

DERBYSHIRE DALES DISTRICT COUNCIL

INTERNAL AUDIT CHARTER

INTRODUCTION

1. The Public Sector Internal Audit Standards (PSIAS) which took effect from 1 April 2013 require the adoption of an Internal Audit Charter. This Charter describes the purpose, authority and principal responsibilities of the Internal Audit Section that have been established to provide the internal audit service to Derbyshire Dales District Council.

PSIAS/REGULATORY BASIS OF OPERATION

2. The adoption of the PSIAS is mandatory and includes a:
 - Definition of Internal Auditing
 - Code of ethics
 - International Standards for the Professional Practice of Internal Auditing

3. The Mission of Internal Audit is:-

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

4. The Internal Audit Section adopts the PSIAS and the purpose and definition of Internal Audit as specified by 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

5. The Internal Audit Section also adopts the Core Principles for the Professional Practice of Internal Auditing. These are that the Section:-
 - Demonstrates 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.

6. The requirement for an internal audit function in local government is specified within the Accounts and Audit (England) Regulations 2015, which state:

A relevant body must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking in to account public sector internal auditing standards or guidance.

7. Internal Audit is governed by policies, procedures, rules and regulations established by the Council. These include Financial Regulations, Conditions of Service, Codes of Conduct and Anti-Fraud, Bribery and Corruption strategies.
8. Where key services are to be provided to the Council by other contractors or through a partnership, in order for internal audit to form an opinion on the risk management, governance and internal controls operating, a right of access to relevant information and documents should be included in contracts or agreements concerned.

DEFINITIONS

9. The PSIAS require that the Charter must define the terms “Board” and “Senior Management” for the purposes of internal audit activity.
10. The PSIAS glossary defines the board as:

The highest level of governing body charged with the responsibility to direct and/or oversee the activities and management of the organisation. Typically this includes an independent group of directors (e.g. a board of directors, a supervisory board or a board of governors or trustees). If such a group does not exist, the “board” may refer to the head of the organisation, “Board” may refer to an audit committee to which the governing body has delegated certain functions.
11. At Derbyshire Dales District Council the “Board” will be the Governance and Resources Committee.
12. “Senior Management” – those responsible for the leadership and direction of the Council. This will be the Council’s Corporate Leadership Team.
13. The PSIAS adopt the term “Chief Audit Executive”, this role is met by the Head of the Internal Audit Consortium for Chesterfield Borough, North East Derbyshire and Bolsover District Councils. Derbyshire Dales District Council employs the services of this Officer to ensure that the requirements of the PSIAS are met.

SCOPE AND OBJECTIVES OF INTERNAL AUDIT

14. The scope of the Internal Audit Section encompasses the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management and internal control processes in relation to the Council's defined goals and objectives.
15. The Audit Section's remit covers all functions and services for which the Council is responsible and this extends to the entire risk management, governance and internal control processes of the organisation and not just financial controls.
16. The Internal Audit Section will objectively examine, evaluate and report on the adequacy of the risk management, governance and internal control processes as a contribution to the proper, economic, efficient and effective use of resources.
17. The internal audit service will be delivered on the basis of a risk assessment of auditable areas. A predominantly systems based approach to most audits will be adopted.
18. The system of risk management, governance and internal control comprises the whole network of systems to provide reasonable assurance that corporate objectives will be achieved, with particular reference to:
 - Consistency of operations with established objectives and goals,
 - The reliability and integrity of financial and operational information;
 - The effectiveness and efficiency of operations and programmes,
 - Safeguarding of assets and interests from losses of all kinds, including those arising from fraud, irregularity and corruption;
 - Compliance with laws, regulations, policies, procedures and contracts;
 - The economic and efficient use of resources (value for money), effective monitoring systems and optimum use of performance management information.
19. With the introduction of the PSiAS, internal audit may also provide "consultancy" services. This work could take any form, provided that the independence of the service is not compromised, but will typically include special reviews or assignments where requested by management, which fall outside the approved plan and for which a contingency is included in the audit plan. There will be no significant consultancy work undertaken without the approval of the Governance and Resources Committee.

