

Report of:	Meeting	Date	Item No.
Corporate Director of Resources	Audit Committee	22 September 2015	8

INTERNAL AUDIT CHARTER

1. Purpose of Report

- 1.1** Agreement of the Internal Audit Charter for the Audit and Risk Management Section ensuring compliance with the Public Sector Internal Audit Standards (PSIAS) which came into force on the 1 April 2013 superseding CIPFA's Code of Practice for Internal Audit in Local Government.

2. Outcomes

- 2.1** Compliance with the PSIAS and the checklist contained within the Local Government Application Note constituting 'proper practices' as defined in the Accounts and Audit Regulations 2011.

3. Recommendations

- 3.1** That the Audit Committee agrees the Internal Audit Charter and Code of Ethics attached at Appendices 1 and 2.

4. Background

- 4.1** Specific requirements detailed in the Accounts and Audit Regulations 2011 require a relevant body to 'undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control'. Up until 1 April 2013, proper practices were defined as those professional standards published by CIPFA. From 1 April 2013 these standards have been replaced by Public Sector Internal Audit Standards (PSIAS). CIPFA have supplemented the PSIAS with an Application Note providing guidance on the specific requirements for local government internal audit organisations.
- 4.2** The Application Note documents a number of specific local government requirements, including the requirement to complete an extensive checklist for assessing compliance with the PSIAS. One of the mandatory requirements within the checklist is to have an Internal Audit Charter in place.

- 4.3 Although an Audit Charter was not a requirement under the previous Code, Wyre has had a Charter in place since November 2006.

5. Key Issues and Proposals

- 5.1 The Internal Audit Charter and Code of Ethics are included for approval at Appendices 1 and 2.

IMPLICATIONS	
Finance	None arising directly from the report.
Legal	This will ensure good governance and probity.

OTHER RISKS/IMPLICATIONS: CHECKLIST

If there are significant implications arising from this report on any issues marked with a ✓ below, the report author will have consulted with the appropriate specialist officers on those implications and addressed them in the body of the report. There are no significant implications arising directly from this report, for those issues marked with a x.

Risks/Implications	✓ / x
Community Safety	x
Equality and Diversity	x
Sustainability	x
Health and Safety	x

Risks/Implications	✓ / x
Asset Management	x
Climate Change	x
Data Protection	x

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List of Background Papers:		
Name of Document	Date	Where available for inspection

LIST OF APPENDICES

Appendix 1 – Internal Audit Charter

Appendix 2 – PSIAS Code of Ethics

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Internal Audit Charter – September 2015

Introduction

This Charter sets out the purpose, authority and responsibility of the internal audit activity at Wyre Council and provides a Code of Ethics which stipulates the conduct of Internal Auditors within the Audit and Risk Management Section.

It is important that this audit charter is publicised within the Council and that the role of the Audit and Risk Management Section is understood. The Head of Governance is responsible for reviewing the Audit Charter and presenting it to the Corporate Director of Resources (Senior Management) and the Audit Committee (The Board) at least annually for review and approval.

Definition of Internal Audit

The PSIAS defines internal auditing as *“an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”*

Key Organisational Roles and Relationships

The PSIAS require that the internal audit charter defines the terms ‘Board’ and ‘Senior Management’ in relation to the work of internal audit. For the purpose of internal audit work at Wyre Council, the ‘Board’ is taken to refer to the Audit Committee and ‘Senior Management’ is taken to refer to the Corporate Director of Resources. The PSIAS also refer to the ‘Chief Audit Executive’ which at Wyre refers to the Head of Governance (Head of Internal Audit).

The Council has adopted CIPFA’s Statement on the Role of the Chief Financial Officer in Local Government and the associated Statement on the Role of the Head of Internal Audit in Public Service Organisations. These statements set out principles and standards for the Corporate Director of Resources (Section 151 Officer) and the Head of Governance to act in a mutually supportive way in fulfilling their statutory and professional responsibilities.

The Head of Governance reports directly to the Corporate Director of Resources (Section 151 Officer) who is a member of the Council’s Corporate Management Team along with the Chief Executive and the Corporate Director of People and Places, who acts as the Council’s Monitoring Officer.

