

Report of:	Meeting	Date	Item no.
Corporate Director of Resources (S151 Officer)	Audit Committee	24 May 2016	7

REVIEW OF EFFECTIVENESS OF INTERNAL AUDIT
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1. Purpose of report

1.1 This report relates to the requirement for the authority to undertake an annual review of the effectiveness of the system of internal audit.

2. Outcomes

2.1 Evidence that the council has an effective internal audit function.

3. Recommendations

3.1 The Committee is asked to note the results of the May 2016 review of the effectiveness of Internal Audit detailed in Appendix 1.

4. Background

4.1 The Accounts and Audit Regulations 2015 requires the relevant body, at least once a year, to conduct a review of the effectiveness of its system of internal audit. The purpose behind this is to ensure that the opinion in the annual audit report issued by the Head of Governance (Chief Internal Auditor) can be relied upon as a key source of evidence in the Annual Governance Statement.

4.2 From the 1 April 2013 'Public Sector Internal Audit Standards' (PSIAS) replaced the 'Code of Practice for Internal Audit in Local Government'. In Local Government these standards are mandatory for all principal local authorities subject to the Accounts and Audit Regulations 2015. To accompany the PSIAS an 'application note' has been produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) to give guidance on applying the standards. The application note is no longer simply guidance, however, but constitutes 'proper practices' alongside the PSIAS and it includes a checklist for measuring the performance of Internal Audit against the standards as part of the quality assurance and improvement programme.

- 4.4** The PSIAS state that an external assessment must be conducted at least every five years by a qualified, independent assessor or assessment team from outside the organisation. External assessment can be in the form of a full external assessment, or a self-assessment with independent external validation. A decision has been made by the majority of the Lancashire Districts to continue with the annual self-assessment completed by the Chief Internal Audit and for that annual self-assessment to be independently verified via peer review. Wyre's peer review is scheduled to take place in March 2018 and is one of the last reviews being undertaken in the five year period specified.

5. Key issues and proposals

- 5.1** The Head of Governance (Chief Internal Auditor) has assessed the effectiveness of Internal Audit using the recommended checklist contained within CIPFA's Local Government Application Note. This has subsequently been scrutinised by the Corporate Director of Resources (S151 Officer).
- 5.2** Of the three actions identified during the last review in May 2015, only one remains outstanding relating to documenting in the final audit report when VFM work has been conducted during a review. This will be implemented when the audit report format is revised later this year. Other than this outstanding recommendation carried forward, there are no further actions that require attention. The results of the review are attached at Appendix 1.

Financial and legal implications	
Finance	None arising directly from the report.
Legal	This will ensure good governance and probity.

Other risks/implications: checklist

If there are significant implications arising from this report on any issues marked with a ✓ below, the report author will have consulted with the appropriate specialist officers on those implications and addressed them in the body of the report. There are no significant implications arising directly from this report, for those issues marked with a x.

risks/implications	✓ / x
community safety	x
equality and diversity	x
sustainability	x

risks/implications	✓ / x
asset management	x
climate change	x
data protection	x

Health and Safety	x
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List of background papers:		
name of document	date	where available for inspection

List of appendices

Appendix 1 – Review of the effectiveness of Internal Audit - May 2016

arm/audit/cr/16/2405jb1

Checklist for Assessing Conformance with the PSIAS and the Local Government Application Note

This checklist has been developed to satisfy the requirements set out in PSIAS 1311 and 1312 for periodic self-assessments and externally validated self-assessments as part of the Quality Assurance and Improvement Programme. It incorporates the requirements of the PSIAS as well as the Application Note in order to give comprehensive coverage of both documents.

Please tick to indicate Y = YES, P = PARTIAL, N = NO. Evidence for each response must be provided and reasons for any partial or full non-conformance should be given, together with any compensating measures in place or actions in progress to address this.

Ref	Conformance with the Standard	Y	P	N	Evidence
1	Definition of Internal Auditing				
	Using evidence gained from assessing conformance with other Standards, is the internal audit activity:				
	a) Independent?	Y			An Audit Charter is in place that sets out Internal Audits independence. This is also documented in the Head of

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>Governance's and Senior Auditors job descriptions.</p> <p>As Internal Audit is responsible for the Council's Risk Management and Insurance arrangements, the Council uses independent auditors (LCC/Mazars) to provide independent assurance that controls are adequate and effective.</p> <p>Audit are required from time to time to get involved / give advice on new systems / new controls etc. Due to the size of the team, it may be that the same auditor will then have to perform the audit. The auditor is, however mindful of their independence and has the option to call in LCC/Mazars if necessary.</p>
	b) Objective?	Y			<p>It is a requirement of both IIA and CIPFA for its members to be both Independent and Objective.</p> <p>Objectivity is one of the four fundamental principles listed in the Internal Audit Charter / Code of Ethics.</p> <p>All reports are reviewed by the Head of Governance prior to issue to ensure that</p>

Ref	Conformance with the Standard	Y	P	N	Evidence
					the auditor has remained objective and that an overall balanced view is given.
	Using evidence gained from assessing conformance with other Standards, does the internal audit activity use a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes within the organisation?	Y			<p>The Annual Audit Plan is risk based.</p> <p>There is a standard methodology in place for determining the ranking of opinions and rankings of findings / recommendations in audit reports.</p> <p>RISK / Control matrices are used to identify key areas prior to the start of each audit.</p> <p>The Council has a risk management policy which is reviewed annually and uses Zurich Municipals' STORM methodology.</p> <p>The internal audit team use standardised working papers and audit report templates.</p>
2	Code of Ethics				
	Integrity Using evidence gained from assessing conformance with other				

Ref	Conformance with the Standard	Y	P	N	Evidence
	Standards, do internal auditors:				
	a) Perform their work with honesty, diligence and responsibility?	Y			<p>Auditors are bound by their ethical standards both in the Internal Audit Charter / Code of Ethics and with their own professional bodies, i.e. CIPFA / IIA.</p> <p>Elements such as these are a requirement of the role and, as such, are referred to in the job description and are reviewed quarterly via the Council's performance appraisal process.</p>
	b) Observe the law and make disclosures expected by the law and the profession?	Y			Auditors are required to complete an annual declaration of interests.
	c) Not knowingly partake in any illegal activity nor engage in acts that are discreditable to the profession of internal auditing or to the organisation?	Y			Auditors are bound by their professional ethical standards and the Code of Ethics within the Internal Audit Charter.
	d) Respect and contribute to the legitimate and ethical objectives of the organisation?	Y			In addition to being bound by professional ethical standards and the Code of Ethics within the Internal Audit Charter, Internal Audit also complies with the Council's Employee Code of Conduct Policy.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<p>Objectivity</p> <p>Using evidence gained from assessing conformance with other Standards, do internal auditors display objectivity by not:</p>				
	<p>a) Taking part in any activity or relationship that may impair or be presumed to impair their unbiased assessment?</p>	Y			<p>Compliance with Audit Charter / Code of Ethics</p> <p>Completion of annual declarations of interests.</p> <p>Audit are required from time to time to get involved / give advice on new systems / new controls etc. Due to the size of the team, it may be that the same auditor will then have to perform the audit. The auditor is, however mindful of their independence and has the option to call in LCC/Mazars if necessary.</p>
	<p>b) Accepting anything that may impair or be presumed to impair their professional judgement?</p>	Y			<p>Compliance with the Audit Charter / Code of Ethics.</p> <p>Declaring any Gifts and Hospitality for inclusion on the Council's register.</p> <p>Completion of annual declarations of interests.</p>

Ref	Conformance with the Standard	Y	P	N	Evidence
	c) Disclosing all material facts known to them that, if not disclosed, may distort the reporting of activities under review?	Y			<p>Compliance with the Audit Charter / Code of Ethics.</p> <p>Declaring any Gifts and Hospitality for inclusion on the Council's register.</p> <p>Completion of annual declarations of interests.</p> <p>Compliance with Employee Code of Conduct and Councils competency framework.</p>
	<p>Confidentiality</p> <p>Using evidence gained from assessing conformance with other Standards, do internal auditors display objectivity by:</p>				
	a) Acting prudently when using information acquired in the course of their duties and protecting that information?	Y			<p>Compliance with Audit Charter / Code of Conduct and Public Sector Internal Audit Standards.</p> <p>The Audit review process undertaken by the Head of Governance includes a review of the information used for testing and how it was processed.</p> <p>Compliance with Audit Information Asset Registers.</p>

Ref	Conformance with the Standard	Y	P	N	Evidence
					Understanding of the Data Protection Act.
	b) Not using information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organisation?	Y			Compliance to the Audit Charter / Code of Ethics and the auditors own professional standards.
	Competency Using evidence gained from assessing conformance with other Standards, do internal auditors display objectivity by:				
	a) Only carrying out services for which they have the necessary knowledge, skills and experience?	Y			The Senior Auditor is professionally qualified to PIIA standard. She therefore has the experience and skills to carry out the required audits.
	b) Performing services in accordance with the PSIAS?	Y			The Senior Auditor has been supplied with a copy of Audit Charter / Code of Ethics and the PSIAS and performance is regularly assessed.
	c) Continually improving their proficiency and effectiveness and quality of their services, for example through CPD schemes?	Y			Work related objectives are agreed in advance as part of the Council's Performance Appraisal Scheme. Staff are encouraged to maintain records of continuing Professional Development

Ref	Conformance with the Standard	Y	P	N	Evidence
					to satisfy their professional membership requirements. Regular attendance at the Audit Weekend School.
	Do internal auditors have regard to the Standards of Public Life's <i>Seven Principles of Public Life</i> ?	Y			A copy of the Internal Audit Charter and the Code of Ethics which refers to the Seven Principles of Public Life, has been provided to all Audit and Risk Management staff. Both documents are also published on the Intranet.
	Standards				
3	Attribute Standards				
3.1	1000 Purpose, Authority and Responsibility				
	Does the internal audit charter include a formal definition of:				
	a) the purpose b) the authority, and c) the responsibility of the internal audit activity consistent with the Public Sector Internal Audit Standards (PSIAS)?	Y			The Audit Charter includes a definition in accordance with the PSIAS.

