audit will also co-operate with all external review and inspection bodies that are authorised to access and evaluate the activities of the Authority, to determine compliance with regulations and standards. Assurances arising from this work will be taken into account where applicable.

4. Rights of Access

- 4.1 Internal audit, with strict accountability for confidentiality and safeguarding records and information, is authorised to have the right of access to all records, assets, personnel and premises and has authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities. This access is full, free and unrestricted and is set out in each Authority's Constitution.
- 4.2 Such access shall be granted on demand and shall not be subject to prior notice, although in principle, the provision of prior notice will be given wherever possible and appropriate, unless circumstances dictate otherwise.

5. Objective and Scope

- 5.1 Assurance services is the primary role of internal audit services, which primarily feeds into the annual audit opinion on the adequacy and effectiveness of the Authority's framework of governance, risk management and control, together with reasons if the opinion is unfavourable. This opinion covers the entire control environment of the Authority and not just the financial controls.
- 5.2 Internal audit also provides consultancy services, where required, which is advisory in nature and generally performed to facilitate improved governance, risk management and control.

- 5.3 It is management's responsibility to manage the risk of fraud and corruption; however internal audit will be alert to such risks in all the work that is undertaken. In addition the Internal Audit Consortium Manager is consulted on related policy / strategy. These include for example; Counter Fraud, Corruption and Bribery Strategy, Whistleblowing Policy and Anti-Money Laundering Policy.
- 5.4 Through the contract in place with TIAA Ltd there are other services that can be provided, these include: fraud investigations, grant certification and digital forensics.
- 5.5 Whichever role / remit is carried out by internal audit the scope is to be determined by internal audit, through discussion with senior management, however this scope will not be unduly bias nor shall it be restricted.

6. Independence, Objectivity and Due Professional Care

- 6.1 Internal audit must be sufficiently independent of the activities that are audited to enable an impartial, unbiased and effective professional judgement. Internal auditors must maintain an unbiased attitude that allows work to be performed in such a manner that no quality compromises are made. To this end all internal auditors working within Eastern Internal Audit Services, annually review and sign up to the Code of Ethics, which sets out the minimum standards for performance and conduct. The four core principles are integrity, objectivity, confidentiality and competency.
- 6.2 Internal auditors have no operational responsibility or authority over any of the activities which they are required to review. In addition, internal auditors will not review operations for which they were previously responsible for in the preceding 12 months. Internal auditors may provide consulting services relating to such operations.
- 6.3 If independence or objectivity is impaired, or appears to be, the details of the impairment will be disclosed to the Internal Audit Consortium Manager and / or senior management. The nature of the disclosure will depend upon the impairment.
- 6.4 Internal auditors will perform work with due professional care, competence and diligence. Internal auditors cannot be expected to identify every control weakness or irregularity but their work is designed to enable them to provide reasonable assurance regarding the controls examined.

7. Resourcing

- 7.1 The Internal Audit Consortium Manager will be professionally qualified (CMIIA, CCAB or equivalent) and have a wide range of internal audit management experience to enable them to deliver the responsibilities that arise from the need to liaised internally and externally with councillors, senior management, officers and other professionals.
- 7.2 The Internal Audit Consortium Manager, through the contract with the external provider, shall ensure access to a team of staff who have the appropriate range of knowledge, skills, qualification and experience to deliver the audit service. The types of reviews are referred to in section 5 of the charter.

8. Audit Planning

- 8.1 The Internal Audit Consortium Manager develops a strategy, alongside a strategic and annual internal audit plan, using a risk based approach.

- 8.2 The Internal Audit Strategy is a high level statement of; how the internal audit service will be delivered; how internal audit services will be developed in accordance with the internal audit charter; how internal audit services links to the organisational objectives and priorities; and how the internal audit resource requirements have been assessed. The purpose of the strategy is to provide a clear direction for internal audit services and creates a link between the Charter, the strategic plan and the annual plan.
- 8.3 On an annual basis the internal audit plan of work, developed as per the Internal Audit Strategy, is submitted to senior management and the Committee for approval. The Internal Audit Consortium Manager is responsible for the delivery of the internal audit plan, which will be kept under regular review and reported through to the Committees.

