

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

28 June 2012

REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT 2011/12

Report of the Corporate Director – Finance and Central Services

1.0 PURPOSE OF REPORT

- 1.1 To advise Members of the process and the outcomes of the 2011/12 review of the effectiveness of the County Council's internal audit arrangements.

2.0 BACKGROUND

Legislative Requirements

- 2.1 The Accounts and Audit Regulations 2011 (hereafter referred to as the Regulations) require the County Council to conduct, at least once a year, a review of the effectiveness of its internal audit arrangements, and to report the findings of this review to the Council or an appropriate committee. The process is intended to form part of the wider review of the effectiveness of the system of internal control which is necessary to prepare the Annual Governance Statement (which is a separate item on this Agenda).
- 2.2 The Regulations require that the Council:
- “must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control”.*
- 2.3 The 2011 Regulations consolidated and updated previous similar regulations, and guidance to these earlier Regulations state that, for principal local authorities, the proper internal control practices for internal audit are those contained within the CIPFA Code of Practice for Internal Audit in Local Government (hereafter referred to as the Code of Practice). Whilst the Department for Communities and Local Government (DCLG) indicated some time ago its intention to issue a new Circular containing guidance to assist relevant bodies in their operation of the accounting regime under the 2011 Regulations, this has not yet been published. In these circumstances it is appropriate to continue to apply the Code of Practice, which was last updated in 2006, subject to any amendments in future.

Defining Internal Audit

2.4 In the Code of Practice, internal audit is defined as:

“an assurance function that provides an independent and objective opinion to the organisation on the control environment, by evaluating its effectiveness in achieving the organisation’s objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.”

As such internal audit forms an essential part of the County Council's corporate governance arrangements.

2.5 Since April 2009, internal audit has been provided under contract by Veritau Ltd, a company wholly owned by the County Council and the City of York Council, with the service being provided under a formal “shared service” arrangement. Specialist computer audit continues to be undertaken by a private sector provider, currently PricewaterhouseCoopers. This review takes full account of this framework of provision for the service.

2.6 The principal functions of internal audit are to:

- (a) provide assurance to Members, chief officers, other key stakeholders and the wider community on the effectiveness of the governance arrangements and internal controls at the council
- (b) provide advice and make recommendations to improve controls and/or address the poor or inappropriate use of the council’s resources
- (c) examine and evaluate the probity, legality and value for money of the council’s activities
- (d) act as a visible deterrent against all fraudulent activity, corruption and other wrong doing
- (e) respond to and investigate any instances of suspected fraud or corruption
- (f) assist the Audit Committee in the performance of its functions as set out in its Terms of Reference.

2.7 The Code of Practice sets out eleven standards (or principles) for the establishment of a professional service. Each principle is supported by detailed guidance. The principles cover the following areas:

- (a) Scope of Internal Audit (Terms of Reference and scope of work)
- (b) Independence
- (c) Ethics for Internal Auditors
- (d) Audit Committees (including Internal Audit’s relationship with the Audit Committee)
- (e) Relationships (with management, elected Members and other auditors, regulators and inspectors)
- (f) Staffing, Training and Continuing Professional Development

- (g) Audit Strategy and Planning
- (h) Undertaking Audit Work
- (i) Due Professional Care
- (j) Reporting
- (k) Performance, Quality and Effectiveness

2.8 The best practice guidance states that the review of the effectiveness of internal audit should also include consideration of the effectiveness of the Audit Committee itself (to the extent that its work relates to internal audit) as well as the performance of the audit provider. A separate review of the Audit Committee's effectiveness was undertaken by the Audit Committee Working Party and the results were reported in April 2010. There have been no significant changes in the Audit Committee's arrangements since that date. Following that review, an action plan was drawn up, and all actions have now been completed. As agreed at the Audit Committee on 29th September 2011, therefore, nothing further is needed until the Government's final plans for public audit are finalised. At that stage, it may be necessary to give further consideration to the Audit Committee's structure and terms of reference.

