

Agenda item 7



Hertsmere Borough Council
2014/15 Annual Assurance Statement
and
Internal Audit Annual Report
13 July 2015

Recommendations

Members are recommended to:

Note the Annual Assurance Statement and Internal Audit Annual Report

Note the results of the self-assessment as required by both the Public Sector Internal Audit Standards and the Quality Assurance and Improvement Programme

Accept the SIAS Audit Charter

Seek assurance from management that the scope and resources for internal audit were subject to no inappropriate limitations in 2014/15

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1. Purpose and Background

Purpose of Report

1.1 The purpose of this report is to:

- Document and communicate internal audit's overall opinion on the adequacy and effectiveness of the Council's control environment, commenting on significant matters and key themes
- Summarise the audit work from which the opinion is derived
- Summarise the performance of the Shared Internal Audit Service (SIAS) in respect of audit work delivered for the Council
- Show the outcomes of the self-assessment against the Public Sector Internal Audit Standards (PSIAS) incorporating the requirements of the Quality Assurance and Improvement Programme (QAIP)
- Present the Audit Charter for 2015/16.

Background

1.2 The provision to the Council of an annual opinion on internal control is a key duty of the Head of Assurance. It is timed to support the production of the Council's Annual Governance Statement.

1.3 Reporting the work of SIAS to Audit Committee Members 'charged with governance' provides them with an opportunity to review and monitor the outputs of internal audit activity and gain assurance that the Council's internal audit function is fulfilling its statutory obligations. This process is an integral component of corporate governance.

1.4 The Head of Assurance's opinion is based on internal audit work undertaken during the 2014/15 financial year. SIAS is grateful for the co-operation and support it has received from all those who have engaged with the audit process during the period.

2. Annual Assurance Statement 2014/15

Context

2.1 *Scope of responsibility*

The management of the Council is responsible for ensuring its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively.

The management of the Council is also responsible for ensuring that there is a sound system of internal control, which includes arrangements for managing risk.

2.2 *Control environment*

The Council's control environment comprises three key areas: internal control, governance, and risk management arrangements. Together these areas are designed to manage risk to a reasonable level rather than eliminate risk completely.

The purpose of these arrangements is to help ensure that the Council's policies, priorities and objectives are achieved.

2.3 *Review of effectiveness*

The Head of Assurance is required to confirm the fitness for purpose of internal audit to carry out work that informs the assurance opinion.

The Head of Assurance therefore commissioned a self-assessment exercise, thus satisfying PSIAS requirements 1311 and 1312 for periodic self-assessments as part of a Quality Assurance and Improvement Programme. The self-assessment exercise was conducted against the PSAIS requirements. Its results allow SIAS to evidence that effective arrangements are in place and internal audit standards are in line with good practice.

As a result, the Head of Assurance is able to report a substantial level of conformance with the Public Sector Internal Audit Standards and considers the internal audit service to be effective.

The exercise did not identify any significant deviations from Standards which warrant inclusion in the Council's Annual Governance Statement. Appendix C of this report contains a table setting out areas where further action is needed in order to ensure conformance and discloses areas of intentional non-conformance.

2.4 *Confirmation of independence of internal audit and assurance on limitations*

The Head of Assurance confirms that during the year there have been no matters arising which have threatened the independence of the internal audit function. The Head of Assurance also confirms that there have been no inappropriate scope or resource limitations on the internal audit function during the year.

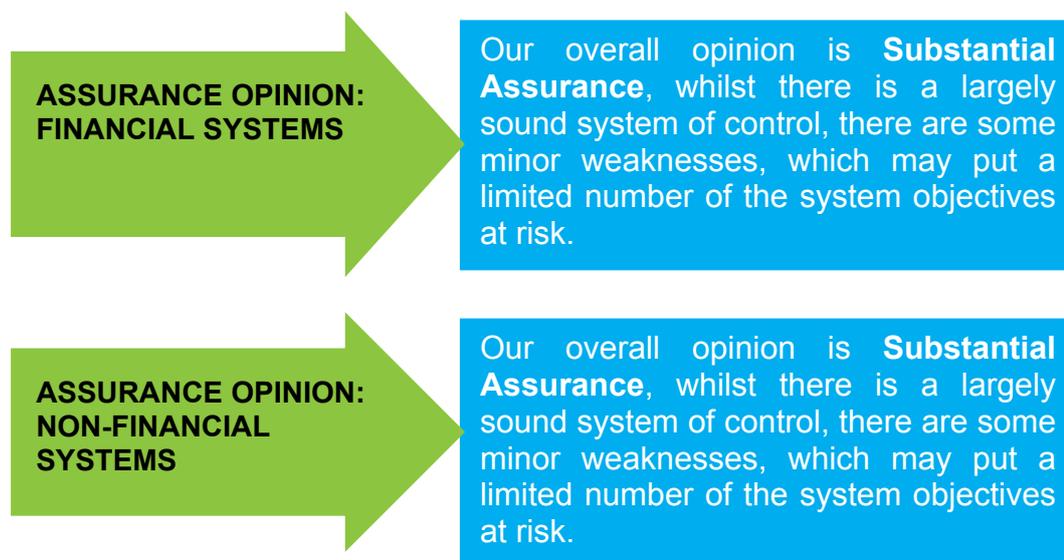
2.5 *Basis of assurance opinion*

Our assurance opinion is based on the work carried out by SIAS during 2014/15 which has been planned in order to give sufficient assurance on the management of key risks within the organisation.