Internal Audit supports the Chief Executive, as Head of Paid Service, in providing high level assurances related to the Council's strategy and governance arrangements and will use the Annual Governance Statement to notify him of any significant issues.

Internal Audit supports the Monitoring Officer in discharging his responsibilities in maintaining high standards of governance, conduct and ethical behaviour.

The Audit and Risk Management Section derives its authority from the Financial Regulations and Financial Procedure Rules, contained within the Council's Constitution.

Responsibilities

The internal audit service is a review activity that does not relieve management of its responsibility for ensuring that effective systems of control are in place. The Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the Council's objectives. Management shall accept and implement internal audit findings and recommendations, or accept the risk resulting from not taking action.

The Audit and Risk Management Section assist the Council in discharging its corporate governance requirements and ensure that the Council's assets and activities have the necessary insurance cover. The Head of Governance is responsible for:

- Developing an annual audit plan in the context of the strategic direction and based on an understand of the Councils key risks;
- Managing the provision of a complete professional internal audit service that is compliant with the PSIAS and CIPFA's Application Note;
- Providing an annual internal audit opinion to the Audit Committee, based on the outcomes of internal audit work conducted throughout the year;
- Assisting officers and members of the authority in the effective discharge of their responsibilities;
- Examining, evaluating and reporting on the adequacy of internal controls as a contribution to the efficient, effective and economic use of resources;
- Ensuring the Council's assets and interests are accounted for and safeguarded against loss;
- Maintaining a level of independence and integrity to permit the proper performance of the internal audit function;
- Maintaining an effective working relationship with the External Auditor (KPMG);
- Attending Audit Committee meetings, contributing to Audit Committee Agendas and advising the Committee on any scope or resource limitations;

- Assessing all matters of potential fraud or irregularity in line with the requirements of the Councils counter fraud policies; and
- Assisting the Audit Committee in achieving effectiveness in the delivery of their terms of reference.

In carrying out their role, staff within the Audit and Risk Management Section will comply with the auditing standards as defined in the PSIAS, the Accounts and Audit Regulations 2011 and any other relevant professional guidelines issued by the Institute of Internal Auditors.

In accordance with the Accounts and Audit Regulations 2011, an annual review of the effectiveness of the internal audit service will be conducted using the checklist within CIPFA's Application Note which will be presented to the Audit Committee in May. The outcome of the exercise will form part of the Annual Governance Statement. Completing an exercise of this nature also allows greater reliance to be placed on the overall opinion on the effectiveness of the control environment within the Annual Audit Report.

Limitations of Internal Audit Responsibilities

In seeking to discharge the responsibilities of Internal Audit set out above, it should be noted that Internal Audit is not responsible for the following, which are the proper responsibility of management:

- Controlling the risks of the organisation;
- Establishing and maintaining systems of internal control;
- Determining operational policies or procedures; and
- Preventing or detecting fraud and irregularity.

Scope of Internal Audit Work

The scope of Internal audit covers all the Council's governance arrangements, procedures for ensuring the effective management of all significant risks and ensuring regularity in all its financial areas, including value for money.

It allows for unrestricted coverage of the authority's activities and unrestricted access to all records, personnel, property and assets deemed necessary in the course of an audit. Such access shall be granted on demand and is not subject to advance notice. There are no limitations placed upon the scope of internal audit work. Internal audit has the right to require and receive explanations from all employees or Council members concerning any matter under consideration.

The scope of internal audit work extends to services provided through partnership arrangements. The Head of Governance at Wyre Council should decide, in consultation with all parties, whether internal audit staff should conduct the work to derive the required assurance or rely on the assurances provided by others. In line with the PSIAS, the Audit Committee will be advised of any consultancy work requested and performed.

If the Head of Governance or those charged with governance consider that the level of internal audit resources in any way limits the scope of internal audit work, or prejudices the ability of internal audit to deliver a service consistent with the definition of internal audit, they should advise the Audit Committee immediately.

