

INTERNAL AUDIT PLAN, CHARTER & PROTOCOL 2024/25

Cabinet Member for Finance & Commissioning

Date: 21 March 2024

Agenda Item:

Contact Officer: Andrew Wood

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Key Decision? NO

Local Ward Full Council

Members



Lichfield
District Council

AUDIT COMMITTEE

1. Executive Summary

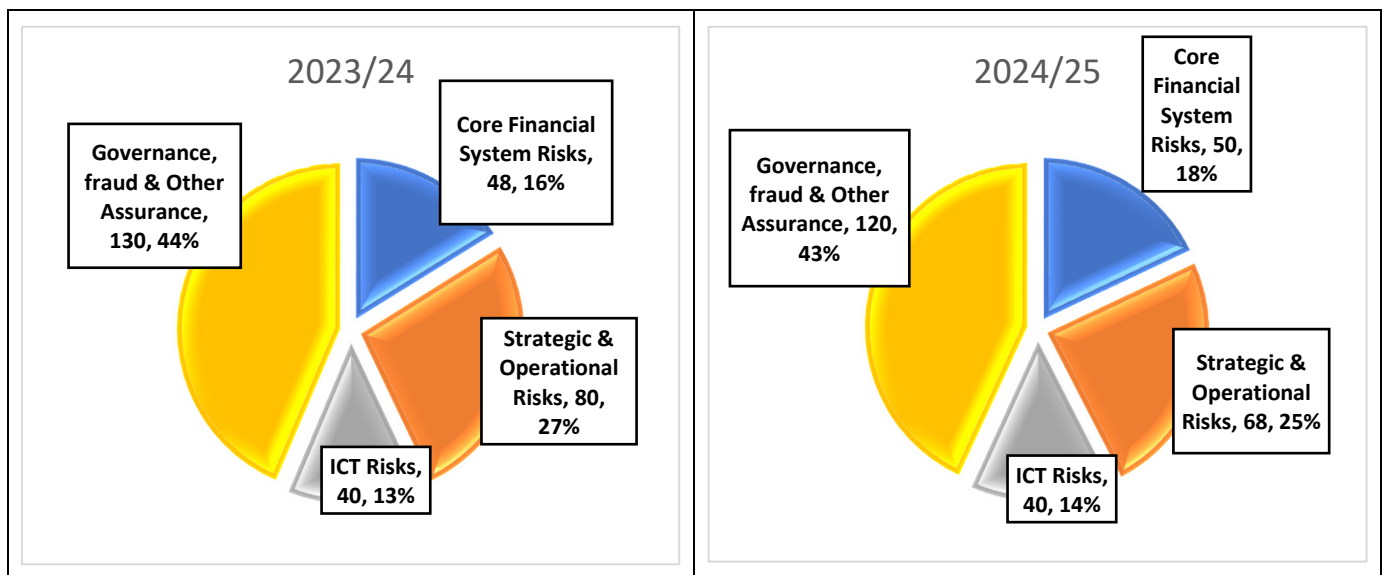
- 1.1 To consider the 2024/25 proposed internal audit plan, charter and protocol (**Appendices 1, 2 and 3**). To note the updated Global Internal Audit Standards (**Appendices 4 & 5**).

2. Recommendations

- 2.1 To consider and approve the 2024/25 proposed internal audit plan, charter and protocol (**Appendix 1, 2 and 3**).
- 2.2 That the Committee notes the updated Global Internal Audit Standards for implementation by January 2025 (**Appendix 4**) and the effects on Public Sector organisations (**Appendix 5**).

3. Background

- 3.1 Internal Audit 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 (Public Sector Internal Audit Standards (PSIAS)).
- 3.2 The Audit Committee's consideration and approval of an effective audit plan, charter and protocol is an important element in providing assurance to the organisation that arrangements are in place to provide an independent and objective opinion on the adequacy of the internal control environment.
- 3.3 The proposed audit plan for 2024/25 is detailed at **Appendix 1** and is summarised below (days and % of plan) compared to 2023/24:



- 3.4 As part of the planning for 2024/25 the proposed plan of work has been developed based on;
- Analysis of strategic and operational risks, including risks identified on the horizon which may affect the strategic and operational objectives of the Council;
 - Reference to previous assurance work from previously completed audits;
 - Level of resources, following benchmarking exercises in 2020/21 a reduction from 447 audit days (2019/20) to 278 days in 2024/25 compared to 298 days in 2023/24. This is comparable with other councils of a similar size and risk profile; and
 - Agile working approach.
- 3.5 Internal Audit’s strategy has also been based upon the three lines of defence model of assurance which is detailed in **Appendix 1**. Additionally, we have reviewed the last three completed years of audit work which informed the audit plan, together with discussions with Section 151 Officer. The table below shows the audits completed and the levels of assurance given.

Assurance Levels per completed audit year				
	Assurance Level	2020/21	2021/22	2022/23
Core Finance Systems	Substantial	4	0	1
	Reasonable	2	4	1
	Adequate	0	0	0
	Limited	1	0	1
Other	Substantial	3	3	5
	Reasonable	1	8	4
	Adequate	0	0	0
	Limited	0	0	3

There has been an overall decrease in the assurance levels provided as outlined by the assurance levels provided at the completion of the audits. All ‘Limited’ reviews are followed up by audit to provide assurance that improvements are in place and operating.

- 3.6 During 2023/24 the Shared Service Agreement with Tamworth Borough Council was renewed for a further two years. Additionally we are extending the general audit provision with BDO under the NHS Framework agreement for 2024/25. Our IT Auditor provision for 2024/25 onwards is currently going through the procurement process and will be completed by 1st April 2024.
- 3.7 During 2022/23 we undertook our External Quality Assessment for compliance with the Public Sector Internal Audit Standards (PSIAS) and all agreed actions will be completed by 31st March 2024.
- 3.8 The Audit Charter is detailed at **Appendix 2** and the Protocol at **Appendix 3**. Minor changes have been made and are highlighted in ‘yellow’ within the documents.
- 3.9 As part of the ongoing development within Internal Audit there has been an extensive review of the International Professional Practices Framework (IPPF), as such this has led to the introduction of the all-new Global Internal Audit Standards, which are attached as **Appendix 4**. The standards are set to take effect January 2025 and so we are in a current transitional period. Additional guidance has been produced by IPPF for public sector organisations and this has been included as **Appendix 5**. The new standards moving forward will require changes to our External Quality Assessment processes, however these will be incorporated into a review of our compliance with the standards as part of my annual self-assessment. The new standards were released on 9th January 2024, and subsequent work is currently being undertaken to map the old standards to the new standards for implementation from January 2025. I will report back to the committee once this has been completed. In January 2025 we will need to update our Audit Charter and Protocol for 2025/26.