Annual Assurance Statement for 2014/15

2.6 *Assurance opinion on internal control*

From the internal audit work undertaken in 2014/15 we can provide the following opinion on the adequacy and effectiveness of the Council's control environment, broken down between financial and non-financial systems. There are no qualifications to this assurance.



2.7 *Assurance opinion on Corporate Governance and Risk Management*

In our opinion the corporate governance and risk management framework substantially complies with the best practice guidance on corporate governance issued by CIPFA/SOLACE. This conclusion is based primarily on the work undertaken by the Council and reported in its Annual Governance Statement for 2014/15 and the specific reviews of Risk Management and Corporate Governance carried out by SIAS during the year, both of which received overall substantial assurance opinions.

**Head of Assurance for the Shared Internal Audit Service
July 2015**

3. Overview of Internal Audit Activity in 2014/15

- 3.1 This section of the report summarises the work of the audit service during the year, highlighting matters of significance in respect of the internal control environment and opportunities for improvement.
- 3.2 Appendix A lists the audit work that was completed in the year and the final position on the agreed audit plan, including the assurance level provided and number of recommendations made. The levels of assurance and priority of recommendations are summarised in the tables below, and include a comparison against 2014/15.

Assurance Level	Number of reports 2014/15 (2013/14 data in brackets)	Percentage of reports 2014/15 (2013/14 data in brackets)
Full	9 (8)	32% (30%)
Substantial	13 (15)	46% (56%)
Moderate	3 (2)	11% (7%)
Limited	0 (0)	0% (0%)
No	0 (0)	0% (0%)
Not Assessed	3 (2)	11% (7%)
Total	28 (27)	100% (100%)

Recommendation Priority Level	Number of recommendations 2014/15 (2013/14 data in brackets)	Percentage of recommendations made 2014/15 (2013/14 data in brackets)
High	3 (1)	5% (2%)
Medium	30 (23)	49% (43%)
Merits Attention	28 (29)	46% (55%)
Total	61 (53)	100% (100%)

- 3.3 The substantial overall assurance opinion for both financial and non-financial systems is the same as that achieved in 2014/15.
- 3.4 It should be noted though that there were three non-financial systems audits with a moderate overall assurance opinion, being Corporate Debt Management, Data Protection and Contract Management. While consideration of these audits has not significantly impacted on the overall assurance opinion, the audits all relate to important corporate processes and progress on implementation of recommendations should be closely monitored during 2015/16.

Annual Assurance Statement and Internal Audit Annual Report Hertsmere Borough Council

3.5 Three high priority recommendations arose from these audits during the course of the year as follows:

- a) From the Data Protection audit, relating to the need to ensure that a central record is kept of subject access requests for data. This recommendation is now considered to be fully implemented.
- b) From the Corporate Debt Management Report, two recommendations:
 - The producers of information on aged debt and debtors (i.e. Finance) and those users of that information, responsible for managing those debtors and their debts, who have expressed dissatisfaction with the information currently available, to resolve whether the existing information available is sufficient for effective and efficient debt management, or whether additional / modified / alternative information is needed, and
 - To review the current capacity to undertake debt management on a timely basis (and the 'distribution' of this between service departments, and the Legal and Finance sections).

4. Performance of the Internal Audit Service in 2014/15

Performance indicators

4.1 The table below compares the performance in 2014/15 of SIAS at Hertsmere Borough Council against targets set by the Board of the Shared Internal Audit Service.

Indicator	Target for 2014/15	Actual to 31 March 2015
1 SIAS Planned Days – percentage of actual billable days delivered against planned billable days	95%	97%* (376.5 billable days out of 388 possible billable days)
2 SIAS Planned Projects – actual completed projects to draft report stage against planned completed projects	95%	96% (27 projects out of an agreed 28 projects)
3 External Auditors' Satisfaction – the Annual Audit Letter should formally record whether or not the External Auditors are able to rely upon the range and the quality of SIAS' work	Formal Reliance	Achieved
4 SIAS Annual Plan – prepared in time to present to the March meeting of each Audit Committee. If there is no March meeting then the plan should be prepared for the first meeting of the financial year	Deadline met	Achieved
5 Client Satisfaction - client satisfaction questionnaires returned at 'satisfactory overall' level (minimum of 39/65 overall)	100%	100%
6 Head of Assurance's Annual Report – prepared in time to present to the first meeting of each Audit Committee in the financial year	Deadline met	Achieved
7 Number of High Priority Audit Recommendations agreed	95%	100%

* Actual and planned billable days are taken from final position spreadsheet.
Planned billable days figure of 388 days = 400 (agreed plan days) less 12 days unused contingency.