Who Should Undertake the Review?

- 2.9 The Regulations require either the Council itself, or a committee of the Council, to review the system of internal audit. The County Council has delegated this to the Audit Committee and included this in the Terms of Reference for the Committee. The main reasons why the Audit Committee is considered as "an appropriate means through which to carry out the review of Internal Audit" are:
- (a) it is a core responsibility of the Audit Committee to approve internal audit plans and monitor the work of the service
 - (b) the Audit Committee is independent of the management of the County Council
 - (c) the annual report and the opinion of the Head of Internal Audit are considered by the Audit Committee
 - (d) the External Auditor reports to the Audit Committee and is therefore readily available to give an opinion on the work of Internal Audit
 - (e) the review of the effectiveness of the system of internal audit feeds into the Annual Governance Statement which is also considered by the Committee.
- 2.10 The key point here is that it is the responsibility of the County Council to conduct the annual review; it is not a review that is carried out by the External Auditor as part of their annual audit. External Audit review elements of internal audit's work to assess what reliance can be placed upon it for other purposes and the audit of the accounts. However, this review work does not cover all the elements of the system of internal audit and, therefore cannot be relied upon to properly fulfil the requirements of the Regulations.

- 2.11 The review of the effectiveness of internal audit has been undertaken jointly with City of York Council by the Shared Service Contract Board (SSCB) and in consultation with the respective Audit Committee Chairs, in accordance with the process agreed by this Committee in September 2011. The SSCB comprises the respective client officers from the County Council and the City of York, and Veritau's Head of Internal Audit. Meetings of the SSCB are held quarterly and performance indicators and changes in working practices are discussed.
- 2.12 Using the SSCB as the focus for this annual review ensures consistency and avoids unnecessary duplication of work by the two client officers. The opinions reflected in this report reflect the shared view of the two client officers arrived at during the review. It should be noted that the statistics in this report are, of course, just in respect of the service provided to the County Council

Scope of the Review

- 2.13 The review is primarily about effectiveness, not process. In essence the need for the review is to ensure that the opinion contained in the Annual Report provided by the Head of Internal Audit may be relied upon as a key source of evidence in the Annual Governance Statement. The focus of the review has, therefore, concentrated on the delivery of the internal audit function to the required professional standards in order to produce the required outcome i.e. a reliable assurance on internal control and the management of risks in the council, rather than an assessment of value for money.
- 2.14 Other sources of assurance that the Committee receives, from which it can take a view on the effectiveness of the service include:
- (a) regular outturn reports on Internal Audit work and related performance measures
 - (b) the Internal Audit Annual Report (which is a separate item on this Agenda)
 - (c) the Internal Audit Plan (the 2012/13 Plan was approved at the April 2012 meeting of this Committee)
 - (d) regular reports on the implementation of internal audit recommendations.

3.0 2011/12 REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT

- 3.1 For the purposes of this review, the following work has been completed:
- (a) the Code of Practice self assessment checklist has been refreshed so as to identify any significant changes in the degree of compliance against the Code
 - (b) an overview of customer survey results has been undertaken
 - (c) a survey has been undertaken with members of the Audit Committee to assess the quality of service received by the Committee
 - (d) the opinion of external audit has been considered
 - (e) other issues regarding the quality and cost effectiveness of the service have been considered as appropriate

- 3.2 In previous years, the results of the latest benchmarking data available from CIPFA have been used to provide some indication of how cost-effective the service was compared to internal audit provision within other county councils. Given that the service is now a shared service provided by an external body, albeit owned by the two councils involved, suitable benchmarking data has been more difficult to obtain. Alternative sources of information have therefore been used to provide evidence of the continued cost effectiveness of the current arrangements. This information supports the view that the service remains cost effective - see **paragraph 3.29 below** for further details.