Alternative options

1. None required.

Consultation	1. Leadership Team which includes Section 151 Officer.
Financial implications	1. The plan remains deliverable within budget.
Approved by Section 151 Officer	Yes
Legal implications	1. None.
Approved by Monitoring Officer	Yes
Contribution to the delivery of the strategic plan	1. Delivery of the audit plan contributes to all aspects of the strategic plan.
Equality, diversity and human rights implications	1. No equality, diversity or human rights implications arising from this report.
EIA logged by Equalities Officer	Yes/no* Equalities Officer confirmed not required.
Crime & safety Issues	1. None arising.
Data assessment	1. None arising.
Environmental impact (including climate change and biodiversity)	1. A follow up review of Climate Change will be required.
GDPR / Privacy impact assessment	1. None.

	Risk description & risk owner	Original score (RYG)	How we manage it	New score (RYG)
A	Significant/high risk systems of internal control fail and go un-addressed. Audit Manager	Likelihood: Green Impact: Red Severity: Red	The audit planning process ensures that audit resources are directed to areas of most significance/highest risk.	Likelihood: Green Impact: Yellow Severity: Green
B	The audit plan is unachievable. Audit Manager	Likelihood: Yellow Impact: Red Severity: Red	Available resources have been considered and optimised; and there is a continuous review process in place to monitor plan delivery. Regular updates are provided to Audit Committee.	Likelihood: Green Impact: Yellow Severity: Green
C	Non delivery of the audit plan to the required standards impacts on the Value for Money Assessment undertaken by External Audit	Likelihood: Yellow Impact: Red Severity: Red	Available resources have been considered and optimised; and there is a continuous review process in place to monitor plan delivery. Regular updates are provided to Audit Committee.	Likelihood: Green Impact: Yellow Severity: Green

Background documents	See Appendices
Relevant web links	

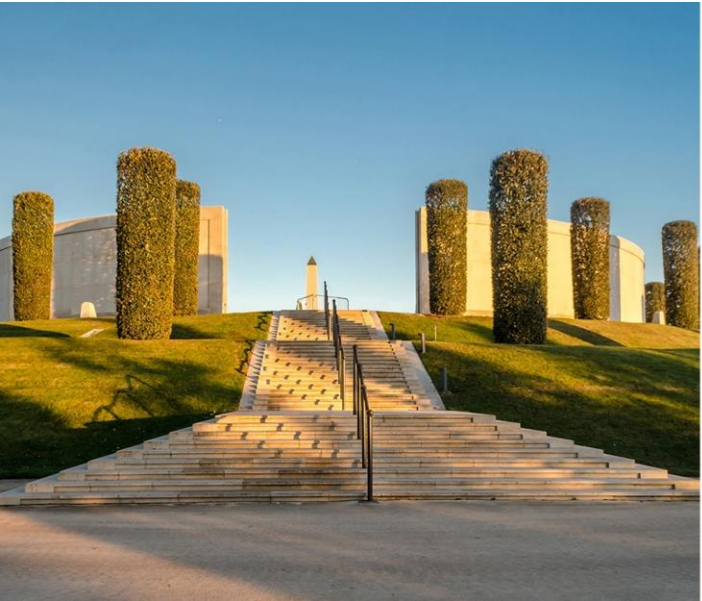
Appendix 1



Internal Audit
Draft Audit Plan, Charter & Protocol 2024/25
March 2024

Appendix 1

Internal Audit
Draft Audit Plan, Charter & Protocol 2024/25
March 2024





Lichfield
District Council

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If you have any questions about this report, please contact Andrew Wood, Audit Manager (Shared Service) Andrew.wood@lichfielddc.gov.uk

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed. We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Lichfield District Council accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, re-interpretation amendment and/or modification by any third party is entirely at their own risk.

01 INTRODUCTION

BACKGROUND

This report sets out the Draft Internal Audit operational plan for Lichfield District Council (LDC) for discussion and endorsement by the Audit Committee. The purpose of this plan is to identify the work required to achieve a reasonable level of assurance to be provided by Internal Audit in compliance with the Code of Practice for Internal Audit.

The fundamental role of Internal Audit is to provide senior management and the Audit Committee with independent assurance on the adequacy, effectiveness and efficiency of the system of internal control, and to report major weaknesses together with recommendations for improvement. This role is fulfilled by carrying out appropriate audit work in accordance with an annual operational plan as endorsed by the Audit Committee.

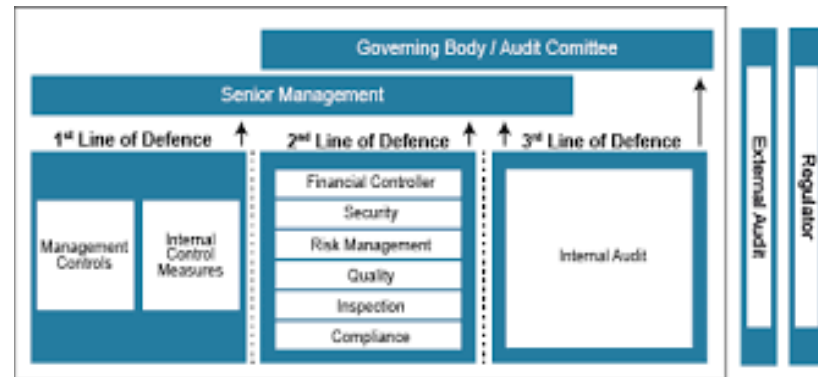
02 Audit Planning

As part of the planning for 2024/25, the proposed plan of work has been developed based on:

- **Key risks and priorities** – the plan for 2024/25 is based on an analysis of strategic and operational risks; strategic objectives; internal control and governance processes and other factors which may affect the year ahead, including any changes within the external environment and the sector.

- **Reference to previous assurance work** – a review of the outcome of previous audit and assurance work undertaken and where assurance is now required again.
- **Level of resources** – in 2020/21 a benchmarking exercise was undertaken to compare the level of audit resources with similar council's. Audit days were reduced from 447 days (2019/20) to 286 days (2020/21, 2021/22 & 2022/23) and 298 days (2023/24) to be competitive with peers. The Council's risk profile has not changed this year, is not unusual (a reasonable assurance opinion has been given for the last 3 years) and the level of fraud risk has remained low. For these reasons the 2024/25 draft plan resources have not materially changed and we have planned for 278 audit days for 2024/25.
- **Agile approach** – our approach to the plan is one where we will respond to the changing assurance need, by having a level of contingency, enabling us to change the focus of the audits should the Council's organisational priorities or strategic risks change.

