

## **Audit Committee**

**20 May 2024**

**Internal Audit Strategy, Charter and  
Plan 2024/25**



---

### **Report of Tracy Henderson, Chief Internal Auditor and Corporate Fraud Manager**

#### **Electoral division(s) affected:**

Countywide.

#### **Purpose of the Report**

- 1 To submit the Internal Audit Strategy, Charter and Internal Audit Plan for the period 1 April 2024 to 31 March 2025, which are attached as Appendices 2, 3, 4 and 5 for approval.

#### **Executive Summary**

- 2 Following the presentation of the first formal iteration of the Internal Audit Plan, for the period 1 April 2024 to 31 March 2025, to the Audit Committee on 29 February 2024, this report sets out the proposed final version of the annual plan. The report includes:
  - (a) The Internal Audit Strategy (Appendix 2);
  - (b) The Internal Audit Charter (Appendix 3);
  - (c) The Annual Internal Audit Plan for the period of 2024/25 (Appendix 4).
  - (d) Resource Allocation Comparison 2023/24 v 2024/25 (Appendix 5).
3. In January 2024, the Institute of Internal Auditors (IIA) announced the publication of the new Global International Auditing Standards which are due to become effective in January 2025 and therefore it is envisaged that an updated version of the Internal Audit Strategy and Internal Audit Charter will be presented to Committee for review/approval later in the year.

## **Recommendation**

4 It is recommended that Members:

- (a) Approve the Internal Audit Strategy in Appendix 2;
- (b) Approve the Internal Audit Charter in Appendix 3;
- (c) Approve the proposed Annual Internal Audit Plan for the period of 1 April 2024 to 31 March 2025, as detailed in Appendix 4.
- (d) Note that revised version of the Internal Audit Strategy and Internal Audit Charter attached within this report will be compiled and presented to Audit Committee later in the year.

## **Background**

- 5 From April 2013, CIPFA and the Chartered Institute of Internal Auditors launched a common set of Public Sector Internal Audit Standards (PSIAS) to be adopted across the public sector. The PSIAS were last subject to review/updated in 2017 and sets out the standards for Internal Audit which have been adopted by the council's Internal Audit Service.
- 6 The principles in the PSIAS are consistent with the previous CIPFA Code for Internal Audit that applied across Local Government. They include the need for 'risk-based plans' to be developed for Internal Audit and for plans to receive input from management.
- 7 The Internal Audit Strategy, which has informed the development of the 2024/25 audit plan, has been reviewed and is included at Appendix 2.
- 8 The Internal Audit Strategy and the Internal Audit Charter are reviewed annually by the Audit Committee. No changes have been made to either of these documents during the last year.

## **New Global Internal Auditing Standards**

- 9 In January 2024, the Institute of Internal Auditors (IIA) announced the publication of the new Global Internal Auditing Standards which are due to become effective in January 2025.
- 10 The IIA are in the process of reviewing the changes made to the new Global Internal Auditing Standards in conjunction with the requirements set out in the 2017 version of the PSIAS.
- 11 Therefore, it is envisaged that an updated version of the Internal Audit Strategy and Internal Audit Charter attached within this report will be compiled and presented to Audit Committee later in the year. This will be prior to the new Global Internal Auditing Standards becoming effective in January 2025.

## **Internal Audit Charter**

- 12 The Internal Audit Charter, as set out in Appendix 3, defines the Internal Audit Service's purpose, authority and responsibility. It establishes Internal Audit's position within the organisation, including the nature of the Chief Internal Auditor and Corporate Fraud Manager's functional reporting relationship with the Audit Committee; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. Final approval of the Internal Audit Charter resides with the Audit Committee.

- 13 A set of Core Principles are set out for the service, taken as a whole these articulate internal audit effectiveness. In order to be considered effective all of the principles should be present and operating:
- (a) Demonstrates integrity;
  - (b) Demonstrates competence and due professional care;
  - (c) Is objective and free from undue influence (independent);
  - (d) Aligns with the strategies, objectives and risks of the organisation;
  - (e) Is appropriately positioned and adequately resourced;
  - (f) Communicates effectively;
  - (g) Provides risk-based assurance;
  - (h) Is insightful, proactive and future-focused;
  - (i) Promotes organisational improvement.
- 14 There are no changes to the structure or content of the Audit Charter previously agreed by members this year.

### **Preparation of the 2024/25 Audit Plan**

- 15 The Emergent Internal Audit Plan was considered at the Audit Committee's meeting on 29 February 2024. The plan has now had further refinement and discussions have taken place with Corporate Management Team prior to presenting the final version to Committee. This report sets out the proposed Annual Internal Audit Plan 2024/25 for consideration and approval by members of the Audit Committee.
- 16 The proposed Internal Audit Plan 2024/25 is attached at Appendix 4, includes provision for:
- (a) Work started in 2023/24 which was not complete by 31 March 2024;
  - (b) Work that was approved in the 2023/24 audit plan but has been deferred and carried forward into 2024/25 as previously agreed;
  - (c) Planned assurance work scheduled from the 5-year strategic audit plan;
  - (d) Annual due diligence on key systems and compliance with key corporate policies;

- (e) Service requests identified through the consultation process with senior management;
  - (f) Grant certification work;
  - (g) Corporate provision for reactive advice and consultancy work and new emerging risks, including any reactive fraud investigations and irregularities;
  - (h) Corporate provision for planning, quality assurance and reporting;
  - (i) Follow up of agreed audit recommendations.
- 17 At the February 2024 Audit Committee meeting, it was suggested that it may be useful for the contents of the strategic audit plan, which is used as the baseline for establishing the annual audit plan to be shared with Audit Committee. This is not a straightforward exercise due to the way the data is currently held, but the internal audit service will develop the format of the strategic audit plan over the course of the current audit year and will provide Audit Committee with the contents of the strategic audit plan as part of the Emergent Internal Audit Plan report for 2025/26 which will be presented to Audit Committee in February 2025.
- 18 The detailed scope of some audit reviews included in the plan are not yet finalised, however an initial outline scope of each audit has been prepared. These will be further developed as part of the planning and preparation stage of each individual assignment in accordance with the agreed audit strategy. This ensures that audit resources assigned to individual reviews are focused upon operational risks, controls and the assurance environment expected to be in place at the time reviews are actually carried out. This is particularly important due to the extent of change management across the Council.
- 19 Operational risks are those that arise directly from the core activities of delivering services and include:
- (a) Financial Management Risks;
  - (b) Project Risks;
  - (c) Performance Management Risks;
  - (d) Partnership Risks;
  - (e) Human Resources Risks;
  - (f) IT and Information Governance Risks;
  - (g) Procurement and Contract Risks;

- (h) Legal Risks;
- (i) Service Specific Risks.

20 In evaluating the management of these risks, Internal Audit aims to help the achievement of corporate priorities and objectives by providing assurance on:

- (a) The adequacy of risk identification, assessment and mitigation – including the adequacy and effectiveness of the strategic risk management process;
- (b) The adequacy and application of controls to mitigate identified risk;
- (c) The adequacy and extent of compliance with the Council's corporate governance framework;
- (d) The extent of compliance with relevant legislation;
- (e) The extent to which the Council's assets and interests are accounted for and safeguarded from loss of all kinds including fraud, waste, extravagance, inefficient administration and poor value for money;
- (f) The quality and integrity of financial and other management information utilised within the Council.

21 In accordance with the Internal Audit Strategy, in consultation with Heads of Service and nominated service manager or key contact, the Service will prepare an agreed Terms of Reference prior to the start of each planned audit and where applicable a Control Risk Assessment (CRA) so as to:

- (a) Inform the scope for audit;
- (b) Identify and agree key service/system operational objectives;
- (c) Assess and agree key risks;
- (d) Identify and agree expected/existing key controls;
- (e) Identify other key sources of assurance and what assurance they provide that risks are effectively managed;
- (f) Identify key stakeholders/contacts and circulation list for report;
- (g) Provide a mechanism for ongoing self-assessment post audit.

- 22 The Service will make all reasonable endeavours to schedule audit work within the timing preference expressed by services, but inevitably this may not always be possible due to the practicalities of scheduling work across all service groupings to match estimated audit resources available.
- 23 Given the extent of the change agenda with which the Council is faced at this time, it is particularly important that the annual audit plan is flexible and allows for the service to be pro-active in supporting management in the consideration of control issues relating to new or emerging risks. As such a contingency provision is also included to respond to new and emerging risks and changes to the strategic audit plan to reflect changes in service priorities and/or risks.
- 24 Service requests are actively encouraged and will be considered in relation to the risk and the type of audit work required, e.g., control design and/or compliance assurance, grant certification work, advice and consultancy etc. and whether or not the service has the necessary skills and resources to undertake the work requested.
- 25 It is always the preference for Internal Audit to be involved in any changes to systems to advise on the appropriate controls before they are implemented rather than potentially auditing a system in retrospect that then requires any improvements.
- 26 Any proposals to amend approved plans will be discussed and agreed with Corporate Directors and any significant changes will be reported to the Audit Committee for approval.