Update of Code of Practice Self Assessment Checklist

- 3.3 The self assessment checklist has been reviewed and updated for 2011/12. This has been reviewed in the SSCB and is considered by the SSCB as a fair reflection of the priorities that need to be progressed at this time.
- 3.4 As previously reported to this Committee, considerable work has been undertaken to integrate working practices and systems across the shared service and to select best practice from both partners' organisations. A specific priority in 2011/12 has been the development of a more proactive approach to the identification of fraud risks, particularly within adult social care services. The majority of fraud investigations are now being undertaken by Veritau's dedicated counter fraud team. This has allowed a number of new tools and techniques to be deployed to combat suspected fraud within the County Council.
- 3.5 In respect of the delivery of the service for the County Council, it is the view of the Assistant Director – Central Finance (who acts as the lead client for the County Council on behalf of the S151 Officer), that whilst there have been some changes in operational arrangements, adherence with the professional standards set out in the Code has been maintained or enhanced. This view is based on his personal involvement with a number of audits where he is the responsible manager, the regular discussions held with the Head of Internal Audit necessary to fulfil his role as lead client officer for the Veritau contract with the County Council, and also with his involvement on the SSCB.
- 3.6 Those aspects of the current internal audit arrangements which have been identified as not complying fully with the Code of Practice are listed in **Appendix 1**. Where changes and/or improvements to working practices are considered necessary then these have been included in the Veritau Business Plan for 2012/13, and are reflected in **paragraph 3.8** below.
- 3.7 There were a number of areas for development which were identified as part of last year's self assessment. These are listed below, with information on progress made in the year, as follows:
- (a) continued rotation of internal audit staff between teams and across sites to minimise the number of occasions where systems or services are subject to audit by the same member of staff**

Cross site working has been continued through 2011/12. This has produced efficiencies and allowed best practice to be more easily shared between the two councils. It has also helped to reduce the number of occasions where the audit of a specific system or area has been undertaken by the same person for a number of years. Examples of successful cross site working during the year have included the audits of:

- the Carbon Reduction Commitment submission
- Personalisation in social care
- Contracting and charges for social care
- Workforce planning

A single schools audit team has also been created covering both councils. This has meant that staff resources can be more easily managed and has reduced travelling times. Staff rotation, however, has to be balanced with the need to maintain a level of continuity and to ensure that the knowledge gained by auditors of each system or service area is used effectively. Further cross team working within the Northallerton office has recently been introduced with the aim to establish a single pool of auditors.

(b) development of a formal protocol to support joint working with other internal auditors

The principal area which has been identified for joint working is with health. Good working relationships exist between Veritau and the NHS internal audit provider in North Yorkshire, and indeed the Head of Audit for the NHS Audit Provider is also a Veritau Director. Regular liaison meetings are held and a joint audit was completed during the year to assess the baseline financial information prior to the transfer of public health responsibilities to the County Council (and York). Further joint audit work is planned in 2012/13. A memorandum of understanding has been agreed between the two audit providers and this will be further developed in 2012/13. Internal protocols exist within Veritau for work involving the County Council and the group's other clients (including the North Yorkshire Fire and Rescue Service, the national parks and the five district council members of Veritau North Yorkshire). A standard protocol will be prepared for other potential joint working situations, for example with neighbouring authorities, North Yorkshire Police or significant partnerships in which the County Council has an interest.

(c) development of a clearer methodology for determining the overall opinion of the Head of Internal Audit

This has been completed. A new audit report format has also been developed which incorporates a clearer assessment of the probability of identified risks occurring and their likely impact.

3.8 The self assessment exercise has been reviewed in the light of progress made over the last year. It remains the case that whilst the service is not wholly compliant in all aspects of the Code, the approach taken is considered to be appropriate in the circumstances of the service provided to the County Council,

with the exception of **two areas that continue to require further development in 2012/13**, which are as follows:

- as noted in **paragraph 3.4 above**, further work is required to fully embed the updated counter fraud arrangements
- as noted in **paragraph 3.7 above**, further work is required to establish a clear framework for obtaining assurance from other partner organisations.

