

## **Report to the Audit and Governance Committee**



**Epping Forest  
District Council**

**Report reference: C-nnn-2021/22**  
**Date of meeting: 17 March 2022**

**Portfolio: Leader of the Council**

**Subject: Internal Audit Strategy and Plan 2022/23**

**Responsible Officer: Sarah Marsh (01992 564446).**

**Democratic Services: Laura Kirman (01992 564470).**

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### **Recommendations/Decisions Required:**

- (1) The Internal Audit Strategy and Plan for 2022/23 be approved.**
- (2) The change in individual report opinions for reports issued as part of the 2022/23 plan and onwards be approved**

### **Executive Summary:**

Internal Audit supports and contributes to the achievement of the Council's objectives by supporting good governance, with the outcomes from Internal Audit work feeding into the Annual Governance Statement. The Internal Audit Strategy and Plan for 2022/23, and the indicative work programme for the subsequent two years (2023/24 and 2024/25) sets out how this will be achieved.

### **Reasons for Proposed Decision:**

To approve the Council's Internal Audit Plan as required in the Audit and Governance Committee's Terms of Reference, and the opinion used in individual internal audit reports

### **Other Options for Action:**

None.

### **Report**

#### **INTRODUCTION**

1. The Internal Audit function provides independent and objective assurance and consulting services to Epping Forest District Council. This Internal Audit strategy summarises the key principles for the Internal Audit Team for the period 2022/23, with some longer term aims. The strategy supports the Audit Plan (Appendix A) which sets out the work of the Internal Audit service for the year.
2. Internal Audit supports and contributes to the achievement of the Council's 2018-23 strategic aims. These have been considered whilst developing the Internal Audit strategy and plan, being:

- Stronger communities
- Stronger place
- Stronger council

## **PURPOSE**

3. The purpose of the Internal Audit Strategy and Plan is to document the Internal Audit team's approach to:
  - Provide independent and objective assurance to Members and senior management on the effectiveness of the Council's internal control framework.
  - Ensure the recognition of the key risks the Council faces in meeting its objectives when determining and allocating the use of Internal Audit resources.
  - Add value and support to senior management in providing effective control, whilst identifying opportunities for improving value for money.
  - Deliver an Internal Audit Service that is compliant with the requirements of The Public Sector Internal Audit Standards.

## **INTERNAL AUDIT MISSION AND CORE PRINCIPLES**

4. The Global Institute of Internal Auditors has developed an International Professional Practices Framework (IPPF) for auditors. The IPPF includes a mission and ten core principles. These have been adopted by this Internal Audit Shared Service and are listed below.

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

*Core principles:*

- *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.*

## **THE INTERNAL AUDIT APPROACH**

5. While Internal Audit provides assurance through completing a programme of planned work the service is also flexible and responsive to changing and emerging issues. This was especially true during 2020/21 due to Covid-19.
6. Some audit work is delivered on a consultancy basis, contributing advice on risk and controls, for example ex-officio attendance at project meetings or undertaking a specific investigation of a newly identified issue.
7. The purpose, authority and responsibility of Internal Audit is formally defined in the Internal Audit Charter, which was approved at the November 2021 Audit and Governance Committee.

## KEY DELIVERABLES

8. The key deliverables for the Internal Audit service during 2022/23 are:
- *Delivery of the Audit Plan* - the Chief Internal Auditor will ensure there is sufficient audit coverage in order to provide an annual Internal Audit opinion and report, which feeds into the Council's Annual Governance Statement
  - *Integrated approach to assurance* – Providing ongoing assurance to management on the integrity, effectiveness and operation of the Council's internal control, governance and risk management processes. Working with other assurance providers including External Audit to prevent duplication of work
  - *Management commitment* - Ensure agreed management responses to audit recommendations made are implemented thereby improving the overall control framework
  - *Continually develop our approach* – To develop, improve and deliver a quality assurance and improvement programme for the service, including working closely with the Audit and Governance Committee
  - *Business insight* - working more closely with Officers, Members and services to establish greater relevance to what matter most to the Council by contemplating current and future key risks and challenges.

## PROTOCOL FOR AUDIT REVIEWS

9. We will conduct each review in line with our standard audit methodology which is aligned to the Public Sector Internal Audit Standards.
10. For each audit a Lead Auditee will be identified who will be involved in scoping to ensure the audit is appropriately focused on key risks areas, providing assurance and maximising added value. A terms of reference will be produced for each audit to ensure the scope, objectives and approach are agreed with the appropriate Service Director.
11. Following fieldwork, a draft Internal Audit report will be issued for discussion with the appropriate levels of management which is normally set out in the terms of reference.
12. Final reports will be issued after the agreement of draft reports and contain completed management actions plans, identifying those responsible for their implementation and appropriate timescales.
13. Agreed actions or recommendations will be followed up through the Internal Audit tracker process. All high priority recommendations and any passing their original implementation date are reported to the Audit and Governance Committee.
14. In November 2021 the Chartered Institute of Public Finance and Accountancy (CIPFA) issued a briefing paper entitled 'Internal Audit Engagement Opinions – setting common definitions' to standardise the terminology and definitions used in internal audit reports across the sector. A comparison of what is currently used by the Internal Audit service and CIPFA's proposal is given in the table below.