Ref	Conformance with the Standard	Y	P	N	Evidence
LGAN	Does the internal audit charter define the terms 'board' and 'senior management', for the purposes of the internal audit activity? Note that it is expected that the audit committee will fulfil the role of the board in the majority of instances.	Y			The Audit Charter defines the 'board' as the Audit Committee and 'Senior Management' as the Corporate Director of Resources.
	Does the internal audit charter also:				
	a) Set out the internal audit activity's position within the organisation?	Y			See Audit Charter
	b) Establish the Chief Audit Executive's (CAE) functional reporting relationship with the board?	Y			See Audit Charter
LGAN	c) Establish the accountability, reporting line and relationship between the CAE and those to whom the CAE may report administratively?	Y			See Audit Charter
LGAN	d) Establish the responsibility of the board and also the role of the statutory officers (such as the CFO, the monitoring officer and the head of paid service) with regards to internal audit?	Y			See Audit Charter
	e) Establish internal audit's right of access to all records, assets, personnel and premises and its authority to obtain such information and explanations as it considers necessary to fulfil	Y			See Audit Charter

Ref	Conformance with the Standard	Y	P	N	Evidence
	its responsibilities?				
LGAN	f) Define the scope of internal audit activities?	Y			See Audit Charter
LGAN	g) Recognise that internal audit's remit extends to the entire control environment of the organisation?	Y			See Audit Charter
LGAN	h) Identify internal audit's contribution to the review of effectiveness of the control environment, as set out in the Accounts and Audit (England) Regulations 2015?	Y			See Audit Charter
LGAN	i) Establish the organisational independence of internal audit?	Y			See Audit Charter
	j) Cover the arrangements for appropriate resourcing?	Y			See Audit Charter
	k) Define the role of internal audit in any fraud-related work?	Y			See Audit Charter
	l) Set out the existing arrangements within the organisation's anti-fraud and anti-corruption policies, to be notified of all suspected or detected fraud, corruption or impropriety?	Y			See Audit Charter
	m) Include arrangements for avoiding conflicts of interest if internal audit undertakes non-audit activities?	Y			See Audit Charter
	n) Define the nature of assurance services provided to the organisation, as well as assurances provided to parties	Y			See Audit Charter. There are no assurances provided to parties external

Ref	Conformance with the Standard	Y	P	N	Evidence
	external to the organisation?				to the organisation.
	o) Define the nature of consulting services?	N/A	N/A/	N/A	The Council's internal audit team do not undertake any consultancy work.
	p) Recognise the mandatory nature of the PSIAS?	Y			See Audit Charter
	Does the chief audit executive (CAE) periodically review the internal audit charter and present it to senior management and the board for approval?	Y			An annual review is undertaken in September.
	Does the CAE attend audit committee meetings?	Y			See minutes of Audit Committee indicating attendees.
	Does the CAE contribute to audit committee agendas?	Y			See minutes of Audit Committee.
	Does the CAE have direct and unrestricted access to senior management and the board?	Y			The Head of Governance (CAE) reports directly to Senior Management and attends all the Audit Committee meetings to present reports. There is also an annual opportunity for the CAE to have a periodic private discussion with the Audit Committee.
	Does the CAE have free and unfettered access to, as well as communicate effectively with, the chief executive or equivalent	Y			Access rights and reporting lines are documented in the Audit Charter. The

Ref	Conformance with the Standard	Y	P	N	Evidence
	and the chair of the audit committee?				Chairman of the Audit Committee attends regular pre meeting briefings.
	Are threats to objectivity identified and managed at the following levels:				
	a) Individual auditor?	Y			Audit staff complete a declaration of interests annually. The option exists for audit work to be commissioned from LCC/Mazars or externally if there is a threat to objectivity.
	b) Engagement?	Y			The Head of Governance will consider any threats to objectivity at the start of each audit.
	c) Functional?	Y			The Council's Risk Management, Business Continuity and Insurance arrangements are the responsibility of the internal audit service. LCC / Mazars are used in the instances where objectivity is threatened.
	d) Organisation?	Y			Internal Audit has limited responsibilities outside audit responsibilities, thus protecting its independence and objectivity.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>1110 Organisational Independence</i>				
	Does the CAE report to an organisational level equal or higher to the corporate management team?	Y			The CAE reports directly to the Corporate Director of Resources (Section 151 Officer) who sits on the Corporate Management Team.
LGAN	Does the CAE report to a level within the organisation that allows the internal audit activity to fulfil its responsibilities?	Y			The CAE reports directly to the Corporate Director of Resources who sits on the Corporate Management Team.
LGAN	Have reporting and management arrangements been put in place that preserve the CAE's independence and objectivity? This is of particular importance when the CAE is line managed by another officer of the authority.	Y			The Audit work programme includes an opportunity for the CAE to meet with the Audit Committee in private.
LGAN	Does the CAE's position in the management structure:				
	a) Reflect the influence he or she has on the control environment?	Y			With effect from 1 July 2016, the CAE is one of 9 Heads of Service who together with the 4 members of Management Team act as the Council's Senior Leadership Team.
	b) Provide the CAE with sufficient status to ensure that audit plans, reports and action plans are discussed effectively with the board?	Y			(Note: prior to 1 July 2016, the CAE is one of 12 HOS who together, with the 3 members of Management Team act as
	c) Ensure that he or she is sufficiently senior and independent to	Y			

Ref	Conformance with the Standard	Y	P	N	Evidence
	be able to provide credibly constructive challenge to senior management?				the Council's Senior Leadership Team.
	Does the CAE confirm to the board, at least annually, that the internal audit activity is organisationally independent? The following examples can be used by the CAE when assessing the organisational independence of the internal audit activity:	Y			Documented in the Audit Charter which is presented to the Audit Committee in September annually.
	The board:				
	a) approves the internal audit charter	Y			Annually in September.
	b) approves the risk-based audit plan	Y			Annually in March.
	c) approves the internal audit budget and resource plan	Y			The audit plan is considered annually in March.
	d) receives communications from the CAE on the activity's performance (in relation to the plan, for example)	Y			The Audit Committee receives six monthly updates on Risk Management and progress on completion of the audit plan.
	e) approves decisions relating to the appointment and removal of the CAE			N	The appointment / dismissal of the CAE is not reflected in the Council's Constitution as an elected member responsibility and falls to the Corporate Director of Resources (Section 151 Officer) who is responsible for

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>maintaining an adequate internal audit function. Any decision, however, would be presented to the Audit Committee for noting.</p> <p>The Audit Committee work programme allows an opportunity for a private discussion with the External Auditor which would allow them to comment on the performance of the CAE, if appropriate.</p>
	f) seeks reassurance from management and the CAE as to whether there are any inappropriate scope or resource limitations.	Y			The Audit Committee have the opportunity to question the CAE and the Section 151 Officer at the meeting when the audit plan is presented and progress reports are provided.
	Does the chief executive or equivalent undertake, countersign, contribute feedback to or review the performance appraisal of the CAE?	Y			The Corporate Director of Resources, who sits on the Corporate Management Team, completes the CAE performance appraisal.
	Is feedback sought from the chair of the audit committee for the CAE's performance appraisal?	Y			Feedback on the CAE's performance is provided by the Chairman of the Audit Committee following the March meeting and prior to the annual performance appraisal taking place.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>1111 Direct Interaction with the Board</i>				
	Does the CAE communicate and interact directly with the board?	Y			The CAE attends a pre-audit meeting with the Chairman of the Audit Committee and also attends all Audit Committee Meetings.
	<i>1120 Individual Objectivity</i>				
	Do internal auditors have an impartial, unbiased attitude?	Y			Feedback questions sent after each audit are used to monitor the auditors approach.
	Do internal auditors avoid any conflict of interest, whether apparent or actual?	Y			Auditors will complete annual declaration of interests. Compliance with the Internal Audit Charter / Code of Ethics. Audit Staff are aware that they need to report any suspected conflicts of interests if they arise during an audit review. There have been no conflicts of interest recorded to date.
	<i>1130 Impairment to Independence or Objectivity</i>				
	If there has been any real or apparent impairment of independence or objectivity, has this been disclosed to	N/A	N/A	N/A	There has been no impairment of independence or objectivity.

Ref	Conformance with the Standard	Y	P	N	Evidence
	appropriate parties (depending on the nature of the impairment and the relationship between the CAE and senior management/the board as set out in the internal audit charter)?				The CAE has operational responsibility for Insurance, Business Continuity, Risk Management, Electoral Registration, Democratic Services and Information Governance. Assurance is sought from LCC/Mazars in respect of these services operating effectively.
	Have internal auditors assessed specific operations for which they have been responsible within the previous year?	N/A	N/A	N/A	
	If there have been any assurance engagements in areas over which the CAE also has operational responsibility, have these engagements been overseen by someone outside of the internal audit activity?	Y			The CAE has operational responsibility for Insurance, Business Continuity, Risk Management, Electoral Registration, Democratic Services and Information Governance. Assurance is sought from LCC / Mazars in respect of these services operating effectively.
LGAN	Are assignments for ongoing assurance engagements and other audit responsibilities rotated periodically within the internal audit team?			N	Due to the size of the Audit team this is not achievable. However the use of LCC / Mazars allows the rotation of audits where appropriate.
LGAN	Have internal auditors declared interests in accordance with organisational requirements?	Y			The Audit and Risk Management Section all complete an annual declaration of interests. Staff are provided with the Internal Audit

Ref	Conformance with the Standard	Y	P	N	Evidence
					Charter / Code of Ethics. Both documents are also on the Intranet.
LGAN	Where any internal auditor has accepted any gifts, hospitality, inducements or other benefits from employees, clients, suppliers or other third parties (other than as may be allowed by the organisation's own policies), has this been declared and investigated fully?	Y			There have been no declarations of gifts and hospitality received in 2015/16. Audit staff are reminded annually of the Council's procedures in respect of receiving gifts and hospitality.
LGAN	Have any instances been discovered where an internal auditor has used information obtained during the course of duties for personal gain?	Y			There have been no instances where an auditor has used information obtained during the course of duties for personal gain.
LGAN	Have internal auditors disclosed all material facts known to them which, if not disclosed, could distort their reports or conceal unlawful practice, subject to any confidentiality agreements?	Y			See declaration of interest.
LGAN	Have internal auditors complied with the Bribery Act 2010?	Y			Audit staff have been supplied with a copy of the Bribery Act and the key principles have been embedded into the Council's Counter Fraud, Corruption and Bribery Policy which is reviewed annually.
	If there has been any real or apparent impairment of independence or objectivity relating to a proposed consulting services engagement, was this disclosed to the engagement	N/A	N/A	N/A	The Council's Internal Audit Team do not undertake any consultancy work.