RESPONSIBILITIES AND REPORTING

20. The PSiAS requires that the Internal Audit Charter should establish the responsibilities and reporting arrangements of internal audit.

21. The Head of the Internal Audit Consortium reports directly to the Council's Governance and Resources Committee and to the Director of Resources. The Head of the Internal Audit Consortium also has direct access to the Council's Chief Executive, Monitoring Officer and where necessary elected Members
22. The Head of the Internal Audit Consortium will manage the provision of the Internal Audit service by: -
 - Preparing each year in advance a risk based audit plan for discussion and agreement by the council's Client Officer and approval by the Governance and Resources Committee. Any in-year significant changes to the audit plan shall be agreed by the Client Officer and the Governance and Resources Committee.
 - Presenting an annual report to the Governance and Resources Committee that meets the requirements of the PSIAS and includes:-
 - An overall opinion on the adequacy and effectiveness of the Council's risk management, governance and internal control processes (including any qualifications to that opinion),
 - Presents a summary of the audit work from which the opinion is derived, including reliance placed on the work by other assurance bodies,
 - Draws attention to any issues the Head of the Internal Audit Consortium judges particularly relevant to the preparation of the Annual Governance Statement,
 - Compares work actually undertaken with work that was planned and to report relevant performance measures and targets.
 - Presenting periodic reports to the Governance and Resources Committee summarising all internal audit reports issued and if considered necessary providing copies of the reports,
 - Formally report the findings and recommendations of audit work to senior management and the Governance and Resources Committee throughout the year. Audit reports will:-
 - Include an audit opinion on the reliability of the risk management, governance and internal control arrangements in the system or area audited,
 - Identify inadequately addressed risks and non-effective control processes,
 - Detail management's response and timescale for corrective action,
 - Identify issues of good practice.
 - Ensuring audit work is supervised, reviewed, recorded and reported,
 - Implementing a follow up process for ensuring the effective implementation of audit recommendations or ensuring senior management are aware of the consequences of not implementing a recommendation and are prepared to accept the risk,
 - Liaising as needed with the External Auditor and with other regulators,
 - Maintaining and managing a risk assessment in relation to the functions of the Council,

- Ensuring that there is an up to date Audit Manual in place setting out expected standards for the service, and monitoring compliance with these standards, including in relation to the planning, conduct, quality assurance and reporting of audit assignments.
23. Senior managers should assist audit to discharge their duties by:
- The prompt provision of information and explanations,
 - Providing input to the audit plan to ensure attention is focused on areas of greatest risk,
 - Informing the Audit Section of any plans for change, including new systems,
 - Responding to the draft internal audit report, including provision of management responses to recommendations, within the timescale requested by the audit section,
 - Implementing agreed management actions in accordance with agreed timescales,
24. The Governance and Resources Committee must:
- Approve the Internal Audit Charter,
 - Approve the risk based internal audit plan,
 - Receive progress reports and an annual report from the Head of the Internal Audit Consortium in respect of the audit plan,
 - Approve any large variances or consulting services not already included in the audit plan.

AUDIT RESOURCES

25. The Director of Resources will ensure that the Audit Section has the necessary resource to enable the Head of the Internal Audit Consortium to be able to give an annual evidence-based opinion.
26. The staffing and budget of the Internal Audit Section will be kept under review by the Director of Resources, bearing in mind the resource requirements identified in the audit plan process. Where resources available do not match the resource requirements identified by the annual audit plans, the Director of Resources will report to the Governance and Resources Committee.
27. The Head of the Internal Audit Consortium providing a management service to the Council will be professionally qualified (CMIIA, CCAB or equivalent) and have wide internal audit and management experience. The Head of the Internal Audit Consortium / Director of Resources will ensure that the internal audit service is appropriately skilled in terms of qualifications, knowledge and experience.

QUALITY AND ASSURANCE PROGRAMME

28. The PSIAS state that a quality assurance and improvement programme must include both internal and external assessments. Internal assessments should be ongoing and periodical and external assessments must be undertaken at least once every 5 years.