Internal audits are not limited to financial systems or records, but extend to all the activities of the Council as this reflects the control environment and the governance arrangements in place. The Audit and Risk Management Section will undertake the following activities as and when required:

- Review controls within existing systems and those under development and give advice and assistance when required;
- Promote good governance arrangements and monitor progress made against governance actions;
- Review compliance with Financial Regulations and Financial Procedure Rules;
- Review compliance with the Council's Constitution;
- Undertake transaction testing to provide assurance as to the accuracy of processing;
- Perform Computer Audit and Contract Audit;
- Proactive and reactive management of the Council's insurance portfolio, linked to risk;
- Investigation of suspected fraud, bribery and corruption (not including Benefit Fraud Investigation work);
- Embedding risk management;
- Value for money studies; and
- Verification of performance information and published national and local indicators.

Strategy and Planning

The Head of Governance will prepare a risk-based annual audit plan taking into account the Council's Business Plan, Service Plans, the Medium Term Financial Plan, Strategic and Operational Risk Registers and discussions with the Council's Corporate Management Team and the External Auditor (KMPG). The audit plan will outline the assignments to be carried out and the broad resources required for delivery. The Audit Committee will approve the plan in advance of the financial year.

To reflect any changing priorities or emerging risks, the plan will be constantly reviewed with a provision for contingencies being included accordingly. Progress in relation to the plan will be reported to the Audit Committee on a six monthly basis.

Resourcing and Staffing

Internal Audit will be resourced in accordance with the staffing structure approved by the Corporate Director of Resources and advised to the Audit Committee and will aim to maintain a suitable mix of experienced and qualified staff. To assist Wyre Council in meeting these requirements, the internal audit service is supplemented by the use

of two external audit providers, Lancashire Audit Service (LAS) who are part of Lancashire County Council and also Mazars. Both organisations are also required to comply with PSIAS.

Individual training needs are established and agreed through the Council's Performance Appraisal process along with the most cost effective way of meeting those needs. As a professional service, staff are expected to actively participate in formal Continuing Professional Development (CPD) schemes.

Once a year, the Audit Committee will have the opportunity to attend two scheduled private discussions, one with the Council's External Auditors (KPMG) and the other with the Head of Governance. Following on from these discussions, feedback on the Head of Governance's performance is provided by the Chairman of the Audit Committee to the Corporate Director of Resources (S151 Officer) prior to the Head of Governance's annual performance appraisal taking place.

Reporting Lines and Audit Reports

Although the Head of Governance reports to the Corporate Director of Resources (S151 Officer), the internal audit activity is organisationally independent in its planning and operation and as such has unrestricted access to the following:

- ◆ Chief Executive;
- ◆ Monitoring Officer;
- ◆ Chairman of the Audit Committee;
- ◆ Chairman of the Standards Committee;
- ◆ Members of the Council; and
- ◆ All Council employees.

Functionally, the work of Internal Audit is reported to Corporate Directors, Heads of Service, Audit Committee and the External Auditor by means of specific reports, and also in summary form to Audit Committee via six monthly monitoring and activity reports.

The Head of Governance and the Chairman of the Audit Committee have mutual direct access to each other and will liaise as they consider appropriate.

The majority of internal audit reviews will result in the production of a formal report. As part of Internal Audits Quality Assurance and Improvement Programme, a 4:4:2 timescale is applied when conducting audit work and drafting and finalising audit reports. The timescales apply as follows;

- 4 weeks from the commencement of the audit fieldwork, a draft report will be issued;
- 4 weeks from the issue of a draft report, a response and completed action plan will be received; and
- 2 weeks from receiving the response and action plan, the report will be issued as a 'final' version.

The reports are distributed as follows;

- Managers receive a final copy of the report with an agreed action plan, following confirmation of the draft report's factual accuracy. The action plan details responsibilities for action, the timetable and priorities. Whilst

management are responsible for the implementation of agreed actions, follow-up work will be performed by Internal Audit whereby a sample of Level 1-3 recommendations are reviewed to ensure actions are being progressed. The Audit Committee will be advised of any delays or failure to implement agreed actions.

- The appropriate Corporate Director, the Audit Committee and the Council's External Auditor (KPMG) receive copies of the final reports. A copy is also published on the Council's intranet.
- The Audit Committee receives six monthly updates on audit work performed and an executive summary of findings / recommendations made, highlighting any key issues arising from this work.
- At each meeting, the Committee have the opportunity to discuss any of the audit reports that have been issued since the previous meeting. Officers may be asked to attend the Audit Committee meeting to address any questions raised by the members.