Internal audit's strategy is based upon a three lines of defence model of assurance:



Internal Audit seeks to identify assurances provided through the first and second lines of defence and selects the most appropriate method for obtaining assurance to support the Shared Head of Internal Audit's opinion and the Council's governance requirements.

03 Internal Audit Plan

The detailed audit plan at **Appendix 01** sets out the assurance requirement in terms of core financial systems; strategic and operational risk; ICT; governance, fraud and other assurance. The draft plan is for a total of 278 days and in particular seeks to provide assurance over areas of higher risk.

04 Joint Working

During 2023/24 we renewed the shared agreement with Tamworth Borough Council to include the use of LDC's auditor resources. This agreement was renewed on 1 October 2023. Despite the previous pandemic and challenges with remote working, this has been successful in terms of customer feedback and performance against KPI's (reported to Audit Committee in audit's routine performance reports). We have additionally, where required used existing budgets to enable the procurement of both IT Auditor and general auditor services and this has been extended for a further 12 month period to end on 31 March 2025.

05 Charter

The refreshed charter is at **Appendix 2**.

06 Protocol

The refreshed protocol is at **Appendix 3** and changes are as above.

APPENDIX 01: DETAILED AUDIT PLAN 2023/24

Assurance Required	Audit	Scope	Planned Days	Total Days	Proposed Quarter
Core Financial Systems	Sundry Debtors (SR1)	Risk based review covering the adequacy and effectiveness of controls around sundry debtor systems.	10	50	Q3
	Treasury Management (SR1)	Risk based review of Treasury Management including assurance over the adequacy of controls around borrowing and lending.	10		Q2
	Assets and Inventory (including Insurance of Assets) (SR1)	Risk based review of the adequacy of recording of assets and inventory, together with the requirements for insuring assets of the council.	20		Q2
	Housing Benefit Overpayments (SR1)	Risk based review of systems in place for the recording and payment of Housing Benefit overpayments.	10		Q4

Assurance Required	Audit	Scope	Planned Day	Total Days	Proposed Quarter
Strategic & Operational Risks	Waste reforms, project planning and management (SR1)	Risk based review of the adequacy and effectiveness of the project planning and management arrangements for the upcoming waste reforms	5	68	Q1
	Taxi Licensing (SR4)	Risk based review to ensure licencing arrangements are effectively controlled.	10		Q4
	Scheme of Delegation (SR4)	Risk based review regarding the resilience of the Scheme of Delegation across all service areas of the Council.	8		Q2
	Income Management (SR1)	A review of income management across all areas of the council.	10		Q2
	Development Property Management (SR1, SR2, SR3, SR4, SR5)	A review of the governance arrangements around the management Development Property Management.	10		Q3
	Community Safety (SR4)	A review of council's arrangements for the administration of Community Safety.	5		Q3
	Tourism (District and City) (SR5)	A review of tourism promotion and strategic approach.	10		Q4

	Leisure Centres – income setting, collection and monitoring (SR1, SR3 & SR5)	Risk based review of Leisure Centres, focussing on income setting arrangements, cash collection and monitoring.	10		Q3
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Assurance Required	Audit	Scope	Planned Days	Total Days	Proposed Quarter
ICT – as determined via Audit Needs Assessment to be completed March 2024			10	40	Q1 – Q4
			10		
			10		
			10		

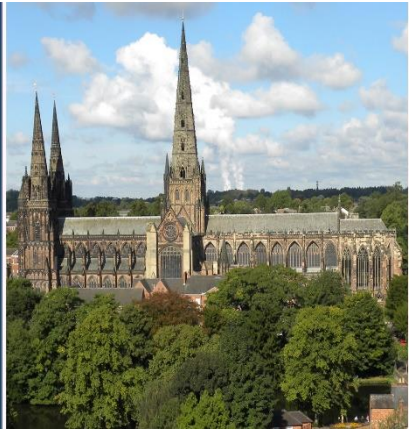
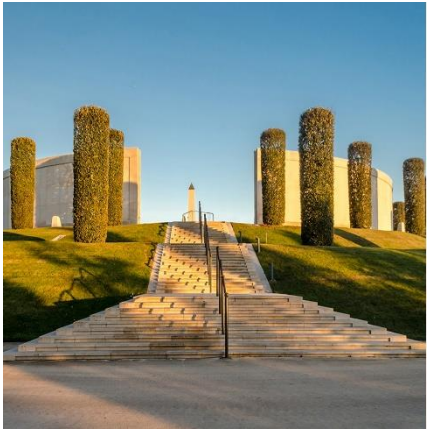
Assurance Required	Audit	Scope	Planned Days	Total Days	Proposed Quarter
Governance, Fraud & Other Assurance	Disabled Facilities Grant	Assurance statement	5	120	Q3
	Assurance Work	Assurance work on grants.	12		Q1-Q4
	Housing Benefit Memorandum of Understanding	Assurance statement to enable the Chief Finance Officer sign off to DWP.	5		Q4
	Counter Fraud	Work to support the mitigation of fraud risk, the provision of fraud awareness training, pro-active fraud exercises and reactive investigations.	10		Q1-Q4
	Annual Audit Opinion	Production of the Annual Audit Opinion.	3		Q2
	Follow Up of Recommendations	To follow up all no and limited assurance reports and all high priority recommendations.	30		Q1-Q4
	Management and Planning	Management, planning and assurance reporting to Leadership Team and Audit & Member Standards Committee.	20		Q1-Q4
	Ad hoc / Consultancy / Contingency	Contingency allocation to be utilised upon agreement of the Chief Finance Officer.	10		Q1-Q4
	Risk Management	Supporting the Council's risk management systems.	15		Q1-Q4
	NFI	Compliance with and review of data matches	10		Q1-Q4
				278	



Lichfield

District Council

INTERNAL AUDIT CHARTER



March 2024

Revision History

Revision Date	Version Control	Summary of changes
23/12/15	1.01.01	1 st draft
06/03/17	1.01.02	Annual review
29/01/18	1.01.03	Annual review
15/02/2019	1.01.04	Annual review
12/02/2020	1.01.05	Annual review
15/03/2021	1.02.06	Annual Review
14/03/2022	1.02.07	Annual Review
27/02/2023	1.02.08	Annual Review
08/02/2024	1.02.09	Annual Review

Approvals

Name	Title	Date
Audit Committee	Committee Approval	
Simon Fletcher	Chief Executive	15/02/24
Anthony Thomas	Assistant Director – Finance and Commissioning	14/02/24
Andrew Wood	Audit Manager (Shared Service)	08/02/24

Document Review Plans

This document is subject to a scheduled annual review. Updates shall be made in accordance with business requirements and changes and will be with agreement with the document owner.

