


Agenda Item No:	7	
Committee:	AUDIT AND RISK MANAGEMENT	
Date:	24th July 2023	
Report Title:	INTERNAL AUDIT OUTTURN AND QUALITY ASSURANCE REVIEW	

1 Purpose / Summary

- To provide the Audit and Risk Management Committee with an overview of the work undertaken by Internal Audit during 2022-23;
- To provide the interim Internal Audit Manager's annual opinion on the system of internal control;
- To consider the effectiveness of Internal Audit.

2 Key issues

- Public Sector Internal Audit Standards (PSIAS or Standards) have been issued to set the standard of internal auditing in the public sector. These standards are mandatory for all principal local authorities and other relevant bodies subject to the Accounts and Audit Regulations 2015. The Chartered Institute of Public Finance and Accountancy (CIPFA) has provided an additional Local Government Application Note (LGAN). Both documents constitute 'proper practices' in internal control as per the Accounts & Audit Regulations 2015.
- Under the Accounts and Audit Regulations 2015, the Council "*must conduct a review of the effectiveness of the system of internal control*".
- The work of Internal Audit forms part of the assurance provided to Councillors and Management Team and supports the Annual Governance Statement (AGS).
- The PSIAS state that the Internal Audit Manager "*must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement*".

This report fulfils that requirement.

- The LGAN states that the Internal Audit Annual Report should include both the Annual Audit Opinion, and the results of the continuous quality assurance and improvement program (QAIP).
- Regulation 5 (1) of the Accounts and Audit Regulations 2015 requires that relevant authorities must undertake an effective Internal Audit to evaluate the effectiveness of its governance, risk management and control (GRC) processes, taking into account PSIAS or guidance. A continuous QAIP is undertaken so that the Council continues to provide an effective Internal Audit service.

3 Recommendations

- To note the outturn for Internal Audit for 2022-23, which highlights the audits that were completed as per the agreed Internal Audit Plan, and their associated

assurance ratings and also the additional assurances gained from other sources of work completed in house and externally to support the Annual Audit Opinion.

- To note the Interim Internal Audit Manager’s opinion on the “adequacy” of GRC processes.
- To note the positive outcome of the independent quality assurance review.

Wards Affected	All
Forward Plan Reference	Not applicable
Portfolio Holder(s)	Not applicable
Report Originator(s)	David Thacker – Interim Internal Audit Manager
Contact Officer(s)	Peter Catchpole - Corporate Director & Chief Finance Officer Amy Brown – Assistant Director & Deputy Monitoring Officer David Thacker – Interim Internal Audit Manager
Background Paper(s)	Internal Audit Plan 2022-23 Internal Audit Progress Report Q3 Public Sector Internal Audit Standards CIPFA PSIAS Local Government Application Note 2019 Accounts and Audit Regulations 2015 CIPFA Statement on the role of the Head of Internal Audit CIPFA Guidance – Head of Internal Audit Annual Opinions: Addressing the Risk of a Limitation of Scope

4 Background / Introduction

- 4.1 This report includes details, for the year 2022-23, of: -
- the coverage provided by Internal Audit; and
 - the Interim Internal Audit Manager's opinion on levels of internal control across the Council.
 - the independent review of the effectiveness of the Internal Audit team.
- 4.2 The permanent Internal Audit Manager left the Council in November 2022 and was not replaced immediately. The Interim Internal Audit Manager was appointed in May 2023 on a short-term contract. During the six-month period of no Internal Audit Manager, the Assistant Director & Deputy Monitoring Officer covered the responsibility.
- 4.3 The (Interim) Internal Audit Manager has a professional reporting line to the Corporate Director & Chief Finance Officer, the responsible officer for duties under Section 151 of the Local Government Act 1972 and the Assistant Director & Deputy Monitoring Officer. The Internal Audit service provides assurance to Senior Management regarding levels of control for systems for which they are responsible.
- 4.4 Full details of the Internal Audit objectives are contained within the Internal Audit Charter, which is approved by the Audit and Risk Management Committee.