| Rating      | Current (Epping)  | CIPFA recommendation  |
|-------------|---|---|
| Substantial | Overall, there is a sound system of control. Any weaknesses which put system/service objectives at risk will be minor and does not lead the Council to significant risk exposure. | A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. |

|   |   |  |
|---|---|--|
| Moderate (Epping)<br>Reasonable (CIPFA) | Basically, sound control, with areas of weakness, which put system/service objectives at risk. (Any high priority recommendations will prevent this level of assessment). | There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.                     |
| Limited                                 | There are significant weaknesses in more than one key control area, which could put system/service objectives or the Council at risk.                                     | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.                       |
| No                                      | There are fundamental control weaknesses, leaving the system/service open to material errors or abuse and exposes the Council to significant risk.                        | Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited. |

Subject to Audit Committee approval it is proposed that for audit reports issued as part of the 2022/23 Internal Audit plan and onwards the Internal Audit shared service adopts CIPFA's standard definitions as they are similar to those already in use. However, the current wording under moderate – *any high priority recommendations will prevent this level of assessment* - is retained.

## QUALITY ASSURANCE AND PERFORMANCE MANAGEMENT

15. The Internal Audit Quality Assurance and Improvement Programme ensures the work of the Internal Audit function conforms with the Public Sector Internal Audit Standards (PSIAS), operates in an efficient and effective manner and is adding value and continually improving Internal Audit activity. This is achieved through internal and external assessment, monitoring, and reporting on performance.
16. In summer 2021 the Internal Audit function underwent an External Quality Assessment (EQA), which, in line with the PSIAS, must be conducted every five years by a qualified, independent assessor from outside the Council. The EQA, which covered all three Councils in the shared service, confirmed the Internal Audit service conforms to the Public Sector Internal Audit Standards and the results communicated to November 2021 the Audit and Governance Committee.
17. To achieve planned coverage, deliver a high standard of customer care and demonstrate effectiveness of the service, performance targets have been established based on best professional practice.

18. The following service performance targets will be reported on in 2022/23 and are the same as used in 2021/22:

| Aspect of Service                         | Performance Indicator   | Target   |
|---|---|--|
| Audit Plan                                | <ul style="list-style-type: none"> <li>• Achievement of the annual Plan</li> </ul>  | <ul style="list-style-type: none"> <li>• Sufficient Internal Audit work in order that the Chief Internal Auditor can give their annual opinion.</li> </ul> |
| Internal Audit processes                  | <ul style="list-style-type: none"> <li>• Issue of draft report after closing meeting</li> <li>• Issue of final report after agreement with client to draft</li> </ul>           | <ul style="list-style-type: none"> <li>• 10 working days</li> <li>• 5 working days</li> </ul>  |
| Effective management engagement           | <ul style="list-style-type: none"> <li>• Management responses within 10 working days of draft report</li> <li>• Implementation of agreed audit recommendations</li> </ul>       | <ul style="list-style-type: none"> <li>• 10 working days</li> <li>• Within agreed timescales</li> </ul>  |
| Continuous Professional Development (CPD) | <ul style="list-style-type: none"> <li>• Auditors maintain and improve their knowledge, skills and other competencies through directed and self-directed activities.</li> </ul> | <ul style="list-style-type: none"> <li>• 40 hours of CPD activity per auditor</li> </ul>   |

## DEVELOPING THE INTERNAL AUDIT PLAN

19. The methodology for developing the Internal Audit Plan is focused on the quantification of the risks associated with the Council's objectives in consultation with key officers. This process also considers:

- Knowledge and experience accumulated in Internal Audit, including the results of previous reviews
- A review of audit themes against the strategic risk register and Council priorities
- The work of other assurance providers both internally and externally
- The external environment including economic climate, the implications of the UK's exit from the EU, government initiatives such as welfare reform and changes in funding
- Harmonisation of themes with Harlow and Broxbourne Councils to enable benchmarking and sharing of good practice with other local authorities

20. It is imperative there is good alignment between the Internal Audit Plan and the risks facing each Council. Through this, Internal Audit's work will help inform each Council's risk management framework, enabling greater recognition of key mitigating controls and other sources of assurances available. Where possible the risks identified in the Audit Plan (Appendix A) have been taken directly from the Council's Risk Register.

21. In addition, an assurance map has been produced (Appendix B) that provides a structured way to identify the main sources and types of risk assurance in the Council. This demonstrates sufficient Internal Audit work has either been undertaken or has been planned for the Council's key risks.

22. The Internal Audit Plan is indicative, and changes may need to be made as the risk profile and priorities of the Council change. This will be achieved by ongoing review and amendment in consultation with relevant officers and any significant changes brought to the Audit and Governance Committee for approval.