Distribution

The document will be available on the Intranet and the website.

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1 Definition of Internal Auditing

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 (IIA – UK & Ireland).

The internal audit service will comply with the Public Sector Internal Auditing Standards (PSIAS) as adopted by the Chartered Institute of Public Finance and Accountancy (CIPFA). The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) as follows:

- Definition of Internal Auditing;
- Code of Ethics; and
- International Standards for the Professional Practice of Internal Auditing (including interpretations and glossary).

The mandatory core principles for the Professional Practice of Internal Auditing are:

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

This Charter will be periodically reviewed in consultation with senior management and the board. Changes to the International Professional Practice Framework will be incorporated as and when they occur.

During 2024/2025 there is a transition period following the review of the mandatory guidance issued by IIA. Both the IIA and other Accountancy Bodies are currently reviewing and mapping these standards to enable implementation by the 1st January 2025. Once these have been fully mapped the Charter will be updated accordingly to ensure compliance with the standards.

The following posts will be designated as shown below in order to comply with the PSIAS.

Post	Designation
Audit Committee	Board
Leadership Team	Senior Management
Chief Executive	Head of Paid Service
Audit Manager	Chief Audit Executive

The Chief Audit Executive will report conformance to the PSIAS in the annual report to the Board.

2 Mission Statement of Internal Audit

To enhance and protect the authority's values by providing risk-based and objective assurance, advice and insight.

3 Purpose and Statutory Requirements

The internal audit activity will evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. The internal audit activity must assess and make appropriate recommendations for improving the governance process in its accomplishment of the following objectives:

- Promoting appropriate ethics and values within the organisation;
- Ensuring effective organisational performance management and accountability;
- Communicating risk and control information to appropriate areas of the organisation; and
- Coordinating the activities of and communicating information amongst the board, external and internal auditors and management.

In addition, the other objectives of the function are to:

- Support the Assistant Director Finance & Commissioning to discharge their s151 duties of the Local Government Finance Act 1972 by maintaining an adequate and effective Internal Audit service;
- Contribute to and support the Authority's objectives of ensuring the provision of and promoting the need for, sound financial systems; and
- Investigate allegations of fraud or irregularity to help safeguard public funds.

Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2015 which state in respect of Internal Audit 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."

The work of Internal Audit forms part of the assurance framework, however, the existence of Internal Audit does not diminish the responsibility of management to establish systems of internal control to ensure that activities are conducted in a secure, efficient and well-ordered manner.

4 Objectives

The Chief Audit Executive's responsibility is to report to the Board on its assessment of the adequacy of the entire control environment.

It does this by:

- Providing assurance, which is risk based and objective and relevant (Internal Audit's primary role) to the Council and its management on the quality of the Council's operations, whether delivered internally or externally, with particular emphasis on systems of risk management, control and governance. Assurance to third parties will be provided where specific internal audit resources are allocated to the area under review (e.g. **Disabled Facilities Grants**).
- Providing an Annual Audit Opinion in line with the Public Sector Internal Audit Standards.
- Providing consultancy services to internal and external delivered services. Consultancy services are advisory and insightful in nature and will be performed at the specific request of the organisation with the aim to improve governance, risk management and control.
- Providing counter fraud and corruption services to include investigating fraud; increasing awareness of the counter-fraud responsibilities at all levels within and outside the Council; further embedding and supporting the effective management of fraud risk within the Council; setting specific goals for improving the resilience against fraud and corruption through the support of counter-fraud activities across the Council; and minimising the likelihood and extent of loss through fraud and corruption.

5 Role and Scope of Work

The scope on internal auditing encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's risk management, control and governance processes as well as the quality of performance in carrying out assigned responsibilities to achieve the organisation's stated goals and objectives. This includes:

- Evaluating the reliability and integrity of management and financial information processes and the means used to identify, measure, classify, and report such information;
- Evaluating the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on the organisation;
- Evaluating the means of safeguarding assets and, as appropriate, verifying the existence of such assets;
- Evaluating the effectiveness and efficiency with which resources are employed;
- Evaluating operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned;
- Evaluating the potential occurrence for fraud as part of the audit engagements;
- Monitoring and evaluating governance processes;
- Monitoring and evaluating the effectiveness of the organisation's risk management processes;

- Monitoring the degree of coordination of internal audit and external audit;
- Performing consulting and advisory services related to governance, risk management and control as appropriate for the organisation;
- Reporting periodically on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan;
- Reporting significant risk exposures and control issues, including fraud risks, governance issues, and other matters to the Board;
- Evaluating specific operations at the request of management, as appropriate;
- Support management upon the design of controls at appropriate points in the development of major change programmes.

With regard to Risk Management, internal audit will carry out individual risk based engagements to provide assurance on part of the risk management framework, including the mitigation of individual or groups of risks. This will be maintained in accordance with clear separation of duties between the Audit Manager and Principal Auditor to ensure that conflicts of interest do not occur.

Internal audit operate in an advisory capacity to:

- Report upon the level of risk maturity and scope for improvement;
- Facilitate the identification and assessment of risks;
- Coach management in responding to risks.

The CAE is responsible for:

- Developing the corporate risk management strategy in liaison with the Leadership Teams and Service Units;
- Promoting support and oversee its implementation across the Council;
- Monitoring and review the effectiveness of the risk management strategy;
- Assisting with the identification and communicate risk management issues to Units;
- Advising Corporate and Unit management teams on strategic and operational implications of risk management decisions;
- Supporting Corporate and Unit management teams in their liaison with any external partners when identifying and managing risk in joint projects.