### **Delivery of the Internal Audit Plan for the period 1 April 2024 to 31 March 2025**

- 27 As a result of this planning, the forecast of available resources to be allocated to the management and delivery of the annual audit plan during 2024/25 is 4,140 days, the details of which are shown in the table below. As can be seen by referring to Appendix 5, there is a reduction in the staffing resource available following the removal of one Audit Manager post from the staffing establishment following the implementation of a service restructure on 1<sup>st</sup> April 2024.





---

## **Appendix 1: Implications**

---

### **Legal Implications**

The Accounts and Audit Regulation 2015 (Part 2, Section 5) states 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 audit standards or guidance.

Furthermore, Internal Audit assists the Corporate Director of Resources in fulfilling their duties under Section 151 of the Local Government Act 1972 which requires each Local Authority to make arrangements for the proper administration of their financial affairs.

### **Finance**

There are no direct financial implications associated with this report.

Internal Audit work has clear and direct effects, through recommendations made, to assist in improving value for money obtained, the probity and propriety of financial administration, and / or the management of operational risks.

### **Consultation**

All Corporate Directors and Heads of Service.

### **Equality and Diversity / Public Sector Equality Duty**

There are no equality and diversity / public sector equality duty implications as a result of this report.

### **Climate Change**

There are no climate change implications as a result of this report.

### **Human Rights**

There are no human rights implications as a result of this report.

### **Crime and Disorder**

There are no crime and disorder implications as a result of this report.

### **Staffing**

There are no staffing implications as a result of this report.

## **Accommodation**

There are no accommodation implications as a result of this report.

## **Risk**

The key risk is that actions agreed in audit reports to improve the control environment and assist the Council in achieving its objectives are not implemented. To mitigate this risk, a defined process exists within the Service to gain assurance that all actions agreed have been implemented on a timely basis. Such assurance is reflected in reports to the Audit Committee. Where progress has not been made, further action is agreed and overseen by the Audit Committee to ensure action is taken.

## **Procurement**

There are no procurement implications as a result of this report.

# DURHAM COUNTY COUNCIL



## Internal Audit Strategy

### 1. Introduction

1.1 The Internal Audit Strategy for 2024/25 focuses on the delivery of the assurance opinion and the Internal Audit plan to support this opinion. This strategy reflects Internal Audit's contribution to the Council's 'Excellent Council' agenda and fully supports the Council's ambitions as set out in the Sustainable Community Strategy. The Internal Audit Strategy incorporates best practice from the Chartered Institute of Public Finance and Accountancy (CIPFA) and Chartered Institute of Internal Audit (CIIA).

1.2 The requirement for an Internal Audit function for local authorities is within section 151 of the Local Government Act 1972 and authority has been delegated to the Corporate Director, Resources to fulfil this function. Part 2, Regulation 5 of the Accounts and Audit Regulations 2015 requires 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."

1.3 The mission of the Internal Audit service is 'to enhance and protect Durham County Council's organisational values by providing risk-based and objective assurance, advice and insight'.

1.4 The assurance is provided through three elements:

- Internal Control;
- Governance and
- Risk Management

1.5 The Terms of Reference of Internal Audit are contained within the Audit Charter. The measures in place to deliver these are set out below.

### 2. Strategy Statements

2.1 There are overarching strategies to support the delivery of all of our services, these include:

- 2.2 We aim to deliver work of the highest quality, to the appropriate audience and at the most appropriate time.
- 2.3 We support and promote the Council's vision, ambitions, values and objectives in all of the work Internal Audit carries out. It is our ambition to ensure that the delivery of our service is influenced by and positively contributes to these developments together with the growing need for wider ranging assurances in all aspects of the Council's operations. We will also continue to consider and review the impact of organisational change on the Council's governance, internal controls and risks.
- 2.4 We will plan, organise and control the delivery of our service in line with professional standards (Public Sector Internal Audit Standards). We work to add value through providing reliable, objective assurance and insight on the effectiveness and efficiency of governance, risk management and internal control processes. We continually aim to challenge and inspire colleagues to improve.
- 2.5 We will create and communicate high quality information about the effective operation of management's control over risks and we will use our combined experience and knowledge to provide helpful and practical insight and recommendations, we know we can be a catalyst for improving the Council's effectiveness and efficiency based on analysis and assessments of data and business processes. The internal audit team has a comprehensive set of procedures and templates that are regularly reviewed and approved to ensure a consistent approach to our work. All audit work is reviewed to ensure it is evidenced based, independent, technically compliant, risk based, timely, has impact and is practical. We employ quality controls, quality monitoring and quality reviews of our work.
- 2.6 We identify the audit resources with the appropriate skill set to deliver the audit service, which meets the required professional standards. We are committed to integrity, accountability and high levels of customer care. We provide assistance with training and continuous professional development. The Council and the Internal Audit team subscribe to a number of professional support forums. The Chief Internal Auditor and Corporate Fraud Manager is a member of the Local Authority Chief Internal Auditor Network (LACAN) and of the Chartered Institute of Public Finance and Accountancy (CIPFA) Internal Audit Special Interest Group in order to utilise the peer support that these groups provide. We also have in place a Quality Assurance Improvement Plan (QAIP) as required by PSIAS.
- 2.7 We will strive to raise the profile of Internal Audit in a positive way at all times. The ways that we do this include:
- Professional advice and support to Members, Corporate Directors, Heads of Service and all employees.

- Delivery of our principal service including high quality audit reports (drafts and final) and Committee reports.
- Issuing Client Satisfaction Questionnaires for all work that we undertake whilst analysing and understanding the responses and acting on the messages conveyed to us.
- Maintaining good client relations and to this end:
  - Attend all Service Grouping management teams on at least a quarterly basis.
  - Provide time within the Internal Audit Plan for advice and consultancy with respect to internal controls for all of our clients.
  - Detailed Terms of Reference are prepared for each audit based on close liaison with clients.
  - Provide all Corporate Directors with quarterly and annual reports on the activity within their Service Groupings.
  - Provide a training module on internal control, risk management and fraud awareness currently through the 'Durham Managers' programme.

2.8 We aim to support good value for money in all that we do. Our work is designed to help in the promotion of continuous performance and internal control improvement through the issue of reports containing relevant and valued recommendations and action plans. We support effective financial management, help prevent fraud and corruption and undertake investigations where it is felt appropriate to do so. The service also participates in benchmarking to measure our performance and value for money against peer organisations.

2.9 We plan, record and monitor the time spent on all audit activities to manage our staffing resources efficiently and economically.

### **3. Delivery of the Service**

3.1 The Chief Internal Auditor and Corporate Fraud Manager is responsible for the Internal Audit Service and delivering of the Audit Plan in accordance with the Terms of Reference detailed in the Audit Charter.

3.2 The Internal Audit Service will be delivered on the basis of a five year risk based Strategic Audit Plan which is approved annually by the Audit Committee and is based on risks identified by the Chief Internal Auditor and Corporate Fraud Manager in consultation with Service Groupings. The Chief Internal Auditor and Corporate Fraud Manager maintains a continuous review of the risks and issues affecting the Council and thus the Audit Plan using the following:

- Review of Council's priorities and objectives;

- Continuous assessment of risk identified by the strategic risk register and senior managers;
- Issues arising from changes in legislation;
- The implications of external inspection reports.

### 3.3 The Audit Plan must balance the needs to:

- Provide assurance on the effectiveness of internal controls operating within the Council
- Adequately review the assurance provided by key financial systems for management and the external auditor to place reliance on.
- Allow for the Internal Audit Service to offer advice and guidance on control issues to the Council's managers
- Investigate all suspected or detected frauds or irregularities.
- Provide time to allow Internal Audit to carry out appropriate unplanned work requested by managers.

3.4 The Chief Internal Auditor and Corporate Fraud Manager will assess the services resource requirements and formulate the Internal Audit Plan. The staffing structure of Internal Audit comprises a mix of professional, accounting technician and trainee posts with a mix of specialisms to reflect the varied workload of the service. These resources will be met internally within the Council supplemented by appropriately qualified external resources should there be the requirement.

## **4. Review of the Strategy**

4.1 The strategy will be reviewed annually by the Audit Committee alongside the Internal Audit Charter and Annual Internal Audit Plan.



