

## AUDIT COMMITTEE – 8<sup>th</sup> NOVEMBER 2022

### Report of the Director of Finance, Governance and Contracts

#### Part A

#### ITEM 7 INTERNAL AUDIT PROGRESS REPORT Q2 2022-23

##### Purpose of Report

The report summarises the progress against the 2022/23 Audit Plan, outlining key findings from final reports and any outstanding recommendations.

##### Recommendation

The Committee notes the progress report set out in Appendix 1.

##### Reason

To ensure the Committee is kept informed of progress against the Internal Audit plan and work of Internal Audit.

##### Policy Justification and Previous Decisions

The Accounts and Audit Regulations 2015 state (Regulation 5 (1)) that the relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account the Public Sector Internal Audit Standards and any appropriate guidance.

##### Implementation Timetable including Future Decisions

Reports will continue to be submitted to the Committee on a regular basis.

##### Report Implications

The following implications have been identified for this report.

##### *Financial Implications*

*None*

##### Risk Management

There are no specific risks associated with this report.

Background Papers: Public Sector Internal Audit Standards

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## **INTERNAL AUDIT SHARED SERVICE**

**Charnwood Borough Council**

**Internal Audit Progress Report 2022/23 Q2**

## **1. Introduction**

- 1.1 Internal Audit is provided through a shared service arrangement by North West Leicestershire District Council. The assurances received through the Internal Audit programme are a key element of the assurance framework required to inform the Annual Governance Statement. The purpose of this report is to update on Internal Audit activity during 2022/23 Q2.

## **2. Internal Audit Plan Update**

- 2.1 The 2022/23 audit plan is included in Appendix A for information and shows the audits in progress. Since the last update report all benefits subsidy work has been completed and two final audit reports have been issued from the 2022/23 plan.

- Open Spaces – Substantial assurance
- Housing Repairs Q1 (Emergency repairs) – Limited assurance

The executive summaries for these reports are included at Appendix B

- 2.2 The audits due to take place in Q3 are:

- Planned & Cyclical Maintenance Q3
- Responsive Repairs Q3
- Capital Programmes
- Key financial systems

## **3.0 Outstanding Recommendations**

- 3.1 Internal Audit monitor and follow up critical, high and medium priority recommendations. There are no overdue recommendations this quarter.

## **4.0 Internal Audit Performance Indicators**

- 4.1 Progress against the agreed Internal Audit performance indicators is included in Appendix C. There are no areas of concern to highlight.

## **5.0 Internal Audit Charter**

- 5.1 The Audit Manager has completed the annual review of the Charter, detailed in full in Appendix D. Only minor amendments have been made, these are in relation to job titles.