5 Internal Audit Outturn

- 5.1 The annual Internal Audit Plan is formulated in advance, following an assessment of risks inherent to services and systems of the Council based on Internal Audit and Management knowledge at that time. During the period that follows, changes in the control environment may occur, for example: -
- introduction of new legislation/regulations,
 - changes of staff,
 - changes in software,
 - changes in procedures and processes,
 - changes in service demand,
- 5.2 Audit and Risk Management Committee approved the Internal Audit Plan 2022-23 on 14 March 2022 (ARMC48/21).
- 5.3 The team has remained within budget but, due to the departure of the Internal Audit Manager in November 2022 with no replacement, was unable to achieve the anticipated level of planned and proactive unplanned work by the end of the year. The impact of the Internal Audit Manager's departure was that the work allocated to her was not done and the remaining Audit staff had to share some of the Internal Audit Manager's reporting responsibilities. This led to some audits having to be deferred to the 2023-24 Audit Plan. The Audit and Risk Management Committee were made aware of the resource situation on 6 February 2023 (ARMC21/22).
- 5.4 As a consequence, the team completed 18 (56%) of the 32 planned audits for 2022-23. However, the interim Internal Audit Manager believes that the completed work covered a broad spectrum of audits over the Council's corporate objectives, enabling an appropriate assessment for the Annual Audit Opinion.
- 5.5 In addition to the planned audit work further assurances have been obtained by the team as follows:
- Care and Repair Disabled Facilities Grants declaration

- Grant Funding declarations, including Test and Trace schemes and COMF funding
 - National Fraud Initiative work
 - Fraud Investigation work
 - Risk Management Group
 - Major Project support and advice
 - Follow up reviews on outstanding recommendations
- 5.6 Also, this is the fifth year of the shared auditing arrangements for Anglia Revenues Partnership (ARP) functions that cover Council Tax, Housing Benefits and Business Rates on behalf of several local authorities including Fenland District Council (FDC).
- 5.7 Further assurances have been obtained from external organisations to support the Internal Audit Opinion, by providing assurance of the following areas:
- Designated Person Report: Audit of the Marine Safety Management System of Nene Ports – **97.6%** conformity with achievable measures.
 - ICT – Public Service Network (PSN) compliance certificate – **fully compliant**.
 - Materials Recycling Facility (MRF) Procurement Support to Cambridgeshire & Peterborough Waste Partnership (RECAP) – **Review of current and future options**.
 - Business Grants – Post Payment Assurance reporting – **No issues identified in sample testing conducted by BEIS**.
- 5.8 Appendix A lists the processes and systems audited in the financial year and the number of recommendations made for each audit. Appendix B highlights the status of recommendations agreed from previous years' audits.
- 5.9 Audit work includes testing of system controls, and this has not highlighted any significant fraud. Any errors or irregularities that have been identified have been resolved during the course of the audit and/or Management action plans have been agreed with the system owners including timescales for improvement appropriate to the level of risk. These action plans will be followed up by Internal Audit with Management.
- 5.10 A key performance objective of the team was to complete 'fundamental' audits, which are considered key financial systems. Historically these systems had continued to operate to a satisfactory standard and were evaluated as having substantial assurance. Four 'fundamental' audits, concerning ARP Enforcement, Council Tax, Housing Benefit and Business Rates, required review in the 2022-23 plan. The first fundamental audit is carried out by the Council but the others are carried out by the larger Councils as part of the SLA covering audits of the Anglia Revenues Partnership (ARP) that administers Revenues & Benefits on behalf of several local authorities including FDC.
- 5.11 The Internal Audit activity was conducted free from interference in determining the scope of internal auditing, performing work and communicating results throughout the year.