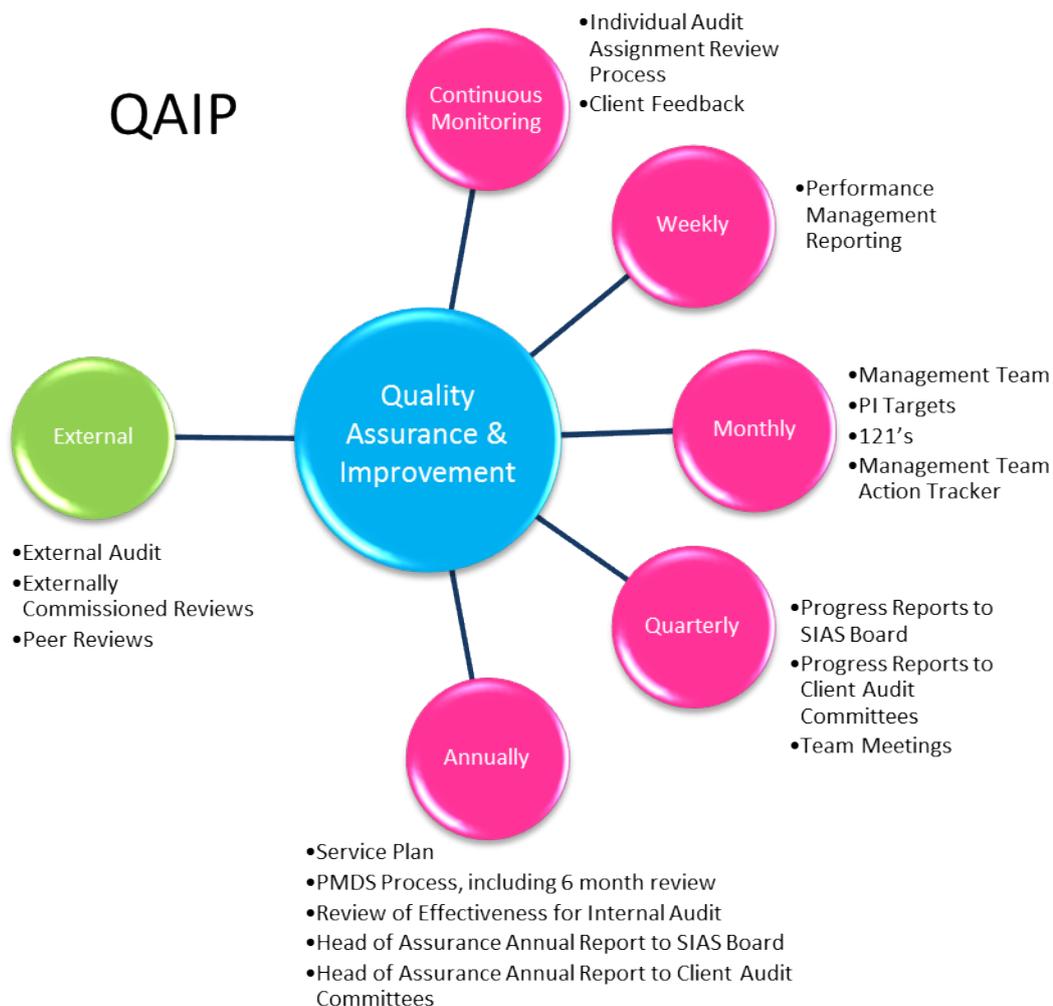
Developments in the year

4.2 During 2014/15, a number of service development activities took place within SIAS, designed to continually enhance the service offering:

- Audit Planning and Scheduling – agreeing with client the month in which an audit review would commence allowing management sufficient time to prepare for the audit to take place and allowing SIAS to better schedule its resources.
- Shared Learning – a joint review took place to compare Annual Governance Statement activity across the partnership; further, a review of the means by which SIAS currently shares learning across the partnership was carried out, with proposals for specific shared learning activity from 2015/16 onwards.
- Procurement of external partner – a procurement exercise took place to select an external partner to work with SIAS over the forthcoming three years. The selected partner is ‘BDO’ the fifth largest accountancy network in the world; a worldwide professional services network of public accountancy firms, serving national and international clients. BDO will begin working with SIAS from April 2015 replacing the current partner PriceWaterhouseCoopers.
- Methodology review – a project to review the means by which audit fieldwork is documented by SIAS auditors.

