



**Cairngorms National  
Park Authority  
Strategic Internal Audit Plan  
2021/22 – 2023/24**



# Cairngorms National Park Authority

## Strategic Internal Audit Plan 2021/22 – 2023/24

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# Introduction

**Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.**

Section 3 – Definition of Internal Auditing, Public Sector Internal Audit Standards

The PSIAS require the Chief Internal Auditor to produce a risk-based plan, which takes into account Cairngorm National Park Authority's risk management framework, its strategic objectives and priorities and the views of senior managers and the Audit & Risk Committee. The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively and value for money is being achieved.

Internal audit is only one source of assurance for the Audit & Risk Committee. Assurance on the management of risk is provided from a number of other sources, including the senior management team, external audit and the risk management framework itself.

This document sets out a strategic internal audit plan for the three-year period 2021/22 to 2023/24.

## Audit & Risk Committee action

This latest version of the audit plan reflects discussions with the Chief Executive and Director of Corporate Services in January 2021. All feedback received to date has been factored into the plan to ensure internal audit work is as relevant and targeted to CNPA's needs as possible, and that it is supporting management and the Board in addressing the organisation's key risks.

The Audit & Risk Committee is asked to review and approve the proposed Internal Audit Plan for 2021/22.

# Internal Audit Plan 2021-24

Audit area	2021/22	2022/23	2023/24	Risk Register Ref	Audit objectives
<b>A. Financial systems</b>					
A.1 Financial management and reporting	8			Financial risks	Review of financial planning, budget management and reporting to management and the board.
A.2 Payroll and expenses		6		Financial risks	Review of the controls in place for the payment of staff salaries and expenses. Potential to utilise data analytics to undertake 100% sampling.
A.3 Expenditure and Creditors		7		Financial risks	Review of the controls over the processing and monitoring of expenditure and creditor payments.
<b>Subtotal A:</b>	<b>8</b>	<b>13</b>			
<b>B. Governance and Corporate Systems</b>					
B.1 Assurance Mapping of Major Projects	8			All	Review of the mechanisms in place to ensure the Board are being provided with assurance over projects where CNPA acts as accountable body.
B.2 Strategic Planning		8		A23, A21	Review of process for developing corporate plans, including engagement with stakeholders.
B.3 Risk Management			7	All	Review of the policies, procedures and practices in place to support robust risk management within CNPA. Work will build on the Risk Appetite work being undertaken by the Board.
B.4 Partnership Management			8	A9.3	Review of the policies, procedures and mechanisms in place to work with CPNA partners and provide assurance on partnership arrangements. To be undertaken towards the end of 2021/22 and will consider how CRM is aiding in partnership management.
<b>Subtotal B:</b>	<b>8</b>	<b>8</b>	<b>15</b>		

<b>C. Operational</b>					
C.2 Legacy Liabilities		7			Review to ensure resource commitments made as part of prior projects are appropriately captured, budgeted and reported on.
C.5 Health and Safety			7		To review the operation and reporting on Health and Safety policies and procedures.
C.6 Workforce Planning		8		A12.2, A9.3	Review of the arrangements in place for planning future workforce needs to deliver strategies and corporate plans. Will also consider the recruitment and retention arrangements in place for staff.
C.7 Procurement		8		Financial Risk	Review of the arrangements in place over the procurement of services.
<b>Subtotal C:</b>		<b>23</b>	<b>7</b>		
<b>D. Information technology</b>					
D.1 ICT Strategy	7			A17, A13	Review to ensure an up to date ICT strategy is in place and being actively maintained.
D.2 GDPR		7			To assess compliance/progress in relation to the general data protection regulation.
D.3 Cyber Security	7			A18	Review of the arrangements in place to mitigate cyber security risks.
<b>Subtotal D:</b>	<b>14</b>	<b>7</b>			
<b>E. Compliance and Regulatory</b>					
E.1 LEADER Administration	7			A11.1, A11.2	To provide assurance on compliance with SLA between CNPA and Scottish Government on administration of EU LEADER funding.
E.2 Follow Up	3	3	3		To provide independent assurance to the audit and risk committee that agreed actions from previous internal audit reports are implemented as planned.
<b>Subtotal E:</b>	<b>10</b>	<b>3</b>	<b>3</b>		
<b>F. Management</b>					