# **INTERNAL AUDIT CHARTER**

**May 2024**

# CONTENTS

	<b>Page</b>
<b>1. Introduction</b>	<b>3</b>
<b>2. Statutory Basis</b>	<b>3</b>
<b>3. Definition</b>	<b>4</b>
<b>4. Mission</b>	<b>4</b>
<b>5. Code of Ethics</b>	<b>4</b>
<b>6. Strategic Aims</b>	<b>4 – 5</b>
<b>7. Objectives of Internal Audit</b>	<b>5 – 6</b>
<b>8. Outcomes of Internal Audit</b>	<b>6</b>
<b>9. Independence, Objectivity and Authority</b>	<b>7</b>
<b>10. Scope of Audit Work</b>	<b>8</b>
<b>11. Strategic Audit Planning</b>	<b>9 – 10</b>
<b>12. Annual Audit Plans</b>	<b>10 – 11</b>
<b>13. Audit Approach</b>	<b>11 – 12</b>
<b>14. Audit Reporting</b>	<b>12 – 15</b>
<b>15. Responsibilities of Managers</b>	<b>15 – 16</b>
<b>16. Relationship with the Audit Committee</b>	<b>16 – 17</b>
<b>17. Audit Resources, Skills and Service Quality</b>	<b>17 – 18</b>
<b>18. Approval and Review</b>	<b>18</b>
<b>19. Key Contact</b>	<b>19</b>
<b>20. Other Related Documents</b>	<b>19</b>
<b>Appendix A</b>	
<b>Assessment of Audit Findings, Recommendations and Opinions</b>	<b>20 – 21</b>
<b>Appendix B</b>	
<b>Performance Indicators</b>	<b>22</b>
<b>Appendix C</b>	
<b>Definitions under PSIAS</b>	<b>23 – 26</b>



## 1. Introduction

- 1.1 The purpose of this Charter is to establish the terms of reference for the Durham County Council Internal Audit Service and outline how the service will be delivered and developed through its Audit Strategy. It sets out the purpose, authority and responsibility of Internal Audit.

## 2. Statutory Basis

- 2.1 Internal Audit is a statutory service in the context of the Accounts and Audit Regulations (England) 2015, which state 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.”

- 2.2 The Public Sector Internal Audit Standards (PSIAS) and CIPFA’s Local Government Application Note (LGAN), which came into effect April 2013, constitute proper practices to satisfy the requirements for larger relevant local government bodies as set out in the Accounts and Audit Regulations 2015. The PSIAS were updated on 1 April 2017 and the charter has been updated to reflect these changes.
- 2.3 Section 151 of the Local Government Act 1972 states that every local authority should make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs (The Chief Financial Officer (CFO)). CIPFA has defined proper administration in that it should include, ‘compliance with the statutory requirements for accounts and internal audit’.
- 2.4 The CIPFA Statement on the Role of the Chief Financial Officer states that the CFO must:
- Ensure an effective internal audit function is resourced and maintained
  - Ensure that the authority has but in place effective arrangements for internal audit of the control environment
  - Support internal audit arrangements and
  - Ensure the audit committee receives the necessary advice and information so that both functions can operate effectively
- 2.4 This Internal Audit Charter recognises the mandatory nature of the PSIAS including the definition of Internal Auditing, the Mission of Internal Audit, the Code of Ethics and the Standards themselves.
- 2.5 As required by the PSIAS, this Charter defines the group or body determined to fulfil the roles and responsibilities of the ‘board ‘and ‘senior management’ for the purpose of internal audit activity, as referred to in the individual standards. These definitions are set out in Appendix C.

### **3. Definition**

- 3.1 Internal auditing is 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.

### **4. Mission**

- 4.1 The mission of the Internal Audit Service is 'to enhance and protect Durham County Council's organisational values by providing risk-based and objective assurance, advice and insight'.

### **5. Code of Ethics**

- 5.1 Internal Auditors in the UK public sector organisations must conform to the Code of Ethics (the Code) as set out in the PSIAS. The Code applies to both individuals and entities that provide internal auditing services.

- 5.2 The Code consists of 4 principles that are relevant to the profession and practice of internal auditing and set out the rules of conduct that describe behaviour norms expected of internal auditors to guide their ethical conduct. The 4 principles are integrity, objectivity, confidentiality and competency.

- 5.3 Internal auditors must also have regard to the Committee on Standards in Public Life, "Seven Principles of Public Life", those being:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

### **6. Strategic Aims**

- 6.1 The overall strategy supports the Council achieve its aims and objectives through the provision of a high quality internal audit service that gives management reasonable assurance on the effectiveness of the Council's internal control environment and acts as an agent for change by making recommendations for continual improvement.

6.2 The service aims to be flexible, pragmatic and to work in collaboration with management to suit organisational needs. Through a risk based approach to audit planning, the service will make a positive contribution to corporate governance arrangements and assist management in developing a framework for achieving objectives within acceptable levels of risk.

## **7. Objectives of Internal Audit**

7.1 The service's primary objective is the provision of reasonable, not absolute, evidenced based assurance on the effectiveness of the whole of the Council's risk management, control and governance environment to the Corporate Management Team and the Audit Committee.

7.2 The provision of the annual assurance opinion will be in compliance with professional guidelines and in accordance with the Accounts and Audit regulations 2015. The annual opinion will be included within the Council's Annual Governance Statement that forms part of the Council's published annual Statement of Accounts.

7.3 To determine the audit opinion the internal audit service will review, appraise and report upon:

- The adequacy of risk identification, assessment and mitigation
- The adequacy and application of controls to mitigate identified risk
- The adequacy and extent of compliance with the Council's corporate governance framework
- The extent of compliance with relevant legislation
- The extent to which the organisation's assets and interests are accounted for and safeguarded from loss of all kinds including fraud, waste, extravagance, inefficient administration and poor value for money
- The quality and integrity of financial and other management information utilised within the organisation

7.4 When presenting the annual audit opinion the Chief Internal Auditor and Corporate Fraud Manager will:

- Disclose any qualification to that opinion, together with the reasons for that qualification
- Present a summary of the audit work undertaken from which the opinion is derived, including reliance placed on the work of others
- Draw attention to any issues considered particularly relevant to the preparation of the Annual Governance Statement
- Compare the work actually undertaken to the work that was planned and summarise the performance of the internal audit service

- Present a statement on conformance with the PSIAS and the results of a Quality Assurance and Improvement Programme (QAIP) required by the PSIAS.

#### 7.5 Other objectives include:

- Supporting the Section 151 Officer (Chief Finance Officer) in discharging his statutory duties for ensuring proper administration of the Council's financial affairs.
- Championing good governance by helping to improve the Council's risk management, control and governance processes by providing management with timely advice and guidance.
- Supporting the Audit Committee in fulfilling its governance responsibilities as detailed in the Committee's terms of reference set out in the Council's Constitution.
- Supporting Officers and Members in identifying and understanding exposure to risk and providing advice on control design, techniques and strategies.
- Working with other assurance and review bodies to ascertain the extent to which reliance can be placed on the work of other auditors and inspectorates to maximise assurance and the effectiveness of audit resources available.
- Helping to promote a strong counter fraud culture across the Council, through the development and effective implementation of the Council's Counter Fraud and Corruption Strategy and Anti-Money Laundering policy.
- Providing quality services through the highest standards of professional practice, quality assurance systems and investment in staff.
- Be future focussed and to continually add value to the organisation.

## 8. Outcomes of Internal Audit

8.1 The main outcome is the provision of independent assurance to "those charged with governance", which within Durham County Council is the Audit Committee, on the effectiveness or otherwise of the Council's risk management, control and governance arrangements and in so doing we contribute to:

- Improved identification and management of risks contributing to improved performance management and the successful achievement of the Council's vision and priorities.
- Improved corporate governance through helping to support compliance with relevant legislation, the Council's policies, plans and procedures.
- Improved accountability, safeguarding of Council assets and interests and use of public resources.

- Improved quality and reliability of financial and other management information used to support informed decisions.

## 9. Independence, Objectivity and Authority

- 9.1 To be effective Internal Audit must operate independently and in an unbiased manner and have unrestricted access to all information deemed necessary in the course of its work.
- 9.2 The Chief Internal Auditor and Corporate Fraud Manager has direct and unrestricted access to any employee or elected member including the Chief Executive, the Leader of the Council, Corporate Management Team and the Audit Committee.
- 9.3 For day to day operational activities the Chief Internal Auditor and Corporate Fraud Manager reports to the Corporate Director of Resources but maintains independence by reporting in their own name on functionality of the audit service direct to the Audit Committee.
- 9.4 Internal Audit, with strict accountability for confidentiality and safeguarding records and information, is authorised full, free and unrestricted access to all records, assets, elected members, personnel and premises, including those of partner organisations or external contractors conducting business on behalf of or in partnership with the Council, in order to obtain such information and explanations as it considers necessary to fulfil its responsibilities.
- 9.5 Internal Audit will remain free from interference by any element in the organisation including matters of audit selection, scope, procedures, frequency, timing or report content to permit maintenance of the necessary independent and objective standards.
- 9.6 Objectivity is maintained by ensuring that all internal auditors are free from any conflicts of interest and being free from direct management responsibility for the development, implementation or operations of any of activities audited.
- 9.7 Internal auditors will not be allocated to assurance reviews in areas where they have had a responsibility for, or have undertaken any significant advice and consultancy work, within the previous two years.
- 9.8 As the Chief Internal Auditor and Corporate Fraud Manager also has responsibility for corporate risk management, counter fraud and insurance services, arrangements will be made for any audit work to be carried out in these areas by a suitably experienced and qualified auditor. In these cases the Chief Internal Auditor and Corporate Fraud Manager will remove themselves from the review process of these audits and all findings and draft reports will be shared at their conclusion with both the Chief Internal Auditor and Corporate Fraud Manager and the Corporate Director, Resources in order to apply the necessary safeguards as set out in PSIAS standard 1112 where the Chief Audit Executive has roles beyond Internal Auditing.