Quality Assurance and Improvement Programme (QAIP)

The PSIAS requires that the Chief Audit Executive develops and maintains a Quality Assurance and Improvement Programme (QAIP). A QAIP is designed to enable an evaluation, checking that internal audits activity conforms with the 'Definition of Internal Auditing', the PSIAS and whether Internal Auditors apply the Code of Ethics. The QAIP also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement. The QAIP must include both internal and external assessments and any improvement plans resulting from the QAIP must be monitored accordingly. The following activities make up the QAIP at Wyre:

Internal Assessment

- 6 monthly progress review of internal audit activity;
- 6 monthly performance appraisals for all audit staff;
- Completion of CIPFA's Application note checklist to assess the Effectiveness of Internal Audit;
- Quality inspections of all audit work by the Head of Governance;
- Annual certification confirming compliance with the Code of Ethics contained within the Audit Charter; and
- Annual feedback from the Chairman of the Audit Committee on the Chief Audit Executive's performance.

External Assessment

- The use of Lancashire County Council's Internal Audit Service and Mazars to provide independent assurance that controls are adequate and effective in service areas managed by the Chief Audit Executive;
- Annual review and validation of the Annual Governance Statement; and
- The External Auditor has an annual opportunity to raise any issues concerning Internal Audit activity with the Audit Committee.
- In compliance with the PSIAS, external assessments are to be carried out at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. Wyre Council has decided that the preferred method would be through the self-assessment contained

with CIPFA's Application Note, with an independent validation from a peer review (organised through the Lancashire District Audit Group Meetings), providing there is no conflict of interest. Results will be reported annually to the Audit Committee. The independent assessment and validation of the Lancashire Districts will commence in January 2016, but no date has been provided in relation to Wyre's assessment.

Independence and Objectivity

Internal Audit operates independently within the Council to ensure it is able to appraise and give an impartial opinion on the Council's governance arrangements, risks and internal control systems.

To ensure this independence, internal audit operates within a framework that allows unrestricted access to all council officers, senior management and elected members. As such all internal audit staff have the right to access all premises, records and documentation held by the Council, its officers and Elected Members and to seek explanation as they see necessary to discharge their duties. This position is supported by the Accounts and Audit Regulations 2011.

The Head of Governance is responsible for identifying and managing any threats to objectivity. In addition, objectivity and independence is further enhanced by the partnership arrangements in place between the Council and Lancashire Audit Service(LAS) and Mazars. They are also used to avoid any conflicts of interests that may arise if Internal Audit have undertaken any non-audit activities or have been involved in the system or policy setting.

Relationships with Elected Members, Officers, External Audit and Other Agencies

To ensure good working relationships are established, the Audit and Risk Management Section comply with the 'protocol for officer / member relations' which forms part of the Council's Constitution and involves:

- Working in a spirit of mutual respect and co-operation;
- Maintaining impartiality;
- Being politically neutral;
- Respecting confidentiality;
- Observing the protocols with regards to access to information; and
- Trying to resolve any issues informally and in a spirit of understanding.

The Audit and Risk Management Section will co-operate with External Audit and other review agents to:

- Ensure that duplication of work is minimised;
- Consider joint delivery;
- Determine the level of assurance that can be obtained from their work; and
- Review the reliance that can be placed on that assurance as part of the Head of Governance's overall opinion on the control environment included in the Internal Audit Annual Report.

Due Professional Care and Audit Ethics

All Audit and Risk Management staff have an ethical responsibility to work with due professional care. Due professional care is the care and skill that prudent and competent internal auditors will apply in performing their duties; working with competence and diligence, using knowledge and judgement based on experience, training and ability.

Care will be appropriate to the objectives, complexity, nature and materiality of the audit being performed. The auditor will consider various data analysis techniques and be alert to significant risks that may affect the organisation.