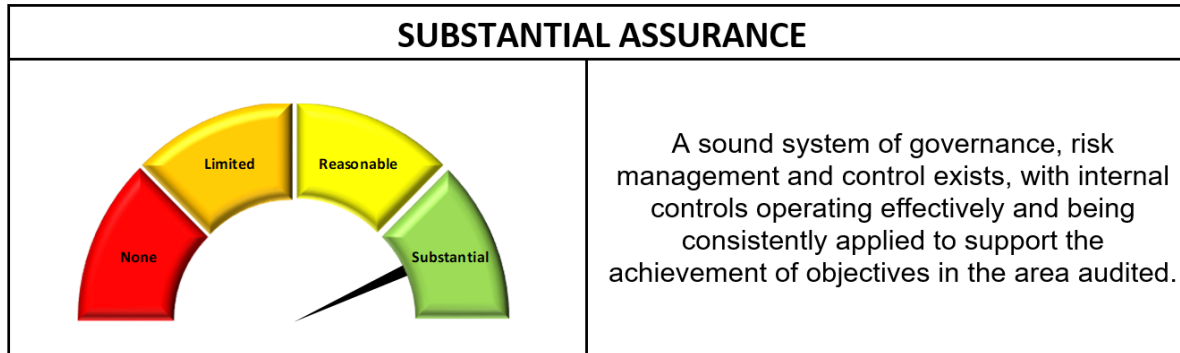
**APPENDIX A**

**AUDIT PLAN AS AT 30<sup>th</sup> September 2022**

Audit Area	Type	Planned Days	Actual Days	Status	Assurance Level	Recommendations				Comments
						C	H	M	L	
Disabled Facilities Grants - Certification	Certification & audit	3	3	Completed	N/A					
S106 Agreements	Audit	6	11.5	Report drafting						
Open Spaces Contract Management	Audit	7	10	Completed	Substantial	-	-	1	-	
Town Hall	Audit	10		Q4						
Key Financial Systems	Audit	45	0.5	Planning						
Capital Programmes	Audit	10		Q2						Postponed to Q3
Covid-19 related assurance work	Assurance	20	15	As required						
Benefits Subsidy	Assurance	60	45	Completed	N/A					
Planned & Cyclical Maintenance Q1	Audit	8	6	Report drafting						
Planned & Cyclical Maintenance Q2	Audit	8	3	In progress						
Planned & Cyclical Maintenance Q3	Audit	8		Q3						

Planned & Cyclical Maintenance Q4	Audit	6		Q4						
Responsive Repairs Q1	Audit	8	11	Completed	Limited	-	8	2	-	
Responsive Repairs Q2	Audit	8	10.5	Report drafting						
Responsive Repairs Q3	Audit	8		Q3						
Responsive Repairs Q4	Audit	6		Q4						
Workforce Planning	Audit	10	0.5	Planning						
National Fraud Initiative	Non audit	20	1	As required						
IT Key Controls Audit	Audit	10		IT Audit Contractor						
IT Cyber Security	Audit	10		IT Audit Contactor						

OPEN SPACES CONTRACT



**Key Findings**

Areas of positive assurance identified during the audit:

- There is a dedicated contract manager for this contract,
- Regular contract meetings take place in accordance with the contract.
- Information on contract performance is provided by the contractor, is in line with the contract and is verified for accuracy.
- Contract charges are reviewed annually in line with the contract.

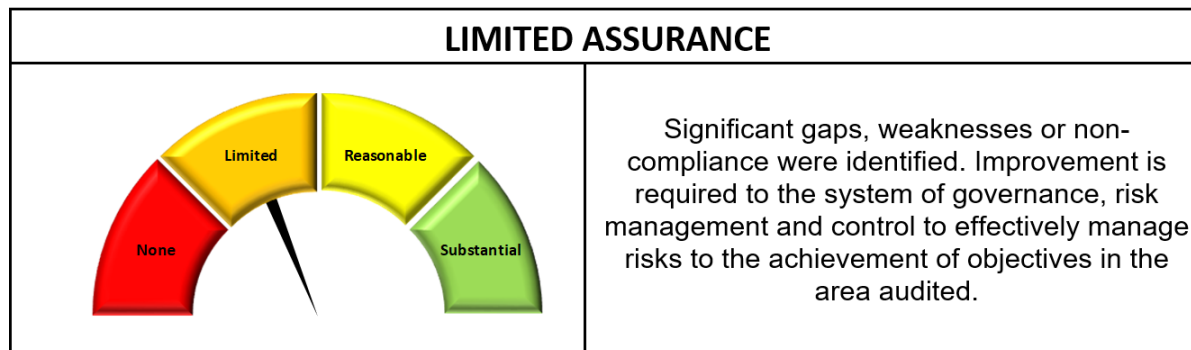
The main areas identified for improvement are:

- Separation of duties in raising of purchase orders and authorisation of invoices.

Recommendation	Priority	Response/Agreed Action	Officer Responsible	Implementation Date
<p>1.To ensure adequate segregation of duties the raising of purchase orders and confirmation of goods / services received should be carried out by a different officer to the officer responsible for authorising payment.</p> <p>The finance system (Unit4) currently allows for the raising of an order, confirmation of receipt of goods and authorising of invoices to be carried out by the same person. This has been identified as control weakness and reported as part of the Creditors audit.</p>	Medium	Agree – will discuss proposed actions with Head of Service and Finance.	Performance, Policy & Development Manager.	31.10.2022



## HOUSING REPAIRS Q1 (EMERGENCY REPAIRS)



### Key Findings

Areas of positive assurance identified during the audit:

- Procedures are in place to ensure that repairs are relevantly prioritised.