Internal audit management and administration	2	2	2	
Audit and Risk Committee planning, reporting and attendance	3	3	3	
Audit needs analysis - strategic and operational IA planning	3	3	3	
Contract management	2	2	2	For coordination and efficiency
Annual internal audit report	1	1	1	
<b>Subtotal F:</b>	<b>11</b>	<b>11</b>	<b>11</b>	
<b>TOTAL</b>	<b>51</b>	<b>65</b>	<b>36</b>	

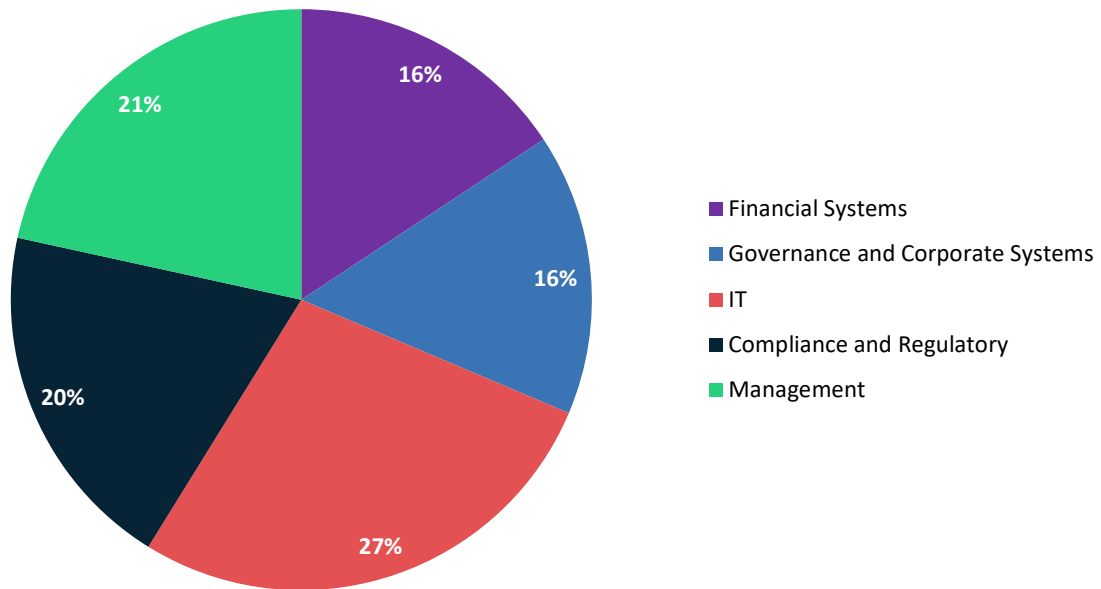
In addition to the 2021/22 scheduled audits outlined above management and Internal Audit will revisit this plan throughout the year to determine if the following audits can be undertaken in the year, subject to CNPA resources:

- Health and Safety
- Grant Awards

# Allocation of audit days

The table below demonstrates how the internal audit days for 2021/22 are allocated across each area of the audit universe (Appendix 2).

Allocation of audit days



# Internal audit approach

## Supporting the Governance Statement

Our Internal Audit Plan is designed to provide Cairngorms National Park Authority, through the Audit & Risk Committee, with the assurance it needs to prepare an annual Governance Statement that complies with best practice in corporate governance. We also aim to contribute to the improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

## Compliance with best practice

Azet's internal audit methodology complies fully with the Public Sector Internal Audit Standards (PSIAS), which cover the mandatory elements of the Chartered Institute of Internal Auditors' International Professional Practices Framework.

## Risk based internal auditing

Our methodology links internal audit activity to the organisation's risk management framework. The main benefit to Cairngorms National Park Authority is a strategic, targeted internal audit function that focuses on the key risk areas and provides maximum value for money.

By focussing on the key risk areas, internal audit should be able to conclude that:

- Management has identified, assessed and responded to Cairngorms National Park Authority's key risks;
- The responses to risks are effective but not excessive;
- Where residual risk is unacceptably high, further action is being taken;
- Risk management processes, including the effectiveness of responses, are being monitored by management to ensure they continue to operate effectively; and
- Risks, responses and actions are being properly classified and reported.