## 10. Scope of Audit Work

- 10.1 Internal Audit's role applies to all functions and services for which the Council is responsible, including those delivered by its partners where appropriate.
- 10.2 In addition to the regular review of all key systems of internal control which forms the majority of assurance work, Internal Audit will:
- Respond to requests for support, advice and guidance on implementing and/or improving best practice control procedures for current and new systems.
  - Promote the development and effective implementation of Control and Risk Self Assessments (CRSA) as outlined within the Audit Approach Section of this Charter.
  - Provide support, advice and guidance on risk and controls to staff involved in the design and implementation of new systems and processes.
  - Provide assistance on key projects, including attendance on project boards, and conduct specialist consultancy and value for money reviews. The scope of this work is agreed with management and is subject to having the necessary resources, skills and ensuring suitable assurance over Internal Audit's independence and objectivity. Any significant advice and consultancy work that may be considered to impact on the independence of the Internal Audit Service will be reported to the Audit Committee for approval.
  - Be alert in all its work to risks and exposure that could allow fraud or corruption to occur and to any indications that a fraudulent or corrupt practice may have been occurring
  - Review controls where a potential fraud has been detected/reported to provide assurance that the alleged fraudulent activity is unable to continue and to prevent a reoccurrence.
  - Determine the most appropriate course of action by which fraud and irregularities should be investigated in accordance with the Council's Counter Fraud and Corruption Policy.
- 10.3 It must be noted that whilst Internal Audit will promote the Council's Counter Fraud Policy to deter and prevent fraud, for example participating in the National Fraud Initiative, it does not have responsibility for the prevention and detection of fraud and corruption. Internal Audit cannot guarantee that fraud or corruption will be detected in its work. Managing the risk of fraud and corruption is the responsibility of all service managers.

## 11. Strategic Audit Planning

- 11.1 The level of internal audit resources required to examine all of the Council's activities exceeds those available each year. It is, therefore, essential that the work of internal audit is properly planned to ensure that sufficient work is undertaken each year to draw reasonable conclusion and assurance on the effectiveness of the Council's risk management, control and governance arrangements.
- 11.2 Strategic planning processes aim to provide a reasonable level of independent review of the Council's risk management, control and governance systems through periodic audit plans in a way which affords suitable priority to the Council's objectives and risks.
- 11.3 The starting point for strategic planning is maintaining an understanding of the Council's strategic aims and objectives, its corporate governance arrangements and the assurance framework in place by which those charged with governance gain confidence that any risks which may impact on the achievement of those aims and objectives are effectively identified, assessed and managed.
- 11.4 In consultation with service managers internal audit will
- Consider the Council's risk across two categories:
    - a. **Strategic Risks** - these are the business risks that may arise both internally and externally from the Council and should be included in Corporate and Service Strategic Risk Registers
    - b. **Operational Risks** - these are the risks that arise directly from the core activities of delivering services that may not always be documented
  - Identify key service delivery activities, and their objectives in supporting the delivery of Council's strategic aims and objectives, on which assurance is required by those charged with governance (the Audit Universe)
  - Review the Council's assurance arrangements in place to clearly map out an integrated assurance framework of all known sources of assurance, independent or otherwise, and identify any gaps and duplication
  - Assess the reliability of other assurance sources
  - Regularly carry out risk assessments of each key service activity, and key systems that support the delivery of service objectives, to determine the priorities for reviewing operational risks.

- 11.5 Strategic risk registers will inform but not drive the internal planning process and internal audit will audit those risks where controls have been identified as the means of managing the risk. Priority will be given to those risks which have a high gross score and a low net score, where the effective management of the risk is heavily dependent on the identified controls, and there is little or no other source of assurance.
- 11.6 Assurance on the strategic risk of fraud and corruption will be provided each year with some specific targeted fraud prevention and detection reviews as part of a risk assessed counter fraud programme of work.
- 11.7 Internal Audit will aim to review operational risks relating to key service activities and key systems within a five year rolling programme, dependent on an audit assessment of known risks and the reliability of other assurance sources. Some key risks where a high level of assurance is required to demonstrate the continuous effectiveness of internal controls, for example those associated with key financial systems, may be subject to annual review. The timing of reviews will be agreed in consultation with management wherever possible.

## **12. Annual Audit Plans**

- 12.1 Annual audit plans will be developed to provide a reasonable level of independent assurance on both strategic and operational risks to enable an annual opinion on the entire control environment to be given.
- 12.2 The preparation of the annual plan will also consider any strategic objectives of the service in relation to delivering any commitments under Service Level Agreements or undertaking certain reviews at particular frequencies to fulfil statutory requirements.
- 12.3 In addition to risk based assurance reviews, the annual audit plan will also include provision for advice and consultancy. This provision covers time set aside for reactive and proactive value added work and includes:
- Proactive, responsive and innovative solutions to problems and opportunities to help the organisation achieve its business objectives
  - Timely response to ad hoc requests for advice on the identification, assessment and mitigation of risks through effective controls
  - Timely response to ad hoc requests for advice on the impact of proposed policy initiatives, programmes and projects as well as responses to emerging risks
  - Planned involvement in new initiatives or working groups established to help identify and assess risk and design suitable controls
  - Undertaking VFM reviews.
  - Investigation of irregularities and suspected fraud and corruption
  - Grant certification work requiring independent assurance that grant terms and conditions have been met.



- 12.4 The level of audit resources required to deliver, at the very least, both a minimum level of independent assurance and adequate provision for advice and consultancy will be considered by the Chief Internal Auditor and Corporate Fraud Manager. Minimum assurance levels will be informed by the maturity of the Council's risk management arrangements and the reliance that can be placed on other assurance sources. Any concerns the Chief Internal Auditor and Corporate Fraud Manager has over the quantity and quality of skills available to deliver the required level of assurance, or to add value through its advice and consultancy work, will be referred to the Section 151 Officer (Chief Financial Officer) and the Audit Committee for consideration.
- 12.5 Strategic and annual plans will be considered by the Corporate Management Team and approved and monitored by the Audit Committee.

## **13. Audit Approach**

- 13.1 Internal Audit will adopt a risk based approach to all assurance work as outlined below:

### **Strategic Risk**

- 13.2 Reviews of strategic risks will provide assurance that:

- Risk management processes, defined by the Council's risk management strategy and policy, are in place and are operating as intended
- Managers are responding to risks adequately and effectively so that those risks are reduced to an acceptable level
- The controls that managers have in place are successful in managing those risks

### **Operational Risk**

- 13.3 Reviews of key service delivery activities and key systems will provide assurance on the effectiveness of

- Compliance with corporate governance arrangements
- Risk identification, assessment and business continuity
- The control environment to manage identified risks and to ensure that the Council's assets and interests are accounted for and safeguarded from loss of all kinds including fraud, waste, extravagance, inefficient administration and poor value for money, including
- Information governance (quality and integrity of financial and other management information and how it is used and communicated)

- 13.4 Internal Audit will adopt a risk based approach to evaluate the effectiveness of controls designed to mitigate risks through substantive testing and/or compliance testing. Compliance testing will confirm if a control actually exists and substantive testing will provide assurance that the control is effective and / or is consistently applied. The level of testing will be relative to the impact and likelihood of the risk occurring due to a control weakness.
- 13.5 Internal Audit will work with service managers to help embed effective risk management by supporting them to carry out a control and risk assessment (CRA) of operational risks for each audit area subject to review in advance of each assurance audit.
- 13.6 Internal Audit will agree the objectives and risks associated with each key system or service delivery area to be reviewed with the relevant service manager/key contact prior to the start of any audit to ensure that the scope and objectives of each review are focused on providing assurance on the high or significant risks identified through the CRA. Terms of reference will be issued to key contacts to formally agree the scope of each review, identified keys risks, potential impact and expected key controls.
- 13.7 The key contact is the person who is authorised by the head of service to agree resultant draft reports and the implementation of any proposed audit recommendations.
- 13.8 Terms of Reference will confirm the scope of each review and the audit approach to be applied. The latter may vary due to the nature of the risk upon which assurance is required and the extent of reliance on other assurances sources.