Ref	Conformance with the Standard	Y	P	N	Evidence
	client before the engagement was accepted?				
	Where there have been significant additional consulting services agreed during the year that were not already included in the audit plan, was approval sought from the board before the engagement was accepted?	N/A	N/A	N/A	The Council's Internal Audit Team does not undertake any consultancy work.
3.3	1200 Proficiency and Due Professional Care				
	<i>1210 Proficiency</i>				
	Does the CAE hold a professional qualification, such as CMIIA/CCAB or equivalent?		P		AAT and part CIPFA. The Head of Governance (CAE) has now registered to become a Chartered Auditor.
	Is the CAE suitably experienced?	Y			16 years' experience in internal audit including County Council, 2 District Councils, experience in auditing the Police and Fire Authority, schools and residential establishments.
LGAN	Is the CAE responsible for recruiting appropriate internal audit staff, in accordance with the organisation's human resources processes?	Y			The Head of Governance (CAE) has been fully trained on the Council's Recruitment and Selection procedures.
LGAN	Does the CAE ensure that up-to-date job descriptions exist that reflect roles and responsibilities and that person specifications	Y			Last updated in April 2016.

Ref	Conformance with the Standard	Y	P	N	Evidence
	define the required qualifications, competencies, skills, experience and personal attributes?				
	Does the internal audit activity collectively possess or obtain the skills, knowledge and other competencies required to perform its responsibilities?	Y			The Senior Auditor is PIIA and satisfies the required competencies for the role. All staff at Lancashire County Council and Mazars is either fully MIIA or CIPFA qualified.
	Where the internal audit activity does not possess the skills, knowledge and other competencies required to perform its responsibilities, does the CAE obtain competent advice and assistance?	Y			The LCC IT Audit Team are used if a more complex IT audit is required. For example, a recent audit of Software and Hardware Management required IT knowledge and skills.
	Do internal auditors have sufficient knowledge to evaluate the risk of fraud and anti-fraud arrangements in the organisation?	Y			The use of TIS online and GRACE risk matrices help assist in evaluating the risk of fraud. The knowledge and expertise of the in-house Benefit Fraud Team is available if required. Both the Head of Governance (Chief Internal Auditor) and the Senior Auditor have attended an external course in respect of conducting internal investigations.
	Do internal auditors have sufficient knowledge of key information technology risks and controls?	Y			The Council uses the expertise of LCC IT auditors where appropriate.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Do internal auditors have sufficient knowledge of the appropriate computer-assisted audit techniques that are available to them to perform their work, including data analysis techniques?	Y			Although the Internal Audit function do not have any CAAT software, arrangements are in place to utilise LCC CAAT software if the need arises.
	<i>1220 Due Professional Care</i>				
	Do internal auditors exercise due professional care by considering the:				
	a) Extent of work needed to achieve the engagement's objectives?	Y			The Senior Auditor will discuss and agree the scope, objectives and risks at the start of each audit with the client.
	b) Relative complexity, materiality or significance of matters to which assurance procedures are applied?	Y			The audit plan considers time, cost, complexity and the assurances it requires from each audit.
	c) Adequacy and effectiveness of governance, risk management and control processes?	Y			Guidance, information and advice is available to the auditor when designing tests to ensure adequacy and effectiveness of governance, risk management and control. GRACE risk matrices and the TIS online subscription are frequently used to ensure all risk areas are considered and subsequent controls have been identified. Audit staff have access to

Ref	Conformance with the Standard	Y	P	N	Evidence
					several CIPFA publications which assist with the consideration of audit, governance and risk. Namely; <ul style="list-style-type: none"> • CIPFA – Delivering Good Governance in Local Government • PSIAS – Local Government Application Note for the UK Public Sector; and • Audit Commission – Protecting the Public Purse
	d) Probability of significant errors, fraud, or non-compliance?	Y			At the start of the audit, the auditor will have a set up meeting with the auditee to discuss potential risks. If any further risks, fraud etc. are highlighted during the audit, the scope would be amended to include the work required. The Auditor will also be alert to any non-compliance issues raised by officers.
	e) Cost of assurance in relation to potential benefits?	Y			All work is risk based. If additional work is required, the Senior Auditor will agree this with the Head of Governance (Chief Internal Auditor) subject to a cost/benefit analysis being undertaken.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Do internal auditors exercise due professional care during a consulting engagement by considering the:				
	a) Needs and expectations of clients, including the nature, timing and communication of engagement results?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	b) Relative complexity and extent of work needed to achieve the engagement's objectives?	N/A	N/A	N/A	
	c) Cost of the consulting engagement in relation to potential benefits?	N/A	N/A	N/A	
	<i>1230 Continuing Professional Development</i>				
LGAN	Has the CAE defined the skills and competencies for each level of auditor?	Y			The Council establishment has one level of auditor at Grade 8 with the support of the Head of Governance (Chief Internal Auditor). A further 70 days are outsourced to LCC and Mazars.
LGAN	Does the CAE periodically assess individual auditors against the predetermined skills and competencies?	Y			Each audit report is reviewed by the Head of Governance (Chief Internal Auditor) to ensure the audit has been conducted in accordance with professional standards and requirements of any auditing publications. The skills and competencies of the

Ref	Conformance with the Standard	Y	P	N	Evidence
					Senior Auditor are annually reviewed as part of the Council's performance appraisal scheme. It is understood that all LCC and Mazars auditors also have performance appraisals where their skills and competencies are assessed.
	Do internal auditors undertake a programme of continuing professional development?	Y			Both the Head of Governance (CAE) and the Senior Auditor undertake CPD in accordance with their professional qualification requirements.
	Do internal auditors maintain a record of their professional development and training activities?	Y			HR maintains a list of all courses that have been attended by Audit staff.
3.4	1300 Quality Assurance and Improvement Programme				
	Has the CAE developed a Quality Assurance and Improvement Programme (QAIP) that covers all aspects of the internal audit activity and enables conformance with all aspects of the PSIAS to be evaluated?	Y			The QAIP includes both internal; and external assessments. The internal assessments include the following;
	Does the QAIP assess the efficiency and effectiveness of the internal audit activity and identify opportunities for improvement?	Y			<ul style="list-style-type: none"> An annual self-assessment of the effectiveness of the audit service using the PSIAS; Feedback on the Head of Governance (CAE) is sought annually prior to their performance appraisal;

Ref	Conformance with the Standard	Y	P	N	Evidence
					<ul style="list-style-type: none"> • 6 monthly monitoring of the internal audit activity to the Audit Committee; and • Day-to-day monitoring of compliance with the Definition of Internal Auditing and the Code of Ethics documented within the Sections Audit Charter and also in the PSIAS. <p>External assessments include:</p> <ul style="list-style-type: none"> • A 5 yearly independent assessment of compliance to the PSIAS; • Annual review of the Council's Annual Governance Statement as part of the Financial Accounts audit; • Regular attendance at the Audit Committee with the opportunity to meet in private with the Committee; and • External Auditors and Audit Committee Members reviewing and challenging internal audit reports.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Does the CAE maintain the QAIP?	Y			All aspects of the programme are routinely monitored.
LGAN	If the organisation is a 'larger relevant body' in England, does it conduct a review of the effectiveness of its internal audit at least annually, in accordance with the Accounts and Audit (England) Regulations 2011 section 6(3)?	Y			The review is conducted by the Head of Governance (CAE) and scrutinised by the Corporate Director of Resources (S151 Officer).
	<i>1310 Requirements of the Quality Assurance and Improvement Programme</i>				
	Does the QAIP include both internal and external assessments?	Y			<p>A self- assessment is performed annually. In addition, an external review of the effectiveness of the internal audit function is carried out every 5 years, in accordance with the requirements of the PISIAS. Wyre's review will take place in March 2018.</p> <p>The External Auditor (KPMG) will also review the work of the internal audit service as part of the work they complete in respect of the ISA 260 – Report to those charged with Governance.</p>
	<i>1311 Internal Assessments</i>				
LGAN	Does the CAE ensure that audit work is allocated to staff with the	Y			Whilst this is limited due to the size of

Ref	Conformance with the Standard	Y	P	N	Evidence
	appropriate skills, experience and competence?				the audit team, LCC will be used if technical IT skills are required or CAAT software is required.
	Do internal assessments include ongoing monitoring of the internal audit activity, such as:				
	a) Routine quality monitoring processes?	Y			All audit work is subject to a full review before the report is published. This includes a full review of working papers, evidence found, testing completed and validity of recommendations. An annual review using the checklist within the Local Government Application Note is undertaken. This is subject to an external assessment every 5 years.
	b) Periodic assessments for evaluating conformance with the PSIAS?	Y			An annual review using the checklist within the Local Government Application Note is undertaken. This is subject to an external assessment every 5 years. Wyre's review will take place in March 2018.
LGAN	Does ongoing performance monitoring include comprehensive performance targets?	Y			The Senior Auditor is set targets / objectives annually as part of the

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>performance appraisal scheme. Performance against these targets/objectives is monitored regularly.</p> <p>The Audit Committee receives six monthly updates on completion of the audit plan.</p> <p>Reporting timescales are published in the Audit Charter.</p> <p>In addition, ad-hoc benchmarking is conducted with the other Lancashire Internal Audit services. The use of external providers (Mazars and LCC) also assists with benchmarking the quality of internal audit reports.</p>
LGAN	Are the performance targets developed in consultation with appropriate parties and included in any service level agreement?	Y			The SLA's between LCC / Mazars and Wyre Council includes performance targets and timescales.
LGAN	Does the CAE measure, monitor and report on progress against these targets?	Y			Work is monitored quarterly in respect of audit work with LCC and Mazars. The Wyre audit plan is monitored day-to-day with a report being considered by Audit Committee every six months.