6 Annual Internal Audit Opinion on the Internal Control Environment

- 6.1 The Council is required to report in its annual statutory financial statements an assessment as to the adequacy of the GRC arrangements. This is referred to as the Annual Governance Statement (AGS).
- 6.2 Information for this purpose is drawn from many sources one of which is the work of Internal Audit in that financial year, and up to the date of the approval of the annual accounts. All audits have been carried out in conformance with the PSIAS.
- 6.3 As part of the AGS evaluation, an assurance mapping exercise takes place which documents and establishes additional sources of assurance.
- 6.4 The annual Audit Opinion concludes on the overall adequacy and effectiveness of the Council's framework of GRC.

- 6.5 Based on the work that Internal Audit has performed the interim Internal Audit Manager's opinion for 2022-23 is that, **there is "adequate" assurance as to the adequacy and effectiveness of internal controls, the risk management and governance arrangements.** Management has adopted plans for improvement in control, and within appropriate timescales that will be followed-up to ensure further improvement is delivered. Potential risks and opportunities for further improvement have been incorporated into Management action plans.
- 6.6 On the basis of the work undertaken during the year, it is considered that the key systems operate in a sound manner and that there has been no fundamental breakdown in control resulting in material discrepancy. However, the Internal Audit Manager's opinion can only provide a reasonable, not absolute, level of assurance as to the adequacy and effectiveness of these systems.
- 6.7 At the time of writing this report, the External Auditor's (EY) Annual Audit Report for 2021-22 had not been finalised. Hence, it cannot be included in the Opinion.

7 Review of the effectiveness of Internal Audit

- 7.1 Regulation 5 (1) of the Accounts and Audit Regulations 2015 requires that relevant authorities must undertake an effective Internal Audit to evaluate the effectiveness of its GRC processes, taking into account PSIAS or guidance.
- 7.2 DCLG guidance on the Accounts and Audit Regulations cites proper practice in relation to Internal Audit in local authorities:
- All Public Sector Internal Audit teams are required to comply with the Public Sector Internal Audit Standards (PSIAS) issued by the Institute of Internal Auditors (IIA). CIPFA issued a mandatory 'Local Government Application Note' (LGAN) intended to promote further improvement in the professionalism, quality, consistency and effectiveness of internal audit across the public sector.
 - CIPFA has also issued guidance on the 'role of the Head of Internal Audit in Local Government' which supplemented the Code.
- 7.3 The Internal Audit Charter, the Risk-Based Internal Audit Plan and delivery, are based on these professional standards. Performance monitoring is also supplemented through frequent interaction between the Internal Audit Manager and the Corporate Director & Chief Finance Officer and Assistant Director & Deputy Monitoring Officer. Audit and Risk Management Committee have also increased their oversight of the delivery of the Audit Plan through quarterly monitoring of performance including number of audits completed and number of and rating of recommendations.
- 7.4 An independent review of effectiveness has been completed by an external quality assessment (EQA) process completed in November 2022 by an assessor from TIAA. This is based on the latest guidance and professional standards and took the form of a self – assessment checklist covering all areas of the PSIAS, LGAN and CIPFA's Role on the Head of Internal Audit.
- 7.5 The external assessment concluded that 'the self-assessment is a good reflection of the Internal Audit Service's practices and its contribution to the organisation. It is also our opinion that the service **GENERALLY CONFORMS** to the requirements of the PSIAS and to the LGAN.' This is the highest accolade that can be given from the assessor. The results for 2022/23 can be seen in Appendix C.

8 Effect on Corporate Objectives

- 8.1 The delivery of an effective Internal Audit Service is a key factor in maintaining an adequate level of internal control in the Council and contributes to a Quality Organisation.

9 Conclusions

- 9.1 The Council has maintained an effective Internal Audit team which demonstrates a commitment to comply with the PSIAS, and the CIPFA LGAN, as standards of good quality.
- 9.2 The Internal Audit team has provided audit and assurance work throughout the year to form an opinion on the effectiveness of internal control. There are no serious concerns highlighted and this assurance will form evidence for the production of the AGS, which accompanies the Statement of Accounts.