5. Compliance with the Public Sector Internal Audit Standards and Quality Assurance and Improvement Programme

- 5.1 The Public Sector Internal Audit Standards are based on the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF). They promote the professionalism, quality, consistency and effectiveness of internal audit across the public sector. They highlight the importance of robust, independent and objective internal audit arrangements to provide senior management with the key assurances they need to support them both in managing the organisation and in producing the Annual Governance Statement.
- 5.2 The Head of Assurance has reviewed the conformance of SIAS with the PSIAS standards using a checklist. The checklist detailing this exercise is available on request.
- 5.3 The self-assessment carried out in 2014/15 identified three areas of part-conformance. Progress against these areas is shown in detail in Appendix C, Section C.
- 5.4 In relation to intentional non-conforming areas these are set out in Appendix C, Section B and cover the requirement for the chief executive sign off for the Head of Assurance Appraisal. The Head of Assurance Appraisal includes an opportunity for Chief Financial Officers across the SIAS partnership to input views. It is considered that this is appropriate given the shared nature of the service and no further action is proposed currently.
- 5.5 One of the main elements of the PSIAS is the requirement to define a Quality Assurance and Improvement Programme (QAIP) for SIAS. This work has been duly undertaken.
- 5.6 The SIAS QAIP includes both internal and external monitoring and reporting to assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement. The diagram below details the methods used to monitor and report on quality and performance. Detailed information outlining activity in each area is contained in the SIAS Audit Manual.



5.7 During the year SIAS has operated according to its QAIP. Evidence is available within the service to support the achievement of each of the QAIP elements.

5.8 An externally commissioned review of the service's conformance with PSIAS standards has to be undertaken at least once every five years. This has been scheduled for 2015/16.

6. Audit Charter

- 6.1 The Public Sector Internal Audit Standards require that a local authority formally adopts an Audit Charter covering the authority and responsibility for its internal audit function.
- 6.2 The SIAS Audit Charter sets out the framework within which it discharges its internal audit responsibilities to those charged with governance in the Council. It also details the permanent arrangements for the internal audit and key governance roles and responsibilities to ensure the effectiveness of internal audit provision.
- 6.3 An annual review of the Audit Charter is undertaken as part of the SIAS Service Plan activity. The review for 2015/16 did not result in any fundamental changes to the document, although a number of minor amendments have taken place. The Charter for 2015/16 is attached at Appendix D.

APPENDIX A - FINAL POSITION FOR THE 2014-15 AUDIT PLAN

2014-15 Hertsmere Borough Council Audit Plan

	Level of Assurance	Recommendations			Plan Days	Audit progress /Status
		H	M	MA		
Key Financial Systems						
Main Accounting System	Full	0	0	0	8	Final Report Issued
Debtors	Full	0	0	0	8	Final Report Issued
Creditors	Full	0	0	0	8	Final Report Issued
Treasury Management	Full	0	0	0	8	Final Report Issued
Payroll	Substantial	0	1	0	12	Final Report Issued
Council Tax	Substantial	0	0	1	12	Final Report Issued
NDR	Full	0	0	0	12	Final Report Issued
Housing Benefits	Substantial	0	0	0	12	Final Report Issued
Cash and Banking	Full	0	0	0	8	Final Report Issued
Operational Audits						
Enforcement	Substantial	0	1	4	15	Final Report Issued
Corporate Debt Management	Moderate	2	5	1	30	Final Report Issued

APPENDIX A - FINAL POSITION FOR THE 2014-15 AUDIT PLAN

	Level of Assurance	Recommendations			Plan Days	Audit progress /Status
		H	M	MA		
Agency Temporary Staff	Substantial	0	1	1	10	Final Report Issued
Taxi Licensing	Substantial	0	0	0	10	Final Report Issued
Disabled Facilities Grant / HIA	Full	0	0	1	10	Final Report Issued
Litigation	Substantial	0	1	1	10	Final Report Issued
Use of Procurement Cards	Substantial	0	5	4	10	Final Report Issued
Elstree Film Studios payroll					10	New audit commenced in March 2015 following closure of the Elstree Studios Governance Review - 8 days carried forward to 2015/16 Plan
Procurement						
Civic Office Alterations	Full	0	0	0	5	Final Report Issued
Studios Mound Site	Full	0	0	0	5	Final Report Issued
Contract Management	Moderate	0	9	4	15	Final Report Issued
Use of Consultants	Substantial	0	1	1	15	Final Report Issued
Joint Reviews						

APPENDIX A - FINAL POSITION FOR THE 2014-15 AUDIT PLAN

	Level of Assurance	Recommendations			Plan Days	Audit progress /Status
		H	M	MA		
Benchmarking of Risk Registers and AGS Counter Fraud	Not Assessed				2	Final Report Issued
Significant Counter Fraud Risks Risk Management & Governance	Substantial	0	2	1	5	Final Report Issued
Elstree Studios Governance Review	Audit Closed				1	Balance of days returned to contingency
Risk Management	Substantial	0	1	0	5	Final Report Issued
Corporate Governance *	Substantial	0	0	0	5	Final Report Issued
Ad Hoc Advice						
Ad Hoc Advice	N/A				6	As and when required
Disabled Facilities Grants – Additional Work					6	Fieldwork commenced as part of 2014/15 Audit Plan and carried forward to 2015/16 to support management requirements
IT Audits						
PSN Compliance					1	Cancelled