## **14. Audit Reporting**

- 14.1 All audit assignments will be the subject of formal reports and all assurance reviews will include an audit opinion.
- 14.2 The reporting structure is designed to ensure that final versions of reports are agreed with managers and are both accurate and practical.
- 14.3 Towards the end of an audit an exit meeting with the key contact will be arranged to share and discuss initial audit findings. If this is not practical, an informal draft report will be issued to the key contact which will set out initial findings.
- 14.4 The purpose of the exit meeting/informal draft stage is to give feedback and to eliminate any inaccuracies in audit findings so that these can be resolved before a formal draft report is issued.
- 14.5 Draft reports will ask the key contact to provide a management response to the recommendations made and agree target implementation dates and responsible officers.

- 14.6 To assist managers in their response, the importance of findings/recommendations are categorised as High, Medium or Best Practice. Details of how the importance of audit findings is assessed leading to these recommendation rankings are given in Appendix A.
- 14.7 It is the responsibility of managers to address audit findings and implement audit recommendations or other agreed appropriate action, or accept the risk resulting from not taking action.
- 14.8 An overall opinion will be provided on each assurance audit review to help inform the overall opinion required to support the Council's Annual Governance Statement.
- 14.9 The determination of the audit assurance opinion is derived from the overall level of assurance on the effectiveness of controls operating in each specific area reviewed and is informed by the risk identified through recommendation rankings. Where a Limited Assurance opinion is given the control framework in place is considered to be ineffective and requires improvement to maintain an acceptable level of control. Further details of how assurance opinions are derived are given in Appendix A.
- 14.10 Management responses to recommendations made in draft reports will be incorporated into audit reports that will then be reissued as finals. Copies of all final reports are shared with the Council's External Auditor on request.
- 14.11 Wherever possible the circulation of audit reports will be agreed at the outset and will have due regard to confidentiality and legal requirements. Any information gained in the course of audit work remains confidential without limiting or preventing internal audit from meeting its reporting responsibilities to the wider organisation.
- 14.12 Internal Audit will follow-up progress made by managers in responding to draft reports and on the implementation of all high and medium priority recommendations agreed in final reports.
- 14.13 Progress on the response to draft reports issued and the implementation of agreed recommendations will be reported to Audit Committee. Any significant recommendations overdue will be reported to Committee on an exception basis each quarter. In accordance with the Committee's request, where any significant recommendations remain overdue the following quarter the responsible manager will be asked to attend Audit Committee to provide an explanation for the delay.
- 14.14 Management is required to provide a response to draft reports issued within 20 working days. If a response has not been received within this timescale the following escalation process will then be invoked:
- A reminder will be sent to the key contact, and copied into the relevant head of service, requesting a response within the next 10 days

- If a response is still not forthcoming, a second reminder will be issued direct to the head of service, advising that if a response is not received within the next 5 days the matter will be reported to the relevant Corporate Director
- All draft reports remaining outstanding at the end of each quarter will be reported to the Audit Committee.

14.15 Audit Managers / Principal Auditors will report quarterly to Service Grouping Management Teams on progress made on delivering the agreed annual plan, unplanned work carried out and any proposed amendments to the plan, overdue responses to draft reports, any significant issues arising from audit work and progress made by managers in implementing audit recommendations.

14.16 To help focus attention on areas of significant risk, quarterly progress reports will include by exception details of all audits resulting in a limited assurance opinion.

14.17 Where a limited assurance opinion is given, it is the intention of Internal Audit to follow up the audit within six months of issue to verify that the recommendations have been made in line with the agreed actions. A follow up report detailing progress made and any actions that are still to be completed will be prepared on completion of the review.

14.18 In accordance with the PSIAS, to maintain organisational independence, Internal Audit will report on the functionality of the audit service to Audit Committee by:

#### **Reporting a draft annual risk based audit plan for approval**

##### **Presenting Quarterly Internal Audit Progress reports:**

- To consider progress made in delivering the agreed annual plan
- To inform Members of significant issues arising from audit assurance work and the impact this may have if control weaknesses identified are not addressed
- To inform Members of other audit work carried out or planned
- To consider progress made by managers in the implementation of audit recommendations drawing attention to significant risks not being effectively managed

### **Presenting an Annual Audit Report to:**

- Compare actual activity with planned work and performance targets
- Provide an overall opinion on the control environment
- Provide a summary of work undertaken to formulate the annual opinion on the entire control environment, including reliance placed on work by other assurance bodies
- Demonstrate the extent of compliance with the PSIAS and the results of the Quality Assurance and Improvement Programme, including internal and any external assessments carried out.
- Draw attention to any issues considered particularly relevant to the preparation of the Annual Governance Statement.

## **15. Responsibilities of Managers**

- 15.1 Internal Audit is involved in a wide range of internal and external relationships. The quality of these relationships impacts on the effective delivery of the service, its reputation and independence.
- 15.2 Internal Audit will strive to build effective working relationships with all stakeholders, internal and external, by encouraging an environment of mutual trust, confidence and understanding.
- 15.3 A key relationship is with managers across the organisations. Managers at all levels need complete confidence in the integrity, independence and capability of internal audit.
- 15.4 Managers' role is to manage the risks facing their service and to maintain an adequate and effective system of internal control to mitigate these risks. Managers are also responsible for ensuring that employees are aware of the processes and procedures required to operate the control systems in place.
- 15.5 It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance for the prevention and detection of fraud and irregularities. Internal Audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.
- 15.6 Internal Audit will endeavour to plan its work so that it has a reasonable expectation of detecting significant control weaknesses and if detected, will carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.
- 15.7 Managers are encouraged to maximise the effectiveness of the outcome of internal audit work by:

- Commenting on, and inputting to, strategic and annual audit plans.
- Working with audit staff in the development of a control and risk assessment (CRA) for the service activity or system as part of the preparation and planning stage of each assurance review.
- Agreeing terms of reference, informed by the CRA where applicable, for each audit assignment to ensure attention is focused on areas of greatest risk or concern.
- Giving information and explanations that are sought during audit reviews.
- Providing access at all reasonable times to premises, personnel, documents and assets as necessary.
- Giving early notification of plans for change, including potential new initiatives, operational systems and processes.
- Ensuring key contacts provide responses to draft audit reports within the required timescales.
- Ensuring agreed actions arising from audit recommendations are carried out efficiently and on a timely basis
- Notifying internal audit of any suspected fraud, irregularity, improper use or misappropriation of the Council's property or resources.
- Pending investigation and reporting, take all responsible steps to prevent further loss and to secure records and documents against removal or alteration.
- Acting in line with the Council's disciplinary procedures.

## **16. Relationship with the Audit Committee**

- 16.1 The Council has adopted best practice in implementing an Audit Committee. This committee is independent of both the Executive and Scrutiny function, and reports directly to the Council on matters it feels are relevant. Terms of Reference, reflecting best practice, have been agreed.
- 16.2 The existence of an independent and effective Audit Committee helps to convey to employees and the public the importance Members and Officers attach to risk management, corporate governance and internal control.
- 16.3 The Audit Committee is not just the concern of auditors as it has responsibility for ensuring that the Council has good corporate governance arrangements in place to help deliver the best services to support the Council's priorities, aims and objectives and ensure excellent use of resources.
- 16.4 Internal Audit is one of a number of assurance providers that contribute to the Council's corporate assurance framework. It does this by providing an opinion on the level of assurance the Council can place upon the entire internal control environment and by making recommendations to improve it. This includes Internal Audit's evaluation of the effectiveness of the Council's risk management and corporate governance arrangements.

- 16.5 It is important that the Council seeks independent assurance about the mechanisms underpinning the various aspects of governance and one of the responsibilities of the Audit Committee is to review the functionality and effectiveness of Internal Audit.

## **17. Audit Resources, Skills and Service Quality**

- 17.1 In order for Internal Audit to demonstrate high standards of professional conduct, the Internal Auditor must be impartial in discharging all responsibilities. Bias, prejudice or undue influence must not be allowed to limit or override objectivity.
- 17.2 The service is required to operate in compliance with both the PSIAS and the LGAN. Policies and standard working practices have been put in place to ensure all audit staff understand and comply with the PSIAS/LGAN.
- 17.3 An important element of the PSIAS is the requirement to undertake regular quality assurance assessments and maintain a quality assurance and improvement programme.
- 17.4 A quality assurance framework, detailing the policies, procedures and working practices under which the service operates has been defined and documented in an Audit Manual.
- 17.5 The Chief Internal Auditor and Corporate Fraud Manager is responsible for providing periodically a self-assessment on the effectiveness of the internal audit service and compliance with agreed procedures to ensure professional standards are maintained. Any areas of non-compliance with the standards and or the LGAN will be reported as part of the Annual Audit Report to Corporate Management Team and the Audit Committee.
- 17.6 In accordance with the PSIAS, an external assessment will be carried out at least every five years. The results of this external assessment will also be reported to the Corporate Management Team and the Audit Committee.
- 17.7 The service is provided by Durham County Council's in house internal audit team, supported in specialist areas as and when considered necessary by a third party partner. The staffing structure will, as far as possible, be comprised of a suitable mix of qualifications, experience and skills.
- 17.8 The Chief Internal Auditor and Corporate Fraud Manager ensures internal audit resources are sufficient to meet its responsibilities and achieve its objectives. Resource requirements are reviewed annually in relation to draft annual audit plans. Resources will be considered in terms of available days and the skills and experience of audit staff. Any concerns that the Chief Internal Auditor and Corporate Fraud Manager has regarding resources available to deliver the service in accordance with the PSIAS will be reported to the Corporate Director, Resources and the Audit Committee.