Ref	Conformance with the Standard	Y	P	N	Evidence
LGAN	Does ongoing performance monitoring include obtaining stakeholder feedback?	Y			An electronic feedback questionnaire is sent to the client at the end of each audit review. Any areas of concern are followed up by the Head of Governance (CAE).
	Are the periodic self-assessments or assessments carried out by people external to the internal audit activity undertaken by those with a sufficient knowledge of internal audit practices? Sufficiency would require knowledge of the PSIAS and the wider guidance available such as the Local Government Application Note and/or IIA practice advisories, etc.	Y			The periodic self-assessment is undertaken by the Head of Governance (CAE) and reviewed by the Corporate Director of Resources (Section 151 Officer). In order to comply with PSIAS and the Local Government Application Note; an external assessment must be carried out once every 5 years. Wyre's assessment will take place in March 2018.
LGAN	Does the periodic assessment include a review of the activity against the risk-based plan and the achievement of its aims and objectives?	Y			Previous peer reviews used the checklist recommended in CIPFA's Code of Practice. The assessment also included a review of the annual internal audit report which documents the achievement of the audit plan and its wider aims and objectives documented in the Audit Charter.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>1312 External Assessments</i>				
	Has an external assessment been carried out, or is planned to be carried out, at least once every five years?	Y			The external assessment is to be completed in March 2018.
LGAN	Has the CAE considered the pros and cons for the different types of external assessment (ie 'full' or self-assessment plus 'independent validation')?	Y			<p>The proposal from the Lancashire District Chief Auditors group which has been agreed by Audit Committee is to continue with the self-assessment and use peer reviews to obtain the independent external validation.</p> <p>The annual self-assessment will be carried out by the Head of Governance (CAE), scrutinised by the Corporate Director of Resources and presented to the Audit Committee. Wyre's first external assessment will be in March 2018. It should be noted that the Council's External Auditor who attends each Audit Committee will receive the self-assessment as part of the agenda and will therefore have the opportunity to challenge the content.</p>
	Has the CAE discussed the proposed form of the external assessment and the qualifications and independence of the	Y			The Audit Committee agree that an external self-assessment will be carried

Ref	Conformance with the Standard	Y	P	N	Evidence
	assessor or assessment team with the board?				out by the Head of Governance (CAE), scrutinised by the Corporate Director of Resources and presented to the Audit Committee and that every 5 years the review will be independently validated by a peer review. Wyre's assessment will be in March 2018. A memorandum of understanding (MoU) and templates are in place which will be used for all external assessments. The report template allows for the assessment team to state their qualifications and independence.
LGAN	Has the CAE agreed the scope of the external assessment with an appropriate sponsor, such as the chair of the audit committee, the CFO or the chief executive?	Y			These requirements form the basis of the 'Memorandum of Understanding'.
	Has the CAE agreed the scope of the external assessment with the external assessor or assessment team?	Y			
	Has the assessor or assessment team demonstrated its competence in both areas of professional practice of internal auditing and the external assessment process? Competence can be determined in the following ways: a) experience gained in organisations of similar size				

Ref	Conformance with the Standard	Y	P	N	Evidence
	<p>b) complexity</p> <p>c) sector (ie the public sector)</p> <p>d) industry (ie local government), and</p> <p>e) technical experience.</p> <p>Note that if an assessment team is used, competence needs to be demonstrated across the team and not for each individual member.</p>				
	How has the CAE used his or her professional judgement to decide whether the assessor or assessment team demonstrates sufficient competence to carry out the external assessment?	Y			
	Does the assessor or assessment team have any real or apparent conflicts of interest with the organisation? This may include, but is not limited to, being a part of or under the control of the organisation to which the internal audit activity belongs.			N	
	<i>1320 Reporting on the Quality Assurance and Improvement Programme</i>				
	Has the CAE reported the results of the QAIP to senior management and the board?	Y			The Internal Audit Annual Report reports the results of the QAIP to Audit Committee. The results of the internal assessment of the internal audit function are scrutinised by the Corporate Director of Resources (Section 151 Officer) and

Ref	Conformance with the Standard	Y	P	N	Evidence
					presented to the Audit Committee.
	Note that:				
	a) the results of both external and periodic internal assessment must be communicated upon completion	Y			<p>The internal assessment is reported to Audit Committee annually in May. The External Assessment will take place in March 2018.</p> <p>The last peer review was completed in 2009 and the results were presented to the Audit Committee.</p>
	b) the results of ongoing monitoring must be communicated at least annually	Y			<p>An update on the progress made in respect of the actions highlighted as a result of the last review was communicated to the Audit Committee.</p> <p>Both the Internal Audit Annual Report and the Internal Audit Charter refer to the QAIP and its ongoing monitoring.</p>
	c) the results must include the assessor's or assessment team's evaluation with regards to the degree of the internal audit activity's conformance with the PSIAS.	Y			Conformance with PSIAS is documented.
	Has the CAE included the results of the QAIP and progress against any improvement plans in the annual report?	Y			The minor gaps identified from the last review of effectiveness of the internal audit service in May 2015 have been

Ref	Conformance with the Standard	Y	P	N	Evidence
					referred to in both the annual audit report and the annual governance statement.
	<i>1321 Use of 'Conforms with the International Standards for the Professional Practice of Internal Auditing'</i>				
	Has the CAE stated that the internal audit activity conforms with the PSIAS only if the results of the QAIP support this?	Y			The self-assessment is reviewed by the Corporate Director of Resources (Section 151 Officer) and reported to the Audit Committee.
	<i>1322 Disclosure of Non-conformance</i>				
	Has the CAE reported any instances of non-conformance with the PSIAS to the board?	Y			The gaps / non-compliance with the PSIAS have been documented within this checklist and will be presented to the Audit Committee in May 2016.
	Has the CAE considered including any significant deviations from the PSIAS in the governance statement and has this been evidenced?			N/A	There are no significant deviations that require reporting in the AGS.
4	Performance Standards				
	Do the results of the internal audit activity's work achieve the purposes and responsibility of the activity, as set out in the	Y			This is demonstrated by achievement of the audit plan, the annual audit report,

Ref	Conformance with the Standard	Y	P	N	Evidence
	internal audit charter?				the annual governance statement and also feedback from clients.
	Does the internal audit activity conform with the <i>Definition of Internal Auditing</i> and the <i>Standards</i> ?	Y			It can be demonstrated through a number of documents, namely; <ul style="list-style-type: none"> • Audit plan • Audit Charter / Code of Ethics • Audit Reports / working papers • Client Feedback • Annual audit report • Annual Governance Statement
	Do individual internal auditors, who are part of the internal audit activity, demonstrate conformance with the <i>Code of Ethics</i> and the <i>Standards</i> ?	Y			The Senior Auditor has been provided with the Audit Charter / Code of Ethics. Conformance to these ethics will also be monitored through the performance appraisal scheme.
	Does the internal audit activity add value to the organisation and its stakeholders by				
	a) Providing objective and relevant assurance?	Y			Internal audit reports provide objective and relevant assurance. If control weaknesses are identified, action plans

Ref	Conformance with the Standard	Y	P	N	Evidence
					are put in place to facilitate improvement.
	b) Contributing to the effectiveness and efficiency of the governance, risk management and internal control processes?	Y			Every audit review will give consideration to these areas. Action plans / risk registers will be formulated if weaknesses are identified or improvements are required.
	<i>2010 Planning</i>				
	Has the CAE determined the priorities of the internal audit activity in a risk-based plan and are these priorities consistent with the organisation's goals?	Y			A risk based audit plan is formulated following discussions with Senior Managers, consideration of the Council's business plan and strategic risk registers. Operational risk registers are also reviewed.
	Does the risk-based plan take into account the requirement to produce an annual internal audit opinion?	Y			The audit plan is formulated taking into consideration the areas on which the CAE is required to provide assurance in the annual audit report.
	Does the risk-based plan take into account the organisation's assurance framework?	Y			The audit plan considers the council's risk registers, business plan, priority projects / objectives and also any emerging threats, opportunities for fraud etc. The assurance framework is documented in the AGS.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Does the risk-based plan incorporate or is it linked to a strategic or high-level statement of:				
	a) How the internal audit service will be delivered?	Y			Documented in the Audit Charter / Code of Ethics.
	b) How the internal audit service will be developed in accordance with the internal audit charter?	Y			Development of the Internal Audit Service will be identified as part of this self-assessment and also at the 5 year external assessment. Improvements are also discussed and documented in the service plan each year. Progress on meeting these improvements is monitored through the performance appraisal system.
	c) How the internal audit service links to organisational objectives and priorities?	Y			The audit plan is formulated after reviewing the Council's business plan which lists the key objectives and actions for the organisation as a whole.
	Does the risk-based plan set out how internal audit's work will identify and address local and national issues and risks?	Y			Local and national risks are identified through the following; <ul style="list-style-type: none"> • Strategic / Operational risk workshops • Networking and attendance at Group Auditor meetings; • Meetings with the External