Appendix A: Audits completed

Audit	Overall opinion	High	Medium	Low	Recommendation Theme
Anglia Revenues Partnership (ARP) – Enforcement	Substantial	-	-	-	There were no procedural or control issues identified during the course of the audit
* Business Rates (NNDR)	Adequate	-	3	3	There are no high-risk recommendations. The 3 medium risk issues relate to second checks, reconciliations and reliefs, exemptions and discounts.
* Council Tax Billing and Benefits	Adequate	-	11	12	The medium-risk recommendations relate to Council Tax refund process, Self Employed claimants, reconciliations and system access controls. Low-risk recommendation are noted for areas of best practice and will not be reported upon.
* Council Tax Recovery and Housing Benefit Overpayments	Adequate	-	5	2	The medium risk recommendations relate to the recovery of Council Tax and Housing Benefit Overpayments, reconciliations, system access and Housing Benefit Overpayment credit balances
Trading Operations – Port, Commercial and Marine (2021/22) To gain assurance that that the Council has robust procedures and guidance in place with relation to pilotage, wharfage, and administration. That there is appropriate management of income and record keeping and appropriate governance in place, as per legislation.	Adequate	1	-	3	The High-risk recommendation is restated from a previous audit - there is no current formal agreement between FDC and Lincolnshire County Council with regards to the Sutton Bridge Cross Keys Marina. The low-risk recommendations relate to best practice improvements in relation to filing and record keeping

<p>Construction Industry Scheme (CIS) (2021/22)</p> <p>To gain assurance that that the Council has robust procedures and guidance in place demonstrating appropriate procedures for self-employed contractors.</p>	Adequate	1	1	2	<p>The High and medium risk recommendations relate to the implementation and responsibility of IR35 regulations.</p> <p>The low-risk recommendations relate to business continuity and segregation of duties in processing CIS transactions</p>
<p>Licensing – Alcohol (2021/22)</p> <p>To gain assurance that the Council has robust procedures and guidance in place demonstrating appropriate issuance of both Premises and Personal Licenses – Alcohol. That legislation is followed accordingly, and that income is collected promptly and accounted for.</p>	Substantial	-	1	-	<p>The recommendation relates to the renewals process for Premises Licences.</p>
<p>Development – Planning Obligations (S106/CIL) (2021/22)</p> <p>the Internal Audit Service has undertaken a <i>follow-up investigation</i> to the recommendations of the systems-based review of Development Control – Planning Obligations that was performed in 2017/18, issued in April 2018.</p> <p>This audit was performed to establish current status of implementation of the recommendations identified in the previous audit report and to gain assurance that there are adequate internal controls and procedures in place for the recording, monitoring and following up of all S106 Agreements within the District.</p> <p>This audit consisted of discussion with the Head of Planning and the following up recommendations identified only – no additional testing has been completed.</p>	Adequate	-	-	-	<p>No further recommendations were identified and satisfactory improvements have been made in respect of implementing and actioning previous recommendations. The previous report identified 2 high risk and 3 medium risk recommendations. This were raised and discussed with the Head of Planning. There were two recommendations identified; 1 high and 1 medium, that the Head of Planning has not agreed, and reasoning has been given. The remaining recommendations have been implemented successfully.</p>