The main areas identified for improvement are:

- Detailed written procedure guides are not in place for key process.
- Systems are not relevantly updated when works are completed.
- Contractor (creditor) references are not always used when raising QL orders.
- Schedule of Rates are out of date.
- The procedures in place for identifying further work are open to error and provide an insufficient audit trail.
- Performance monitoring is inaccurate, as it does not capture emergency call outs not scheduled on Service Connect.

<b>Recommendation</b>	<b>Priority</b>	<b>Response/Agreed Action</b>	<b>Officer Responsible</b>	<b>Implementation Date</b>
1. All key procedures are documented and made accessible to staff, these should support relevant policies and tenancy guides.	Medium	Agreed as per recommendation.	Repairs and Investments Manager and Principal Officer - Repairs and Maintenance	August 2023
2. Staff are trained on the processes to follow to ensure that there is consistency across services.	Medium	Agreed as per recommendation.	Repairs and Investments Manager and Principal Officer - Repairs and Maintenance	October 2023
3. Training is carried out for staff to ensure they are aware of the processes to follow in relation to the raising and closing of orders on both systems.	High	Agreed as per recommendation.	Repairs and Investments Manager	October 2022
4. An exercise is undertaken to ensure that the status of all orders is correctly recorded on both systems.	High	Agreed as per recommendation.	Repairs and Investments Manager in conjunction with the software provider (Service Connect).	March 2023
5. A procurement exercise is carried out for this area of work to ensure that the authority is following contract procedure rules.	High	A procurement process is in progress for this work.	Repairs and Investments Manager	December 2022
6. Officers raising orders receive the appropriate training and information to ensure data entry is accurate and removes the requirement to duplicate work.	High	Agreed as per recommendation.	Repairs and Investments Manager and Principal Officer - Repairs and Maintenance in conjunction with the housing systems team.	December 2022
7. The processes to identify where further works are needed, following an emergency call out, are reviewed to ensure that all further works are captured and acted upon.	High	Generic email address for the RTL set up and will be contacting the relevant contractors to advise this the email address to use in future.  Investigate why service connect is not retaining the surveys.	Principal Officer -Repairs and Maintenance	October 2022

		Upload the document RTLS received via email on service connect in the meantime.		
8. Officers ensure that they are aware of the terms and conditions of contracts and that, on an annual basis, these are reviewed, including the schedule of rates to ensure any uplifts are input into the system and tested to ensure accuracy. This review should be fully documented.	High	<p>Access to contractual information is available to all appropriate officers, a meeting will be held with key officers to reiterate the need for them that have a responsibility to read and understand what is in the contracts, in particular, specifications and costs.</p> <p>Schedule of rates for new contracts (such as Dalrod, Orbis, GEP) have been reviewed and updated on system.</p> <p>The schedule of rates for recent contract for T&amp;S Heating Ltd is currently being formatted for uploading onto QL.</p>	Repairs and Investments Manager	September 2022
9. A review of the in-house Schedule of Rates is carried out and where appropriate, rates are updated to reflect current costs.	High	Agreed as per recommendation.	Repairs and Investments Manager	December 2022
10. Processes are put in place to ensure all emergency call out data is captured and can then be accurately reported to the Senior Leadership Team and Housing Management Advisory Board.	High	Agreed as per recommendation.	Repairs and Investments Manager and Principal Officer - Repairs and Maintenance	March 2023

## INTERNAL AUDIT PERFORMANCE INDICATORS

PERFORMANCE MEASURE	POSITION AS AT 30 <sup>th</sup> September 2022	COMMENTS
Delivery of 2022/23 Audit Plan	23%	
Percentage of Client Satisfaction with the Internal Audit Service	100%	1 responses received for 2022/23
Compliance with the Internal Audit Standards	Conforms	Inspection took place w/c 30 <sup>th</sup> November 2020. Internal Audit Service conforms to the Public Sector Internal Audit Standards.
Compliance testing of completed recommendations	100%	



