Quality Assurance & Improvement Programme
Devon Audit Partnership

Version 1.8 (Summary)

November 2018

Auditing for achievement

Document Control

Change Record

Date	Author	Position	Version	Change details
24/5/2013	Robert Hutchins	Head of Partnership	1.0	Amalgamation of various development documents into one single record.
17/7/2013	Robert Hutchins	Head of Partnership	1.1	Update to include links to other document including CSE assessment report; Internal Audit report and IIA quality assessment report.
25/10/2013	Robert Hutchins	Head of Partnership	1.2	Updated to take account of action completed during the summer period
31 Jan 2014	Robert Hutchins	Head of Partnership	1.3	Updated to account of action taken up to 31 Dec 2013 and new issues emerging.
5 March 2014	Robert Hutchins	Head of Partnership	1.3	Updated to account of action arising from CSE rolling programme1 assessment.
5 March 2014	David Curnow	Dept Head of Partnership	1.3	Inserted - Added Value process
24 March 2014	David Curnow	Dept Head of Partnership	1.3	Inserted - review of audit report
28 April 2014	David Curnow	Dept Head of Partnership	1.3	Inserted - review of audit manual
4 June 2014	David Curnow	Dept Head of Partnership	1.3	Review budget monitoring process
4 June 2014	David Curnow	Dept Head of Partnership	1.3	Create Staff forum pages
19 June 2014	David Curnow	Dept Head of Partnership	1.3	PSIAS – Self-assessment progress
23 October 2014	Robert Hutchins	Head of Partnership	1.4	Incorporates results of LGAN self-assessment. Formal review and update of plan following Managers meeting
Summer 2015	David Curnow	Dept Head of Partnership	1.4	Incorporates "soft skills" requirements.
October 2015	Robert Hutchins	Head of Partnership	1.5	
April 2016	Robert Hutchins	Head of Partnership	1.6	Updated to reflect discussion with JS re CS processes.
Nov 2017	Robert Hutchins	Head of Partnership	1.7	Update following CSE assessment and External Validation against PSIAS
Oct 2018	Robert Hutchins	Head of Partnership	1.8	Update following CSE and impact of GDPR
Oct 2018	David Curnow	Dept Head of Partnership		PSIAS review, Assurance mapping, training plans

Introduction

Our development priorities

Our aim is to continue to provide excellent independent, objective assurance and consulting services designed to add value and protect public resources. We aim to assist in improving the efficiency and operations of our client organisations in line with corporate values of continuously challenging services and promoting openness, accountability and high standards of risk management, internal control and governance.

We aim to further develop our audit performance by the consistent use and pro-active development of Audit Management Software and other IT solutions where possible.

Our high level objectives are have been summarized into four characteristics: -

Process	People	Customer	Pounds £
Improving the management of our relationship with customers to ensure that audit services are developed and delivered appropriately	Using DCC HR policies to deliver results to support our customers strategic goals	Ensuring the customer is at the heart of what we do; listen and respond to the needs and priorities of our customers.	Delivery of a best value / Value For Money internal audit service
Organizing audit activities to deliver maximum value	Ensuring that all audit staff know what they need to do, and have the skills and competence to do it	Develop our approaches that meet individual customer needs, including those "hard to reach" and more disadvantaged clients and partners, whilst ensuring that a consistent and high quality service is delivered.	Maintaining and increasing customer base and associated revenue for contracted services
Ensuring that each element of the audit process (planning, delivery and reporting) reflects best practice and operates in a "lean" way.	Develop management practices that support innovation, creativity and effectiveness.	Ensure suitable arrangements are in place that engage with the customer and seek and encourage feedback at all stages of our processes.	Promote the efficient use of financial resources in terms of identifying audit deliverables and aligning resources accordingly
Ensuring equality and diversity in service delivery	Have a wider pool of experts readily available to meet short term needs of our partners and clients	Aim to "add value" to the organisations we audit so that they receive more than just assurance	Manage and control expenditure and maximize income
Using our audit "tools" (staff and IT) in a innovative way to ensure we can deliver maximum coverage and input on every audit.			

