

ANNUAL REVIEW OF THE SYSTEM OF INTERNAL AUDIT**REPORT OF THE HEAD OF INTERNAL AUDIT****Current Arrangements for Internal Audit**

1. A dedicated Internal Audit Service forms part of the system of Internal Audit for the Authority. The Service is part of the Internal Audit, Risk and Corporate Fraud Division of Durham County Council. Service delivery is by way of a Service Level Agreement that is in place through to 31 March 2020. The Service is led by the Chief Internal Auditor and Corporate Fraud Manager with day to day provision being overseen by an Audit and Fraud Manager. The Service works closely with those Officers and staff of the Authority tasked with governance, assurance and risk management.
2. The Audit and Fraud Manager reports directly to the Head of Corporate Resources but also has direct access to the Chief Fire Officer and Audit and Risk Committee.
3. At the start of 2017/18 the team comprised of 18 approved posts (16.35FTE) plus the Chief Internal Auditor and Corporate Fraud Manager.
4. The Vision for the Internal Audit Service is described in the Annual Internal Audit Plan, the Service Terms of Reference (TOR) within the Internal Audit Charter and defines the principles of how it operates in delivering the Service to the Authority. The TOR provides appropriate arrangements to ensure the Service is sufficiently independent and objective and that there is access to all information and people required to discharge its responsibilities. The Charter and TOR were last presented to the Service Leadership Team on 10 July 2017 and Audit and Risk Committee on 27 July 2017. They were refreshed at that time to reflect revisions to the Public Sector Internal Audit Standards (PSIAS) which Internal Audit works to and which became effective from 01 April 2017.
5. Arrangements for investigation work are defined in the policies and procedures for Counter Fraud and Confidential Reporting (Whistleblowing) and the Audit and Fraud Manager works closely with the Head of Corporate Resources. A summary of work undertaken is provided for the Audit and Risk Committee in the Annual Fraud and Corruption Report.

Effectiveness of the Internal Audit Service

6. To examine the effectiveness of the Internal Audit Service for the past year this annual review considered several key elements and assessed their contribution to enabling the Service to fulfil its responsibilities. These were:
 - The structure and resourcing level, including qualifications and experience of the audit team.
 - The extent of conformance with the PSIAS in producing quality work.
 - Ensuring audit work was successfully delivered in the most appropriate areas on a prioritised (risk) basis.
 - The overall performance of the Internal Audit team.

Resourcing, Structure, Training and Experience**Resourcing**

7. During 2017/18 one employee left the Council to work in another local authority on 01 November 2017. The post was frozen so that it could be deleted as part of 2018/19 Medium Term Financial Plan savings.

8. Audit work was actively managed within the resource available and progress toward delivery of the agreed Annual Internal Audit plan was reviewed regularly. The focus was maintained on clear scoping and coverage for assurance activity; timing of work and availability of nominated officers and staff; and control over the allocation of resources for in-year requests for support. Alternative means for gaining assurance were assessed and used where appropriate to support audit opinions. Progress and outcomes were regularly reported to the Head of Corporate Resources and the Audit and Risk Committee.
9. The audit plan was delivered at the year end, with minimum need to carry forward audit work from 2017/18 into next year except where the service has requested timings and/or scope changes in work. Where work was deferred these have been agreed at the Audit and Risk Committee throughout the year.

Structure

10. The structure of the Internal Audit Service is intended to remain the same going forward into 2018/19 thereby allowing the opportunity for auditors to continue to develop a depth of knowledge and client relationships. This wherever possible offers continuity to clients who can then regularly deal with the same auditors over a period of time. We consider this approach continues to be successful in building a better understanding of the business needs and objectives of the Authority. However this does need to balanced against a need for staff rotation for development purposes and to maintain objectivity.
11. Arrangements are, however, being put in place to employ an Apprentice from September 2018 as part of the Corporate Fraud Team.

Training and Experience

12. The Service encourages staff development through both the Institute of Internal Auditors (IIA) qualification and continuing professional development.
13. For Continuous Professional Development (CPD) all employees had access to and attended events selected from internal and external training events. Individuals keep records of their CPD based on their professional requirements. A training plan for the coming year is being constructed based on the needs for the Service, linked to the Service Improvement Plan and individual appraisals training plans.
14. The following information about qualifications and experience of employees available for audit work demonstrates the experience and qualification mix.

Experience 2017/18

Auditing Experience	No	%	Public Sector Auditing	%
Up to 1 Year	0	0	0	0
1 to 2 Years	0	0	0	0
2 to 5 Years	0	0	0	0
5 to 10 Years	3	16	3	16
Over 10 Years	16	84	16	84
Total Employees	19	100	19	100

Qualifications

Accountants (CCAB)	7
Institute of Internal Auditors	1
Institute of Internal Auditors – Training	1
Certified Information System Auditor	1
Association of Accounting Technicians	8
Association of Accounting Technicians – part qualified	1
Total	19

15. The skills level available remains high based on the substantial number of employees with over 10 years' experience and competencies in specific areas.