# INTERNAL AUDIT CHARTER

**Charnwood Borough Council**

## Version Control

<b>Author</b>	<b>Date</b>	<b>Action</b>
Lisa Marron Audit Manager	May 2020	Aligned Charter for all authorities.
Lisa Marron Audit Manager	September 2021	Reference to Seven Principles of Public Life added. Section 13 changed from Consulting and Advisory work to Nature of Services, assurance definition added (13.1) and the purpose of our work explained (13.2). 9.4 added to confirm approach to work for organisations outside of the shared service.
Kerry Beavis Audit Manager	September 2022	Minor amendment of job title.

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## 1 Introduction

- 1.1 The Accounts and Audit Regulations 2015 place a statutory duty on the Council to undertake an internal audit of the effectiveness of its risk management, control and governance processes. The Accounts and Audit Regulations 2015 also require that the audit takes into account public sector internal auditing standards or guidance.
- 1.2 The Public Sector Internal Audit Standards (PSIAS), Attribute Standard 1000, require that the purpose, authority and responsibility of the internal audit activity are formally defined in an internal audit charter (hereafter referred to as the Charter), consistent with the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework (the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and the Definition of Internal Auditing). The chief audit executive is required to periodically review the Charter and present it to senior management and the 'board' for approval. Final approval of the Charter resides with the 'board'.
- 1.3 The Charter establishes the Internal Audit activity's position within the Council, including the nature of the chief audit executive's functional reporting relationship with the board; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities.

## 2 Definitions

- 2.1 In line with the PSIAS:

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."

- 2.2 For the purpose of this charter the following definitions shall apply:

*The Board* – the governance group charged with independent assurance of the adequacy of the risk management framework, the internal control environment and the integrity of financial reporting. At this Council this shall mean the Audit Committee.

*Senior Management* – those responsible for leadership and direction of the Council. At this Council this shall mean the Senior Leadership Team (SLT).

*Chief Audit Executive* – the person in a senior position responsible for effectively managing the internal audit activity in accordance with the internal audit charter and the PSIAS. The Chief Audit Executive or



others reporting to the Chief Audit Executive will have appropriate professional certifications and qualifications.  
At this Council the Chief Audit Executive is the (Shared Service) Audit Manager.

### **3 Mission and Purpose of Internal Audit**

3.1 In line with the PSIAS the mission of Internal Audit is:

“To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.”

3.2 The purpose of Internal Audit is to review, appraise and report on the adequacy of risk management, control and governance processes across the Council.

### **4 Professionalism**

4.1 The Internal Audit activity will govern itself by adherence to the PSIAS. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

4.2 The service, and individual staff, will be governed by the Code of Ethics of the relevant professional bodies of which they are a member in addition to the Core Principles for the Professional Practice of Internal Auditing and the Code of Ethics from the International Professional Practices Framework. The Core Principles are:

1. Demonstrates integrity.
2. Demonstrates competence and due professional care.
3. Is objective and free from undue influence (independent).
4. Aligns with the strategies, objectives and risks of the organisation.
5. Is appropriately positioned and adequately resourced.
6. Demonstrates quality and continuous improvement.
7. Communicates effectively.
8. Provides risk-based assurance.
9. Is insightful, proactive, and future-focused.
10. Promotes organisational improvement.

4.3 Internal Auditors who work in the public sector must also have regard to the Committee on Standards in Public Life's Seven Principles of Public Life, information on which can be found at [www.public-standards.gov.uk](http://www.public-standards.gov.uk).