9. Audit Reporting

- 9.1 As mentioned at section 8 the resultant internal audit plans will be received on an annual basis for approval by both senior management and the relevant Committee.
- 9.2 On conclusion of each assurance review a draft audit report will be provided to management that;
- Provides an assurance opinion on the systems and controls in place as to whether these are operating adequately, effectively and efficiently. These reports contribute to the annual report and opinion on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.
 - Provides a formal report of points arising from the review and management responses to the issues raised, this includes; acceptance (or not) of the recommendation, with responsibility and timescales for implementation.
 - Provides Operational Efficiency Matters (as appropriate) which sets out matters identified during the assignment where there may be opportunities for service enhancements to be made to increase both the operational efficiency and enhance the delivery of value for money services.
- On receipt of responses from management the report can then be finalised, post review by the Internal Audit Consortium Manager.
- 9.3 As mentioned in 9.2, management can choose not to accept / implement the recommendations raised by internal audit. In all such instances this will be reported through to the relevant Committee, especially in instances whereby there are no compensating controls justifying the course of action.
- 9.4 The Executive Summary of all final reports is reported through periodically to the Committee as part of the progress reports. The PSIAS require this to report on the performance of internal audit relative to its plan, including any significant risk exposures and control issues. To comply this report includes; any significant changes to the approved Audit Plan; progress made in delivering the agreed audits for the year; any significant outcomes arising from those audits; and performance Indicator outcomes to date.
- 9.5 Where management agree to recommendations resulting in an action plan, these are regularly followed up to assess progress on implementation. The internal audit contractor undertakes verification work on closed recommendations, and also receives response from management in relation to progress made. The results of which are reported periodically to the Committee as part of the follow up reports.
- 9.6 On conclusion of the annual internal audit plan for the financial year the Internal Audit Consortium Manager provides an annual report and opinion to senior management and the Committee.

- 9.7 The annual report and opinion provides:
- The opinion on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control during the financial year, together with reasons if the opinion is unfavourable;
 - A summary of the internal audit work carried from which the opinion is derived, the follow up of management action taken to ensure implementation of agreed action as at financial year end and any reliance placed upon third party assurances;
 - Any issues that are deemed particularly relevant to the Annual Governance Statement (AGS);and
 - The Annual Review of the Effectiveness of Internal Audit, which includes; the level of compliance with the PSIAS and the results of any quality assurance and improvement programme, the outcomes of the performance indicators and the degree of compliance with CIPFA's Statement on the Role of the Head of Internal Audit.

10. Quality Assurance and Improvement Programme

- 10.1 The PSIAS require a quality assurance and improvement programme to be developed that covers all aspects of internal audit; including both internal and external assessments.
- 10.2 If an improvement plan is required as a result of the internal and / or the external assessment, in order to further develop the existing service provisions, the Internal Audit Consortium Manager will coordinate appropriate action and report against this.
- 10.3 On an annual basis the quality assurance and improvement programme, and any resulting improvement plan will be reported to senior management and the Committee, as part of the annual report and opinion.
- 10.4 Internal Assessment
- 10.4.1 Internal assessment includes the ongoing monitoring of the performance of the contractor through the performance measures which form a key part of the contract and through the quality review of all completed audits, both of which is undertaken by the Internal Audit Consortium Manager.
- 10.4.2 On conclusion of audit reviews a feedback form is provided to the key client on the audit process; the outcomes of which are reviewed to look to improve the service and any criticism received is investigated immediately and action take with the contractor to resolve the issue.
- 10.4.3 The PSIAS also require periodic self-assessment in relation to the effectiveness of internal audit, the detail and outcomes of which are then forwarded to the Section 151 Officer for their independent scrutiny, before the summary of which is provided to the Committee as part of the annual report and opinion. This information enables the Committee to be assured that the internal audit service is operating in accordance with best practice.
- 10.5 External Assessment
- 10.5.1 External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Authority. This can be in the form of a full external quality assessment that involves interviews with relevant stakeholders, supported by examination of the internal audit approach and methodology leading to the completion of an independent report, or a validated self-assessment, which the Internal Audit Consortium Manager compiles against the PSIAS assessment tool, which is then validated by an external assessor / team.