23. It is important for Internal Audit to plan ahead and allocate resources over the medium term but still maintain a flexibility of approach. This is achieved by documenting known

risks over a three-year period so that the three-year plan includes an indication of proposed audit work for years two and three, based on current known risks if circumstances remain unchanged. However, as new risks emerge audit resources over the medium term will be focused accordingly.

24. The sections of the Internal Audit Plan include:

- Corporate Framework – key risk areas including those defined in the Council's strategic risk register
- Strategic themes – including cross cutting issues some of which will be incorporated within operational audits or will be undertaken through consultative work.
- Service areas – operational audits determined on a risk assessment and/or business priority.

### **PRIORITY AREAS FOR 2022/23**

25. Having regard for the current risk profile of the Council the following have been identified as priority areas for Internal Audit work for 2022/23. These may not be audits in themselves, but cross cutting themes that will be fundamental to the scope of Internal Audit work undertaken.

- *Information Governance and Management* - Internal Audit continues to work with the Council's Data Protection Officer, helping to ensure and maintain compliance across the Council
- *Risk Management* – Internal Audit has a key role in promoting effective risk management and will continue to work with the Risk Management Group to help develop and embed a robust risk management framework across the Council. Within individual audits Internal Audit will seek compliance with good risk management practices and the adequacy of controls put in place by management to mitigate risks in their service areas.
- *Fraud* – Internal Audit will support the Council's anti-fraud and corruption strategy and consider the potential for fraud within work, working in tandem with the Corporate Fraud Team.
- *Value for Money (VfM)* – a focus on VfM will be reflected in Internal Audit's work mainly as a cross cutting theme within operational audits, benchmarking where appropriate with Harlow and Broxbourne. Audits will consider how the Council makes the best use of resources and assets, the balance of cost and performance and meeting the needs of our residents; and providing challenge on whether services could be provided in a different way.
- *Audit and Governance Committee Support* – Internal Audit will work with the Audit and Governance Committee in developing its role in relation to best practise and to contribute to effective corporate governance of the Council.

26. At the operational level the key priorities of Internal Audit work in 2022/23 include:

- *Qualis* – Building on previous Qualis audits Internal Audit will continue to actively seek assurances on the adequacy of internal control, governance and the management of risks regarding Qualis from the Council's perspective, with a specific emphasis on Qualis Commercial in 2022/23.
- *Key Financial Systems* – the effectiveness of controls and management of risks with the core financial systems remains a key part of the Internal Audit work. Audits are scheduled on a cyclical basis so not all key financial systems will be

undertaken each year.

- *Governance frameworks* – Internal Audit will continue to assist the Council in enhancing its governance frameworks including information governance, project and programme governance, risk management, business continuity and health and safety.
- *Data analytics* – upskilling the Internal Audit team to ensure better use of data analytics in its audits starting with procurement and payments.

## RESOURCES

27. Internal Audit continues to be a formal shared service between Epping Forest, Harlow and Broxbourne Councils, with Broxbourne being the host authority and employer of the Internal Audit staff. A Shared Services Board meets quarterly to oversee the implementation and delivery of the Internal Audit function, monitor common issues or themes arising from audits, assess quality and performance and consider major changes to the service. The Board comprises of the Section 151 Officers from each authority as well as the Internal Audit Manager.
28. The Internal Audit function consists of the Chief Internal Auditor (1.0 f.t.e), three Senior Auditors (2.65 f.t.e) and three Auditors (each 1.0 f.t.e). There are no vacancies and two of the auditors were taken on after successful completion of their apprenticeships. Everyone in the team works across all three authorities. In addition, the service has a call off contract with an external provider of Internal Audit to undertake more specialist audits when required.

## AUDIT PLAN 2022/23

29. The Audit Plan as detailed in Appendix A requires 465 days (compared to 475 days for last year and 440 days for the previous year), as set out in the table below:

| Thematic Area   | Audit days<br>2022/23 |
|---|-----------------------|
| Corporate framework including governance, assurance framework, fraud, value for money and risk management | 87                    |
| Cross cutting/themed audits   | 77                    |
| Operational Audits  | 141                   |
| Follow Up work  | 40                    |
| Audit and Governance Committee support including training   | 20                    |
| Advice, other engagement with the business and contingency  | 100                   |
| <b>TOTAL</b>  | <b>465</b>            |

### Resource Implications:

No additional resources required.

### Legal and Governance Implications:

The responsibilities, duties and obligations of Internal Audit are set out in the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards (2017) against which Internal Audit activity should be measured and determined.

**Safer, Cleaner and Greener Implications:**

None

**Consultation Undertaken:**

Corporate Governance Group

**Background Papers:**

Public Sector Internal Audit Standards, Internal Audit Charter, Internal Audit resource plan and risk assessment.

**Risk Management:**

Failure to achieve the audit plan may lead to a lack of assurance that internal controls are effective and risks properly managed.

**Equality Analysis:**

The Equality Act 2010 requires that the Public Sector Equality Duty is actively applied in decision-making. This means that the equality information provided to accompany this report is essential reading for all members involved in the consideration of this report. The equality information is provided at Appendix C to the report.