Customer Satisfaction Surveys

- 3.9 In accordance with the Code, Veritau carries out customer survey reviews as a routine part of the audit process. As part of the work to support this review of effectiveness, other surveys are also undertaken to provide further assurance. These are dealt with in turn below.
- 3.10 Following the customer feedback received as part of the preparation work for last year's equivalent report, and whilst overall feedback was good, a number of specific matters arose that indicated a need for Veritau to address issues in its audit approach. These issues and a description of the steps taken by Veritau are shown below:

(a) IT knowledge of auditors, linked to planning and preparation of IT audits

This issue related to a number of specific audits undertaken by PwC in 2010/11. The need to better plan and coordinate IT audits was discussed with PwC and no further problems have been reported.

(b) Timeliness of reporting, particularly where an audit is addressing a corporate theme and requires fieldwork across a number of teams.

This issue related to a number of corporate audits undertaken in 2010/11 which involved work across a range of service areas. The problem arose because some service areas experienced a delay between the fieldwork being completed in their area and the draft audit report being produced. The need for more timely feedback to individual service areas was recognized and no further problems have been reported.

(c) Scoping of audits to ensure staff are aware of the boundaries of the audit exercise

The audit specification has been revised to ensure that the scope of planned audits is better understood. This however remains a potentially difficult area because internal audit may still need to refine or extend the scope of work depending on what they find when the fieldwork commences.

(d) Justifying an audit opinion against the risk issues identified in the audit work

Whilst further guidance has been given to audit staff to assist with determining the most appropriate audit opinion to use it remains a matter for professional judgement. The priorities are to ensure that the opinions are based on sound evidence and there is consistency in their application across the County Council. However, it is recognised that audit 'customers' are often reluctant to accept a low ranking audit opinion and may then challenge the audit process itself. The revised format and approach to compiling audit reports should assist in explaining and justifying the audit opinions used.

- 3.11 Moving on to the current year, details of the outcome of surveys are described below.
- 3.12 At the close of each audit, the responsible Manager of the area being audited is asked for feedback on that audit. In response to the question "Considering the audit overall, would you say that you were more satisfied than dissatisfied with the service received?" 100% assessed the audit as being satisfactory, with a response rate of approximately 40% for the return of these documents. The equivalent satisfaction score for 2010/11 was 100%.
- 3.13 As part of the client liaison arrangements, a senior officer at Assistant Chief Executive, or Assistant Director level acts as the main point of contact with Veritau for audits carried out within a Directorate or Service area, and in practice that same group are also involved in the oversight of the full range of corporate audits undertaken as part of the Audit Plan. As such, this group of senior managers are well placed to assess the overall effectiveness of the audit process from planning through to delivery, and also how Veritau deal with any issues and possible concerns about the way in which audits have been progressed in their service areas. On that basis a survey was carried out with these officers in May 2012
- 3.14 Five responses were received, and in addition, the feedback exercise led to specific issues being raised about the audit approach taken on some HR related audits during the year. These were dealt with at a meeting to discuss the concerns raised, and the outcome of that meeting should lead to an improved approach in future.
- 3.15 A summary of the questions, and the range of assessments made for the main audit service is attached as **Appendix 2**. The majority of the assessments give an opinion of good or better. Only one "poor" assessment was made, relating to the time taken to issue audit reports. More generally, the spread of assessments for this question (1.14) suggests that this is an area for improvement, and this has been discussed with the Head of Internal Audit.
- 3.16 It will be noted that only two responses were received for question 1.17, which relates specifically to the specialist IT audit service provided on behalf of Veritau by PWC. This is because the particular focus of that service is on specific central IT audits.