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>Auditor; and</p> <ul style="list-style-type: none"> • Reading and Research. <p>The Audit Committee are given the opportunity to comment on the work in the plan and discuss emerging risks either locally or nationally.</p> <p>The terms of reference for each audit will identify and address individual risks, be it locally or nationally. The terms of reference for each audit are published on the Council intranet.</p>
	In developing the risk-based plan, has the CAE taken into account the organisation's risk management framework and relative risk maturity of the organisation?	Y			Both strategic and operational risks are considered when developing the audit plan.
	If such a risk management framework does not exist, has the CAE used his or her judgement of risks after input from senior management and the board and evidenced this?	N/A	N/A	N/A	
LGAN	Does the risk-based plan set out the:				
	a) Audit work to be carried out?	Y			The audit plan lists the nature of the audit work.
	b) Respective priorities of those pieces of audit work?	Y			The plan itself does not list the priority of

Ref	Conformance with the Standard	Y	P	N	Evidence
					the work to be completed, however at the start of the year the audits will be prioritised and a start date will be agreed between the Head of Governance (CAE), Senior Auditor and the Head of Service.
	c) Estimated resources needed for the work?	Y			This is documented in the audit plan.
LGAN	Does the risk-based plan differentiate between audit and other types of work?	Y			The audit plan is separated into sections, i.e. IT audits, financial systems work, routine monitoring, operational audits, business plan work and other areas of work including risk management, counter fraud and information governance.
LGAN	Is the risk-based plan sufficiently flexible to reflect the changing risks and priorities of the organisation?	Y			A contingency / investigation resource is set aside. The plan is regularly monitored and flexed if required.
	Does the CAE review the plan on a regular basis and has he or she adjusted the plan when necessary in response to changes in the organisation's business, risks, operations, programmes, systems and controls?	Y			The plan is flexible. If any new risks emerge during the year or new systems are implemented the contingency will be used initially. If this resource has already been used it may be that some work on the audit plan may slip to the next year. Any changes or deviation from the audit plan will be reported to the audit committee.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Is the internal audit activity's plan of engagements based on a documented risk assessment?	Y			The process that is undertaken to formulate the audit plan is an annual risk assessment.
	Is the risk assessment used to develop the plan of engagements undertaken at least annually?	Y			The risk assessment is completed annually and reviewed half yearly.
LGAN	In developing the risk-based plan, has the CAE also considered the following:				
	a) Any declarations of interest (for the avoidance for conflicts of interest)?	Y			Audit staff complete an annual declaration of interest. There have been no conflicts of interests recorded in 2015/16.
	b) The requirement to use specialists, eg IT or contract and procurement auditors?	Y			LCC auditors will be used if a specialist IT audit review is to be conducted. LCC are also used for most of the financial work due to their access to CAAT software.
	c) Allowing contingency time to undertake ad hoc reviews or fraud investigations as necessary?	Y			A contingency / investigation resource is set aside.
	d) The time required to carry out the audit planning process effectively as well as regular reporting to and attendance of the board, the development of the annual report and the CAE opinion?	Y			Time to plan each audit is factored into the number of days allocated for each piece of work. Attendance at Audit Committee, development of the annual report and other Head of Governance

Ref	Conformance with the Standard	Y	P	N	Evidence
					(CAE) activities is listed separately on the audit plan.
	Is the input of senior management and the board considered in the risk assessment process?	Y			Senior Management input is requested when drafting the audit plan. It is then submitted to the Audit Committee and which point their input is also requested.
	Does the CAE identify and consider the expectations of senior management, the board and other stakeholders for internal audit opinion and any other conclusions?	Y			<p>The annual audit report is scrutinised by the Corporate Director of Resources (S151 Officer) and is also presented to the Audit Committee for consideration. The document would be amended accordingly, recognising comments made, recommendations, changes etc.</p> <p>In regards to audit report opinions, the overall opinions are based on the findings of each audit, which are graded using a set framework. Auditees can challenge the audit opinion and provide reasons in support of why they think the opinion should be changed. This will be done at the draft stage of the reporting process.</p>
	Does the CAE take into consideration any proposed consulting engagement's potential to improve the management of risks, to	N/A	N/A	N/A	There are no such engagements undertaken presently.

Ref	Conformance with the Standard	Y	P	N	Evidence
	add value and to improve the organisation's operations before accepting them?				
	Are consulting engagements that have been accepted included in the risk-based plan?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	<i>2020 Communication and Approval</i>				
	Has the CAE communicated the internal audit activity's plans and resource requirements to senior management and the board for review and approval?	Y			The draft audit plan is submitted to the Audit Committee in March for approval. Once approved the Senior Leadership Team is notified of work in their areas.
	Has the CAE communicated any significant interim changes to the plan and/or resource requirements to senior management and the board for review and approval, where such changes have arisen?	Y			A six monthly update is provided for the Audit Committee which includes any deviations from the audit plan. The 2015/16 audit plan was amended in August 2015 and presented to Audit Committee.
	Has the CAE communicated the impact of any resource limitations to senior management and the board?	Y			Resource limitations would be reported to senior management and the Audit Committee where appropriate as part of the update report.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>2030 Resource Management</i>				
	Does the risk-based plan explain how internal audit's resource requirements have been assessed?				The internal audit resource requirements are documented in the Audit Charter. The Audit Committee are only presented with the audit plan showing the total number of audit days committed and the number of days in which each piece of work will be completed. They are aware of the size of the audit section and have the opportunity to challenge the plan if they feel there is insufficient coverage. Benchmarking was carried out in 2012 with neighbouring authorities to ensure that the number of audit days / staff is consistent with other similar sized authorities. The External Auditors are also comfortable with the internal audit resource available.
LGAN	Has the CAE planned the deployment of resources, especially the timing of engagements, in conjunction with management to minimise abortive work and time?	Y			At the start of the audit year the Senior Auditor will agree timings with each Head of Service.
LGAN	If the CAE believes that the level of agreed resources will impact adversely on the provision of the internal audit opinion, has he or she brought these consequences to the attention of the board?	Y			There is an opportunity for the Head of Governance (CAE) to comment on sufficiency of resources where appropriate; although it is considered

Ref	Conformance with the Standard	Y	P	N	Evidence
	This may include an imbalance between the work plan and resource availability and/or other significant matters that jeopardise the delivery of the plan or require it to be changed.				that the resource available is currently sufficient to deliver the audit plan. The team is small; however this is supported by a partnership with LCC/Mazars to provide a further 70 days. In addition the SLA for LCC does have a contingency to cover for absence of key audit staff.
	<i>2040 Policies and Procedures</i>				
	Has the CAE developed and put into place policies and procedures to guide the internal audit activity?	Y			Standardised working papers and a reporting format has been developed. The Councils Intranet (SharePoint) is used to store key documents that guide audit activity i.e. Audit Charter / Code of Ethics, Risk Management Policy and other CIPFA guidance. The Senior Auditor has been issued with the PSIAS and CIPFA's Application Note.
LGAN	Has the CAE established policies and procedures to guide staff in performing their duties in a manner than conforms to the PSIAS? Examples include maintaining an audit manual and/or using electronic management systems.	Y			Internal audit policies and procedures have been reviewed to ensure conformity to PSIAS.
LGAN	Are the policies and procedures regularly reviewed and updated to reflect changes in working practices and standards?	Y			Annually reviewed.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>2050 Coordination</i>				
	Does the risk-based plan include the approach to using other sources of assurance and any work that may be required to place reliance upon those sources?	Y			Other streams of assurance such as external inspections are considered, e.g. RIPA, Taxi Licencing and Food Safety.
LGAN	Has the CAE carried out an assurance mapping exercise as part of identifying and determining the approach to using other sources of assurance?	Y			Basic assurance mapping has been carried out by the Senior Auditor to identify sources of assurance which is documented on a spreadsheet and regularly updated.
	Does the CAE share information and coordinate activities with other internal and external providers of assurance and consulting services?	Y			Quarterly meetings are held with External Audit to update them on the work currently being carried out by internal audit. Work sometimes overlaps / complements that of Transformation / process re-engineering, so regular updates with the individual Heads of Service is important.
LGAN	Does the CAE meet regularly with the nominated external audit representative to consult on and coordinate their respective audit plans?	Y			Both internal and external audit plans are shared and communicated publically at Audit Committee. Quarterly meetings are held with the External Auditor and the Corporate Director of Resources (S151 Officer) to discuss the progress made in

Ref	Conformance with the Standard	Y	P	N	Evidence
					implementing the audit plan.
	<i>2060 Reporting to Senior Management and the Board</i>				
	Does the CAE report periodically to senior management and the board on the internal audit activity's purpose, authority, responsibility and performance relative to its plan?	Y			<p>The Head of Governance (CAE) will update the Corporate Director of Resources (S151 Officer) on a regular basis.</p> <p>Six monthly audit and risk management update reports are submitted to the Audit Committee.</p> <p>The Audit Chairman and the External Auditor will receive verbal updates on any frauds / whistleblowing cases. The Audit Committee receives internal audit's Audit Charter / Code of Ethics annually which covers its purpose, authority and responsibility.</p>
	Does the periodic reporting also include significant risk exposures and control issues, including fraud risks, governance issues and other matters needed or requested by senior management and the board?	Y			<p>Significant risk exposures are documented via the risk registers. Governance issues are considered along with the annual agreement of the AGS. Gifts and Hospitality Registers are also reviewed by Audit Committee and the Monitoring Officer.</p>