10.5.2 An external assessment will:

- Provide an assessment on the internal audit function's conformance to the PSIAS;
- Assess the performance of the internal audit activity in light of its charters, the expectations of the various boards and executive management;
- Identify opportunities and offer ideas and counsel for improving the performance of the internal audit activity, raising the value that internal audit provides to the organisation; and
- Benchmark the activities of the internal audit function against best practice.

10.5.3 The Internal Audit Consortium Manager will agree with the Section 151 Officer and the Committee the approach to be taken and the qualifications and independence of the external assessor / team, including any potential conflict of interest.

APPENDIX 2 – INTERNAL AUDIT STRATEGY



EASTERN INTERNAL AUDIT SERVICES BRECKLAND AND SOUTH HOLLAND DISTRICT COUNCILS

INTERNAL AUDIT STRATEGY FOR 2016/17

1. Introduction

- 1.1 The Internal Audit Strategy is a high level statement of;
- how the internal audit service will be delivered;
 - how internal audit services will be developed in accordance with the internal audit charter;
 - how internal audit services links to the organisational objectives and priorities; and
 - how the internal audit resource requirements have been assessed.

The provision of such a strategy is set out in the Public Sector Internal Audit Standards (PSIAS).

- 1.2 The purpose of the strategy is to provide a clear direction for internal audit services and creates a link between the Charter, the strategic plan and the annual plan.

2. How the internal audit service will be delivered

- 2.1 The Role of the Head of Internal Audit and contract management is provided by South Norfolk Council (the Internal Audit Consortium Manager) to; Breckland, Broadland, North Norfolk, South Norfolk District Councils, Great Yarmouth Borough Council and The Broads Authority, and from 1 April 2016 South Holland District Council. All Authorities are bound by a Partnership Agreement.
- 2.2 The delivery of the internal audit plans for each Authority is provided by an external audit contractor, who reports directly to the Internal Audit Consortium Manager. The current contract is with TIAA Ltd, and commenced on 1 April 2015, for an initial period of 5 years.

3. How internal audit services will be developed in accordance with the internal audit charter

3.1 Internal Audit objective and outcomes

- 3.1.1 Internal audit is an independent, objective assurance and consulting activity designed to add value and improve the Authority's operations. It helps the Authority accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
- 3.1.2 The outcomes of the internal audit service are detailed in the Internal Audit Charter and can be summarised as; delivering a risk based audit plan in a professional, independent manner, to provide the Authority with an opinion on the level of assurance it can place upon the

internal control environment, systems of risk management and corporate governance arrangements, and to make recommendations to improve these provisions, where further development would be beneficial.

3.1.3 The reporting of the outcomes from internal audit is through direct reports to senior management in respect of the areas reviewed under their remit, in the form of an audit report. The Audit Committee at Breckland DC (from 2016/17 the Governance and Audit Committee at South Holland DC) and the Section 151 Officer also receive:

- The Audit Plans Report, which is risk based and forms the next financial year's plan of work;
- The Progress Reports which provide summaries of the work achieved throughout the year and the individual opinions awarded on conclusion of reviews;
- The Follow Up Reports which detail the level of management action taken in respect of agreed internal audit recommendations; and
- The Annual Report and Opinion on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.

3.2 Internal Audit Planning

3.2.1 A risk-based internal audit plan (RBIA) is established in consultation with senior management that identifies where assurance and consultancy is required.

3.2.2 The audit plan establishes a link between the proposed audit areas and the priorities and risks of the Authority taking into account:

- Stakeholder expectations, and feedback from senior and operational managers;
- Objectives set in the strategic plan and business plans;
- Risk maturity in the organisation to provide an indication of the reliability of risk registers;
- Management's identification and response to risk, including risk mitigation strategies and levels of residual risk;
- Legal and regulatory requirements;
- The audit universe – all the audits that could be performed; and
- Previous IA plans and the results of audit engagements.

3.2.3 In order to ensure that the internal audit service adds value to the Authority, assurance should be provided that major business risks are being managed appropriately, along with providing assurance over the system of internal control, risk management and governance processes.

3.2.4 Risk based internal audit planning ensures that the Internal Audit Service adds value to the Council by providing assurance that major business risks are being managed appropriately, along with providing assurance over the system of internal control, risk management and governance processes.

