

Central Durham Crematorium Joint Committee



27 January 2016

Annual Review of the System of Internal Audit



Joint Report of Terry Collins – Corporate Director: Neighbourhood Services; Don McLure Corporate Director: Resources and Treasurer to the Joint Committee

Purpose of the Report

1. The purpose of this report is to advise the Joint Committee of a review of the effectiveness of the Durham County Council Internal Audit Service, which was carried out by the County Council's Audit Committee in June 2015.

Background

2. The Joint Committee's internal audit provider is Durham County Council Internal Audit Services. The service is delivered in accordance with a Service Level Agreement (SLA) approved by the Joint Committee in January 2014.
3. In order to place reliance on the work of internal audit, and the annual audit opinion provided through it on the adequacy and effectiveness of the control environment operating across the Joint Committee, it is important that the Joint Committee is assured that the service is effective.
4. Under the Accounts and Audit Regulations 2011, Durham County Council as a large public body is required to carry out an annual review of the effectiveness of its Internal Audit Service. Whilst there is no such legal requirement for the Joint Committee as a small body under these regulations to do likewise, assurance can be provided on the effectiveness of the service provided to the Joint Committee from this review.

Summary of the outcomes from the review carried out by DCC Audit Committee

5. The Audit Committee considered a report presented by the Corporate Director, Resources that provided evidence on the effectiveness of the service during 2014/15. Having considered the evidence, the County Councils Audit Committee concluded that sufficient assurance had been provided that the service was effective. In reaching this conclusion regarding the current arrangements for Internal Audit, the Committee considered:
 - The structure and resourcing level, including qualifications and experience of the audit team
 - The extent of conformance with the Public Sector Internal Audit Standards (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.
6. A summary of the main outcomes from the review is attached as Appendix 2 and the resultant improvement plan prepared by the Head of Internal Audit (Chief Internal Auditor and Corporate Fraud Manager) is attached as Appendix 3.
7. The improvement plan fulfils part of the requirement of PSIAS for the Head of Internal Audit to develop and maintain a quality assurance and improvement programme (QAIP). The quality assurance programme will be further developed during the year and reported upon as part of the annual audit report as required by the PSIAS.

Other Relevant Performance Indicators

8. Following each annual audit, a post audit satisfaction survey is issued to the Crematorium Superintendent. The feedback from the 2014/15 audit returned an average score of 4.33 where 1 is very poor and 5 is very good.

Recommendation and Reasons

9. The Joint Committee is asked to note:
- (i) The information provided that demonstrates the efficiency and effectiveness of the Durham County Council Internal Audit Service
 - (ii) Actions planned to further improve the service during 2015/16.

Background Documents

Report to DCC Audit Committee 29 June 2015

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Appendix 1: Implications

Finance

None.

Staffing

None.

Risk – Not a key decision

Equality and Diversity

None.

Accommodation

None.

Crime and Disorder

None.

Human Rights

None

Consultation

None.

Procurement

None.

Disability Issues

None.

Legal Implications

Compliance with the Account and Audit Regulations 2011.

Extract from the report considered by DCC Audit Committee 29 June 2015

Conformance with UK Public Sector Internal Audit Standards (PSIAS)

1. Internal Audit completed a self-assessment against the key elements of the PSIAS and for 2014/15 this demonstrated that the Section was generally conforming with the Code's requirements. A service improvement plan is attached at Appendix 3.
2. All employees were introduced to the ethics requirements (as described in PSIAS) in relation to the professional role of an auditor. While the basis of this remains the same as in previous years employees were also required to read and sign a document confirming they understand the ethics and behaviour requirements. 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.
3. 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. An annual report for Corporate Directors was produced for 2014/15 and was presented as part of the Internal Audit planning meetings with all Corporate Directors.
4. Liaison with the External Auditor was productive and audit plans were coordinated within this process. The two services continue to share information and to use this to inform risk assessments and direct audit activity.
5. There is sufficient evidence to support the conclusion that the service was overall effective during 2014/15 and that the opinion provided in the 2014/15 Annual Audit Report is reliable.

REVIEW OF SYSTEM OF INTERNAL AUDIT – ACTION PLAN 2014/2015

REF	AREA FOR IMPROVEMENT	PSIAS REF	ACTION REQUIRED	RESPONSIBLE OFFICER	TARGET DATE	PROGRESS UPDATE
1.	Audit responsibilities are to be rotated periodically	1130	Rotation of auditors to deliver assignments is routine however rotation at Principal Auditor level to be complete in April 2015	Paul Bradley	April 2016	This has been achieved at April 2015. To be maintained on the action plan for consideration as resources are continually reviewed.
2.	External Assessment to be completed once every five years	1312	Formally agree and external assessor and the date for the assessment. Formally agree the form and scope of the external assessment.	Paul Bradley	March 2016	Discussions have taken place with North Tyneside, South Tyneside and Newcastle to enter into a quadripartite agreement to complete external assessments. To be formally documented.
3.	Development of the Council's Assurance Framework	2010	Whilst there is an Assurance Framework that supports the Annual Governance Statement. The Audit Plan 2016/17 is to be developed referencing the 'Assurance Map' that details where the Council gets its assurance supported by the Council's Assurance Framework.	Paul Bradley	March 2016	
4.	The Chief Internal Auditor should share information and coordinate activities with internal and external providers of assurance	2050	Further development of the Assurance Map will identify those areas of assurance where further work should be developed e.g. Ofsted, Care Quality Commission etc.	Paul Bradley	March 2016	To support the Assurance Map. This work will also support the Annual Audit Report for 2015/16.