<p>3C's Process</p> <p>To gain assurance that there are sufficient policies and procedures in place for the Council to record, monitor and report on the Council's correspondence, compliments and complaints received.</p> <p>My Fenland Team are responsible for the monitoring and recording of the 3C's, performance reporting of statistics and liaising with relevant service managers, aiming to provide customer resolution and satisfaction.</p>	Adequate	-	5	1	<p>There were no High-risk issues raised.</p> <p>The Medium risk issues related to procedure notes to be updated to reflect current practice and contact officer details; ensuring that monthly performance reports are complete and accurate and reflect actual performance; reviewing and revising monitoring spreadsheet to ensure formulas for reporting are complete and accurate; monthly performance reports to be published on the intranet for awareness; raising awareness with service managers of the importance to take ownership and responding within timescale for customer complaints</p>
<p>ICT Cyber Security</p> <p>To gain assurance that there appropriate levels of internal controls for cyber security across the Council incorporating the following areas:</p> <ol style="list-style-type: none"> 1. Internal policies and procedures exist and that they are regularly updated and complied with 2. National Cyber Assessment Framework is complied with 3. Cyber security controls are regularly tested by specialist IT external auditors 4. Adequate controls are in place to prevent unauthorised access 5. Adequate controls are in place for mobile devices 6. Appropriate training is given to staff 	Substantial	-	2	1	<p>There were no High-risk issues raised.</p> <p>The Medium risk issues related to completing a review of the Acceptable Use Policy and update as necessary to ensure compliance with revised strategy; and ensuring cyber security training is actively completed by all officers and new starters in order to comply with ICT Policy and guidance. Timescales for completion to be adhered to, otherwise further action to be taken.</p> <p>The low-risk issue related to ensuring that a revised and updated version of the ICT Strategy and Information Security Policy is agreed, formalised and published.</p>

<p>Contract Monitoring – Animal Control (Stray dogs)</p> <p>To gain assurance that there are effective controls in place to provide a stray dog collection service to Fenland area:</p> <ol style="list-style-type: none"> 1. There are adequate policies and procedures in place 2. There is adequate reconciliation of income 3. There is regular and frequent monitoring of the contract and evaluation of the contractor’s performance 	Substantial	-	-	-	
<p>Safer Fenland Partnership</p> <p>To gain assurance that that there is an up-to-date strategy with clear priorities and effective government arrangements in place for the delivery of ‘Safer Fenland’.</p> <ol style="list-style-type: none"> 1. Effective Governance of the Community Safety Partnership 2. Information is managed effectively and securely 3. Grant distribution / finding has sufficient audit trails 	Substantial	-	-	-	
<p>Trading Operations – Partner Leases</p> <p>To gain assurance that there are appropriate and effective procedures and controls in place for the monitoring of Partner Leases</p> <ul style="list-style-type: none"> • Income is collected for Partner Leases/Licences. • Leases/Licences completed and signed. • Resources have been accounted for – e.g., utilities. 	Limited	3	2	-	<p>The High-risk recommendations relate to raising invoices in a timely manner for efficient income collection; communication with debtors re outstanding invoices and improving security arrangements at the BASE.</p> <p>The Medium risk issues related to complete lease / licence being in place for all occupants; and rent reviews are completed in a timely manner for cost efficiency.</p>

<ul style="list-style-type: none"> • Building security is not compromised. 					
<p>Economic Development</p> <p>To gain assurance that the Council’s key business objectives for the service are being met.</p> <ul style="list-style-type: none"> • There is an up to date and consulted strategy • Delivery of the strategy • Promotion of services complies with Council rules and procedures • Budget is spent effectively • Grant applications are risk managed and monitored 	Substantial	-	-	-	
<p>Play Areas</p> <p>To gain assurance that Play Areas are maintained as per the Contract, meeting key objectives of the Authority.</p> <ul style="list-style-type: none"> • There is an up-to-date maintenance contract in place, covering all play areas in the district • Play areas are inspected regularly as agreed, by trained contractors and reported to the Authority in a timely manner • Play areas are maintained by contractors and in a safe condition in accordance with RoSPA guidelines • Repairs are actioned in a timely manner in accordance with the contract 	Adequate	-	2	2	<p>There were no High-risk issues.</p> <p>The Medium risk issues related to the Contractor being asked to confirm inspections have taken place and report these in an alternative manner until the technical issue is resolved; and up to date RoSPA (or equivalent) certificates being obtained for all Contractors responsible Internal Audit Report for play area inspections.</p> <p>The Low risk issues related to contractors being requested to supply photographic evidence of a play area or it’s equipment ‘cordoned off’ when a high-risk remedial action is required; and a follow up process should be considered to ensure that all</p>