3.2.5 The approach ensures; better and earlier identification of risks and increased ability to control them; greater coherence with the Authority's priorities; an opportunity to engage with stakeholders; the Committee and Senior Management better understand how the internal audit service helps to accomplish its objectives; and this ensures that best practice is followed.

3.2.6 The advantages of a true risk based approach include:

- Better and earlier identification of risks and increased ability to control them;
- Greater coherence with the Council's priorities;
- An opportunity to engage with stakeholders across the Council;

- The Committee and Senior Management better understand how the Internal Audit Service helps the Council accomplish its objectives; and
- Ensures that best practice is followed.

3.2.7 The key distinction with establishing plans derived from a risk based internal audit approach is that the focus should be to understand and analyse management's assessment of risk and to base audit plans and efforts around that process.

3.2.8 Consultation with the Section 151 Officer and senior manager's takes place through specific meetings during which current and future developments, changes, risks and areas of concerns are discussed and the plan developed accordingly to take these into account.

3.2.9 In addition at South Holland DC there is liaison with the Internal Audit Manager to ensure that the coverage over the systems provided by Compass Point is agreed, and where possible joint audits will be undertaken.

3.2.10 The outcome of this populates a strategic internal audit plan, and the resulting annual internal audit plan, which are discussed with and approved by Executive Management Team prior to these being brought to the Audit Committee at Breckland DC, and the Governance and Audit Committee at South Holland DC. In addition External Audit is also provided with early sight of the plans.

3.3 Internal Audit Annual Opinion

3.3.1 The annual opinion provides senior management and the Committee with an assessment of the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.

3.3.2 The opinion is based upon:

- The summary of the internal audit work carried out;
- The follow up of management action taken to ensure implementation of agreed action as at financial year end;
- Any reliance placed upon third party assurances;
- Any issues that are deemed particularly relevant to the Annual Governance Statement (AGS);
- The Annual Review of the Effectiveness of Internal Audit, which includes; the level of compliance with the PSIAS and the results of any quality assurance and improvement programme, the outcomes of the performance indicators and the degree of compliance with CIPFA's Statement on the Role of the Head of Internal Audit.

3.3.3 In order to achieve the above internal audit operates within the PSIAS and uses a risk based approach to audit planning and to each audit assignment undertaken. The control environment for each audit area reviewed is assessed for its adequacy and effectiveness of the controls and an assurance rating applied.

4. **How internal audit services links to the organisational objectives and priorities**

4.1 In addition to the approach taken as outlined in section 3 (Internal Audit Planning), which ensures that the service links to the organisations objectives and priorities and thereby through the risk based approach adds value, internal audit also ensure an awareness is maintained of local and national Issues and risks.

- 4.2 The annual audit planning process ensures that new or emerging risks are identified and considered at a local level. This strategy ensures that the planning process is all encompassing and reviews the records held by the Authority in respect of risks and issue logs and registers, reports that are taken through the Authority Committee meetings, and through extensive discussions with senior management.
- 4.3 Awareness of national issues is maintained through the contract in place with the external internal audit provider through regular “horizon scanning” updates, and annually a particular focus provided on issues to be considered during the planning process. Membership and subscription to professional bodies such as the Institute of Internal Auditors and the CIPFA on-line query service, liaison with External Audit, and networking with colleagues through the Norfolk Chief Internal Auditors Group, all help to ensure developments are noted and incorporated where appropriate.

5. How internal audit resource requirements have been assessed

- 5.1 Through utilising an external audit contractor the risk based internal audit plan can be developed without having to take into account the existing resources, as you would with an in-house team, thus ensuring that audit coverage for the year is appropriate to the Authority’s needs and not tied to a particular resource.
- 5.2 That said a core team of staff is provided to deliver the audit plan, and these staff bring with them considerable public sector knowledge and experience. These core staff can be supplemented with additional staff should the audit plan require it, and in addition specialists, e.g. computer auditors, contract auditor, fraud specialists, can be drafted in to assist in completing the internal audit plan and focusing on particular areas of specialism.
- 5.3 All audit professionals are encouraged to continually develop their skills and knowledge through various training routes; formal courses of study, in-house training, seminars and webinars. As part of the contract with TIAA Ltd the contractor needs to ensure that each member of staff completes a day’s training per quarter.
- 5.4 In addition resource is also provided by East Lindsey DC to undertake the audits of Compass Point services and these resources are agreed for the year ahead, thus ensuring that appropriate resource can be made available at the right time and at the right level.