- 17.9 Individual training needs are identified in accordance with the Council's Performance Appraisal Scheme and supplemented by regular audit skills assessments and post audit reviews. As well as basic training in audit techniques and the development of specialist skills, the service is committed to coaching and mentoring its staff and to providing opportunities for continuous professional development to all staff.
- 17.10 Internal Audit maintains its awareness of national and local issues through membership and subscription to professional bodies such as CIPFA's Better Governance Forum, Technical Information Service, Finance Advisory Network (FAN), County Chief Internal Auditor Network, the Institute of Internal Auditors and through regular liaison with external audit.
- 17.11 The service will keep abreast of best audit practice by adhering to CIPFA's and the IIA's practice advisories and practice guides, where applicable, as well as networking with other internal audit service providers.
- 17.12 In this regard the service considers trends and emerging issues that could impact the organisation.
- 17.13 A suite of performance indicators (PIs) and targets has been developed to measure and monitor the performance and effectiveness of the service. The current PI's are detailed in Appendix B. PIs and targets will be reviewed annually.
- 17.14 In accordance with the requirements of the Accounts and Audit Regulations 2015, an annual review of the effectiveness of the internal audit service is undertaken by the Audit Committee. This will be informed by a review of the service carried out by the Corporate Director Resources and from consideration of the Quality Assurance and Improvement Programme and any internal or external assessments required by the PSIAS. By reviewing the service the Audit Committee is able to gain assurance that the service maintains its independence and objectivity, that it is effective and conforms to the expected professional quality standards so that it can place reliance on its work and the annual audit opinion.
- 17.15 The outcome from the annual effectiveness review is reported to the Corporate Management Team and Audit Committee as part of the Annual Internal Audit Report.

## **18. Approval and Review**

- 18.1 The Chief Internal Auditor and Corporate Fraud Manager will review this Charter annually to ensure that it is kept up to date and fit for purpose. The Charter is endorsed by the Corporate Management Team and approved by the Audit Committee. Any amendments will be reported to the Audit Committee for approval. A copy of the Charter will be made available on the Council's intranet.



## 19. Key Contact

Name:

Tracy Henderson, Chief Internal Auditor and  
Corporate Fraud Manager

Tel:

03000 269668

Email:

tracy.henderson@durham.gov.uk

Address

Internal Audit, Risk and Corporate Fraud  
Corporate Resources  
Durham County Council  
County Hall  
Durham  
DH1 5UL

## 20. Other Related Documents

Other related documents that should be read in conjunction with this Charter are:

- Public Sector Internal Audit Standards
- CIPFA's Local Government Application Note
- The Council's Risk Management Strategy
- The Council's Constitution – Financial Procedure Rules
- The Council's Constitution – Local Code of Corporate Governance
- The Council's Constitution – Codes of Conduct
- The Council's Counter Fraud and Corruption Strategy and Fraud Response Plan
- The Council's Confidential Reporting Code (Whistle Blowing Policy)

**Findings**

Individual findings are assessed on their impact and likelihood based on the assessment rationale in the tables below:

Impact Rating	Assessment Rationale
<b>Critical</b>	<b>A finding that could have a:</b>
	<b>Critical</b> impact on operational performance (Significant disruption to service delivery)
	<b>Critical</b> monetary or financial statement impact (In excess of 5% of service income or expenditure budget )
	<b>Critical</b> breach in laws and regulations that could result in significant fine and consequences (Intervention by regulatory body or failure to maintain existing status under inspection regime)
	<b>Critical</b> impact on the reputation of the Council (Significant reputational damage with partners/central government and/or significant number of complaints from service users)
	<b>Critical</b> impact on the wellbeing of employees or the public (Loss of life/serious injury to employees or the public)
<b>Major</b>	<b>A finding that could have a:</b>
	<b>Major</b> impact on operational performance (Disruption to service delivery)
	<b>Major</b> monetary or financial statement impact (1-5% of service income or expenditure budget )
	<b>Major</b> breach in laws, regulations or internal policies and procedures (non compliance will have major impact on operational performance, monetary or financial statement impact or reputation of the service)
	<b>Major</b> impact on the reputation of the service within the Council and/or complaints from service users
<b>Minor</b>	<b>A finding that could have a:</b>
	<b>Minor</b> impact on operational performance (Very little or no disruption to service delivery)
	<b>Minor</b> monetary or financial statement impact (less than 1% of service income or expenditure budget )
	<b>Minor</b> breach in internal policies and procedures (non compliance will have very little or no impact on operational performance, monetary or financial statement impact or reputation of the service)

Likelihood	Assessment criteria
<b>Probable</b>	Highly likely that the event will occur (>50% chance of occurring)
<b>Possible</b>	Reasonable likelihood that the event will occur (10% - 50% chance of occurring)
<b>Unlikely</b>	The event is not expected to occur (<10% chance of occurring)

**Overall Finding Rating**

This grid is used to determine the overall finding rating.

<b>LIKELIHOOD</b>			
Probable	M	H	H
Possible	L	M	H
Unlikely	L	L	M
	Minor	Major	Critical
	<b>IMPACT</b>		

**Priority of recommendations**

The definition of the priority of recommendations arising from each overall finding as follows;

<b>High</b>	Action required, that is considered <b>imperative</b> , to improve the control environment so that objectives are not exposed to unacceptable risks through lack of or weaknesses in critical or key controls.
<b>Medium</b>	Action required to improve the control environment so that objectives are not exposed to risks through weaknesses in controls.
<b>Best Practice</b>	The issue merits attention and its implementation will enhance the control environment.

**Overall Assurance Opinion**

Based upon the ratings of findings and recommendations arising during the audit as summarised in risk matrix above we define the overall conclusion of the audit through the following assurance opinions:

<b>Substantial Assurance</b>	There is a sound system of control. Any weaknesses identified expose some of the system objectives to minor risk.
<b>Moderate Assurance</b>	Whilst there is basically a sound system of control, there are some weaknesses, which expose objectives to risk.
<b>Limited Assurance</b>	There are weaknesses in key areas in the system of control, which expose objectives to unacceptable levels of risk.

<b>Efficiency</b>		
<b>Objective: To provide maximum assurance to inform the annual audit opinion</b>		
<b>KPI</b>	<b>Measure of Assessment</b>	<b>Target &amp; (Frequency of Measurement)</b>
Productive audit time achieved	% of planned productive time from original approved plan completed as at 31 <sup>st</sup> March.	90% (Monthly)
Timeliness of Draft Reports	% of draft reports issued within 20 working days of end of fieldwork/closure interview	100% (Monthly)
Timeliness of Final Reports	% of final reports issued within 10 working days of receipt of management response	100% (Monthly)
Quarterly Progress Reports	Quarterly progress reports issued to Corporate Directors within one month of end of period	100% (Quarterly)
<b>Quality</b>		
<b>Objective: To ensure that the service is effective and adding value</b>		
<b>KPI</b>	<b>Measure of Assessment</b>	<b>Target &amp; (Frequency of Measurement)</b>
Recommendations agreed	% of Recommendations made compared with recommendations accepted	95% (Monthly)
Post Audit Customer Satisfaction Survey Feedback	% of customers scoring audit service good or above (3 out of 5) where 1 is poor and 5 is very good	100% (Quarterly)
Customers providing feedback Response	% of Customer returning satisfaction returns	70% (Quarterly)