We have reviewed Cairngorm National Park Authority's risk management arrangements and have confirmed that they are sufficiently robust for us to place reliance on the risk register as one source of the information we use to inform our audit needs assessment.

## Audit needs assessment

Our internal audit plans are based on an assessment of audit need. "Audit need" represents the assurance required by the Audit & Risk Committee from internal audit that the control systems established to manage and mitigate the key inherent risks are adequate and operating effectively. The objective of the audit needs assessment is therefore to identify these key controls systems and determine the internal audit resource required to provide assurance on their effectiveness.

Our audit needs assessment involved the following activities:

- Reviewing Cairngorms National Park Authority's risk register,
- Reviewing Cairngorms National Park Authority's corporate operational plan,
- Reviewing previous internal audit reports,



- Reviewing external audit reports and plans,
- Reviewing the Cairngorms National Park Authority's website and internal policies and procedures,
- Utilising our experience at similar organisations, and
- Discussions with senior management and the Audit & Risk Committee

The plan has also been cross-referenced to the Cairngorm National Park Authority's risk register as at November 2020. The audit universe is included at Appendix 2.

## Best value

Our work helps Cairngorms National Park Authority to determine whether services are providing best value. Every report includes an assessment of value for money; i.e. whether the controls identified to mitigate risks are working efficiently and effectively. Where we identify opportunities for improving value for money, we raise these with management and include them in the report action plan.

## Liaison with external audit

We seek to complement the areas being covered by Cairngorms National Park Authority's external auditor. We welcome comments on the internal audit plan from Grant Thornton at any time and we will formally discuss the plan with Grant Thornton on at least an annual basis. This will help us to target our work in the most effective manner, avoiding duplication of effort and maximising the use of total audit resource.

# Delivering the internal audit plan

## Internal Audit Charter

At Appendix 3 we have set out our Internal Audit Charter, which details how we will work together to deliver the internal audit programme.

## Internal Audit team – indicative staff mix

Grade	2021/22 Input (days)	Grade mix (%)
Partner / Director	6	12%
Manager	11	22%
Auditors	34	66%
<b>Total</b>	<b>51</b>	<b>100%</b>

## Internal Audit Team Contacts

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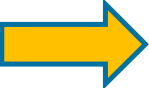




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# Appendix 1 – Corporate Risk Register





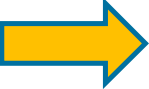




As part of our audit needs assessment, we reviewed the Corporate Risk Register (as at November 2020) to consider auditable areas against identified risks.







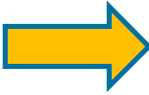


Risk	Ref	Resp	Mitigation	Comments	Trend Feb 20	Trend Aug 20	Trend Nov 20
Resources: public sector finances constrain capacity to allocate sufficient resources to deliver corporate plan.	A1	DC	<p>Preventative: Ongoing liaison with Scottish Government highlighting achievements of CNPA.</p> <p>Preventative: Corporate plan prioritised around anticipated Scottish Government budget allocations, taking on Board expectation of funding constraints.</p> <p>Remedial: Focus resource on diversification of income streams to alternate, non-public income generation.</p> <p>Remedial: Continuing to support “delivery bodies” such as Cairngorms Nature, LAG and OATS in securing inward investment.</p>	<p>Work with Scottish Government has successfully secured resources adequate to cover Corporate Plan expectations into the third year of the current 4 year Corporate Plan period. We also continue to take forward ideas for alternate income streams to support future investment, including collective work with all UK National Parks and now supporting work on charitable activities through Cairngorms Trust. Balanced budget for 20/21. Some risk escalation recognising varied COVID19 and EU Exit uncertainties into 21/22 Financial year.</p>			