## **5 Scope of Internal Audit**

5.1 There are no restrictions placed upon the scope of Internal Audit's work. Internal Audit work will usually include, but is not restricted to:

- reviewing the reliability and integrity of financial and operating information and the means used to identify, measure, classify and report such information;
- evaluating and appraising the risk associated with areas under review and making proposals for improving the management of risks;
- appraising the effectiveness and reliability of the risk management framework and recommending improvements where necessary;
- assisting management and members to identify risks and controls with regard to the objectives of the Council and its services;
- reviewing the systems established by management to ensure compliance with those policies, plans, procedures, laws and regulations which could have a significant impact on operations and reports, and determining whether the Council is in compliance;
- reviewing the means of safeguarding assets and, as appropriate, verifying the existence of assets;
- appraising the economy, efficiency and effectiveness with which resources are employed;
- reviewing operations and programmes to ascertain whether results are consistent with established objectives and goals and whether the operations or programmes are being carried out as planned; and
- reviewing the operations of the Council in support of the Council's Anti-Fraud and Corruption policy.

## **6 Authority of Internal Audit**

6.1 Internal Audit derives its authority from the Accounts and Audit Regulations 2015, this Charter and the Council's Constitution. Internal Audit staff have the authority to:

- enter any Council owned or occupied premises or land at all reasonable times (subject to any legal restrictions outside the Council's control);
- have access at all times to the Council's records, documents and correspondence;
- require and receive such explanations from any employee or member of the Council as he or she deems necessary concerning any matter under examination; and
- require any employee or member of the Council to produce cash, stores or any other Council owned property under their control.

6.2 The Audit Manager shall have access to, and the freedom to report in his/her name to all boards, members or officers, as he/she deems necessary.

6.3 All employees and members are requested to assist the Internal Audit activity in fulfilling its roles and responsibilities.

## **7 Responsibility of Internal Audit**

7.1 The Chief Audit Executive will be responsible for maintaining an adequate and effective internal audit function. The Internal Audit function will operate in accordance with the Public Sector Internal Audit Standards.

7.2 Internal Audit will have the responsibility to review, appraise and report as necessary on:

- the adequacy and effectiveness and application of internal controls, governance and risk management processes and systems;
- the extent of compliance with financial regulations and standing orders and approved policies and procedures of the Council plus the extent of compliance with external laws and regulation; and
- the extent to which the Council's assets and interest are accounted for and safeguarded from losses of all kinds arising from waste, inefficient administration, poor value for money, fraud or other cause.

## **8 Reporting Lines**

- 8.1 Day to day management of the Internal Audit team will be performed by the Chief Audit Executive. The Chief Audit Executive reports to the Board for organisational purposes but will report significant audit findings and audit progress directly to the Section 151 Officer. The Chief Audit Executive will keep the Section 151 Officer and the Board informed of progress and developments on a regular basis.
- 8.2 The Internal Audit team is employed by North West Leicestershire District Council and sits within the Legal and Commercial Services Team reporting to the Head of Legal and Commercial Services. The performance of Internal Audit is also monitored by the Head of Governance and Human Resources who is the contract manager.
- 8.3 The Chief Audit Executive has free and unfettered access to the Chief Executive, Section 151 Officer, Monitoring Officer and Chair of the Audit Committee. The Chief Audit Executive will communicate and interact directly with the Board, including in and between Board meetings as appropriate.

## **9 Independence and Objectivity**

- 9.1 Internal Auditors must be sufficiently independent of the activities they audit to enable them to provide impartial, unbiased and effective professional judgements and advice. Internal Auditors must maintain an unbiased attitude that allows them to perform their engagements in such a manner that they believe in their work product and that no quality compromises are made. Objectivity requires that Internal Auditors do not subordinate their judgement on audit matters to others.
- 9.2 To achieve the degree of independence and objectivity necessary to effectively discharge its responsibilities, arrangements are in place to ensure the Internal Audit activity:
- retains no executive or operational responsibilities;
  - operates in a framework that allows unrestricted access to senior management and the Board;
  - reports in their own name;
  - rotates responsibilities for audit assignments (where possible) within the Internal Audit team;
  - completes individual declarations confirming compliance with rules on independence and conflicts of interest; and

- has a planning process which recognises and addresses potential conflicts of interest through Internal Audit staff not undertaking an audit for at least two years in areas where they have had previous operational roles.