Ref	Conformance with the Standard	Y	P	N	Evidence
	Is the frequency and content of such reporting determined in discussion with senior management and the board and are they dependent on the importance of the information to be communicated and the urgency of the related actions to be taken by senior management or the board?	Y			An agreed work programme is in place documenting when reports are submitted to Audit Committee. Where actions are considered to be important or urgent, more regular update reports are requested by Audit Committee and the relevant officer is invited to attend committee.
	<i>2070 External Service Provider and Organisational Responsibility for Internal Auditing</i>				
	Where an external internal audit service provider acts as the internal audit activity, does that provider ensure that the organisation is aware that the responsibility for maintaining and effective internal audit activity remains with the organisation?	Y			Documented within the SLA between LCC / Mazars and Wyre Council.
	Does the internal audit activity evaluate and contribute to the improvement of the organisation's governance, risk management and internal control processes?	Y			The audit plan is formulated to ensure it contributes to the improvement of the organisations governance, risk management and internal control processes. Audit reviews will cover the governance and the key risks of the service as well as the key controls.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Does the internal audit activity evaluate and contribute to the improvement of the above using a systematic and disciplined approach and is this evidenced?	Y			Similar working formats, working papers and reports are used by LCC/Mazars thereby contributing to improvement.
	<i>2110 Governance</i>				
	Does the internal audit activity:				
	a) Promote appropriate ethics and values within the organisation?	Y			All reported concerns are followed up e.g. members exerting influence. In 2010 ethical Governance Surveys were conducted to promote behaviours and values and identify gaps in knowledge and understanding. The next survey is scheduled for Summer 2016.
	b) Ensure effective organisational performance management and accountability?	Y			Managers are held accountable for actions in audit reports and findings from previous audit reports are followed up by the audit team. Performance management is scheduled in the audit plan bi-annually. The Transformation Team monitor the performance of key projects within the Business Plan and report regularly to the

Ref	Conformance with the Standard	Y	P	N	Evidence
					Overview and Scrutiny Committee.
	c) Communicate risk and control information to appropriate areas of the organisation?	Y			<p>Regular risk workshops take place with Heads of Service and the risk registers are on BRIAN for all staff to view.</p> <p>Audit reports are issued to the staff responsible for the area being audited.</p> <p>The Audit Committee and the Executive receive regular updates on risk management. Governance assurance questionnaires are completed by key officers on an annual basis.</p>
	d) Coordinate the activities of and communicate information among the board, external and internal auditors and management?	Y			<p>All audit reports are issued to clients and published on the Intranet and available for all staff / members to view.</p> <p>External Auditor communication is presented to Audit Committee.</p> <p>Regular updates are presented to Council on the work of Audit Committee</p>
	Does the internal audit activity assess and make appropriate recommendations for improving the governance process as part of accomplishing the above objectives?	Y			Governance issues will be reviewed as part of the audit as is risk management, health and safety and performance management.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Has the internal audit activity evaluated the:				
	a) design	Y			The ethical governance survey aims to test knowledge on key policies and procedures and identify gaps allowing targeted future training.
	b) implementation, and	Y			
	c) effectiveness of the organisation's ethics-related objectives, programmes and activities?	Y			
	Has the internal audit activity assessed whether the organisation's information technology governance supports the organisation's strategies and objectives?	Y			There is set number of days in the audit plan to cover IT governance. LCC attend the IT network group on behalf of the Council and will inform us of any new developments, potential risk areas or audits that would be beneficial to improve the IT control environment.
LGAN	Has the CAE considered the proportionality of the amount of work required to assess the ethics and information technology governance of the organisation when developing the risk-based plan?	Y			The number of IT audit days can be adjusted accordingly. The ethical governance survey is included in the 2016/17 work programme and additional ethics related work will follow if appropriate.
	<i>2120 Risk Management</i>				

Ref	Conformance with the Standard	Y	P	N	Evidence
	Has the internal audit activity evaluated the effectiveness of the organisation's risk management processes by determining that:				
	a) Organisational objectives support and align with the organisation's mission?	Y			Documented in the Business Plan.
	b) Significant risks are identified and assessed?	Y			The Business Plan / Service Plans are used to identify and assess significant risks that would prevent the organisation from meeting its organisational objectives.
	c) Appropriate risk responses are selected that align risks with the organisation's risk appetite?	Y			Risks above the Council's risk appetite are required to have actions to mitigate the risks. Risks below the appetite are regularly monitored.
	d) Relevant risk information is captured and communicated in a timely manner across the organisation, thus enabling the staff, management and the board to carry out their responsibilities?	Y			Strategic risks are reported to the Corporate Management Team, The Executive and the Audit Committee every six months.
	Has the internal audit activity evaluated the risks relating to the organisation's governance, operations and information systems regarding the:				
	a) Achievement of the organisation's strategic objectives?	Y			Considered at the Strategic risk workshop when reviewing the Business

Ref	Conformance with the Standard	Y	P	N	Evidence
					Plan.
	b) Reliability and integrity of financial and operational information?	Y			Financial and operational information is tested for reliability and integrity as part of individual audits.
	c) Effectiveness and efficiency of operations and programmes?	Y			Discussions take place at both strategic and operational risk workshops regarding the effectiveness and efficiency of operations and also considered as part of individual audits.
	d) Safeguarding of assets?	Y			Discussions take place at both strategic and operational risk workshops regarding safeguarding the Council's assets and also considered as part of individual audits.
	e) Compliance with laws, regulations, policies, procedures and contracts?	Y			Discussions take place at both strategic and operational risk workshops regarding compliance to law, regulations, policies, procedures and contracts. Also considered as part of individual audits.
	Has the internal audit activity evaluated the potential for fraud and also how the organisation itself manages fraud risk?	Y			Fraud risks are considered during the operational and strategic risk workshops. The Council takes part in the NFI process.

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>The Head of Governance (CAE) regularly tests compliance to the Council's counter fraud polices.</p> <p>Information concerning potential fraudulent activity is shared (National reports and Lancashire Audit Group).</p> <p>There is a new compliance team within the Contact Centre that will focus on investigating corporate fraud including fraudulent claims for council tax support, falsely claimed council tax and business rate discounts and exemptions and council tax and business rate avoidance cases.</p>
	Do internal auditors address risk during consulting engagements consistently with the objectives of the engagement?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	Are internal auditors alert to other significant risks when undertaking consulting engagements?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	Do internal auditors successfully avoid managing risks themselves, which would in effect lead to taking on management responsibility, when assisting management in establishing or improving risk management processes?	Y			<p>The Audit and Risk Management section only facilitate the process and hold and maintain the risk registers.</p> <p>Risk owners are assigned for each risk identified and they are responsible for ensuring that risk is managed during the</p>

Ref	Conformance with the Standard	Y	P	N	Evidence
					year.
	<i>2130 Control</i>				
	Has the internal audit activity evaluated the adequacy and effectiveness of controls in the organisation's governance, operations and information systems regarding the:				
	a) Achievement of the organisation's strategic objectives?	Y			These areas are covered as part of the audit planning process.
	b) Reliability and integrity of financial and operational information?	Y			Audits of key financial systems are conducted every 2 years unless there is any major changes to controls.
	c) Effectiveness and efficiency of operations and programmes?	Y			Strategic objectives / projects are risk managed at Head of Service level.
	d) Safeguarding of assets?	Y			Feedback from the Insurance Officer is used to evaluate adequacy of the safeguarding of Council assets.
	e) Compliance with laws, regulations, policies, procedures and contracts?	Y			Compliance with laws, regulation, polices, procedures and contracts are considered in each audit review.
	Do internal auditors utilise knowledge of controls gained during consulting engagements when evaluating the organisation's	N/A	N/A	N/A	There are no such engagements undertaken presently.

Ref	Conformance with the Standard	Y	P	N	Evidence
	control processes?				
4.3	2200 Engagement Planning				
	Do internal auditors develop and document a plan for each engagement?	Y			A terms of reference document is developed and agreed for each audit review. This is held on the Council's intranet.
	Does the engagement plan include the engagement's:				
	a) Objectives?	Y			Each of these criteria are documented in the terms of reference.
	b) Scope?	Y			
	c) Timing?	Y			
	d) Resource allocations?	Y			
	Do internal auditors consider the following in planning an engagement, and is this documented:				
	a) The objectives of the activity being reviewed?	Y			Each of these criteria are either documented in the terms of reference or the lead schedules.
	b) The means by which the activity controls its performance?	Y			
	c) The significant risks to the activity being audited?	Y			

Ref	Conformance with the Standard	Y	P	N	Evidence
	d) The activity's resources?	Y			
	e) The activity's operations?	Y			
	f) The means by which the potential impact of risk is kept to an acceptable level?	Y			
	g) The adequacy and effectiveness of the activity's governance, risk management and control processes compared to a relevant framework or model?	Y			
	h) The opportunities for making significant improvements to the activity's governance, risk management and control processes?	Y			
	Where an engagement plan has been drawn up for an audit to a party outside of the organisation, have the internal auditors established a written understanding with that party about the following:				There are no audits performed for parties outside of the organisation.
	a) Objectives?	N/A	N/A	N/A	
	b) Scope?	N/A	N/A	N/A	
	c) The respective responsibilities and other expectations of the internal auditors and the outside party (including restrictions	N/A	N/A	N/A	

Ref	Conformance with the Standard	Y	P	N	Evidence
	on distribution of the results of the engagement and access to engagement records)?				
	For consulting engagements, have internal auditors established an understanding with the engagement clients about the following:				
	a) Objectives?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	b) Scope?	N/A	N/A	N/A	
	c) The respective responsibilities of the internal auditors and the client and other client expectations?	N/A	N/A	N/A	
	For significant consulting engagements, has this understanding been documented?	N/A	N/A	N/A	
	<i>2210 Engagement Objectives</i>				
	Have objectives been agreed for each engagement?	Y			Documented in the terms of reference.
	Have internal auditors carried out a preliminary risk assessment of the activity under review?	Y			This is completed whilst formulating the terms of reference. Auditors will review previous audits, risk registers and other intelligence before undertaking each review. Risk profiles may also be used to assist in identifying further key risks.