<p>Resourcing / Staffing / Policy: extended impacts of COVID19 to organisation impacts core strategic objectives and requires early strategic plan review.</p>	<p>A23</p>	<p>DC</p>	<p>Remedial: separate COVID19 operations risk register established to help identify and mitigate specific risks.</p>	<p>Management of specific COVID strategic and operational risks are set out in the separate risk register document. Evidence over last quarter of COVID mitigation being effective and focus remaining on strategic objectives.</p>			
<p>Resourcing: UK vote to leave EU disrupts project delivery and financing plans and exposes Authority to longer term financial liabilities as a result of loss of EU funds.</p>	<p>A12.1</p>	<p>DC</p>	<p>Remedial: Risk management analysis of specific EU funded activities – particularly of Authority’s exposure as Accountable Body for LEADER. Instructions issued on timetable for funding commitments to be covered by CNPA.</p> <p>Remedial: Invest management time in opportunities to engage in new funding programmes designed to replace EU funding programmes.</p>	<p>LEADER funding contracts tailored to meet expected EU exit timetable. Greater clarity on Scottish Government position now in place.</p> <p>LEADER Programme delivery now extended until March 21 with some potential for further extension into 21/22 financial year. However, continued uncertainty around basis of EU exit and security of access to supply lines and data holdings now escalating risk.</p>			




<p>Resourcing: future community led local development funding currently delivered through LEADER is lost and creates a significant gap in our capacity to deliver against our community development priorities</p>	<p>A12.2</p>	<p>DC</p>	<p>Remedial: prioritise engagement in consultations and events around the future development of structural and community funding.</p> <p>Preventative: continue to support work of Cairngorms Trust in attracting voluntary donations toward community action – although this is likely to remain at a much smaller scale for some time.</p>	<p>Good access to other project funding for current strategic delivery period. This strategic risk begins to look beyond current corporate plan period.</p> <p>Engaged in Rural Economy Stakeholder Group with potential for future community led local development funding policy. However, significant uncertainty arising from lack of clarity from UK Government on Shared Prosperity Fund and distribution of funds into devolved administrations.</p>			
<p>Staffing: additional externally funded projects strains staff workload capacity with increased risks of stress and reduced morale.</p>	<p>A9.3</p>	<p>DC</p>	<p>Preventative: Ongoing review of Operational Plan with explicit identification of projects which can/must slip to accommodate successful funding bids. Importance of staff management and task prioritisation reinforced through leadership meetings.</p>	<p>Initial 2019 staff survey suggests some ongoing matters on workload management to be addressed while wellbeing results improving.</p> <p>Recent months of COVID response have escalated workloads and some increased risk assessed as consequence.</p>			

<p>Resourcing: Role as Lead / Accountable body for major programmes (e.g. LEADER, Landscape Partnership) has risk of significant financial clawback should expenditure prove to be not eligible for funding, while CNPA carries responsibilities as employer for programme staff.</p>	<p>A11.1</p>	<p>DC</p>	<p>Preventative: Ensure financial controls in place for programme management include effective eligibility checks. Test processes with funders if required and also undertake early internal audit checks. Workforce management plans must incorporate programme staff considerations. Ensure TGLP Management and Maintenance contracts are all in place to ensure eligibility of investment. Remedial: Utilise internal audit resources.</p>	<p>Very positive movement in resolution of monitoring and eligibility issues over summer 2018. Enhanced by full acceptance of all CNPA interpretations during 2019 with no eligibility issues outstanding at programme level. Residual risk around dispute resolution processes and uncertainty over eligibility judgements and interpretation made by SG audit. Some work on TGLP needed to ensure management and maintenance agreements are all in place.</p>			
<p>Resourcing: the end of major programme investments (Tomintoul and Glenlivet, LEADER) requires significant ongoing staffing to manage audit and legacy which the Authority finds difficult to resource,</p>	<p>A11.2</p>	<p>DC</p>	<p>Preventative: Early identification of post programme audit and legacy management and resourcing requirements and planning for those. Early engagement with Cairngorms Trust for LEADER and Landscape Partnership Programme Board to identify and finalise long term management arrangements.</p>	<p>Added by Management Team November 2019 An internal working group has been established to progress preventative mitigation actions. This area of work remains under review and risk status level.</p>			