					remedial actions are completed.
<p>Corporate Finance – Budgetary Control</p> <p>To gain assurance that the Council’s budgetary control framework is efficient and effective at monitoring income and expenditure and identifies any levels that vary from expectations.</p> <ul style="list-style-type: none"> • Comprehensive procedures should be in place in relation to revenue budget setting and monitoring at all levels within the Council • Budgets should be approved prior to the start of the financial year. They should be complete and be based upon appropriate and reasonable assumptions • Budgets should be input into the general ledger prior to the start of the financial year. Budgets should be assigned to appropriate named personnel and should be monitored regularly throughout the year • Pay and pensions costs and budget reports should be monitored and reviewed monthly • Budgetary information should reconcile to the general ledger • Budget monitoring reports should be produced and reviewed on a timely basis in accordance with procedures 	Substantial	-	-	-	
<p>Development Delivery – Planning</p> <p>To gain assurance that the Council has robust procedures and guidance in place demonstrating appropriate treatment of planning applications.</p> <ul style="list-style-type: none"> • There is an up-to-date Local Plan in place, agreed by Full Council • Applications are managed within agreed 	Substantial	-	-	3	Three low risk issues concerning the planning process, Council objectives and resource review.

<p>timescales adhering to national guidance and legislation</p> <ul style="list-style-type: none"> • Approvals/refusals are managed effectively by Officers/Committee • Effective communication to customers through tools such as website and planning portal • Payments are received and reconciled timely • There is an application monitoring process in place 					
<p>Contract Monitoring – Ground Maintenance</p> <p>To gain assurance that there is an effective contract in place, that policies and procedures are adhered to and contract expenses are valid.</p> <ul style="list-style-type: none"> • An effective and efficient Grounds Maintenance Contract is delivered • Assurance there are adequate performance management arrangements in place • Assurance that contract payments are monitored 	Substantial	-	-	1	The low-risk issue related to a diarised monthly check should be implemented to ensure that regular reports are received.
<p>Creditors</p> <p>To gain assurance that the key business objectives for the service as covered by the audit scope are met appropriately.</p> <ul style="list-style-type: none"> • The computer system is operated in accordance with approved procedures and secure from unauthorised access • All due payments are correctly and efficiently processed • Exceptions are detected • Payment instruments are securely held and distributed 	Substantial	-	-	1	The low risk issue related to adequate business continuity and consideration be given to restoring access for the accountant to perform Creditors runs, as and when necessary.

Audits *marked with an ** have been undertaken by other Councils and reviewed by Fenland District Council Audit Manager as part of the Quality Assurance process. The recommendations relate to the partnership as a whole and will not be reported upon in quarterly progress reports.

An assurance rating is applied, when a system or process is reviewed, which reflects the effectiveness of the control environment.

The text below is an indication of the different assurance ratings used:

Assurance	Description
Full	There is a sound system of control designed to proactively manage risks to objectives.
Substantial	There is a sound system of control, with further opportunity to improve controls which mitigate minor risks.
Adequate	There is a sound system of control, with further opportunity to improve controls which mitigate moderate risks.
Limited	There are risks without effective controls, which put the objectives at risk.
None	There are significant risks without effective controls, which put the objectives at risk. Fraud and/or error are likely to exist.

Appendix B – Recommendation progress 2020/21, 2021/22 and 2022/23

Total Recommendations 2020/21				
	High	Medium	Low	Total
Total Recommendations	3	21	23	47
Total Complete	3	19	21	43
Outstanding	0	2	2	4
Overdue	0	2	2	4

- This data includes recommendations made from our ARP Audit Partners who conducted audits for the partnership. These have all been completed or superseded by the audits of 2021/22.