APPENDIX 3 – STRATEGIC INTERNAL AUDIT PLAN

South Holland District Council				
Audit Area	Last reviewed & assurance	2016/17	2017/18	2018/19
Annual Opinion / Governance audits				
Corporate Governance	Not a specific review area previously - covered in multiple audits	4	4	4
Risk Management	2013/14 - Substantial	3	3	3
Compass Point - Governance	2014/15 - Some Improvement needed		10	
Transformation Programme - benefits realisation	Management request	6	6	6
Fundamental Financial Systems (see ELDC)				
Housing Rents / Management	2015/16 - Substantial		12	
Directorate audits				
Executive Director Commercialisation				
Strategic Housing	Not recently reviewed	10		
Economic Development	Not recently reviewed		8	
Licensing and Business Support	Not recently reviewed	5		
Corporate Health and Safety	2014/15 - Some Improvement needed	3		
Environmental Protection	Not recently reviewed			8
Food, Health & Safety	Not recently reviewed		8	
Executive Director Strategy and Governance				
Legal Services	Not recently reviewed		5	
Democratic Services	Not recently reviewed		5	
Elections and Electoral Registration	Not recently reviewed		10	
Corporate Performance and Corporate Plan	2015/16 - audit due		7	
Procurement and Contract Management	2013/14 - Limited		8	
Customer Services	Management request		4	
Branding	Management request	3		
Executive Director Place				
Housing needs, allocation, homelessness, housing register and PSH	2012/13 - Homelessness - Substantial		10	
Planned maintenance, major contracts and property services Responsive repairs, voids and recharges	2014/15 Gas Servicing & Voids - Some Improvement Needed 2015/16 Planned Maintenance - Substantial	10		15
Community development and safety	2013/14 - Substantial			8
Leisure	2013/14 - Health Initiatives - Limited	5		
South Holland Centre	Management request	7		
Ascoughfee	Management request	7		
Planning - development control, enforcement, s106 agreements, land charges	2012/13 - substantial			16
Building Control	2012/13 - substantial		8	
Environmental Services - waste, recycling and depot services	Not recently reviewed			16

ICT Audits				
IT audits to be confirmed		20	20	20
Follow Up of audit recommendations				
All previous audits SHDC		12	12	12
Total number of days delivered by EIAS		95	140	108
Compass Points Audits delivered by East Lindsey District Council				
Key Controls and Assurance		20	20	20
Review of Finance Team - accountancy services, payables, receivables, income, payroll & human resources, council tax, national non-domestic rates and benefits	Various assurances*	20	20	20
HB Subsidy Testing		25	25	25
Days provided by other Internal Audit Services		65	65	65
Total Internal Audit provision		160	205	173

* assurance opinions for finance audits:	
Accountancy Services	2014/15 - Bank Rec - Some improvement needed 2014/15 - Assets - Some improvement needed 2013/14 - Treasury Management - Full 2012/13 - General Ledger - Substantial
Accounts Payable	2014/15 - Major improvement needed
Accounts Receivable	2014/15 - Some improvement needed
Income	2014/15 - Some improvement needed
Payroll and Human Resources	2014/15 - Payroll - Some improvement needed 2013/14 - HR Strategy - Substantial
Council Tax	2014/15 - Some improvement needed
National Non-Domestic Rates	2014/15 - Some improvement needed
Benefits	2014/15 - Major improvement needed