APPENDIX A - FINAL POSITION FOR THE 2014-15 AUDIT PLAN

	Level of Assurance	Recommendations			Plan Days	Audit progress /Status
		H	M	MA		
Cyber Risk Extended Follow Up	Not Assessed	0	1	1	5	Final Report Issued
IT Helpdesk	Substantial	0	0	3	12	Final Report Issued
Disaster Recovery Extended Follow Up	Not Assessed	0	0	0	5	Final Report Issued
Data Protection	Moderate	1	2	5	10	Final Report Issued
Follow-Up Audits						
Quarterly review of High Priority Recommendations	N/A				6	Through Year
Recommendations Database	N/A				7	Through Year
Strategic Support and Contingency						
Head of Internal Audit Opinion 2013-14	N/A				5	Complete
Audit Committee	N/A				12	Complete
Council, Executive and Other Committees	N/A				2	Complete
Client Meetings	N/A				12	Complete
AGS and Corporate Governance Group	N/A				12	Complete
External Audit Liaison	N/A				3	Complete

APPENDIX A - FINAL POSITION FOR THE 2014-15 AUDIT PLAN

	Level of Assurance	Recommendations			Plan Days	Audit progress /Status
		H	M	MA		
Monitoring	N/A				12	Complete
SIAS Development	N/A				5	Complete
2015/16 Audit Planning	N/A				6	Complete
Contingency						
Remaining Contingency	N/A				12	
Brought Forward from 2013/14						
Allowance for Work remaining from the 2013-14 Plan	N/A				10	Complete
Hertsmere Borough Council Total		3	30	28	400	

Notes

* For the purposes of performance indicator 2 at section 4.1, this report was not at draft report stage at 31 March 2015

N/A = Not Applicable

H = High priority recommendations; M = Medium priority recommendations; MA = Merits Attention priority recommendations

APPENDIX B - DEFINITIONS OF ASSURANCE LEVELS AND PRIORITY OF RECOMMENDATIONS

Levels of assurance	
Full Assurance	There is a sound system of control designed to achieve the system objectives and manage the risks to achieving those objectives. No weaknesses have been identified.
Substantial Assurance	Whilst there is a largely sound system of control, there are some minor weaknesses, which may put a limited number of the system objectives at risk.
Moderate Assurance	Whilst there is basically a sound system of control, there are some areas of weakness, which may put some of the system objectives at risk.
Limited Assurance	There are significant weaknesses in key control areas, which put the system objectives at risk.
No Assurance	Control is weak, leaving the system open to material error or abuse.

Priority of recommendations	
High	There is a fundamental weakness, which presents material risk to the objectives and requires urgent attention by management.
Medium	There is a significant weakness, whose impact or frequency presents a risk which needs to be addressed by management.
Merits Attention	There is no significant weakness, but the finding merits attention by management.

Section A: Conformance

During 2014/15 all areas apart from those identified in Sections B and C below are conforming.

Section B: Intentional Non-Conformance

Ref	Area of Non-Conformance with the Standard	Commentary	
3.1a	<p>Purpose, Authority and Responsibility</p> <p>Does the board (defined as the Audit Committee) approve decisions relating to the appointment and removal of the Chief Audit Executive (CAE) (Head of Assurance)</p>	<p>The Deputy Chief Executive of Hertfordshire County Council, in consultation with the Board of the Shared Internal Audit Services approves decisions relating to the appointment and removal of the CAE.</p> <p>This is as provided for in the governance of the Shared Internal Audit Service.</p>	<p>Non-conformance</p> <p>No further action proposed. The current arrangements are considered effective given the shared nature of SIAS.</p>

APPENDIX C – PROGRESS AGAINST PUBLIC SECTOR INTERNAL AUDIT STANDARDS AT MAY 2015 – ACTION PLAN

<p>3.1c</p>	<p>Purpose, Authority and Responsibility Does the chief executive or equivalent undertake, countersign, contribute feedback to or review the performance appraisal of the CAE?</p>	<p>The performance appraisal is carried out by the Deputy Chief Executive of Hertfordshire County Council (HCC)</p>	<p>Non-conformance No further action proposed. The appraisal process was carried out by the HCC Deputy Chief Executive with input from all partner chief finance officers. The current arrangements are considered effective given the shared nature of SIAS.</p>
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Section C: Part Conformance

Ref	Area of Non-Conformance with the Standard	Position as at May 2015
3.3	<p>Proficiency and Due Professional Care</p> <p>Do internal auditors have sufficient knowledge of the appropriate computer-assisted audit techniques that are available to them to perform their work, including data analysis techniques?</p>	<p>Part conformance</p> <p>Team members have appropriate knowledge but strategy for computer assisted audit techniques to be developed.</p> <p>December 2015</p>
4.5	<p>Communicating results</p> <p>Does the Annual Report incorporate the results of the QAIP and any associated improvement actions</p>	<p>Part Conformance</p> <p>QAIP in place and results reported annually. Process improvements planned in 2015/16 year.</p> <p>September 2015</p>