With regard to Counter fraud activity, internal audit will carry out the following activities:

- Provide assurance on the adequacy of counter fraud arrangements
- Evaluate counter fraud reporting
- Review the implementation of the counter fraud strategy
- Evaluate preventative and detective controls
- Review control weaknesses that led to the fraud
- Review of the fraud risk assessment
- Provide support in the ethical and anti-fraud and corruption culture
- Share learning

- Champion the development of counter fraud capability
- Receive whistleblowing referrals
- Use data analytics to identify fraud
- Review of NFI matches
- Lead on a fraud and corruption risk assessment
- Develop the counter fraud and corruption strategy
- Undertake investigations

6 Proficiency and Due Professional Care

The internal audit activity will govern itself by adherence to The Institute of Internal Auditors mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the Core Principles of the Internal Standards for the Professional Practice of Internal Auditing. 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.

Mandatory guidance is currently in a transition period for implementation by 1st January 2025. Once full mapping has been completed the Audit Charter will be updated accordingly and agreed by Leadership Team and Audit Committee.

The Institute of Internal Auditors' Practice Advisories, Practice Guides, and Position Papers will also be adhered to as applicable to guide operations. In addition, the internal audit activity will adhere to Lichfield District Council's relevant policies and procedures and the internal audit activity's standard operating procedures manual.

Job descriptions and person specifications for each post within Internal Audit Services define the appropriate knowledge, skills and experience and are reviewed periodically.

Personal Development Reviews will be completed in accordance with the Council's policy. Staff will be supported to fulfil training and development needs identified in order to support their continuous professional development programme.

Internal Auditors will exercise due professional care by considering the:

- Extent of work needed to achieve the engagement's objectives with detailed Terms of Reference (including consultancy engagements);
- Relative complexity, materiality or significance of matters to which assurance procedures are applied;
- Adequacy and effectiveness of governance, risk management and control processes;
- Probability of significant errors, fraud, or non-compliance; and
- Cost of assurance in relation to potential benefits.

Where gaps exist in knowledge and skills in the formation of internal audit plans, the CAE can engage specialist providers of Internal Audit Services.

Internal Audit staff will be suitably supervised and work will be reviewed by a senior member of staff.

7 Authority

The Internal Audit service, with strict accountability for confidentiality and safeguarding records and information, is authorised full, free, and unrestricted access to any and all of Lichfield District Council's records, physical properties, and personnel pertinent to carrying out any engagement. All employees are requested to assist the internal audit service in fulfilling its roles and responsibilities.

8 Organisation

The Chief Audit Executive will report functionally to the Board and administratively (i.e. day to day operations) to the Assistant Director Finance & Commissioning.

The Board will receive performance reports on the internal audit function on a quarterly basis.

9 Independence and Objectivity

The internal audit service will remain free from interference by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or reporting content to permit maintenance of a necessary independent and objective mental attitude.

Internal Auditors and contractors working on behalf of the council will be required to declare annually, or when they occur during the year any potential conflicts of interest to the **Chief Audit Executive**. Any conflicts identified will be reported to Section 151 Officer.

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

Regular review of the placement/location of Internal Audit team members will be completed to ensure independence, taking into account the consultancy work individual internal auditors have performed when completing assurance engagements. Internal auditors will not provide assurance in areas where they have been involved in advising management.

The internal audit service will also have free and unrestricted access to the Head of Paid Service and the Board.

The Chief Audit Executive will confirm to the Board, at least annually, the organisational independence of the internal audit activity.

10 Internal Audit Plan

At least annually, the Chief Audit Executive will submit to Senior Management and the Board an internal audit plan for review and approval.

The internal audit plan will be developed based on prioritisation of the audit universe using a risk-based methodology, which takes into account, results from previous audits, stakeholders expectations, feed back from Senior Managers, objectives in strategic plans and business plans, the risk maturity of the organisation (including managements response to risk), and legal & regulatory requirements. The use of other sources of assurance and the work required to place reliance on them will be highlighted in the audit plan.

Contingency time will be built in to the annual audit plan to allow for any unplanned work. This will be reported on in accordance with the internal reporting process to the Board.

Approval will be sought from the Board for any significant additional consulting services not already included in the audit plan, prior to accepting the engagement. The Audit Plan balances the following requirements:

- the need to ensure the Audit Plan is completed to a good practice level (currently at least 90% of planned audits required are deliverable in the year);
- the need to ensure core financial systems are adequately reviewed to provide assurance that management has in place proper arrangements for financial control;
- the need to appropriately review other strategic and operational arrangements, taking account of changes in the authority and its services and the risks requiring audit review;
- the need to have uncommitted time available to deal with unplanned issues which may need to be investigated e.g. allegations of financial or other relevant irregularities, or indeed specific consultancy. (NB there are separate guidelines over circumstances in which Internal Audit may and may not get involved in such investigations or consultancy, and further reference to this is made within the corporate Counter Fraud and Corruption Strategy and guidance);
- to enable positive timely input to assist corporate and service developments.

A joint working arrangement with External Audit will be sought such that Internal Audit resources are used as effectively as possible.

11 Reporting and Monitoring

A written report will be prepared and issued by the Chief Audit Executive following the conclusion of each internal audit engagement and will be distributed as appropriate with executive briefing reports issued in accordance with the Internal Audit Protocol.

The final internal audit report will include management's response and corrective actions in regard to the specific findings and recommendations. It will also include a timetable for anticipated completion of action to be taken.

The Internal Audit service will be responsible for following up all high priority recommendations and those arising from overall no and limited assurance reports to ensure that management have implemented them in the agreed timescales. It is management's responsibility to ensure that the agreed actions for medium and low priority actions are implemented. All outstanding recommendations will be monitored.

Results of audit follow up will be communicated as appropriate and a summary of the results will be reported to Senior Management and the Board.

Where significant risk exposures and control issues, including fraud and governance issues, are identified, they will be reported to the Board.

12 Quality Assurance and Improvement Programme

The Internal Audit activity will maintain a quality assurance and improvement programme that covers all aspects on the Internal Audit activity. The programme will include an evaluation of the internal audit activity's conformance with the Definition of Internal Auditing and the International Standards and an evaluation of whether internal auditors apply the Code of Ethics. The programme also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement.

The Chief Audit Executive will periodically report to the Board on the internal audit service purpose, authority, and responsibility, as well as performance relative to its plan. Reporting will also include significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by senior management and the board.

In addition, the Chief Audit Executive will communicate to Senior Management and the Board on the internal audit service's quality assurance and improvement programme, including results of ongoing internal assessments and improvement plans and external assessments. External assessments will be conducted at least every five years by a professionally qualified and experienced assessor.

The improvement plan resulting from the internal and external assessments will be reported to and monitored by the Board.