29. All internal audits are subject to a management quality review. Policies and procedures to guide staff in performing their duties have been established within the audit manual.
30. The internal self-assessment of internal audit will be undertaken annually by completing the checklist for assessing conformance with the PSIAS included within the PSIAS Application Note.
31. External assessment can be satisfied by either arranging a full external assessment or by undertaking a self-assessment with independent validation. External assessments must be by a qualified, independent assessor from outside the organisation. The Head of the Internal Audit Consortium / Director of Resources must discuss the format of the external assessments and the qualifications and independence of the assessor with the Governance and Resources Committee.
32. An external assessment of the internal audit function will take place at least once every 5 years and the results reported back to the Governance and Resources Committee.
33. The results of the quality and assurance programme and progress against any improvement plans must be reported in the annual report.

INDEPENDENCE, AUTHORITY AND ETHICS

34. In order to achieve its objectives effectively, Internal Audit must be seen to be independent. Internal auditors must maintain an unbiased attitude that allows them to perform their engagements in such a manner that no quality compromises are made.
35. The scope of internal audit allows for unrestricted access to all records, personnel, premises and assets deemed necessary to obtain information and explanations as it considers necessary to fulfil its responsibilities in the course of the audit. Such access shall be granted on demand and not subject to prior notice.
36. This right of access is included in the Council's Financial Regulations. In addition, where necessary, the Head of the Internal Audit Consortium and the Senior Auditor will have unrestricted access to:
 - The Chief Executive
 - The Director of Resources
 - Members
 - The Monitoring Officer
 - The Chair and Members of the Governance and Resources Committee
 - Individual Directors / Senior Managers
 - All Other Employees
 - The External Auditor

37. The Head of the Internal Audit Consortium will confirm to the Governance and Resources Committees at least annually, the organisational independence of the internal audit activity.
38. Independence is further achieved by:
- Reporting to the Governance and Resources Committee and senior management,
 - Not being part of system and procedures being audited,
 - Completing declaration of interest forms on an annual basis,
 - Internal Audit staff not undertaking an audit in an area where they have had operational roles for at least two years.
39. If any member of the Internal Audit Section considers there is or could be a conflict of interest, this must be declared to the Head of the Internal Audit Consortium who will direct alternative and independent resources to the audit.
40. Where internal audit staff are required to undertake non-audit duties, the Head of the Internal Audit Consortium will make it clear that those audit staff are not fulfilling those duties as internal auditors. The Head of the Internal Audit Consortium will ensure that within the service there remains sufficient impartiality to enable the actions and activities of those internal audit staff to be subject to audit by those independent from the activity.
41. Internal auditors must conform to the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Ethics in addition to those of other professional bodies of which they hold membership.
42. The Code of Ethics promotes an ethical, professional culture to ensure fairness, objectivity and freedom from conflicts of interest. The key principles are;
- Integrity – to establish trust thus providing reliance on their judgement;
 - Objectivity – in gathering, evaluating and communicating information about the activity or process being examined in order to make a balanced assessment of all relevant circumstances without influence;
 - Confidentiality – to respect the value and ownership of information received which should not be disclosed without appropriate authority or a legal or professional obligation to do so, nor be used for personal gain; and
 - Competence – to apply knowledge, skills and experience appropriately.

FRAUD AND CORRUPTION

43. Managing the risk of fraud and corruption is the responsibility of management. The Council has an Anti-Fraud and Corruption strategy and a zero tolerance towards fraud.

44. The Head of the Internal Audit Consortium / Senior Auditor should be notified of all suspected or detected fraud, corruption or impropriety in accordance with each Council's Financial Regulations and Anti-Fraud and Corruption strategies, in order to inform their opinion of the risk management, governance and internal control arrangements in place.
45. Subject to availability of resources with the internal audit plan, internal audit may assist management in the investigation of suspected fraud and corruption.
46. The Head of the Internal Audit Consortium will report any instances of fraud detected as a result of audits undertaken to the Governance and Resources Committee.

REVIEW OF THE INTERNAL AUDIT CHARTER

47. The Internal Audit Charter will be reviewed every year by the Head of the Internal Audit Consortium and will be reported to the Council's Governance and Resources Committee for approval.

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