APPENDIX C – PROGRESS AGAINST PUBLIC SECTOR INTERNAL AUDIT STANDARDS AT MAY 2015 – ACTION PLAN

4.5	Communicating results The results of the QAIP? Progress against any improvement plans resulting from the QAIP?	Part Conformance QAIP in place and results reported annually. A robust process for linking the QAIP and improvement plans to be introduced. September 2015
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Internal Audit Charter

1. Introduction and Purpose

- 1.1. Internal auditing is an independent and objective assurance and consulting activity that is guided by a philosophy of adding value to improve the operations of the Council. It assists the Council in accomplishing its objectives by bringing a systematic and disciplined approach to evaluating and improving the effectiveness and efficiency of the Council's risk management, control, and governance processes.

2. Scope

- 2.1. This Internal Audit Charter is applicable to all clients of Hertfordshire's Shared Internal Audit Service (SIAS) during 2015/16. These clients are:
 - East Hertfordshire Council
 - Hertfordshire County Council
 - Hertsmere Borough Council
 - North Hertfordshire District Council
 - Stevenage Borough Council
 - Three Rivers District Council
 - Watford Borough Council
 - Welwyn Hatfield Borough Council
 - Welwyn Hatfield Charitable Housing Trust

3. Statutory Basis of Internal Audit

- 3.1. Within local government there is a statutory requirement for an internal audit function. The 2003 Accounts and Audit Regulations (as amended by the 2006, 2009 and 2011 Regulations) require that a local authority 'must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control'.

- 3.2. In addition, a council's Chief Finance Officer has a statutory duty under Section 151 of the Local Government Act 1972 to establish a clear framework for the proper administration of the authority's financial affairs. The S151 officer relies, amongst other sources, upon the work of internal audit in reviewing the operation of systems of internal control and financial management.

4. Role

- 4.1. Internal audit activity provided by SIAS is established by the Audit Committee. The responsibilities of SIAS are defined by the Audit Committee, via this Charter, as part of its oversight role.
- 4.2. SIAS may undertake consultancy activity (additional activity requested by management) where it has the necessary skills and resources to do this. Such activity will be determined by the Head of Assurance on a case by case basis and significant additional consulting activities will not be carried out without prior consultation of the SIAS Board.

5. Professionalism

- 5.1. SIAS governs itself by adherence to the Public Sector Internal Audit Standards (PSIAS). These mandatory public sector specific standards were introduced on 1 April 2013, through a joint venture between the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Chartered Institute of Internal Auditors (IIA).
- 5.2. This mandatory guidance includes the Definition of Internal Auditing, the Code of Ethics and the International Standards for the Professional Practice of Internal Auditing ('the Standards') and sets out the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of an internal audit function's performance.
- 5.3. The IIA's Practice Advisories, Practice Guides, and Position Papers are adhered to as applicable to guide operations. In addition, SIAS adheres to the council's relevant policies and procedures, including compliance with the Bribery Act 2010 and other relevant legislation. These are included in SIAS's standard operating procedures manual, which is subject to regular review.
- 5.4. In the event of non-conformance with the Standards, the Head of Assurance will investigate and disclose, in advance if possible, the exact nature of the non-conformance, the reasons for it, and, if applicable, the impact on any specific engagement or engagement result.

6. Authority and Confidentiality

- 6.1. With strict accountability for confidentiality and safeguarding records and information, SIAS is authorised full, free, and unrestricted access to any and all of

a client's records, physical properties, and personnel pertinent to carrying out an engagement.

- 6.2. Internal Auditors must use this information for carrying out the audit, and must ensure that it is not used in any manner that would be contrary to the law, for personal gain, or detrimental to the legitimate and ethical objectives of the client organisation(s). However, disclosure must be made of all material facts known to Internal Auditors which, if not disclosed, could distort their reports or conceal unlawful practice.
- 6.3. All employees are requested to assist SIAS in fulfilling its roles and responsibilities. SIAS also has free and unrestricted access to the Audit Committee and Senior Management.

7. Organisation

- 7.1. SIAS has direct access to Senior Management, the Audit Committee, the Chief Executive and the Chair of the Audit Committee. The Section 151 Officer and the Audit Committee will jointly agree the level of internal audit resource to be deployed. The Head of Assurance will communicate and interact directly with Senior Management, the Audit Committee, and the nominated external audit representative in executive sessions and between meetings as appropriate. Outside formal Senior Management and Audit Committee meetings, the Head of Assurance will have unrestricted access to the Chief Executive and the Chair of the Audit Committee.
- 7.2. For line management purposes, the Head of Assurance reports to the post of Deputy Chief Executive and Chief Financial Officer at Hertfordshire County Council (HCC). The Deputy Chief Executive of HCC approves all decisions regarding the performance evaluation, appointment, or removal of the Head of Assurance, in consultation with the SIAS Board. Feedback is also sought from the Audit Committee chairs of the SIAS partners.