- **The outstanding and overdue recommendations relate to CCTV – a Memo of Understanding and a Maintenance Agreement – both of which rely on Peterborough CC and are nearing finalisation, according to the Assistant Director for Community Safety.**

Total Recommendations 2021/22				
	High	Medium	Low	Total
Total Recommendations	4	31	34	69
Total Complete	3	17	23	43
Outstanding	1	14	11	26
Overdue	1	4	9	14

- This table does not include the recommendations made in relation to the ARP audits, conducted by partner authorities as they are reported to their respective authorities at this stage.

- **The overdue high-risk action relates to the Safeguarding audit and progress has been made in drafting a new Safeguarding Vulnerable Adults Policy – this will be published following Cabinet approval in Q3.**
- **The overdue medium risk actions relate to Housing Standards, Safeguarding and Corporate Finance. All are being chased with the relevant Head of Service and raised at Management Team.**

Total Recommendations 2022/23				
	High	Medium	Low	Total
Total Recommendations	5	13	13	31
Total Complete	2	11	10	23
Outstanding	3	3	3	9
Overdue	2	1	0	5

- This table does not include the recommendations made in relation to the ARP audits, conducted by partner authorities as they are reported to their respective authorities at this stage.

- **The overdue high-risk actions relate to the Trading Operations – Partner Leases audit in respect of debt recovery processes. Estates and Finance are discussing the process. The other is from the Construction Industry Scheme audit in respect of being non-compliant with IR35 rules for two subcontractors.**
- **The overdue medium risk action on Trading Operations – Partner Leases is being chased with the relevant Head of Service and raised at Management Team.**

Appendix C: Summary of Internal Audit Effectiveness

					Compliance		
		Cat	Category of checklist	Comments	C	P	N
	Mission of Internal Audit	1	To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.	Audit Charter	C		
	Definition of Internal Auditing	2	Definition of Internal Auditing	Audit Charter	C		
Core Principals	The Core Principals are based on conformance with the Code of Ethics (Integrity, Seven Principles of Public Life)	3.1	Demonstrates integrity	Declaration of Interests	C		
		3.2	Demonstrates Competence and due professional care	Qualification	C		
		3.3	Is objective and free from undue influence	Reporting Lines	C		
		3.4	Aligns with the strategies, objectives, and risks of the organisation	Audit Plan	C		
		3.5	Is appropriately positioned and adequately resourced	Audit Plan	C		
		3.6	Demonstrates quality and continuous improvement	Progress Reports	C		
		3.7	Communicates effectively	Progress Reports	C		
		3.8	Provides risk-based assurance	Audit Plan	C		
		3.9	Is insightful, proactive, and future-focused	Audit Plan	C		
		3.10	Promotes organisational improvement	Audit Plan	C		
Code of Ethics		4.1	Integrity	QA review	C		
		4.2	Objectivity	QA Review	C		
		4.3	Confidentiality	QA Review	C		
		4.4	Competency	QA Review	C		
		4.5	Seven Principles of Public Life	QA Review	C		
Attribute	These address the characteristics of organisations and parties performing internal audit activities	5.1	1000 Purpose, Authority and Responsibility	QA Review	C		
		5.2	1100 Independence and Objectivity	QA Review	C		
		5.3	1200 Proficiency and Due Professional Care	QA Review	C		
		5.4	1300 Quality Assurance and Improvement Programme	QA Review	C		
Performance	These describe the nature of internal audit activities and provide quality criteria against which the performance of these services can be evaluated.	6.1	2000 Managing the Internal Audit Activity	Audit Manual	C		
		6.2	2100 Nature of Work	Audit Manual	C		
		6.3	2200 Engagement Planning	Audit Manual	C		
		6.4	2300 Performing the Engagement	Audit Manual	C		
		6.5	2400 Communicating Results	Audit Manual	C		
		6.6	2500 Monitoring Progress	Audit Manual	C		
		6.7	2600 Communicating the Acceptance of Risks	Audit Manual	C		
					28		

C = Conforms: P = Partial: N = Not conforming