- 3.17 During 2011/12, additional activity was included in the audit plan in respect of the counter fraud service provided by the specialist fraud investigation team based in the Veritau York office. The particular focus of the work during 2011/12 was on matters relating to Adult Social Care charging and funding (including direct payments). The overall view from the Health and Adult Services Directorate in respect of these audits was that the service was satisfactory. Other counter fraud work was completed in the CYPs Directorate, with an overall assessment of excellent. During the course of the year, and arising from the initial work, the Head of Internal Audit has worked with HAS to ensure that the counter fraud service being provided is targeted and effective, and the liaison arrangements on potential cases for the service have been clarified.
- 3.18 As well as the main internal audit service, Veritau also provides information governance services to the County Council, and the survey also covered this aspect of the Veritau work. Whilst not strictly covered by the scope of this effectiveness review, it is pleasing to note that the overall assessment of the service was mainly good (four responses) or satisfactory (one response).

Audit Committee Survey

- 3.19 A survey has been completed seeking the views of members of the Audit Committee on the quality of the service received by the Committee from the Internal Audit Service
- 3.20 A summary of the responses is attached as **Appendix 3**. The overall position presented positive feedback with the large majority of assessments falling within the good or excellent categories.
- 3.21 Although no responses were submitted as “poor”, one response did indicate, in respect of question 1.4 on period reporting on Directorate audit work, that the provision was “limited”.
- 3.22 As well as seeking feedback on a number of specific questions, the questionnaire gave an opportunity for more general feedback. A number of comments were made, and in the text below, an attempt has been made to summarise the essence of the points raised that are relevant to this effectiveness review:
- whether the Committee has sufficient knowledge and training to be able to assess the work of the Internal Audit service as a whole
 - the extent to which it is clear to the Committee that the work of the Internal Audit Service improves systems and controls within the organisation
 - some concerns about the way in which issues raised in audits are summarised within reports to the Committee, hence impacting on the ability of the Committee to consider these matters. This might extend to a need to highlight more clearly items that the Committee might wish to consider in more detail
 - a concern about the late circulation of reports, and the length of reports in a typical agenda, with a suggestion that some reduction in the volume of paper, linked to the highlighting of significant items, might assist the Committee in its considerations.

- 3.23 **Members of the Committee may wish to discuss the overall results of this survey, and identify any key messages, or matters that require further development.**

External Audit Opinions expressed during 2011/12

- 3.23 No matters of concern have been raised with the S151 Officer or the Audit Committee by the External Auditor regarding internal audit matters during 2011/12
- 3.24 There were no matters raised regarding internal audit arrangements in the External Auditor's Annual Audit Letter 2010/11, which was reported to this Committee in December 2011
- 3.25 The External Auditor was asked for specific feedback on the work of the Internal Audit Service, and has provided the following comments:
- (a) we maintain an open dialogue with internal audit that allows us to share areas of concern between internal and external audit
 - (b) internal audit work constructively with external audit, for example:
 - a resident query passed by external to internal audit for comment
 - the offer that the external auditor will assist internal audit with assurance mapping
 - (c) we have not identified any significant areas of concerns based on our review of the reports produced by internal audit that are relevant to the financial statement audit
- 3.26 In respect of the service provided to the City of York, the external auditor is the Audit Commission. In respect of 2011/12, they completed a more general assessment of internal audit, and whilst in the context of the service provided to the City of York, this does provide some further assurance about the effectiveness of Veritau more generally.
- 3.27 Specifically the assessment looked at:
- compliance with CIPFA standards
 - levels of competence, by reference to qualifications and experience
 - the scope of Internal Audit's planned work programme and
 - delivery against plan to date.

The assessment included a more detailed review, on a sample basis, of some individual assignments. There were no significant areas of non compliance.

Other issues identified regarding the quality and cost effectiveness of the service

- 3.28 During 2011/12, and relevant to the overall quality of the staffing available to the Internal Audit Service, it is appropriate to note that Veritau achieved IIP accreditation, and a number of staff completed their training, leading to

membership of the Chartered Institute of Internal Auditors, hence strengthening experience and the knowledge base of the team.