Conformance with UK Public Sector Internal Audit Standards (PSIAS)

16. Internal Audit completed a self-assessment against the key elements of the new PSIAS that became effective from 01 April 2017. For 2017/18 this demonstrated that the Section was **conforming** to the Code's requirements.
17. All employees comply with the ethics requirements (as described in PSIAS) in relation to the professional role of an auditor. All employees provided an annual declaration of interests for consideration to enable management to ensure that there was sufficient information to address any potential conflicts of interest which arise during audit activities. Employees are obliged to raise any conflicts or issues with management during the year. Records are maintained for this.
18. Quality of audit work was actively managed in year and the achievement of quality standards enabled the Chief Internal Auditor and Corporate Fraud Manager to confirm work has been completed in conformance with PSIAS. Individual audits had agreed and clear scope; activity was reviewed and assessed for its effectiveness and quality during and after completion of work; and customer feedback was received from post audit questionnaires.
19. Liaison with the External Auditor in year was productive and the two services continue to share information and to use this to inform risk assessments and to direct audit activity.

Ensuring the Effective Prioritisation of Internal Audit Work

20. Prioritisation of the work of the Service is achieved by the development and delivery of an annual risk based audit plan. This describes the assurance plans for the Service and includes capacity for flexibility to adjust to changing circumstances and for demand led and urgent work if appropriate. The plan is based on a mix of different types of audit and work to ensure that assurance over the systems of governance, risk management and internal control is obtained from a number of different directions and sources.
21. The Service's methodology for establishing audit priorities is aligned with governance and risk management systems. Audit plans are developed through an assessment of risk and assurance needs and are to be further developed to show the link to the Authority's overall objectives.
22. It is considered that the 2017/18 Internal Audit Plan represented a reasonable view of critical areas for audit review and assurance needs when it was constructed and agreed with Senior Management and the Audit and Risk Committee. It was based on reasonable estimates of available resources and was completed in year. The Internal Audit Plan for 2018/19 was presented to the Audit and Risk Committee at its meeting on 22 May 2018.

Performance Measures

23. Performance Management of the Service and for individual auditors is focused on deployment of auditor time to best effect. This has three main elements related to how much time is spent auditing, completion of audits within set timescales and effectiveness of time deployed. The key deliverable for the Service is the completion of the Internal Audit Plan within the year.
24. Performance and progress are monitored through Key Performance Indicators (KPIs). These are agreed with the Service Leadership Team and Audit and Risk Committee as part of the Internal Audit Charter.
25. The key performance measures for the Service over the last 12 months are:

KPI	Measure of Assessment	Target	Actual as at 31 March 2018
Planned audits completed	% of planned assurance work from original plan complete to draft report stage	90% (Quarterly)	89% (8 out of 9 reviews completed)
Timeliness of Draft Reports	% of draft reports issued within 30 Calendar days of end of fieldwork/closure	90% (Quarterly)	100% (6 reports issued) 7 days
Timeliness of Final Reports	% of final reports issued within 14 Calendar days of receipt of management response	95% (Quarterly)	100% (6 reports issued) 2 days
Recommendations agreed	% of Recommendations made compared with recommendations accepted	95% (Quarterly)	100% (28 accepted out of 28 made)
Post Audit Customer Surveys	% of customers scoring at least 3 out of 5	100% (Quarterly)	100% (3 out of 3 returned) Overall average score 4.56
Customers providing feedback	% of customers returning satisfaction returns	100% (Quarterly)	100% (3 out of 3 returned)

26. The main performance indicator shows how many planned assurance reviews have been completed against a target of 90% within the audit year. With one review in progress, the service has delivered 89% of the Internal Audit plan. Work undertaken in year is considered to be sufficient to enable an overall opinion to be provided when taken in conjunction with work undertaken previously from the Strategic Plan.
27. For customer satisfaction there has been positive feedback on a number of specific jobs and this is reflected in the results from customer satisfaction questionnaires. The Service carried out a programme of follow up in respect of questionnaires with the aim of maximising the number returned.
28. The issuing of draft reports is an assessment of the timeliness of the audit activity from the completion of a piece of work to the issuing of a draft report for consideration and response.
29. No concerns have been raised in relation to the application of professional standards for audit work and there have been no formal complaints.

Implementation of Recommendations

30. The process for monitoring implementation of recommendations continued to build on improvements from previous years and there are good levels of engagement across the Authority. Working closely with managers allowed for greater understanding of the challenges faced and in ensuring practical recommendations were made and alternative solutions considered in order to address risk.
31. The Service maintained regular contact with the Head of Corporate Resources throughout the year and provided key reports and information to the Audit and Risk Committee, which with regular updates from the Service has the opportunity to challenge progress and outcomes. This includes asking senior managers to provide updates as necessary where there is felt to be a significant risk or concern. This process has provided an effective method for obtaining assurance during 2017/18.

Audit Committee

32. The system of Internal Audit includes the role of the Audit and Risk Committee and in particular its role in the receipt and evaluation of audit reports, both in terms of assurance opinions and in the ensuring that appropriate arrangements are in place for the delivery of an effective service. The arrangements for the Audit and Risk Committee were unchanged in 2017/18.

Summary and key priorities

33. The Service continues to build on its strengths and enhance its reputation. Service delivery remains a key priority in support of the Authority's priorities and to help identify and address any risks to the delivery of objectives. The Service delivered a comprehensive plan for the year and it is considered that the Service has a sound base for carrying out its audit activities and meeting its objectives to provide audit assurance and advisory support.

Recommendation

34. Members are asked to consider the findings and conclusions of the 2017/18 review of the effectiveness of the system of Internal Audit contained within this report.

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