The PSIAS contain a Code of Ethics which is mandatory for all internal auditors in the public sector. In addition, internal auditors are also required to comply with the relevant requirements of their own professional bodies and the organisation in which they are employed. Internal Audit at Wyre Council has adopted the PSIAS Code of Ethics.

Fraud, Bribery and Corruption

Managing the risk of fraud, bribery and corruption is vital to the success of the Council in achieving its corporate objectives. The Audit and Risk Management Section will assist management in the effective discharge of this duty. Audit procedures alone, even when performed with due care and professionalism cannot guarantee that a system is 100% risk free, nor that all incidents of fraud, bribery and corruption will be detected and investigated.

The Audit and Risk Management Section is not solely responsible for the prevention or detection of fraud, bribery and corruption. It will, however, remain alert to risk and exposures both internal and external to the organisation. Close involvement with the national anti-fraud agencies and participation in the National Fraud Initiative will assist this process.

Any evidence or suspicion of an irregularity regarding Council funds, property or any other asset or interest should be reported immediately using the Whistleblowing Policy. The Council is committed to the highest possible standards of openness, probity and accountability, and encourages all its elected members, employees, partners and contractors to voice their concerns without fear of reprisal.

The Audit and Risk Management Section will lead or assist in the development, maintenance and delivery of training associated with the effectiveness of policies that contribute towards sound corporate governance, as detailed in the Council's Annual Governance Statement e.g. Whistle Blowing Policy, Anti-Fraud, Bribery and Corruption Policy, Officer's Gifts, Hospitality and Interests and the Money Laundering Policy.

Public Sector Internal Audit Standards – Code of Ethics

Introduction

The PSIAS contain a Code of Ethics (the Code) which is mandatory for all internal auditors in the public sector. In addition, internal auditors are also required to comply with the relevant requirements of their own professional bodies and the organisation in which they are employed.

Purpose

The purpose of these ethics is to promote an ethical, professional culture in internal auditing. Internal auditors who work in the public sector must also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life. Namely;

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

The Head of Governance at Wyre Council will ensure that auditors are regularly reminded of their ethical responsibilities as part of the performance appraisal process. Auditors will be asked to declare annually any personal interests and certify that they understand and will comply with the requirements of the Code.

Applicability and Enforcement

The Code applies to both individuals and entities that provide internal auditing services including Lancashire Audit Service and Mazars. For members of the Institute of Internal Auditors (IIA), breaches of the Code shall be evaluated and administered according to the IIA Disciplinary Procedures. Disciplinary procedures of other professional bodies, i.e. CIPFA and employing organisations may also apply to breaches of the Code.

Fundamental Principles

Internal auditors are expected to apply and uphold the following four principles:

1. Integrity

The integrity of internal auditors establishes trust and thus provides the basis for reliance on their judgement.

Internal Auditors:

- Shall perform their work with honesty, diligence and responsibility;

- Shall observe the law and make disclosure as required by the law and their professions;
- Shall not knowingly be part of any illegal activity, or engage in acts that are discreditable to the profession of internal auditing or to the organisation; and
- Shall respect and contribute to the legitimate and ethical objectives of the organisation.

2. Objectivity

Internal Auditors exhibit the highest level of professional objectivity in gathering, evaluating and communicating information about the activity or process being examined. Internal Auditors make a balanced assessment of all the relevant circumstances and are not unduly influenced by their own interests or by others in forming judgements.

Internal Auditors:

- Shall not participate in any activity or relationship that may impair or be presumed to impair their unbiased assessment. This participation includes those activities or relationships that may be in conflict with the interests of the organisation;
- Shall not accept anything that may impair or be presumed to impair their professional judgement; and
- Shall disclose all material facts known to them that, if not disclosed, may distort the reporting of activities under review.

3. Confidentiality

Internal Auditors respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.

Internal Auditors:

- Shall be prudent in the use and protection of information acquired in the course of their duties; and
- Shall not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organisation.

4. Competency

Internal Auditors apply the knowledge, skills and experience needed in the performance of internal auditing services.

Internal Auditors:

- Shall engage only in those services for which they have the necessary knowledge, skills and experience;
- Shall perform internal auditing services in accordance with the Public Sector Internal Audit Standards; and
- Shall continually improve their proficiency and effectiveness and quality of their services.