- 3.29 In previous reviews, consideration has been given to the availability of benchmarking data with other Internal Audit Services. Previously, benchmarking data was available through membership of the relevant CIPFA benchmarking club. Because of the shared service arrangement, and the fact that it is provided through an external company, it has been concluded that membership of this benchmarking club is of limited value. In terms of evidence available in relation to cost effectiveness, Veritau were involved in two tender exercises during the year. Neither were mainstream Local Government bodies. In both cases, the Veritau bid represented the lowest cost, although in neither case was the contract awarded to them. This was because of issues relating to the range of skills and services that Veritau was able to make available, which did not meet in full the requirements of the bodies concerned. In both cases the winning tenders were submitted by large accountancy firms.

4.0 **CONCLUSION**

- 4.1 Based on the results of this review, the County Council's internal audit arrangements are considered to be operating in accordance with accepted professional best practice, and remain effective. The Committee can therefore continue to place reliance on the internal audit arrangements operating within the County Council when considering the draft Annual Governance Statement for 2011/12.

5.0 **CONSULTATION**

- 5.1 This review has been conducted by the Assistant Director – Central Finance in liaison with his colleague on the SSCB and in consultation with the Chair of the Audit Committee as recommended and agreed by this Committee in September 2011.

6.0 **RECOMMENDATION**

- 6.1 Members are asked to note, and comment on the results of the review of the effectiveness of the County Council's internal audit arrangements.
- 6.2 Members are asked to determine whether there are issues arising from their assessment of the Internal Audit Service and its support to the Committee, and whether there are matters that require further development.

JOHN MOORE
Corporate Director
Finance and Central Services
County Hall
Northallerton

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Author of report: Geoff Wall, Assistant Director – Central Finance

Tel: 01609 532121

Email: geoff.wall@northyorks.gov.uk

**REVIEW OF WORKING PRACTICES AGAINST THE CIPFA CODE OF PRACTICE
FOR INTERNAL AUDIT IN LOCAL GOVERNMENT**

2011/12

Report on areas of possible non-compliance

Note: P indicates partial compliance, and N indicates non compliance

REF	STANDARD	P / N	NYCC
3	Ethics for Internal Auditors		
3.3	Objectivity		
3.3.4	Are staff rotated on regular / annually audited areas.	P	Cross site working (between Northallerton and York) has continued through 2011/12. This has produced efficiencies and allowed best practice to be more easily shared between the two councils. It has also helped to reduce the number of occasions where audits have been undertaken by the same person for a number of years. Staff rotation, however, has to be balanced with the need to maintain a level of continuity and to ensure that the knowledge gained by auditors of each system or service area is used effectively. Further cross team working within the Northallerton office has recently been introduced with the aim to establish a single pool of auditors.
5	Relationships		
5.3	Relationships with Other Internal Auditors		
5.3.1	Do arrangements exist with other internal auditors that include joint working, access to working papers, respective roles and confidentiality?	P	The method of obtaining assurance from partner organisations will vary depending on the relationship between the Council and the partner, and the degree of risk involved. The principal area which has been identified for joint working is with health. Good working relationships exist between Veritau and the NHS internal audit provider in North Yorkshire. Regular liaison meetings are held and a joint audit was completed during the year. Further joint audits are planned in 2012/13. Other arrangements tend to be limited and informal in nature. However, the need for a formal joint working protocol has been recognised in these situations and is included in the company's 2012/15 Business Plan.
5.5	Relationships with Other Regulators and Inspectors		
5.5.1	Has the Head of Internal Audit sought to establish a dialogue with the regulatory and inspection agencies that interact with the organisation?	P	This occurs on an ad-hoc basis but is not considered to be of significant importance.