Signed by

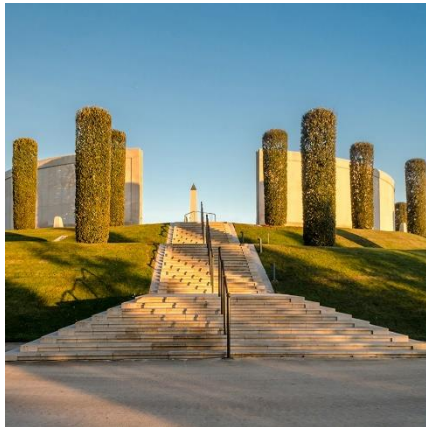
Chief Audit Executive (Audit Manager)

Chairman of the Board (Chair of the Audit Committee)



Lichfield
District Council

INTERNAL AUDIT
PROTOCOL



Revision History

Revision Date	Version Control	Summary of changes
23/12/15	1.01.01	1 st draft
06/03/17	1.01.02	Annual review
29/01/18	1.01.03	Annual review
15/02/2019	1.01.04	Annual review
12/02/2020	1.01.05	Annual review
15/03/2021	1.01.06	Annual review
14/03/2022	1.01.07	Annual review
08/02/2024	1.01.08	Annual review

Approvals

Name	Title	Date
Audit Committee	Committee Approval	
Simon Fletcher	Leadership Team Approval	
Anthony Thomas	Assistant Director – Finance and Commissioning	
Andrew Wood	Audit Manager (Shared Service)	08.02.24

Document Review Plans

This document is subject to a scheduled annual review. Updates shall be made in accordance with business requirements and changes and will be with agreement with the document owner.

Distribution

The document will be available on the Intranet and the website.

LICHFIELD DISTRICT COUNCIL

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INTERNAL AUDIT PROTOCOL

Introduction

The purpose of this protocol is to:

- Ensure a consistent approach is adopted to undertaking audit work;
- Establish a guide for management on timescales and responsibilities for dealing with internal audit reports issued;
- Ensure a consistent approach is adopted when dealing with internal audit reports within the Authority;
- Document the way in which reports are discussed with managers and the action required when replies are not received;
- Demonstrate to the Authority's external auditors that managers deal with Internal Audit work in an appropriate manner; and
- Ensure all necessary monitoring and reporting of Internal Audit work against the Annual Audit Plan is carried out.

The responsibilities of Officers and Members mentioned in this protocol are detailed in Appendix A.

Planning an Audit

Each year an annual audit plan is produced based on a risk assessment detailing the audit areas to be reviewed during the year. The audit plan, including timings, will be discussed and agreed with the relevant Manager at the commencement of the new financial year.

For each audit, a brief should be prepared, discussed and agreed with relevant manager. This will normally require discussion with the relevant **Member of Leadership Team**, unless otherwise instructed, to ensure attention is focussed on areas of greatest risk or concern. Managers are encouraged to raise areas of concern/additional areas with the Auditor, but cannot dictate which areas will or will not be reviewed, as this responsibility lies with the Audit Manager.

The brief should establish the objectives, scope and timing of the assignment and its resource and reporting requirement and agreed with the relevant manager.

Where agreement cannot be reached, the Audit Manager shall decide whether this should be pursued at a more senior level including raising the matter with the relevant **Member of Leadership Team**, the Chief Executive or the S151 Officer.

If agreement is still not forthcoming, the matter will be raised with the **Audit Committee Chair**.

Audit Approach

Audit work should be undertaken using a risk-based audit approach.

At each stage of the audit, auditors should consider what specific work needs to be conducted and evidence gathered to support an independent and objective audit opinion.

During the course of the audit, key issues should be brought to the attention of the relevant manager to enable them to take corrective action and to avoid surprises at the reporting stage.

All audit work will be subject to an appropriate internal quality review process.

Interim Reports

Interim reports are sent at the discretion of the Audit Manager. An interim report on an assignment may be sent where appropriate, for example:-

- a) where a matter arises which requires immediate action by management (e.g. serious weakness in control, evidence of fraud);
- b) where an assignment is unusually lengthy or extends over a long time period.

Any interim report made verbally to management shall be confirmed as soon as possible in writing.

Report Presentation

All assignments will be reported as a formal report with an executive summary.

Report Content

The Public Sector Internal Audit Standards (PSIAS) state that:

“The basic aims of every internal audit report should be to:

- *Give an opinion on the risk and controls of the area under review, building up to the annual audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control;*
- *Prompt management to implement the agreed actions for change leading to improvement in the control environment and performance: and*
- *Provide a formal record of points arising from the audit and, where appropriate, of agreements reached with management, together with appropriate timescales.”*

The final internal audit report includes the agreed action plan, which details the audit recommendations, priority, management response, officer responsible and timescale for implementation.

All reports will contain a scope and objectives and the internal audit observations of the assignment, together with the overall opinion on the adequacy of the internal control environment.

For each audit carried out Internal Audit arrives at a conclusion that assesses the level of assurance that can be placed on the system of internal control being reviewed in one of four categories. The category reflects the assessment of the robustness of the internal control environment with an opinion on whether the actual controls in place are being consistently applied. The categories of assurance are detailed in the table below.

Category	Category Description
Substantial Assurance	There is a sound system of internal control designed to achieve the organisation's objectives. The control processes tested are being consistently applied.
Reasonable Assurance	While there is a basically sound system of internal control, there are some weaknesses which may put the organisation's objectives in this area at risk. There is a low level of non-compliance with some of the control processes applied.
Limited Assurance	Weaknesses in the system of internal controls are such as to put the organisation's objectives in this area at risk. There is a moderate level of non-compliance with some of the control processes applied.
No Assurance	Significant weakness in the design and application of controls mean that no assurance can be given that the organisation will meet its objectives in this area.

In addition, the recommendations made in internal audit reports (action plans) have been placed into one of three categories, namely, high, medium and low. The definitions are as below:

Recommendation Priority	Definition
High	High priority recommendation representing a fundamental control weakness which exposes the organisation to a high degree of unnecessary risk.
Medium	Medium priority recommendation representing a significant control weakness which exposes the organisation to a moderate degree of unnecessary risk.
Low (Housekeeping)	Low priority (housekeeping) recommendation highlighted opportunities to implement a good or better practice, to add value, improve efficiency or further reduce the organisation's exposure to risk.

Consultations

Findings may be discussed 'informally' with managers, during the course of the audit, where it is appropriate to do so. Although alterations to procedures may be made as a

result of these discussions, the finding and recommendation will still be included in the internal audit report.