Technical: Increasing ICT dependency for effective and efficient operations is not adequately backed up by ICT systems support.	A17	DC	Remedial: New ICT Strategy to be developed to reappraise position on IT dependencies and establish a focus for future digital development across the Authority. Clear action planning to evolve from final ICT strategic direction once agreed.	Added April 2018 Operational Management Group review. Cyber security and wider ICT functionality reviews completed. Some ongoing delays around IT elements of project delivery. IT has held up well over COVID response although wider infrastructure developments are delayed.			
Technical: Cyber security is inadequate to address risk of cyber-attack on systems	A18	DC	Preventative: Implementation of Scottish Government Cyber Security Action Plans and internal audit recommendations on IT security. Ongoing review of systems and procedures in tandem with LLTNPA.	Added by MT / OMG April 18. Cyber security plus accreditation received. Work underway to complete residual internal audit actions. Aware of increased risks highlighted by national agencies during COVID response.			
Resourcing: CNPA IT services are not sufficiently robust / secure / or well enough specified to support effective and efficient service delivery.	A13	DC	Preventative: We will develop and consult on the forward plans for ICT service development to ensure these meet service requirements. Commissioned external review of our IT and data management processes to be implemented to give assurance.	Risk added through staff consultation with Staff Consultative Forum Sep 2016. Actions implemented on Cyber Security. Very high levels of service availability. Risk escalation noted as a consequence of rapidly evolving service requirements as project delivery evolves and remote working becomes more entrenched.			

Resourcing: scale of asset responsibilities such as for paths, outdoor infrastructure is not adequately recognised and does not secure adequate forward maintenance funding.	A16	DC	Remedial: Review of accounting procedures and asset recognition policy; review of forthcoming accounting technical guidance. Ensure full consideration is given in budget reviews. Preventative: Alternate funding sources such as visitor giving to be explored more actively.	Added by MT / OMG April 18. Infrastructure maintenance issues exacerbated by end of existing agreement over Speyside Way Long Distance Route and end of maintenance period for some large scale investments – East Cairngorms Access Project (ECAP) for example.			
Resources: change in financing IT services and the switch from capital to revenue provision places an unmanageable pressure on the Authority's budget capacity.	A20	DC	Remedial: Monitor pattern of IT Investment costs as regards the capital and revenue split of resourcing requirements; build impacts into ongoing budget deliberations with Scottish Government.	Added by Audit Committee 8 March 2019 following "deep dive" IT risk review. 2020/21 budget estimates give balanced position between capital and revenue costs.			
Reputation: the Authority is not perceived to be appropriately addressing the potential for conflict between 4 statutory aims.	A21	GM	Preventative: Ensure Board policy papers and Planning Committee papers are explicit in recognising strategic policy conflicts between 4 statutory aims and in addressing the evaluation of the conflict.	Added by Audit Committee 8 March 2019 following internal audit report on strategic planning processes. May have to increase profile of this moving forward.			



<p>Technical: Business Continuity Plans (BCP) are inadequate to deal with significant impacts to normal working arrangements and result in service failure.</p>	<p>A22</p>	<p>DC</p>	<p>Preventative: Overhaul of BCP developed in 2014 with reporting on development of plans through Management Team and Audit and Risk Committee. Test BCP arrangements once plan in place and communicated. Remedial: internal audit review of COVID19 over winter 20/21 will lead into lessons learned on wider BCP.</p>	<p>Added by Audit Committee May 2019 following internal audit review of BCP. Some delay in finalisation of BCP documentation itself. However, work on BCP has considerably assisted in roll out of initial and ongoing responses to Coronavirus pandemic with evidence, including very positive staff feedback, that BCP implementation has been effective.</p>			
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# Appendix 2 – Internal Audit Universe

Auditable area	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Frequency
<b>A. Financial Systems</b>								
Project Financing			✓					
Grant Funding and Management								
Pensions Administration								
Payroll Administration			✓			✓		
Expense Claims Process			✓					
Procurement						✓		
Financial Reporting					✓			
Financial Ledger						✓		
Budget Management					✓			
Treasury and Cash Management						✓		
Expenditure and Creditors								
Income and Receivables								
Non-Current Assets								
Counter Fraud								
Financial Planning		✓			✓			
<b>B. Strategic and Governance</b>								
Corporate Governance	✓			✓				
Risk Management			✓				✓	
Strategic Planning		✓						
Strategic Engagement		✓						
Partnership Management		✓				✓		