APPENDIX 4 – ANNUAL INTERNAL AUDIT PLAN

Audit Area	No of days	Q1	Q2	Q3	Q4	TBC	Notes
Annual Opinion / Governance audits							
Corporate Governance	4				4		Exact coverage determined annually in conjunction with the monitoring officer (or deputy).
Risk Management	3				3		Joint audit review will focus on the use of covenant, the role of the Performance, Risk and Audit Board and the information reported to the Governance and Audit Committee.
Transformation Programme - benefits realisation	6					6	Internal Audit involvement over the financial year as a critical friend, to ensure appropriate challenge is provided, in relation to benefits proposed, i.e. cashable savings, improved performance, resilience, customer focus, quality etc.
Directorate audits							
Executive Director Commercialisation							
Strategic Housing	10		10				Confirmation of process at SHDC in relation to Affordable Housing (3 days). Possible review of Welland Homes once management review complete (7 days).
Licensing and Business Support	5			5			Joint audit review will focus on the efficiency of the working practices, how fees are determined & set, cross agency working for example taxi licenses and also the role of the team in relation to counterfeit goods.
Corporate Health and Safety	3	3					Joint audit to review processes for ensuring health and safety across both sites and the role and remit of the joint committee.
Executive Director Strategy and Governance							
Branding	3	3					This joint audit will focus on brand guidelines - are these fit for purpose, are these followed, are the communications team involved, and brands signed off and are the correct brands used.

Executive Director Place							
Planned maintenance, major contracts and property services Responsive repairs, voids and recharges	10					10	A review of the CSU has recently been carried on the instruction of the EMT. This was not a formal audit and was a discreet piece of work undertaken outside of the work programme. There is provision within the work programme to audit CSU and this will be timetabled to audit any changes/improvements that were instigated following the recent review.
Leisure	5					5	A task and finish group is being set up to look at options for leisure provision, Internal Audit will provide a critical friend role in ascertaining the future leisure provision for the District.
South Hlland Centre	7	7					The audit will validate the data within the financial ledger and also provide assurance over such data i.e. integrity of, it will also focus on coding of data to ensure a transparent picture is portrayed of the cost of the service.
Ascoughfee	7		7				The audit will validate the data within the financial ledger and also provide assurance over such data i.e. integrity of, it will also focus on coding of data to ensure a transparent picture is portrayed of the cost of the service.
ICT Audits							
IT audits to be confirmed	20					20	Risk based approach to IT audits to be discussed with IT Manager.
Follow Up of audit recommendations							
All previous audits	12	3	3	3	3		Bi-monthly follow up of recommendations and evidence
Total number of days delivered by EIAS	95	16	20	8	10	41	

Compass Points Audits delivered by East Lindsey District Council							
Key Controls and Assurance	20				20		Annual testing of key controls not subject to full review within the financial year. This year will include; general ledger maintenance, control accounts, asset register, treasury management, budgetary control, accounts receivable, income and the assurance framework.
Review of Finance Team - accountancy services, payables, receivables, income, payroll & human resources, council tax, business rates and benefits	20			20			Review this year will focus on Payroll and Accounts Payable, as agreed with the Head of Internal Audit at East Lindsey due to her knowledge of these systems.
HB Subsidy Testing	25				25		Approach as agreed with External Audit (KPMG)
Days provided by other Internal Audit Services	65	0	0	20	45	0	
Total Internal Audit provision	160	16	20	28	55	41	

APPENDIX 5 – PERFORMANCE MEASURES

Area / Indicator	Target
<u>Audit Committee / Senior Management</u> 1. Audit Committee Satisfaction – measured annually 2. Chief Finance Officer Satisfaction – measured quarterly	Adequate Good
<u>Internal Audit Process</u> 3. Each quarters audits completed to draft report within 10 working days of the end of the quarter 4. Quarterly assurance reports to the Contract Manager within 15 working days of the end of each quarter 5. An audit file supporting each review and showing clear evidence of quality control review shall be completed prior to the issue of the draft report (a sample of these will be subject to quality review by the Contract Manager) 6. Compliance with Public Sector Internal Audit Standards 7. Respond to the Contract Manager within 3 working days where unsatisfactory feedback has been received.	100% 100% 100% Full 100%
<u>Clients</u> 8. Average feedback score received from key clients (auditees) 9. Percentage of recommendations accepted by management	Adequate 90%
<u>Innovations and Capabilities</u> 10. Percentage of qualified (including experienced) staff working on the contract each quarter 11. Number of training hours per member of staff completed per quarter 12. Number of high and medium priority recommendations made per quarter 13. Number of audits which are considered to add value	60% 1 day To decrease over the life of the contract (from year 2) To increase over the life of the contact (from year 2)