Key Changes / challenges

The Partnership - The Partners have stated that they appreciate the high quality and effective internal audit service that the Partnership provides.
The contract with DAP was extended in April 2017 for a further 7 years. This longer contract life provides stability for the Partnership and increases the ability to bid for new work with other appropriate clients and partners.

Process – We comply with Public Sector Internal Audit Standards as revised in 2017; the Standards closely follow the Institute of Internal Audit Standards. We complete an annual assessment of how we meet both the PSIAS and the LGAN (Local Government Application Note CIPFA 2014) and capture any required improvements within this development plan to meet the PSIAS.

We constantly review the effectiveness of our ICT; we work with our ICT provider (Devon ICT via SCOMIS) to determine how we may be able to further develop our ICT and help maximize efficiency gains.

Outputs – we appreciate that senior management and audit committee members have significant calls upon their time; we have made significant changes to the way our reports are presented, with the aim of reducing text but maximizing the impact of the messages we wish to convey. We make greater use of graphics where appropriate, with the old maxim of "a picture paints a thousand words"

Added value – we know that our clients expect us to provide more than just assurance; they look to us to add value to their organisations. This is often through well formed and business leading recommendations, or can simply be spreading best practice to common solutions. Our team look to work "across organisations" to (where appropriate) share understanding of common problems and effective solutions.

Customers - In June 2018 we were re-accredited with the Customer Service Excellence award. Our assessor, June Shurmer confirmed that we continue to meet this standard. We continue to develop our processes and arrangements to ensure our customers receive a high quality, customer focused service. Our focus this year will be on the 'Customer Journey' mapping the delivery and customer perceptions.

People – we wish to ensure that we have all the elements of an excellent employer. As a management team we have embarked upon a self-assessment process against the criteria for "Investors in People". Our intention is to identify areas where we need to strengthen / improve our practices to ensure we get the best possible return from our most valuable resource; our employees. Any areas form improvement will be captured in this development plan. We have canvassed the views of our staff and are interpreting the results to help

inform where we may need to further develop. We will be completing a full review of our training programme aligned to ongoing service developments including our new risk and fraud services.

Pounds – We have faced considerable financial challenges over the years, not least the 10% year on year reduction requested by our founding partners. We have achieved these financial targets and still provide a respected and professional service. We continue to closely manage all our finances to ensure we stay within our resource envelope.
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Using this document

This document is expected to be a "live" document – i.e. actions identified will be taking place at all times during the year.

At certain points it is appropriate to monitor what has been achieved, and what is still outstanding, and "capture" where we currently are with our development aims.

Devon Audit Partnership Plan – Key Priorities Development Plan as at November 2018

Ref	Specific tasks	Target Date	Resources (Days / £) in 2018/19	Person(s) responsible	Outcome / Measure of Success	Action / Progress
1	**Process**					
1.1	Identify and recognise efficiencies and ensure we deliver what we say we will deliver. Greater use made of MKI, IDEA and Forensic Software	On - going	To be identified as and when changes identified	DAP Management team TR / Managers	Delivery of audit plan. Delivery within financial budget. Make best use of "tools" – i.e staff and IT.	Investment in ICT (Encase, IDEA, Mki etc.) to give more "tools in the toolbox"
1.2	Review of all documentation held (both in paper and electronic format) to ensure the requirements of the GDPR can be met.	March 2018	50 days. Use of apprentice to do majority of "weeding out".	Head of Partnership	Only expected data held. Other data (paper or electronic) to be effectively disposed of.	Paper records reviewed. Electronic records reviewed. Further work required on the former "Devon" network.
1.3	PSIAS Review – review team of Terry Barnett and Chris Wood from the Hertfordshire Shared Internal Audit Service (SIAS). The Review Team identified for following areas which Merit Further Attention:- e) Consider the merits of using assurance mapping for all clients	March 2018	5 days	RH	Assurance mapping for all clients.	Assurance mapping pilots have been commenced with: - Plymouth CC - Mid Devon DC Linking directly with the LA risk registers. This will develop a 'Simple Use' framework to develop assurance and minimise additional work input. Once complete this framework will be shared with