9.3 If independence or objectivity is impaired in fact or appearance, the details of the impairment will be disclosed to senior management and the Board. The nature of the disclosure will depend upon the impairment.

9.4 There may be times when Internal Audit are asked to provide audit services for other organisations outside of the shared service. The nature of this work will be formally set out and agreed in advance and, in line with the shared service inter-authority agreement, all partners will be consulted to ensure there are no conflicts of interest or objections to the work.

## **10 Accountability**

10.1 The Chief Audit Executive shall be accountable to the Board and the S151 Officer for:

- providing, at least annually, an objective evaluation of, and opinion on, the overall adequacy and effectiveness of the Council's framework of governance, risk management and internal control;
- reporting significant issues related to the processes for controlling the activities of the Council and its affiliates, including recommendations and status of implementation of improvements;
- periodically providing information on the status and results of the annual audit plan and the sufficiency of the Internal Audit's function's resources; and
- co-ordination with other significant assurance functions.

## **11 Internal Audit Resources**

11.1 The Chief Audit Executive will be professionally qualified (CIMA, CCAB or equivalent) and have wide Internal Audit and management experience, reflecting the responsibilities that arise from the need to liaise with Members, senior management and other professionals, both internally and externally.

11.2 The Director of Finance, Governance and Contracts (S151 Officer) will provide the Chief Audit Executive with the appropriate resources necessary to fulfil the Council's requirements and expectations as to the robustness and scope of the Internal Audit opinion.

- 11.3 The Chief Audit Executive will ensure that the Internal Audit service has access to an appropriate range of knowledge, skills, qualifications and experience required to deliver the audit plan.
- 11.4 The annual plan will identify the resources required to complete the work, thereby highlighting sufficiency of available resources. The Chief Audit Executive can propose an increase in audit resource or reduction in the coverage if insufficient resources are available.

## **12 Management Responsibilities**

- 12.1 An Internal Audit service can only be effective if it receives the full co-operation of management. By approving this Internal Audit Charter the Board and Senior Management are mandating management to co-operate with Internal Audit in the delivery of the service by:
- agreeing audit engagement plans no later than the agreed deadline, to include agreements on duration, scope, reporting and response;
  - sponsoring each audit at senior management level;
  - providing Internal Audit with full support and co-operation, including complete access to all records, data, property and personnel relevant to the performance of their responsibilities at all levels of operations, without unreasonable delay;
  - responding to the draft internal report, including provision of management responses to recommendations, within the timescale requested by the audit team;
  - implementing agreed management actions in accordance with the agreed timescales; and
  - updating Internal Audit with progress made on management actions, informing Internal Audit of proposed changes and developments in processes and systems, newly identified significant risks and cases of a criminal nature.
- 12.2 Whilst the annual Internal Audit report is a key element of the assurance framework required to inform the Annual Governance Statement, there are also a number of other sources from which those charged with governance should gain assurance. The level of assurance required from Internal Audit will be agreed with the Board at the beginning of the year and presented in the annual Internal Audit plan (and subsequent agreed amendments). As such, the annual Internal Audit opinion does not replace responsibility of those charged with governance from forming their own overall opinion on

internal controls, governance arrangements, and risk management activities.