8. Stakeholders

- 8.1. The following groups are defined as stakeholders of SIAS:
- 8.2. The Head of Assurance, who must be suitably experienced and qualified (CCAB and / or CMIIA), is responsible for hiring, appraising and developing appropriate Internal Audit staff in accordance with the HR guidance of the hosting Authority and the job descriptions which are kept up-to-date and reflect the roles, responsibilities, skills, qualifications, and attributes required of Internal Auditors. Together, the Internal Audit staff will possess or obtain the skills, knowledge and other competencies (including ethical practice) required to perform SIAS engagements.
- 8.3. The Audit Committee fulfils the role of 'board' in the majority of instances, and is responsible for overseeing the effectiveness of SIAS and holding the Head of

Assurance to account for delivery, through the setting of performance targets and receipt of regular updates and reports. The Audit Committee is responsible for the effectiveness of the governance, risk and control environment within the Council, holding managers to account for delivery. The Chair of the Audit Committee will also be asked to contribute to the annual appraisal of the Head of Assurance.

- 8.4. Senior Management, defined as the Head of Paid Service, Chief Officers, and their direct reports, are responsible for helping shape the programme of assurance work through an analysis and review of key risks to achieving the Council's objectives and priorities. Senior management provides leadership and direction for the Council.
- 8.5. The SIAS Board is the governance group charged with monitoring and reviewing the overall operation of SIAS, including:
 - resourcing and financial performance,
 - performance indicators measuring operational effectiveness, and
 - the overall strategic direction of the shared service.

9. Independence and Objectivity

- 9.1. SIAS will remain free from interference by any element in the organisation in matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of a necessary independent and objective mental attitude.
- 9.2. As well as having an impartial, unbiased attitude, Internal Auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, they will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair an internal auditor's judgment.
- 9.3. The Head of Assurance will confirm to the Audit Committee, at least annually, the organisational independence of SIAS.

10. Conflicts of Interest

- 10.1. Internal auditors must exhibit the highest level of professional objectivity when gathering, evaluating, and communicating information about the activity or process being examined.
- 10.2. In addition to ensuring that any information accessed as part of the audit process is not used for personal gain, Internal auditors must make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.
- 10.3. Each auditor is required, in addition to the ethical requirements of the various professional bodies, to proactively declare any potential conflict of interest,

whether actual or apparent, prior to the commencement of each audit assignment.

- 10.4. All auditors are required to sign an annual declaration of interest to ensure that the allocation of audit work avoids conflict of interest. Auditors who undertake any consultancy work or are new to the team will be prohibited from auditing in those areas where they have worked in the past year. Audits are rotated within the team to avoid over-familiarity and complacency.
- 10.5. SIAS has procured an arrangement with an external audit partner to provide additional internal audit days on request. The external partner will be used for the internal audit of any functions directed by the Head of Assurance and to provide competent advice and assistance to the Head of Assurance in the event that the skills, knowledge, and other competencies are lacked by SIAS staff.
- 10.6. In the event of a real or apparent impairment of independence or objectivity, including acceptance of gifts, hospitality, inducements or other benefits, investigation and declaration, in advance if possible, to appropriate parties will be carried out by the Head of Assurance.

11. Responsibility and Scope

- 11.1. The scope of SIAS encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management, and internal control processes in relation to the organisation's defined goals and objectives. Internal control and risk management objectives considered by internal audit extend to the entire control and risk management environment of the organisation and include:
- consistency of operations or programs with established objectives and goals, and effective performance;
 - effectiveness and efficiency of governance, operations and employment of resources;
 - compliance with significant policies, plans, procedures, laws, and regulations;
 - design, reliability and integrity of management and financial information processes, including the means to identify, measure, classify, and report such information; and
 - safeguarding of assets.
- 11.2. SIAS is responsible for evaluating all processes ('audit universe') of the organisation including governance processes and risk management processes and promoting appropriate ethics and values within the organisation. It also assists the Audit Committee in evaluating the quality of performance of external auditors and ensuring a proper degree of coordination is maintained.
- 11.3. Due to its detailed knowledge and understanding of risks and controls, SIAS is well placed to provide advice and support on emerging risks and issues. As a result, it may perform consulting and advisory services as appropriate for the

organisation. It may also evaluate specific operations at the request of the Audit Committee and senior management, as appropriate.

11.4. Based on its activity, SIAS is responsible for reporting significant risk exposures and control issues identified to the Audit Committee and to senior management, including fraud risks, governance issues, and other matters needed or requested by these bodies. This ensures SIAS plays a key role in providing assurance to the Audit Committee and senior management on the effectiveness of the entire control environment.