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	and reporting other forms of assurance to Audit Committees, e.g. CIH Reviews, results of consultancy by third parties etc.					partners and assurance maps developed over time. Target date not achieved and will be more of a journey timeframe. Revised review of March 2019.
2	**Process / People**					
2.1	Re-energise the quality management programme to drive quality and timeliness and delivery against expected targets. See also 5.1.e below	April 2018	3 days	RH / DC then managers	Clear and consistent understanding and application of quality standards.	The file / work review process has been updated, shared with staff and used in some limited instances. Needs to be embedded.
3	**People**					
3.1	Continued development of audit staff and assessment of training needs via appraisals and use of skills matrix and competencies. Identify skill gaps ▪ Identify skill needs to meet Partnership work commitments ▪ Identify future staff skill set ▪ Staff Skills Audit ▪ Create training programme ▪ Support Staff in training	December 2018	4 Days	Managers	Well trained and motivated staff as demonstrated by high retention and positive feedback via staff surveys	Appraisals to completed for all staff by 31 March each year. A new competency matrix was introduced this year which all staff will assess themselves against. This will better inform their training development plans. This will feed into Staff Skills Audit and the audit plans agreed with our partners / clients to determine training needs.
3.2	Revised and updated training plan created and implemented	December 2018	2 days	Managers	Staff on new training plans linked to future direction	Outline presentation and Development Day Oct 18.

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4	**People / Customer**					
4.1	Review and update the Training & Development policy. Ensure that the Policy includes reference to how staff will be trained in Customer Service.	September 2018		RH / BD		Completed May 2018 Further revision required to incorporate new Counter Fraud Service
5	**Customer**					
5.1	We will continue to develop and foster a culture of working together seamlessly in a customer focussed approach. Feedback from June Shurmer, DAP CSE assessor:-	End of March 2019	10 days	Management team		
A	Make sure that the CSE assessment process is a "team" effort not just RH.				CSE Group set up (contains an officer from each location.)	Group up and running. Still need to allocate key tasks to each member.
B	Look at Customer Journey mapping – can this be introduced?				Evaluated. Need to try this on a customer group (Fire, Academies, Parish Councils?)	Process identified and presented to Partnership in team Meetings; need to trial this at a customer.
c	Benchmarking - identify another organisation we can benchmark with in terms of customer service excellence.				Scomis identified as a benchmark partner. First meeting August 2018.	Useful first meeting but need to build further on this.
5.2	Ensuring that our communication and information with customers continues to be excellent and takes account of customer feedback:-					

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	• Website as an essential communication tool for existing and potential customers. However, it runs off old software and has become "clunky" over time – needs a refresh	Dec 2018		Management Team / Tony Rose	Website is easily navigated and used by customers. Looks "fresh" and works effectively. Possibly works on mobile devices.	Tony Rose completed early discussion with Web design team. Work ongoing.
	• Consider verbal and written communications to ensure they are relevant and meet the needs of our customers	Annual review (March 2018)		RH / DC	Want reports that are easy to read "on screen" – do not need to conform to a "piece of A4 paper"	Shorter, easier to read report Brings higher risks to the fore. Available to all partners and being utilised (April 2018).
6	**Customer / Pounds**					
6.1	Maintain existing client base and respond flexibly to changes in client needs and structure changes (e.g. Commissioning / Outsourcing/ reducing direct provision of services)	On-going		All	DAP has the skills and capacity to meet client demands, dealing effectively with peaks and troughs in requests for work.	All existing clients retained 2018-19. Review again in January 2019, taking account of provisional audit plans for 19/20. – new RM services agreed with DCC and being considered by MDDC. Have made substantial savings at all partners since 2009.
6.2	Consider the benefit of extending the services provided by the Partnership, for example • Risk Management • Fraud • Information Governance.	April 2018		RH/ Management Board	Currently providing Risk Management to DCC. Possibility of providing Fraud services for PCC.	Delivered. PCC CFT transferred to DAP May 2018. Pilot take-up being explored.. Discussions planned for provision of CFT to other Partners.

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7	**Pounds**					
7.1	Continue to closely monitor spending against budget to ensure we stay within financial envelope.	Quarterly throughout each financial year	3	RH / DC and Angela Stirland.	Senior management confidence.	Budget surplus of £4k at end of 2017-18