Sickness Absence							
Estates and Asset Management (Outdoor Access Infrastructure)							
Legacy Liabilities					✓		
Marketing							
<b>C. Operational</b>							
Business Continuity Planning		✓		✓			
Project Management		✓	✓				
Resource Planning			✓		✓		
Communications and Social Media Strategy	✓						
Staff Objective Setting and Appraisal			✓				
Freedom of Information			✓				
Recruitment and Retention					✓		
Complaints Management							
Workforce Planning					✓		
Operational Planning							
Health and Safety							
Performance Management		✓					
<b>D. Information Technology</b>							
ICT General Controls Review	✓						
ICT Performance and Strategic Development	✓						

Network Management								
Data Management				✓				
IT Strategy					✓			
IT Security					✓			
GDPR						✓		
Disaster Recovery Planning				✓				
IT applications review								
Cyber Security					✓			
<b>E. Compliance and Regulatory</b>								
LEADER Administration	✓	✓	✓	✓	✓			
Follow Up	✓	✓	✓	✓	✓	✓		

# Appendix 3 – Internal Audit Charter

The mission for internal auditing is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

## Definition

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve Cairngorm's National Park Authority operations. It helps Cairngorm's National Park Authority accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

## Aim

The aim of this Charter is to set out the management by all parties of the internal audit process. The Charter sets out the context of the internal audit function, including the place of the Audit Committee, the key personnel, timescales and processes to be followed for each internal audit review.

## Role

The internal audit activity is established by the Board of Directors or oversight body (hereafter referred to as the Board). The internal audit activity's responsibilities are defined by the Board as part of their oversight role.

## Professionalism

The internal audit activity will govern itself by adherence to The Institute of Internal Auditors' mandatory guidance including the Definition of Internal Auditing, the Core Principles of Professional Practice of Internal Auditing, the Code of Ethics, and the International Standards for the Professional Practice of Internal Auditing (Standards). This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

The IIA's Practice Advisories, Implementation Guidance, Practice Guides, and Position Papers will also be adhered to as applicable to guide operations. In addition, the internal audit activity will adhere to Cairngorms National Park Authority's relevant policies and procedures and the internal audit activity's standard operating procedures manual.

## Authority

The internal audit activity, with strict accountability for confidentiality and safeguarding records and information, is authorised full, free, and unrestricted access to any and all of the organisation's records, physical properties, and personnel pertinent to carrying out any engagement. All employees are requested to assist the internal audit activity in fulfilling its roles and responsibilities. The internal audit activity will also have free and unrestricted access to the Board.

# Accountability

The Chief Internal Auditor will be accountable to the Audit & Risk Committee and will report administratively to the Director of Corporate Services.

The Audit & Risk Committee will approve all decisions regarding the performance evaluation, appointment, or removal of the Chief Internal Auditor.

The Chief Internal Auditor will communicate and interact directly with the Audit & Risk Committee, including between Audit & Risk Committee meetings as appropriate.

# Independence and objectivity

The internal audit activity will remain free from interference by any element in the organisation, including matters of audit selection, scope, procedures, frequency, timing, or report content. This is essential in maintaining the internal auditors' independence and objectivity.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, they will not implement internal controls, develop procedures, install systems, manage risks, prepare records, or engage in any other activity that may impair internal auditor's judgment.

Internal auditors must exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors must make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.

The Chief Internal Auditor will confirm to the Audit & Risk Committee, at least annually, the organisational independence of the internal audit activity. Any interference experienced should be disclosed by the Chief Audit Executive to the Board and the implications discussed.

# Scope and responsibility

The scope of internal auditing encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management, and internal control processes in relation to the organisation's defined goals and objectives. Internal control objectives considered by internal audit include:

- Consistency of operations or programs with established objectives and goals and effective performance.
- Effectiveness and efficiency of operations and employment of resources.
- Compliance with significant policies, plans, procedures, laws, and regulations.
- Reliability and integrity of management and financial information processes, including the means to identify, measure, classify, and report such information.
- Safeguarding of assets.

Internal Audit is responsible for evaluating all processes ('audit universe') of Cairngorms National Park Authority, including governance processes and risk management processes. In doing so, internal audit maintains a proper degree of coordination with external audit and where practical other assurance providers.