11.5. Each engagement will be allocated to (an) Internal Auditor(s) with the appropriate skills, experience and competence, who is then responsible for carrying out the work in accordance with the SIAS Audit Manual, and considering, as well as the relevant elements of internal control outlined above, the needs and expectations of clients, the extent of work required to meet the engagement's objectives, its cost effectiveness, and the probability of significant error or non-compliance.

12. Role in Anti-Fraud

12.1. The work programme of SIAS is designed, in part, to help deter fraud and corruption. With this in view, SIAS bases its planning on regular risk assessment, and works with Chief Financial Officers, the Shared Anti-Fraud Service, other senior managers and the Audit Committee in determining its programme of work.

12.2. SIAS also shares information with relevant partners, including with government via the National Fraud Initiative and the Shared Anti-Fraud Service, to increase the likelihood of detecting fraudulent activity and reducing the risk of fraud to all.

12.3. The Head of Assurance should be notified of all suspected or detected fraud, corruption or impropriety so that the impact upon control arrangements can be evaluated.

13. Internal Audit Plan

13.1. At least annually, the Head of Assurance will submit to the Audit Committee for review and approval a risk-based plan which sets out in priority order the audit and other work to be carried out and demonstrates SIAS' priorities (e.g. the need to produce an annual internal audit opinion) and those of the organisation and sector, including any relevant declarations of interest.

13.2. The plan will include the risk assessment approach used and reference to the organisation's assurance framework, as well as timing, budget and resource requirements (including specialist input) for the next financial year. These requirements will include a contingency for new or changed risks, time for planning and reporting, and a contribution to the development of SIAS. The Head of Assurance will communicate the impact of resource limitations and significant interim changes of senior management to the Audit Committee, who should seek similar reassurance from management.

13.3. Prior to submission to the Audit Committee for approval, the plan is discussed with appropriate senior management. The plan will be subject to regular review in year, and may be modified in response to changes in the organisation's business, risks, operations, programmes, systems and controls. However, any significant deviation from the approved internal audit plan will be communicated through the periodic activity reporting process.

14. Reporting and Monitoring

14.1. The Head of Assurance will, following discussion if necessary, arrange for a written Terms of Reference to be prepared and issued to appropriate personnel at the start of the engagement, outlining the intended objectives, scope, and reporting. This may be subject to review in consultation with the client during the course of the engagement.

14.2. At the conclusion of an engagement, an internal audit report will be issued, including a reasoned opinion, along with the framework, time period and scope within which it was prepared and management's response and corrective action taken or to be taken in response to the specific risk prioritised findings and recommendations. Management's response will include a timetable for anticipated completion of action to be taken and an explanation for any corrective action that will not be implemented.

14.3. SIAS will be responsible for appropriate follow-up on findings and recommendations and will use this work to inform the risk-based planning of future audit work. SIAS will also report to the Audit Committee on the results of this activity, and may, if necessary, consider revising the internal audit opinion on the basis of this follow-up. Should follow-up bring to light any significant error or omission, the Head of Assurance will ensure that it is communicated to all relevant parties.

14.4. The Head of Assurance will consider on a risk-basis any request from external stakeholders for reports on the results of internal audit activity, in consultation with senior management

14.5. The Head of Assurance will arrange for quarterly update reports to the Audit Committee to advise on the results of each engagement, including significant risk exposures and control issues, and provide an annual report to the Audit Committee. The annual report will include an opinion on the overall control, governance, and risk management environment (and any other issues judged relevant to the preparation of the Annual Governance Statement), and a summary of the work that supports the opinion including a comparison with the plan, a statement of conformance with PSIAS, and the nature and reasons for any impairments, qualifications or restrictions in scope.

15. Periodic Assessment

15.1. In accordance with Section 6 of the Accounts and Audit (England) Regulations 2011, the Head of Assurance and the SIAS Board will make arrangements for the

conduct by a suitably knowledgeable, qualified and competent individual or organisation of an independent review of the effectiveness of internal audit. The review is designed to ensure that the opinion given in the Annual Report of the Head of Assurance may be relied upon as a key source of evidence in the Annual Governance Statement.

15.2. The Head of Assurance will ensure that continuous efforts are made to improve the efficiency, effectiveness, and quality of SIAS. This will be carried out formally through the Quality Assurance and Improvement Programme, client feedback, appraisals, and shared learning with the external audit partner, and informally through coaching, supervision, and documented review.

15.3. The work will be conducted on the basis of one review of SIAS providing assurance for all SIAS partner members. The results of the review will be included in the Annual Report.

16. Review of the Audit Charter

16.1. This charter will be subject to annual review by the Head of Assurance and any changes presented to Audit Committee for approval at the first audit committee meeting in each financial year.

16.2. The Audit Charter was last reviewed by Helen Maneuf CPFA, Head of Assurance in May 2015. The date of the next review will be May 2016.

Note:

For readability, in this Charter the term 'internal audit activity' as used in the PSIAS guidance has been replaced with 'SIAS'.