## **13 Nature of Services**

- 13.1 The Public Sector Internal Audit Standards define assurance as  
“An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management and control processes for the organisation. Examples may include financial, performance, compliance, system security and due diligence engagements.”
- 13.2 In general the main purpose our work will be to provide assurance services to report to the shared service Councils and their Audit Committees. There may be times when our assurance is required by others for example it may be relied upon by partners of the shared service Councils or by Central Government for grant certification work. In all cases this will be clearly set out through engagement plans or grant declarations as appropriate.
- 13.3 The Public Sector Internal Audit Standards allow that Internal Audit may sometimes be more usefully focussed towards providing advice rather than assurance of core controls. Where appropriate, Internal Audit will act in a consultancy/advisory capacity by providing guidance and advice for strengthening the control environment, providing:
- the objectives of the consulting/advisory engagement address governance, risk management and control processes to the extent agreed upon with the Council;
  - the scope of the consulting/advisory engagement has been clearly defined;
  - Internal Audit is considered to have the rights skills, experience and available resource;
  - management understand that the work being undertaken is not Internal Audit work; and
  - Internal Audit’s involvement will not constitute a conflict of interest in respect of maintaining an independent stance, and Internal Audit will not assume a management role in providing this advice.
- 13.4 When performing consultancy/advisory services, the auditor must maintain objectivity and not take on a management responsibility. The Chief Audit Executive is responsible for ensuring that all requests are reviewed in accordance with the above criteria and for making the final decision. The role which Internal Audit will assume on any particular advisory assignment will be agreed with the sponsor, will be documented within the assignment plan, and reported to the Board.

## 14 Role of Internal Audit in Fraud-Related Work

- 14.1 The primary responsibility for maintaining sound systems of internal control including arrangements to prevent and detect fraud and corruption lies with senior management. An annual programme of internal audits is designed to assist this process by highlighting areas where controls are inadequate or are not operating.
- 14.2 All fraud investigations will be conducted in accordance with the Council's Constitution, Anti-Fraud and Corruption Policy and the Confidential Reporting (Whistleblowing) Policy.
- 14.3 All cases of suspected fraud and/or irregularity should also be reported to the Chief Audit Executive, with the exception of benefit fraud which should be reported to the Department of Work and Pensions. This is to ensure that appropriate action is taken and to enable the Chief Audit Executive to fully answer External Audit queries relating to the International Standard on Auditing (ISA) 240 "The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements".

## 15 Relationships

- 15.1 The Chief Audit Executive and Internal Audit staff are involved in a wide range of relationships and the quality of those relationships impact on the quality of the audit function and the effective delivery of that function.
- **Relationships with Management**  
The Chief Audit Executive and Internal Audit staff will maintain effective relationships with managers of the Council. Regular meetings will be held with key stakeholders and management will be consulted with during the audit planning process. Timing of audit engagements will be in conjunction with management.
  - **Relationships with External Audit**  
Internal Audit have an established working relationship with the current external auditors which includes periodic meetings and plans and reports are shared.
  - **Relationships with Regulators and Inspectors**  
The Chief Audit Executive and Internal Audit staff will take account of the results and reports from any inspections when planning and undertaking Internal Audit work. Where appropriate the Chief Audit Executive will establish a dialogue with representatives of the appropriate inspection agencies.
  - **Relationships with Elected Members**  
The Chief Audit Executive will establish a working relationship with members, in particular members of the Audit Committee. The Chief



Audit Executive has the opportunity to meet with the Chair of the Audit Committee if required.

## **16 Quality Assurance**

16.1 The Public Sector Internal Audit Standards require that the audit function is subject to a quality assurance and improvement programme that must include both internal and external assessments. The results are included in the Internal Audit Annual Report.

### **16.2 Internal Assessments**

All Internal Audit engagements are subjected to a thorough internal peer review of quality, to ensure that its work meets the standards expected from the Internal Audit staff. For example, the internal file quality reviews cover the following:

- the work is planned and undertaken in accordance with risks associated with areas under review;
- sampling is undertaken in accordance with the agreed methodology; and
- the conclusions are fully supported by detailed work.

16.3 Internal Audit performance is also monitored in the following ways:

- quarterly progress reports to the Board and senior management team;
- customer satisfaction surveys following each audit;
- monthly meetings with the S151 Officer; and
- monthly meetings with the Head of Governance and Human Resources.

### **16.3 External Assessments**

An external assessment must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The Chief Audit Executive will discuss options for the assessment with senior management including the S151 Officer and the Board.

## **17 Records Retention**

17.1 Audit engagement records will be retained for six years. This is in line with Local Government Association guidance.

## **18 Review**

18.1 The Internal Audit Charter will be reviewed annually by the Chief Audit Executive and presented to Senior Management and the Board for approval if any significant changes are identified.