## Definition of the terms 'Board' and 'Senior Management' for the purpose of Internal Audit Activity

Standard		Reference to board or senior management	Proposed body/group to fulfil role	
Ref	Title		Senior Management	Board
1000	Purpose, authority and responsibility	<b>Senior Management</b> and the <b>board</b> must approve the Internal Audit Charter	Corporate Management Team (CMT)	The Audit Committee
1110	Organisational Independence	<p>The Chief Audit Executive (CAE) must report to a level within the organisation that allows the internal audit activity to fulfil its responsibilities. The CAE must confirm to the <b>board</b> at least annually the organisational independence of the Internal Audit activity.</p> <p>The CAE must report functionality to the <b>board</b>. The CAE must also establish effective communication with, and have free and unfettered access to the Chief Executive and the Chair of the Audit Committee.</p> <p>Functionality includes:</p> <ul style="list-style-type: none"> <li>• Approving the Internal Audit Charter</li> <li>• Approving the Risk Based Internal Audit Plan</li> <li>• *Approving the internal audit budget and resource plan</li> <li>• Receiving communications for the CAE on the internal audit activity's</li> </ul>		<p>The Audit Committee</p> <p>The Audit Committee with the exception of those functions marked with an* which are the responsibility of the Corporate Director, Resources who has delegated authority from Council to maintain an effective internal service.</p> <p><b>Note</b></p>

**DEFINITIONS UNDER PSIAS**

**APPENDIX C**

		<p>performance relative to its plan and other matters</p> <ul style="list-style-type: none"> <li>• *Approving decisions regarding the appointment and removal of the CAE</li> <li>• *Approving the remuneration of the CAE and</li> <li>• Making appropriate enquiries of management and the CAE to determine whether there are inappropriate enquires of management and CAE to determine whether there are inappropriate scope or resources limitations</li> </ul>		<p>The public sector interpretation with the PSIAS acknowledges that in the UK public sector the board would not generally approve the CAE's remuneration.</p> <p><i>“The underlying principle is that the independence of the CAE is safeguarded by ensuring that his or her remuneration or performance assessment is not inappropriately influenced by those subject to audit. In the UK public sector this can be achieved by ensuring that the Chief Executive undertakes, countersigns, contributes feedback to or reviews the performance appraisal of the CAE and that feedback is also sought from the Chair of the Audit Committee “</i></p>
1130. C2	Impairment to Independence or Objectivity	Approval must be sought from the <b>board</b> for any significant additional consulting services not already included in the audit plan, prior to accepting the engagement		The Audit Committee
1312	Quality Assurance and Improvement Programme (QAIP)	<p>External Assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team form outside the organisation. The CAE must discuss with the <b>board</b>:</p> <ul style="list-style-type: none"> <li>• The form of external assessments</li> </ul>		The Audit Committee

**DEFINITIONS UNDER PSIAS**

**APPENDIX C**

		<ul style="list-style-type: none"> <li>• The qualifications and independence of the external assessor or assessment, including any potential conflict of interests</li> </ul> <p>NB The Public Sector requirement of this standard states,</p> <p><b>“The CAE must agree the scope of external assessments with an appropriate sponsor e.g. the Accounting/Accountable Officer or Chair of the audit committee as well as with the external assessor or assessment team”</b></p>		
1320	Reporting the results of QAIP	The CAE must communicate the results of the quality assurance and improvement programme to <b>senior management</b> and the <b>board</b> .	CMT	The Audit Committee
1322	Disclosure of Non - Conformance	Instances of non-conformance with the definition of Internal Auditing , the Code of Ethics or the standards impacts the overall scope or operation of the Internal Audit Activity, must be reported to the <b>board</b> by the CAE. More significant deviations must be considered for inclusion in the annual governance statement		The Audit Committee

**DEFINITIONS UNDER PSIAS**

**APPENDIX C**

2020	Communications and Approval	<p>The CAE must communicate the internal audit activity’s plans and resource requirements, including significant interim changes, to <b>senior management</b> and the <b>board</b> for review and approval.</p> <p>Where the CAE believes that the level of agreed resources will impact adversely on the provision of the annual internal audit opinion, the consequences must be brought to the attention of the <b>board</b>.</p>	CMT	The Audit Committee
2060	Reporting to Senior Management and the Board	<p>The CAE must report periodically to <b>senior management</b> and the <b>board</b> on the internal audit activity’s purpose, authority, responsibility and performance relative to its plan. Reporting must include significant risk exposures and control issues, including fraud risks governance issues and other matters needed or requested by senior management and the board.</p>	CMT	The Audit Committee
2600	Communicating the Acceptance of Risk	<p>When the CAE concludes that management has accepted a low level of risk that may be unacceptable to the organisation, the CAE must discuss the matter with <b>senior management</b>. If the CAE determines that the matter has not been resolved, the CAE must communicate the matter to the <b>board</b>.</p>	CMT	The Audit Committee

**NB. The role of Chief Audit Executive referred to in the Standards is that undertaken by the Chief Internal Auditor and Corporate Fraud Manager.**



APPENDIX 4: DURHAM COUNTY COUNCIL ANNUAL INTERNAL AUDIT PLAN 2024/25				
Service Grouping	Service	Audit Title	Reference	Estimated Days
Chief Executive	Corporate Affairs	Corporate Performance Management Framework	11040/2025	10.0
Chief Executive	Corporate Affairs	Corporate Business Intelligence	11042/2025	10.0
Chief Executive	Corporate Affairs	Changing Places Toilets	00671/2025	3.0
<b>TOTAL ESTIMATED DAYS FOR CHIEF EXECUTIVE</b>				<b>23.0</b>
Adult & Health Services	Adult Care	Transition Arrangements between Childrens and Adult Services	50017/2025	15.0
Adult & Health Services	Adult Care	New CQC Inspection Regime	50036/2025	20.0
Adult & Health Services	Adult Care	Shared Lives	50080/2025	15.0
Adult & Health Services	Adult Care	Adaptations	50081/2025	15.0
Adult & Health Services	Adult Care	SALT - Short and Long Term Care	50240/2025	12.0
Adult & Health Services	Commissioning	Workforce Development Fund	00638/2025	4.0
Adult & Health Services	Commissioning	Commissioning of Learning Disability Services	50022/2025	15.0
Adult & Health Services	Commissioning	Commissioning of Mental Health Services	55200/2025	10.0
Adult & Health Services	Public Health	Pharmoutcomes	50220/2025	10.0
Adult & Health Services	Public Health	Healthy Start Vitamin Distribution	50239/2025 (new)	12.0
Adult & Health Services	Adult Care	CITO	58801/2025	10.0
Adult & Health Services	Adult Care	Azeus Data Quality	58814/2025	15.0
Adult & Health Services	Adult Care	Azeus - Provision Costing	58814/2025	15.0
Adult & Health Services	Adult Care	Rolling Respite Care	50197/2025	12.0
Adult & Health Services	Adult Care	Learning Disability Task and Finish Group	50093/2025	2.0
<b>TOTAL ESTIMATED DAYS FOR ADULTS AND HEALTH SERVICES</b>				<b>182.0</b>
Children and Young People's Services	Children and Young People's Services	Liquidlogic	58813/2025	10.0
Children and Young People's Services	Children's Social Care	Foster Carer Payments	50200/2025	20.0
Children and Young People's Services	Children's Social Care	Placement Resource Panel (PRP) Arrangements	50203/2025	15.0
Children and Young People's Services	Children's Social Care	Children's Homes	53000/2025	20.0
Children and Young People's Services	Children's Social Care	Children's Homes - Procurement Cards	53007/2025	10.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	Speech and Language Therapy (SALT) - Shortage of Teachers	50223/2025	12.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	Family Hubs and Start for Life	53006/2025	4.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	One Point Intensive Family Support Team and Family Hubs	53009/2025	20.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	Supporting Families	00611/2025	15.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	Disability Commissioning Arrangements (Short Breaks)	54300/2025	15.0
Children and Young People's Services	Early Help, Inclusion and Vulnerable Children	Youth Justice Service	85819/2025	15.0
Children and Young People's Services	Education and Skills	Multiply (UKSPF) Funding	00679/2025	5.0
Children and Young People's Services	Education and Skills	Arrangements for the allocation of SEN funding and its application in schools	78466/2025	25.0
Children and Young People's Services	Education and Skills	School Transport Budget	70502/2025	15.0
Children and Young People's Services	Education and Skills	Review of Swimming SLA	78481/2025	10.0
Children and Young People's Services	Locality and Operational Support	Caldicott Compliance	58809/2025	10.0
Children and Young People's Services	Locality and Operational Support	Caldicott Group	58810/2025	2.0
Children and Young People's Services	Education and Skills	Schools Financial Value Standard (SFVS)	70420/2025	5.0
Children and Young People's Services	Education and Skills	Schools - Safe Recruitment and Selection	70509/2025	8.0
<b>TOTAL ESTIMATED DAYS FOR CHILDREN AND YOUNG PEOPLE'S SERVICE</b>				<b>236.0</b>
Neighbourhoods and Climate Change	Consumer Protection	Pollution Control	12265/2025	10.0
Neighbourhoods and Climate Change	Consumer Protection	Works in Default	13339/2025	10.0
Neighbourhoods and Climate Change	Consumer Protection	Fees and Charges	13132/2025	10.0
Neighbourhoods and Climate Change	Consumer Protection	Civil Penalties (Civil Sanctions)	13133/2025	12.0
Neighbourhoods and Climate Change	Highway Services	Space on Highway	13139/2025	10.0
Neighbourhoods and Climate Change	Highway Services	Local Transport Capital Block	00627/2025	6.0
Neighbourhoods and Climate Change	Partnerships and Community Engagement	Community Grants	11033/2025	7.0
Neighbourhoods and Climate Change	Environment	Utility Bills	26047/2025	12.0
Neighbourhoods and Climate Change	Environment	Clean and Green	13126/2025	20.0
Neighbourhoods and Climate Change	Environment	Neighbourhood Wardens	13421/2025	12.0
<b>TOTAL ESTIMATED DAYS FOR NEIGHBOURHOODS AND CLIMATE CHANGE</b>				<b>109.0</b>