REF	STANDARD	P / N	NYCC
10	Reporting		
10.3	Follow-up Audits and Reporting		
10.3.3	Where appropriate, is a revised opinion given following a follow-up audit and reported to management?	N	Veritau does not consider that it is appropriate to revise an opinion. However, account will be taken of the progress made by management to address control weaknesses and to complete agreed actions when providing the annual audit opinion.
10.4	Annual Reporting and Presentation of Audit Opinion		
10.4.2	Does the Head of Internal Audit's report:		
	Communicate the results of the internal audit quality assurance programme?	N	Given Veritau's contractual position, this information is considered to be more relevant to the NYCC client officer. In addition, details of the annual customer satisfaction survey are shared with the client.

Customer Satisfaction Survey

APPENDIX 2

	Excellent	Good	Satisfactory	Poor	Not answered
1. Internal Audit Services					
How would you rate the following elements of the internal audit service provided by Veritau?					
1.1 The quality of planning and the overall coverage of the audit plan	1	3	1		
1.2 The provision of advice and guidance	3	1	1		
1.3 The conduct and professionalism of audit staff	3	1	1		
1.4 The ability of audit staff to provide unbiased and objective opinions	2	1	2		
1.5 The ability of audit staff to establish a positive rapport with customers	3	2			
1.6 The auditors' overall knowledge of the system / service being audited	1	4			
1.7 The auditors' ability to focus on the areas of greatest risk	1	2	2		
1.8 The arrangements made to agree the scope and objectives of the audit	2	3			
1.9 The auditors' ability to minimise disruption to the service being audited	3	2			
1.10 The communication of issues found by the auditors during their work	2	3			
1.11 The quality of feedback at the end of the audit	2	2	1		
1.12 The auditors' ability to communicate their findings in the audit report	1	2	2		
1.13 The accuracy, format, length and style of audit reports	2	2	1		
1.14 The time taken to issue audit reports		2	2	1	
1.15 The relevance of audit opinions and conclusions	2	3			
1.16 The extent to which agreed actions are constructive and practical	2	2	1		
1.17 The quality of IT audit (provided on behalf of Veritau by PWC)	2				3
2. Please provide an overall rating for the Internal Audit services provided by Veritau		4	1		

Audit Committee Survey

APPENDIX 3

	Excellent	Good	Satisfactory	Poor	Unanswered
For each area please provide a rating based on your assessment of:					
1.1 The independence and impartiality of the work performed by Internal Audit.	4	3	1		
1.2 The effectiveness of Internal Audit in terms of communicating their role and purpose.	3	4	1		
1.3 The scope of internal audit activity in terms of the level of assurance required by the Committee.	1	6	1		
1.4 The periodic reports detailing internal audit work completed in each Directorate / subject area in terms of:					
• relevance	2	5	1	1 x limited	
• timeliness	2	4	1		
• accuracy	1	6	1		
• clarity	2	4	2		
1.5 The annual report of the Head of Internal Audit in terms of:					
• relevance	2	5	1		
• timeliness	3	4	1		
• accuracy	1	6	1		
• clarity	2	4	2		
1.6 The relevance of the audit opinions used by Internal Audit.	3	4			1
1.7 The extent of the consultation on the annual internal audit plan	1	6	1		
1.8 The quality and relevance of other reports you receive in respect of:					
• counter fraud matters	2	6			
• information governance	1	6	1		
• the follow up of agreed audit actions	1	5	2		
1.9 The overall conduct and professionalism of the Internal Audit staff who attend the Audit Committee.	5	3			
1.10 The understanding and knowledge of the Internal Audit staff who attend the Audit Committee.	6	1	1		
1.11 The quality and relevance of the training you receive from Internal Audit on internal audit, counter fraud and other governance related matters.	1	6			
1.12 The advice and information you receive from Internal Audit staff outside of meetings.	1	5	1		1
1.13 The overall effectiveness of Internal Audit in terms of helping the County Council to make improvements to systems and controls.	3	3	2		
1.14 The information received by the Audit Committee in respect of the performance of Internal Audit during the year.	1	6	1		