When an audit assignment has been carried out, the auditor shall draft a report showing the matters arising. Draft reports should be reviewed and their findings discussed with the Principal Auditor / Audit Manager.

Following conclusion of the quality review, the draft report will be submitted to the relevant **Member of Leadership Team** and Manager of the Service.

A meeting will be arranged between the Auditor and the Manager. (The relevant **Member of Leadership Team** will be notified of the exit meeting date and they may attend if they so require).

The purpose of such meetings is to discuss the report, correct any factual inaccuracies and formulate a set of agreed/practical recommendations and management actions.

NB Recommendations made will not be amended unless further information has been provided which satisfies the auditor that this is appropriate.

The final decision regarding the content of the report lies with the Audit Manager.

The action plan should be updated with the results of the manager meeting (i.e. timescale for implementation, management response and officer responsible).

Any areas of disagreement between the Auditor and Management that cannot be resolved by discussion should be recorded in the action plan and the residual risk highlighted. Those areas giving rise to significant risks that are not agreed should be brought to the attention of the relevant **Member of Leadership Team**, the Chief Executive or the S151 Officer, and if necessary with **Audit Committee**.

Finalisation of Report

The final report shall be prepared after management consultation and a final Managerial review will be undertaken.

Management Sign Off Of Report

It must be stressed that no amendments to the detail of the report will be made at this point, as it is assumed that these would have been identified at the consultation stage. The exception to this would be amendments to the management responses.

If management require any amendments to the management responses included in the audit report, then they are required to notify the Auditor within one week of the report being issued.

If no response is received within this period, it will be assumed that management are happy with the report and as such the report will be formally issued to the relevant

officers and members, as per this protocol.

In circumstances where extensions to the one week requirement have been requested, individual Auditors shall keep a record to monitor responses received from management to ensure timely issue of all audit reports.

The Principal Auditor shall be informed if any reports are unduly delayed. Should this be the case, they should usually be followed up in accordance with the following timetable:

No response after 1 week	Written reminder to Manager by auditor
No response after 2 weeks	Final written reminder to Manager by the Principal Auditor / Audit Manager (copy to relevant Member of Leadership Team)

Where management responses are not forthcoming after a further week, despite reminders having been issued, the Audit Manager shall decide whether this should be pursued at a more senior level including raising the matter with the relevant **Member of Leadership Team**, the Chief Executive or the S151 Officer.

If a response is still not forthcoming after a further week, the matter will be raised with the **Audit Committee Chair**.

Customer Satisfaction Questionnaire

The purpose of the Customer Satisfaction Questionnaire (CSQ) is to seek the Manager's view/perceptions of the quality of audit work carried out.

The CSQ will be sent electronically, following the issue of the final audit report, to the Manager.

The CSQ should be completed and returned to the Principal Auditor.

The Audit Manager shall review all completed CSQs received and shall arrange for any appropriate action to be taken following liaison, as necessary, with the auditor and/or manager.

Any CSQ which are not returned will be followed up and verbal feedback obtained if necessary.

Report Distribution

- Reports will be distributed electronically as follows: the relevant Manager
 - the appropriate **Member of Leadership Team**
 - the Chief Executive

- the S151 Officer – executive brief only unless there are financial implications or limited/no assurance, then the whole report
- the Data Protection Officer in relation to data security issues
- the Monitoring Officer in relation to governance issues
- HR – only where staff conduct issues are identified
- the appropriate Cabinet member
- the Audit Committee
- the Leader of the Council
- the External Auditor

The Audit Manager is copied into the e-mail of all final reports issued to ensure that performance information is recorded.

Where it is felt, by the Audit Manager, that the findings pose significant risks to the Council, the covering email to the Audit Committee would indicate a potential need for Audit Committee involvement.

Occasionally, Internal Audit is required to undertake investigations of fraud or corruption within the Council or other work commissioned by the Chief Executive as Head of Paid Service. In these instances the distribution of reports will be made as appropriate i.e., HR Manager relating to staff matters will receive a copy of the report.

Risk Registers

Any findings/recommendations identified as 'high risk' should be added to the relevant risk register. This is the responsibility of the risk register owner.

Follow Up Reviews

Follow up reviews will be carried out by audit staff for all no and limited overall assurance reviews and for all high priority audit recommendations. The purpose of this work is to establish the implementation of key recommendations. The follow up will deal with those items expected to have been implemented in-line with proposed timescales indicated by the Auditee when the report was originally finalised.

On the basis of this work, auditors may conclude that recommendations have been:

- Fully Implemented
- Partially Implemented
- Not Implemented
- On-going
- Recommendation Superseded

A monthly routine report will be produced quarterly for **Member of Leadership Team** detailing the status of all outstanding audit recommendations and a summary will be reported to the **Audit Committee** as part of Internal Audit's routine performance report. **Audit Committee may request attendance of managers at its meetings to address any outstanding audit recommendations in their service area.**

Where it is found that the recommendations in overall no and limited assurance reports have not been satisfactorily implemented or there are high priority recommendations still outstanding this will be pursued at a more senior level including raising the matter with the relevant **Member of Leadership Team**, Chief Executive or the S151 Officer, and the **Audit Committee**.

Progress Report to the Chief Executive, S151 Officer and **Audit Committee**

The Audit Manager shall produce a progress report on the work of Internal Audit, as a whole, which will tie in with the **Audit Committee** meeting cycle. This will be a summary of performance against annual audit plan objectives.

The purpose of the report is to highlight variations from the agreed annual plan and the reasons why these were necessary. It should also comment on the general level of work undertaken during the quarter together with summarised details of work of major reviews and investigations carried out.

Performance indicators shall be calculated and noted in the report. These are:

KPI	Description
a) Achieve the annual audit plan	90% of audits in the annual plan to be completed to draft report stage within 15 working days of the 31 March of each year.
b) Effective completion of audit work	<ul style="list-style-type: none"> i) 100% of draft reports are issued within 6 weeks of commencement of work. ii) 100% of closure meetings conducted within 5 days of completion of audit work. iii) 100% draft reports to be issued within 10 working days of closure meeting.
c) Recommendations implemented	<ul style="list-style-type: none"> i) 100% of all high priority actions are implemented at follow up. ii) All no and limited assurance reports have a revised assurance rating of substantial or reasonable on follow up.
d) Customer satisfaction	Achieve an average score of 4 or more.

Regular meetings will be held between the Chief Executive, S151 Officer and the Audit Manager to discuss the progress report, corporate audit matters arising and significant areas of risk.