Internal audit may perform consulting and advisory services related to governance, risk management and control as appropriate for the organisation. It may also evaluate specific operations at the request of the Audit & Risk Committee or management, as appropriate.

Based on its activity, internal audit is responsible for reporting significant risk exposures and control issues identified to the Audit & Risk Committee and to senior management, including fraud risks, governance issues, and other matters needed or requested by Cairngorms National Park Authority.

## Annual internal audit plan

The audit year runs from 1 April to 31 March.

At least annually, the Chief Audit Executive will submit to the audit committee an internal audit plan for review and approval. The internal audit plan will detail, for each subject review area:

- The outline scope for the review,
- The number of days budgeted,
- The timing, including which Audit & Risk Committee the final will report will go to,
- The review sponsor.

The Chief Audit Executive will communicate the impact of resource limitations and significant interim changes to senior management and the Board.

The internal audit plan will be developed based on a prioritisation of the audit universe using a risk-based methodology, including input of senior management. Prior to submission to the Audit & Risk Committee for approval, the plan will be discussed with appropriate senior management. Any significant deviation from the approved internal audit plan will be communicated through the periodic activity reporting process.

## Assignment Planning and Conduct

An assignment plan will be drafted prior to the start of every assignment setting out the scope, objectives, timescales and key contacts for the assignment.

Specifically, the assignment plan will detail the timescales for carrying out the work, issuing the draft report, receiving management responses and issuing the final report. The assignment plan will also include the name of the staff member who will be responsible for the audit (review sponsor) and the name of any key staff members to be contacted during the review (key audit contact).

The assignment plan will be agreed with the review sponsor and the key audit contact (for timings) before the review starts.

## Reporting and Monitoring

The internal auditor will discuss key issues arising from the audit as soon as reasonably practicable with the key contact and/or review sponsor, as appropriate.

A written report will be prepared and issued by the Chief Audit Executive or designee following the conclusion of each internal audit engagement and will be distributed to the review sponsor and key contacts identified in the assignment plan for management responses and comments.

Draft reports will be issued by email within 15 working days of fieldwork concluding. The covering email will specify the deadline for management responses, which will normally be within a further 10 days. The management comments and response to any report will be overseen by the review sponsor. Internal Audit will make time after issuing the draft report to discuss the report and, if necessary, meet with the review sponsor and/or key contact to ensure the report is factually accurate and the agreed actions are clear, practical, achievable and valuable.

The internal auditors will issue the final report to the review sponsor and the Director of Corporate Services. The final report will be issued within 10 working days of the management responses being received. Finalised internal audit reports will be presented to the Audit & Risk Committee. Finalised internal audit outputs must be in the hands of the Director of Corporate Services by prescribed dates annually.

The working days set out above are maximum timescales and tighter timescales may be set out in the assignment plan.

The internal audit activity will follow-up on engagement findings and recommendations. All significant findings will remain in an open issues file until cleared.

## Audit & Risk Committee

The Audit & Risk Committee meets four times a year, normally in March, June, September and November. Dates for Audit & Risk Committee meetings will be provided to internal audit as soon as they are agreed. The Chief Internal Auditor and/ or Internal Audit Manager will attend all meetings of the Audit & Risk Committee.

Internal audit will schedule its work so as to spread internal audit reports reasonably evenly over Audit & Risk Committee meetings. The annual internal audit plan will detail the internal audit reports to be presented to each Audit & Risk Committee meeting.

The internal auditor will generally present specific reports to the committee as follows:

Output	Meeting
Annual internal audit plan	March
Follow-up report	March
Annual report	March
Progress report	All meetings

The Audit & Risk Committee will meet privately with the internal auditors at least once a year.

## Periodic Assessment

The Chief Audit Executive is responsible for providing a periodic self-assessment on the internal audit activity as regards its consistency with the Audit Charter (purpose, authority, responsibility) and performance relative to its Plan.



In addition, the Chief Internal Auditor will communicate to senior management and the Audit & Risk Committee on the internal audit activity's quality assurance and improvement programme, including results of on-going internal assessments and external assessments conducted at least every five years in accordance with Public Sector Internal Audit Standards.

## Review of Charter

This Charter will be reviewed by both parties each year and amended if appropriate.

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