

<b>Requirement</b>	<b>GC</b>	<b>PC</b>	<b>DNC</b>	<b>Notes supporting assessment at 25 May 2021 (bold font = new/updated)</b>
<b>Mission of internal audit</b>	Y			
<b>Definition of Internal Auditing</b>	Y			<b>Some impairment with the redeployment &amp; secondment, but controls established. Y – to improving rm,g, ic</b>
<b>Core Principles</b>	Y			QAIP records the need to better demonstrate quality and continuous improvement
<b>Code of Ethics</b>	Y			<b>By end of June 2021 - Reissue and review self-assessments with newer guidance and reflect WoW action plans</b>
<b>1000 Purpose, Authority and Responsibility</b>	Y			<b>By end of June 2021 - All Charters will need to be reviewed in terms of access to records, building and staff and build in remote auditing protocols</b>
<b>1100 Independence and Objectivity</b>	Y			
1110 Organisational Independence	Y			<b>The 6 auditors redeployed will not conduct audits in those areas – no Board sets HoIAS pay</b>
1111 Direct Interaction with the Board	Y			
1120 Individual Objectivity	Y			
1130 Impairment to Independence or Objectivity	Y			<b>By end of June 2021 – update for guidance on fraud responsibility at all but city</b>
<b>1200 Proficiency and Due Professional Care</b>	Y			
1210 Proficiency	Y			<b>ICT audit resource is being trained up internally + new users of data analytics + CF trainee</b>
1220 Due Professional Care	Y			
1230 Continuing Professional Development	Y			
<b>1300 Quality Assurance and Improvement Programme</b>	Y			Designed & implemented but needs updates on actions
<b>1310 Requirements of the Quality Assurance and Improvement</b>	Y			

Programme				
1311 Internal Assessments	Y			
1312 External Assessments	Y			EQA was completed in March 2018 'generally conforms'. <b>No desire to f/u early so plan in November 22 for March 23</b>
1320 Reporting on the Quality Assurance and Improvement Programme	Y			Needs to be re-imagined in terms of new normal
<b>1321 Use of 'Conforms with the International Standards for the Professional Practice of Internal Auditing'</b>	Y			
<b>1322 Disclosure of Non-conformance</b>	Y			
<b>4 Performance Standards</b>	Y			
<b>2000 Managing the Internal Audit Activity</b>	Y			
<b>2010 Planning</b>	Y			<b>20-21 predominantly reactive - New approach to 21-22. Needs to link to a strategy document</b>
2020 Communication and Approval	Y			<b>County re-established 21-22</b>
2030 Resource Management	Y			
2040 Policies and Procedures	Y			<b>DA strategy + remote working</b> Audit manual needs updating to incorporate remote working procedures
2050 Coordination	Y			<b>Look for other assurance in ToE</b>
2060 Reporting to Senior Management and the Board	Y			<b>Board yes – SMT will be for Ci and Co</b>
2070 External Service Provider and Organisational Responsibility for Internal Auditing	Y			<b>I always inform City and Fire</b>

2100 Nature of Work	Y			
2110 Governance	Y			
2120 Risk Management	Y			
2130 Control	Y			
2200 Engagement Planning	Y			<b>Move to a consistent ToE + ToEs for grants</b>
2210 Engagement Objectives	Y			Need a further understanding of Value for money criteria
2220 Engagement Scope	Y			Need a further understanding of significant consulting opportunities requirements especially in light of the change to 'quick response' audits
2240 Engagement Work Programme	Y			
2300 Performing the Engagement	Y			<b>Adopted IIA principles and guidance on remote working. Further work on skepticism</b>
2310 Identifying Information	Y			
2320 Analysis and Evaluation	Y			<b>Everyone basic DA</b>
2330 Documenting Information	Y			
2340 Engagement Supervision	Y			
2400 Communicating Results	Y			
2410 Criteria for Communicating	Y			
2420 Quality of Communications	Y			
2421 Errors and Omissions	Y			

2430 Use of ‘Conducted in Conformance with the International Standards for the Professional Practice of Internal Auditing’	Y			
2431 Engagement Disclosure of Non-conformance	Y			
2440 Disseminating Results	Y			
2450 Overall Opinion	Y			
2500 Monitoring Progress	Y			
2600 Communicating the Acceptance of Risks	Y			

**Explanations of ‘conformance’**

**GC – “Generally Conforms”** means the assessor has concluded that the relevant structures, policies, and procedures of the activity, as well as the processes by which they are applied, comply with the requirements of the individual *Standard* or element of the Code of Ethics in all material respects. For the sections and major categories, this means that there is general conformity to a majority of the individual *Standards* or elements of the Code of Ethics, and at least partial conformity to the others, within the section/category. There may be significant opportunities for improvement, but these should not represent situations where the activity has not implemented the *Standards* or the Code of Ethics, has not applied them effectively, or has not achieved their stated objectives. As indicated above, general conformance does not require complete/perfect conformance, the ideal situation, “successful practice,” etc.

**PC – “Partially Conforms”** means the evaluator has concluded that the activity is making good-faith efforts to comply with the requirements of the individual *Standard* or element of the Code of Ethics, section, or major category, but falls short of achieving some major objectives. These will usually represent significant opportunities for improvement in effectively applying the *Standards* or Code of Ethics and/or achieving their objectives. Some deficiencies may be beyond the control of the activity and may result in recommendations to senior management or the board of the organisation.

**DNC – “Does Not Conform”** means the evaluator has concluded that the activity is not aware of, is not making good-faith efforts to comply with, or is failing to achieve many/all of the objectives of the individual *Standard* or element of the Code of Ethics, section, or major category. These deficiencies will usually have a significant negative impact on the activity’s effectiveness and its potential to add value to the organisation. These may also represent significant opportunities for improvement, including actions by senior management or the board.

**Neil Jones, Head of Internal Audit & Assurance Service, Leicestershire County Council 25 May 2021**