Annual Report to the **Audit Committee**

The Audit Manager shall prepare a written report to those charged with governance timed to support the Annual Governance Statement.

The Audit Manager's Annual Report to the **Audit Committee** must: -

- a) include an opinion on the overall adequacy and effectiveness of the Council's control environment;
- b) disclose any qualifications to that opinion, together with the reasons for the qualification;
- c) present a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance bodies;
- d) draw attention to any issues the Audit Manager judges particularly relevant to the preparation of the Annual Governance Statement;
- e) compare the work actually undertaken with the work that was planned and summarise the performance of the internal audit function against its performance measures and targets; and
- f) comment on compliance with the Public Sector Internal Audit Standards and communicate the results of the internal audit quality assurance programme.

A copy of the Annual Audit Report will be sent to the External Auditor and Leadership Team for information.

APPENDIX A

RESPONSIBILITIES OF OFFICERS AND MEMBERS IN RELATION TO THE INTERNAL AUDIT PROTOCOL

Service Managers

- Agree audit brief before any audit work commences.
- Receive draft internal audit reports from the auditor.
- Attend meeting with the auditor to discuss draft internal audit report, correct any factual inaccuracies and formulate a set of agreed/practical recommendations/management actions.
- Confirm agreement to the action plan, which details management's response and timescales for recommendations to be implemented within a week.
- To provide feedback on the status of recommendations (and evidence) to **Member of Leadership Team** in respect of quarterly updates to Internal Audit.
- Receive final internal audit report.
- Ensure recommendations are implemented in line with the agreed action plan.
- Complete and return the Customer Satisfaction Questionnaire to the Principal Auditor their view/perception of the quality of audit work carried out.
- Update service/departmental risk registers with high risk recommendations.
- Receive Limited and No Assurance Follow Up Review reports detailing the progress made towards implementation of recommendations made in agreed action plans.

Member of Leadership Team

- Agree audit brief before any audit work commences.
- Receive draft internal audit reports from the auditor.
- Attend meeting with the auditor and manager, if they deem it necessary, to discuss draft internal audit report, correct any factual inaccuracies and formulate a set of agreed/practical recommendations.
- Receive notification from Audit Manager if responses to internal audit reports are not forthcoming.
- Receive notification if an unacceptable response is received from management to internal audit reports.
- Receive notification if management have not signed off the action plan to any audit report.
- Receive final internal audit report
- Receive Follow Up Review reports detailing the progress made towards implementation of recommendations made in the agreed action plan.
- Receive notification, during the year, of any major service issues arising. Examples of such issues are those, which the Audit Manager considers to be significant, i.e. frauds, irregularities or fundamental problems in their service area.
- Attend annual audit meeting with the Audit Manager, if required. The purpose of these meetings is to discuss the audit work carried out, to ascertain client satisfaction with the audit service and maintain good relations between the

service area and audit.

- To attend the **Audit Committee** where finalised audit reports are followed up and reported as being limited or below, or where high priority recommendations have not been implemented in order for the Committee to ask any questions it may deem appropriate.

Chief Executive

- Receive copy of the relevant final internal audit reports.
- Receive copy of final internal audit report relating to any investigation of fraud or corruption within the Council or any work commissioned by the Chief Executive, as Head of Paid Service.
- Receive notification from the Audit Manager if responses to internal audit reports are not forthcoming.
- Receive notification if an unacceptable response is received from management to internal audit reports.
- Receive notification if management have not signed off the action plan to any auditreport.
- Receive notification if management have failed to implement any high priority recommendations at the first follow up.
- Receive progress reports, which highlight variations from the agreed annual plan and the reasons why these were necessary. It should also comment on the general level of work undertaken during the quarter together with summarised details of work of major reviews and investigations carried out. The report should be received within one month of the end of the quarter.
- Attend regular meetings with the Audit Manager.
- Receive the annual audit report.

S151 Officer

- Receive copy of final internal audit reports – executive brief only unless there are financial implications or limited/no assurance, then the whole report.
- Receive copy of final internal audit report relating to any investigation of fraud or corruption within the Council or any work commissioned by the Chief Executive, as Head of Paid Service.
- Receive notification from the Audit Manager if responses to internal audit reports are not forthcoming.
- Receive notification if an unacceptable response is received from management to internal audit reports.
- Receive notification if management have not signed off the action plan to any auditreport.
- Receive notification if management have failed to implement any high priority recommendations at follow up.
- Receive progress reports, which highlight variations from the agreed annual plan and the reasons why these were necessary. It should also comment on the general level of work undertaken during the quarter together with summarised

- details of work of major reviews and investigations carried out.
- Attend regular meetings with the Audit Manager.
- Receive the annual audit report.

Monitoring Officer

- Receive copy of the final internal audit report where it is felt that the findings pose significant governance risks to the Council.

HR Manager

- Receive copy of final internal audit report relating to any investigation of fraud or corruption within the Council which involve employees.

External Auditor

- Receive individual audit reports, together with agreed action plans, throughout the year.
- Receive Limited and No Assurance Follow Up Review reports detailing the progress made towards implementation of recommendations made in the agreed actionplan.
- Receive the annual audit report.

Leader

- Receive copies of all final audit reports.

Cabinet Members

- Receive copy of final internal audit reports relating to their portfolio.
- Receive Follow up Review reports detailing the progress made towards implementation of recommendations made in the agreed action plan.

Audit Committee

- Receive individual audit reports, together with agreed action plans, throughout theyear.
- Receive Follow up Review reports detailing the progress made towards implementation of recommendations made in the agreed action plan.
- Receive notification if management do not respond to internal audit reports.
- Receive notification if an unacceptable response is received from management to internal audit reports.
- Receive notification if management have not signed off the action plan to any audit report.
- Receive notification if management have failed to implement high priority recommendations at follow up or where a no or limited overall assurance opinion review has not been assessed as being substantial or reasonable on follow up.
- To request attendance at Committee of Service Managers to request explanations

concerning the failure to implement audit recommendations in a timely manner.

- Opportunity to request an audit report to be taken to the next appropriate Committee at which the relevant **Member of Leadership Team** / designated officer would attend in order to answer any questions that may be raised.
- Opportunity to use the audit report as a catalyst to a specific piece of work to be undertaken
- Receive progress reports, based on the individual audit reports issued within the period.
- Receive the annual audit report.

Data Protection Officer

- Copies of reports which outline issues in respect of data protection matters