APPENDIX 4: DURHAM COUNTY COUNCIL ANNUAL INTERNAL AUDIT PLAN 2024/25				
Service Grouping	Service	Audit Title	Reference	Estimated Days
Regeneration, Economy and Growth	Planning and Housing	Financial Assistance Policy and Property Re-Purpose Loans	00612/2024	10.0
Regeneration, Economy and Growth	Corporate Property and Land	Asset Valuation	13551/2025	20.0
Regeneration, Economy and Growth	Corporate Property and Land	Surplus Property Policies and Procedures	13556/2025	12.0
Regeneration, Economy and Growth	Planning and Housing	Disabled Facilities Grant	00614/2025	7.0
Regeneration, Economy and Growth	Planning and Housing	Home Upgrade Grant (HUG) 2	00677/2025	5.0
Regeneration, Economy and Growth	Transport and Contract Services	Local Transport Capital Block Funding	00620/2025	6.0
Regeneration, Economy and Growth	Transport and Contract Services	Bus Subsidy Ring Fenced Grant	00622/2025	6.0
Regeneration, Economy and Growth	Transport and Contract Services	Transport Contract Management - Contract Documentation and Invoice Payments	25805/2025/01	12.0
Regeneration, Economy and Growth	Transport and Contract Services	Transport Contract Management - Operator and Driver Verification	25805/2025/02	8.0
Regeneration, Economy and Growth	Transport and Contract Services	Housing Infrastructure Fund - Newton Aycliffe	00680/2025	7.0
Regeneration, Economy and Growth	Transport and Contract Services	Future high street / stronger town / LUF	00681/2025	7.0
Regeneration, Economy and Growth	Transport and Contract Services	Integrated Passenger Transport Unit – Adult Care Transport	25805/2025	20.0
Regeneration, Economy and Growth	Culture, Sport and Tourism	Consett Empire Theatre	14900/2025	15.0
Regeneration, Economy and Growth	Culture, Sport and Tourism	Gala - Box Office	14901/2025	12.0
<b>TOTAL ESTIMATED DAYS FOR REGENERATION, ECONOMY AND GROWTH</b>				<b>147.0</b>
Resources	Legal & Democratic Services	Electoral Services	10940/2025	10.0
Resources	Legal & Democratic Services	Members Expenses	10910/2025	10.0
Resources	Legal & Democratic Services	Registrars	11160/2025	10.0
Resources	Legal & Democratic Services	Police and Crime Panel	00647/2025	3.0
Resources	Legal & Democratic Services	RIPA Officers Group	11011/2025	3.0
Resources	Legal & Democratic Services	Company Governance Group	11071/2025	8.0
Resources	Legal & Democratic Services	Health & Safety Group	11240/2025	5.0
Resources	Corporate Finance and Commercial Services	VAT	10915/2025	10.0
Resources	Corporate Finance and Commercial Services	Direct Debit Payments	10619/2025	10.0
Resources	Corporate Finance and Commercial Services	Collection Fund	10926/2025	10.0
Resources	Corporate Finance and Commercial Services	Section 256 Agreements	50078/2025	10.0
Resources	Corporate Finance and Commercial Services	Better Care Fund	50079/2025	5.0
Resources	Procurement, Sales and Business Services	Contract Variations	11058/2025	12.0
Resources	Procurement, Sales and Business Services	Contract Management	11055/2025	12.0
Resources	Procurement, Sales and Business Services	Creditors	10150/2025	20.0
Resources	Procurement, Sales and Business Services	Payment Cards Workstream	10105/2025	10.0
Resources	Procurement, Sales and Business Services	Procurement Cards	10112/2025	25.0
Resources	HR and Employee Services	Attendance Management Framework	64446/2025	10.0
Resources	HR and Employee Services	Payroll - Overarching	10210/2025	1.0
Resources	HR and Employee Services	ResourceLink Programme Board	10215/2025	1.0
Resources	HR and Employee Services	Payroll - Access to Data and Records	10203/2025	10.0
Resources	HR and Employee Services	Payroll - Recruitment and Selection: Identity Verification	11029/2025	10.0
Resources	Transactional and Customer Services	Business Rates	00550/2025	20.0
Resources	Transactional and Customer Services	Housing Benefits and Council Tax Reduction (HB and CTR) - New Claims and Change in Circumstances	00706/2025	20.0
Resources	Transactional and Customer Services	Council Tax	00500/2025	20.0
Resources	Transactional and Customer Services	Cash Management	10460/2025	20.0
Resources	Transactional and Customer Services	Debtors	10400/2025	20.0
Resources	Transactional and Customer Services	Financial Deputies	50007/2025	15.0
Resources	Transactional and Customer Services	Welfare Rights	00776/2025	10.0
Resources	Transactional and Customer Services	County Durham Outreach and Support (CDOS)	00780/2025	15.0
Resources	Transactional and Customer Services	Welfare Assistance	00725/2025	10.0
Resources	Transactional and Customer Services	Insolvency / Bankruptcy	00505/2025	10.0
Resources	Digital Services	Mobile Phones	10919/2025	10.0

APPENDIX 4: DURHAM COUNTY COUNCIL ANNUAL INTERNAL AUDIT PLAN 2024/25				
Service Grouping	Service	Audit Title	Reference	Estimated Days
Resources	Digital Services	Information Governance Group	11010/2025	2.0
Resources	Digital Services	Environmental Information Requests	11090/2025	10.0
Resources	Digital Services	Backup Arrangements	98022/2025	10.0
Resources	Digital Services	SharePoint	98039/2025	10.0
Resources	Digital Services	Digital Programme	98107/2025	30.0
Resources	Digital Services	Digital Durham Grant Claim	98112/2025	2.0
Resources	Digital Services	IT Asset Management	98142/2025	15.0
<b>TOTAL ESTIMATED DAYS FOR RESOURCES</b>				<b>454.0</b>

<b>2024/25</b>	
<b>Estimated Gross Days Available</b>	<b>4,140</b>
Non – Productive Time (Annual Leave, Sickness, Office Duties etc.)	803
Non – Productive Time (Training)	481
Productive Time – not allocable to services, e.g. Audit Planning, Supporting Audit Committee, Quality Assurance, Contingency	885
<b><u>Audit Plan for 1 April 2024 to 31 March 2025</u></b>	
Audit days required to complete and close audit reports relating to 2023/24	255
Chief Executive	23
Adult and Health Services (AHS)	182
Children and Young People Service (CYPS)	236
Neighbourhoods and Climate Change (NCC)	109
Regeneration, Economy and Growth (REG)	147
Resources (RES)	454
Schools	160
Durham Police and Crime Commissioner / Durham Constabulary	186
Durham and Darlington Fire & Rescue Authority	86
Aim High Academy Trust	16
Durham Crematorium	18
Mountsett Crematorium	18
Pension Fund	45
New College Durham	30
Durham City Charter	6
<b>TOTAL DAYS REQUIRED</b>	<b>4,140</b>

<b>2023/24</b>	
<b>Estimated Gross Days Available</b>	<b>4,431</b>
Non – Productive Time (Annual Leave, Sickness, Office Duties etc.)	894
Non – Productive Time (Training)	385
Productive Time – not allocable to services, e.g. Audit Planning, Supporting Audit Committee, Quality Assurance, Contingency	1,050
<b><u>Audit Plan for 1 April 2024 to 31 March 2025</u></b>	
Audit days required to complete and close audit reports relating to 2022/23	202
Chief Executive	15
Adult and Health Services (AHS)	189
Children and Young People Service (CYPS)	248
Neighbourhoods and Climate Change (NCC)	164
Regeneration, Economy and Growth (REG)	128
Resources (RES)	383
Schools	350
Durham Police and Crime Commissioner / Durham Constabulary	201
Durham and Darlington Fire & Rescue Authority	83
Aim High Academy Trust	16
Durham Crematorium	18
Mountsett Crematorium	18
Pension Fund	50
New College Durham	31
Durham City Charter	6
<b>TOTAL DAYS REQUIRED</b>	<b>4,431</b>