Ref	Conformance with the Standard	Y	P	N	Evidence
	Do the engagement objectives reflect the results of the preliminary risk assessment that has been carried out?	Y			The terms of reference document identifies the core risk and the objective.
	Have internal auditors considered the probability of the following, when developing the engagement objectives:				
	a) Significant errors?	Y			The preliminary risk assessment will ensure each of these are covered.
	b) Fraud?	Y			
	c) Non-compliance?	Y			
	d) Any other risks?	Y			
	Have internal auditors ascertained whether management and/or the board have established adequate criteria to evaluate and determine whether objectives and goals have been accomplished?	Y			The terms of reference are shared with Audit Committee members allowing such an evaluation to be undertaken when the audit report is published.
	If the criteria have been deemed adequate, have the internal auditors used the criteria in their evaluation of governance, risk management and controls?	Y			A control matrix is used to evidence that all risks identified have been tested and that adequate controls are in place.
	If the criteria have been deemed inadequate, have the internal auditors worked with management and/or the board to develop appropriate evaluation criteria?	N/A	N/A	N/A	There are no instances where the criteria have been deemed inadequate.

Ref	Conformance with the Standard	Y	P	N	Evidence
LGAN	If the value for money criteria have been referred to, has the use of all the organisation's main types of resources been considered; including money, people and assets?	Y			<p>The 'value for money' aspect of any service / control is considered during each review.</p> <p><u>Action c/f from 2015</u></p> <p>The audit report is to be amended to document when VFM work has been conducted.</p>
	Do the objectives set for consulting engagements address governance, risk management and control processes as agreed with the client?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	Are the objectives set for consulting engagements consistent with the organisation's own values, strategies and objectives?	N/A	N/A	N/A	
	<i>2220 Engagement Scope</i>				
	Is the scope that is established for the engagement sufficient to satisfy the engagement's objectives?	Y			Agreed at the start of the audit. If during the audit the scope has to be extended to ensure the objectives of the audit are met, this is agreed with the Head of Governance (CAE) as it is likely to have resource implications.
	Does the engagement scope include consideration of the following relevant areas of the organisation:				

Ref	Conformance with the Standard	Y	P	N	Evidence
	a) Systems?	Y			The terms of reference document identified the systems, records, premises and personnel the auditor will require assess to.
	b) Records?	Y			
	c) Personnel?	Y			
	d) Premises?	Y			
	Does the engagement scope include consideration of the following relevant areas under the control of outside parties, where appropriate:				
	a) Systems?	Y			See audit of Thornton Little Theatre when ran by Paul Nicholas School of Dancing.
	b) Records?	Y			
	c) Personnel?	Y			Audit plan for 2015/16 includes a review of YMCA.
	d) Premises?	Y			
	Where significant consulting opportunities have arisen during an assurance engagement, was a specific written understanding as to the objectives, scope, respective responsibilities and other expectations drawn up?	N/A	N/A	N/A	There have been no such consulting opportunities.
	Where significant consulting opportunities have arisen during an	N/A	N/A	N/A	

Ref	Conformance with the Standard	Y	P	N	Evidence
	assurance engagement, were the results of the subsequent engagement communicated in accordance with the relevant consulting Standards?				
	For a consulting engagement, was the scope of the engagement sufficient to address any agreed-upon objectives?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	If the internal auditors developed any reservations about the scope of a consulting engagement while undertaking that engagement, did they discuss those reservations with the client and therefore determine whether or not to continue with the engagement?	N/A	N/A	N/A	
	During consulting engagements, did internal auditors address the controls that are consistent with the objectives of those engagements?	N/A	N/A	N/A	
	During consulting engagements, were internal auditors alert to any significant control issues?	N/A	N/A	N/A	There are no such engagements undertaken presently.
	<i>2230 Engagement Resource Allocation</i>				
	Have internal auditors decided upon the appropriate and sufficient level of resources required to achieve the objectives of the engagement based on:				

Ref	Conformance with the Standard	Y	P	N	Evidence
	a) The nature and complexity of each individual engagement?	Y			This is agreed when formulating the annual audit plan. The Head of Governance (CAE) is notified of any changes to the nature of the work, time constraints and resources available once the terms of reference have been agreed.
	b) Any time constraints?	Y			
	c) The resources available?	Y			
	<i>2240 Engagement Work Programme</i>				
	Have internal auditors developed and documented work programmes that achieve the engagement objectives?	Y			The auditor will plan the work required to meet the objectives of the audit. Standard templates are in place for this purpose.
	Do the engagement work programmes include the following procedures for:				
	a) Identifying information?	Y			Lead schedules and test schedules will document the objective, the information required, the testing completed, the findings and the overall conclusions and recommendations.
	b) Analysing information?	Y			
	c) Evaluating information?	Y			
	d) Documenting information?	Y			
	Were work programmes approved prior to implementation for each engagement?	Y			After the Audit Committee have approved the annual audit plan for the

Ref	Conformance with the Standard	Y	P	N	Evidence
					forthcoming year, the Senior Auditor will agree the work programme for each quarter with the Head of Governance (CAE).
	Were any adjustments required to work programmes approved promptly?	Y			Occasionally, work programmes are adjusted to take into consideration urgent work or investigations The 2015/16 audit plan was amended and approved in September 2016 to allow additional work required to complete the Information Governance action plan.
	Have internal auditors carried out the following in order to achieve each engagement's objectives:				
	a) Identify sufficient information?	Y			Checks are made during a full audit review by the Head of Governance (CAE) that the objectives of the audit have been achieved and that there is sufficient evidence to support any findings, conclusions and the overall opinion. Review notes are provided to the Senior Auditor after each review if further work is required or certain areas require
	b) Analyse sufficient information?	Y			
	c) Evaluate sufficient information?	Y			
	d) Document sufficient information?	Y			

Ref	Conformance with the Standard	Y	P	N	Evidence
					clarification.
	<i>2310 Identifying Information</i>				
	Have internal auditors identified the following in order to achieve each engagement's objectives:				
	a) Sufficient information?	Y			Review notes will show if further information is required to support findings or if evidence is not relevant or reliable.
	b) Reliable information?	Y			
	c) Relevant information?	Y			
	d) Useful information?	Y			
	<i>2320 Analysis and Evaluation</i>				
	Have internal auditors based their conclusions and engagement results on appropriate analyses and evaluations?	Y			Confirmed by the Head of Governance (CAE) for each audit performed by the Senior Auditor.
LGAN	Have internal auditors remained alert to the possibility of the following:				
	a) intentional wrongdoing	Y			The key risks around these areas are identified at the start of the audit.
	b) errors and omissions	Y			

Ref	Conformance with the Standard	Y	P	N	Evidence
	c) poor value for money	Y			The Senior Auditor is experienced in the areas she is required to audit throughout the Council and remains alert to any weaknesses / control failings.
	d) failure to comply with management policy, and	Y			
	e) conflicts of interest	Y			
	when performing their individual audits, and has this been documented?	Y			Documented in standardised working papers.
	<i>2330 Documenting Information</i>				
	Have internal auditors documented the relevant information required to support engagement conclusions and results?	Y			Standardised reports are used to document conclusions and findings along with a management action plan.
LGAN	Are working papers sufficiently complete and detailed to enable another experienced internal auditor with no previous connection with the audit to ascertain what work was performed, to re-perform it if necessary and to support the conclusions reached?	Y			A file review is conducted by the Head of Governance (CAE) to ensure working papers are referenced correctly and the file contains sufficient evidence to support any findings and the overall opinion.
	Does the CAE control access to engagement records?	Y			Access rights are documented in the Audit Charter. The audit reports state that the working papers can be viewed on request.
	Has the CAE obtained the approval of senior management	N/A	N/A	N/A	Audit files have not been released to

Ref	Conformance with the Standard	Y	P	N	Evidence
	and/or legal counsel as appropriate before releasing such records to external parties?				external parties other than the Council's External Auditor; KPMG.
	Has the CAE developed and implemented retention requirements for all types of engagement records?	Y			Information Asset Registers document the required retention periods for all audit records.
	Are the retention requirements for engagement records consistent with the organisation's own guidelines as well as any relevant regulatory or other requirements?	Y			Retention periods are consistent with organisational and regularity guidelines. At present audit files are retained for 7 years (6 plus current) in accordance with the Government Classification Scheme.
	<i>2340 Engagement Supervision</i>				
	Are all engagements properly supervised to ensure that objectives are achieved, quality is assured and that staff are developed?	Y			File reviews, feedback and performance appraisals are used to ensure that training or development issues are highlighted.
	Is appropriate evidence of supervision documented and retained for each engagement?	Y			File reviews and performance appraisal documents are retained evidencing supervision.
4.5	2400 Communicating Results				
	Do internal auditors communicate the results of engagements?	Y			Audit reports are issued as appropriate to Corporate Directors, Heads of Service, Key operational staff with the

Ref	Conformance with the Standard	Y	P	N	Evidence
					Audit Committee and the External Auditor reviewing all audit reports.
	<i>2410 Criteria for Communicating</i>				
	Do the communications of engagement results include the following:				
	a) The engagement's objectives?	Y			A standardised report format is used ensuring that each of the criteria is communicated.
	b) The scope of the engagement?	Y			
	c) Applicable conclusions?	Y			
	d) Recommendations and action plans, if appropriate?	Y			
LGAN	Has the internal auditor discussed the contents of the draft final report with the appropriate levels of management to confirm factual accuracy, seek comments and confirm the agreed management actions?	Y			A closure meeting is arranged with the relevant officers to agree factual accuracy, findings and agree actions.
LGAN	If recommendations and an action plan have been included, are recommendations prioritised according to risk?	Y			Wyre recommendations are given a priority risk rating of 1 to 5. Level 1 recommendations require immediate action and Level 5 recommendations have no set timescales and include suggestions for improvements /

Ref	Conformance with the Standard	Y	P	N	Evidence
					<p>efficiencies in service delivery.</p> <p>Mazars recommendations are prioritised as either 1 (fundamental), 2 (significant) and 3 (housekeeping). Appropriate timescales can be agreed with the auditor.</p> <p>LCC recommendations are prioritised as high, medium or low and appropriate timescales can be agreed with the auditor.</p>
LGAN	If recommendations and an action plan have been included, does the communication also state agreements already reached with management, together with appropriate timescales?	Y			The action plan identified the management response and timescales for action.
LGAN	If there are any areas of disagreement between the internal auditor and management, which cannot be resolved by discussion, are these recorded in the action plan and the residual risk highlighted?	Y			The management response would only identify areas of disagreement where appropriate.
LGAN	Do communications disclose all material facts known to them in their audit reports which, if not disclosed, could distort their reports or conceal unlawful practice, subject to confidentiality requirements?	Y			Evidence is disclosed in support of the audit conclusion subject to confidentiality requirements.

Ref	Conformance with the Standard	Y	P	N	Evidence
LGAN	Do the final communications of engagement results contain, where appropriate, the internal auditor's opinions and/or conclusions, building up to the annual internal audit opinion on the control environment?	Y			The internal auditors opinion and conclusions are clearly visible.
	When an opinion or conclusion is issued, are the expectations of senior management, the board and other stakeholders taken into account?	Y			Closure meetings are held with clients and audit reports are scrutinised by the Corporate Director of Resources and reported to the Audit Committee.
	When an opinion or conclusion is issued, is it supported by sufficient, reliable, relevant and useful information?	Y			Confirmed by the Head of Governance (CAE) who reviews all audit files.
	Where appropriate, do engagement communications acknowledge satisfactory performance of the activity in question?	Y			Satisfactory performance would be reflected in the overall conclusion issued.
	When engagement results have been released to parties outside of the organisation, does the communication include limitations on the distribution and use of the results?	Y			Whilst the engagement results are not released to parties outside of the organisation other than the Council's External Auditors, there is a paragraph within the report regarding the use of the report in respect of third parties.
LGAN	If the CAE has been required to provide assurance to other partnership organisations, has he or she also demonstrated that their fundamental responsibility is to the management of the	N/A	N/A	N/A	Internal Audit have not been asked to provide assurance to any partnership organisations.

Ref	Conformance with the Standard	Y	P	N	Evidence
	organisation to which they are obliged to provide internal audit services?				
	<i>2420 Quality of Communications</i>				
	Are communications:				
	a) Accurate?	Y			All documents are reviewed by the Head of Governance (CAE). Review notes are provided to correct any work that does not meet quality standards.
	b) Objective?	Y			
	c) Clear?	Y			Closure meetings are also used to agree factual accuracy of the report and findings.
	d) Concise?	Y			
	e) Constructive?	Y			Feedback is used to ensure auditees are happy with how the audit was conducted.
	f) Complete?	Y			The client is provided with an opportunity to challenge whether they consider the report to be constructive as part of the closure meeting and again by attending Audit Committee if appropriate.
	g) Timely?	Y			
					The timeliness of reports is monitored and reported to Audit Committee.

Ref	Conformance with the Standard	Y	P	N	Evidence
	<i>2421 Errors and Omissions</i>				
	If a final communication has contained a significant error or omission, did the CAE communicate the corrected information to all parties who received the original communication?	Y			The closure meeting is designed to identify and resolve any significant errors or omissions, however the report would be re-issued where necessary.
	<i>2430 Use of 'Conducted in Conformance with the International Standards for the Professional Practice of Internal Auditing'</i>				
	Do internal auditors report that engagements are ' <i>conducted in conformance with the PSIAS</i> ' only if the results of the QAIP support such a statement?	Y			Reported as part of the Internal Audit Report annually in May.
	<i>2431 Engagement Disclosure of Nonconformance</i>				
	Where any non-conformance with the PSIAS has impacted on a specific engagement, do the communication of the results disclose the following:				
	a) The principle or rule of conduct of the <i>Code of Ethics</i> or <i>Standard(s)</i> with which full conformance was not achieved?	N/A	N/A	N/A	No specific engagements have been impacted on by non-compliance with the PSIAS.
	b) The reason(s) for non-conformance?	N/A	N/A	N/A	
	c) The impact of non-conformance on the engagement and the	N/A	N/A	N/A	

Ref	Conformance with the Standard	Y	P	N	Evidence
	engagement results?				
	<i>2440 Disseminating Results</i>				
	Has the CAE determined the circulation of audit reports within the organisation, bearing in mind confidentiality and legislative requirements?	Y			Reporting arrangements are documented within the Audit Charter.
	Has the CAE communicated engagement results to all appropriate parties?	Y			Audit reports are issued as appropriate to Directors, Heads of Service, key operational staff with the audit Committee and the External Auditor receiving all audit reports.
	Before releasing engagement results to parties outside the organisation, did the CAE:				
	a) Assess the potential risk to the organisation?	N/A	N/A	N/A	Engagement results have not been released to parties outside the organisation other than the Council's External Auditors; KPMG.
	b) Consult with senior management and/or legal counsel as appropriate?	N/A	N/A	N/A	
	c) Control dissemination by restricting the use of the results?	N/A	N/A	N/A	
	Where any significant governance, risk management and control issues were identified during consulting engagements, were	N/A	N/A	N/A	There are no such engagements undertaken presently.

Ref	Conformance with the Standard	Y	P	N	Evidence
	these communicated to senior management and the board?				
	<i>2450 Overall Opinion</i>				
	Has the CAE delivered an annual internal audit opinion?	Y			Presented to Audit Committee in May.
	Does the annual internal audit opinion conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control?	Y			See report presented to Audit Committee in May.
	Does the annual internal audit opinion take into account the expectations of senior management, the board and other stakeholders?	Y			The annual audit report is scrutinised by the Corporate Director of Resources (S151 Officer) and presented to Audit Committee for consideration.
	Is the annual internal audit opinion supported by sufficient, reliable, relevant and useful information?	Y			See report presented to Audit Committee in May.
	Does the communication identify the following:				
	a) The scope of the opinion, including the time period to which the opinion relates?	Y			All areas documented in the Annual Audit report.
	b) Any scope limitations?	Y			In providing an overall opinion on the

Ref	Conformance with the Standard	Y	P	N	Evidence
	c) The consideration of all related projects including the reliance on other assurance providers?	Y			Council's system of internal control, it should be noted that assurance can never be absolute. Internal Audit can only provide reasonable assurance that there are no major weaknesses in the areas reviewed.
	d) The risk or control framework or other criteria used as a basis for the overall opinion?	Y			
	Where a qualified or unfavourable annual internal audit opinion is given, are the reasons for that opinion stated?	N/A	N/A	N/A	Where a qualified or unfavourable opinion was given this would be fully explained in the annual audit report.
	Has the CAE delivered an annual report that can be used by the organisation to inform its governance statement?	Y			See AGS and section entitled 'Review of Effectiveness'.
	Does the annual report incorporate the following:				
	a) The annual internal audit opinion?	Y			See annual audit report considered by the Audit Committee in May.
LGAN	b) A summary of the work that supports the opinion?	Y			
LGAN	c) A disclosure of any qualifications to the opinion?	N/A	N/A	N/A	
LGAN	d) The reasons for any qualifications to the opinion?	N/A	N/A	N/A	
LGAN	e) A disclosure of any impairments or restriction in scope?	Y			

Ref	Conformance with the Standard	Y	P	N	Evidence
LGAN	f) A comparison or work actually carried out with the work planned?	Y			
	g) A statement on conformance with the PSIAS?	Y			
LN	h) The results of the QAIP?	Y			
LGAN	i) Progress against any improvement plans resulting from the QAIP?	Y			
LGAN	j) A summary of the performance of the internal audit activity against its performance measures and targets?	Y			Internal review feedback forms are referred to along with a comparison of the work actually carried out compared to that planned.
	k) Any other issues that the CAE judges is relevant to the preparation of the governance statement?	N/A	N/A	N/A	
4.6	2500 Monitoring Progress				
	Has the CAE established a process to monitor and follow up management actions to ensure that they have been effectively implemented or that senior management have accepted the risk of not taking action?	Y			At the end of each financial year, LCC or Mazars will select all level 1 and a sample of level 2 and 3 recommendations to ensure they have been implemented as intended.
	Where issues have arisen during the follow-up process, has the	N/A	N/A	N/A	Whilst no issues have arisen to date, up-to-date action plans would be provided

Ref	Conformance with the Standard	Y	P	N	Evidence
	CAE considered revising the internal audit opinion?				with new actions required / dates etc. The audit opinion would not be changed until the next full review.
	Do the results of monitoring management actions inform the risk-based planning of future audit work?	Y			See LCC/Mazars review of action plans which will drive future audit.
	Does the internal audit activity monitor the results of consulting engagements as agreed with the client?	N/A	N/A	N/A	There are no such engagements undertaken presently.
4.7	2600 Communicating the Acceptance of Risks				
	If the CAE has concluded that management has accepted a level of risk that may be unacceptable to the organisation, has he or she discussed the matter with senior management?	N/A	N/A	N/A	The Head of Governance (CAE) has not concluded this to date but would refer the matter to the Corporate Director of Resources (Section 151 Officer).
	If, after discussion with senior management, the CAE continues to conclude that the level of risk may be unacceptable to the organisation, has he or she communicated the situation to the board?	N/A	N/A	N/A	The Head of Governance (CAE) has not concluded this to date but would if appropriate refer the matter to the Audit Committee.

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