Report of the Director of Policy and Resources   Agenda Item No. 8
                                                    Meeting: 28 June 2016

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

INTERNAL AUDIT - ANNUAL REPORT 2015/16

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1.   OBJECT AND KEY POINTS IN THIS REPORT

1.1   This report provides an opinion on the adequacy and effectiveness of the council's internal control environment based upon work carried out by Internal Audit in accordance with the approved 2015/16 audit plan. It also considers the effectiveness of the audit service. This provides the Audit Committee with an important source of assurance when considering the Annual Governance Statement.

1.2   The Internal Audit Annual report complies with the Public Sector Internal Audit Standards (PSIAS) and The Accounts and Audit Regulations 2015.

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2.   BACKGROUND INFORMATION

2.1   The requirement for Internal Audit is supported by statute in the Accounts and Audit Regulations 2015 and the Local Government Act 1972. The Accounts and Audit Regulations state that a "relevant body must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards of guidance". Each year the section provides an independent appraisal of internal control as a contribution to the proper economic, efficient and effective use of resources.

2.2   All audit work is risk assessed to ensure it is properly prioritised to target areas of highest risk. The annual audit plan is approved by the Audit Committee in April. The audit plan is flexible to respond to changing circumstances and emerging risks and work is re prioritised accordingly. Revisions, updates on progress on achieving the 2015/16 plan and key issues arising from the work were considered by the Audit Committee at

the September, January and April meetings. The 2015/16 audit plan contained 105 planned audit assignments of which 75 were substantially completed and 12 were in progress at year end (all other audits were deferred or cancelled). In addition 41 unplanned audit assignments were completed. These are listed in appendix A. The level of audit coverage during the year is considered sufficient to be able to offer an opinion on the overall adequacy and effectiveness of the organisation's control environment. Notwithstanding that some of the planned audits for the year have yet to be finalised, the fieldwork for these audits has not raised any findings that would cause the overall opinion to change.

2.3   An opinion on the level of adequacy of internal control is given on each audit to assist managers in assessing the level of reliance that can be reasonably placed on controls within systems and the coverage that they give against risk. The opinion given reflects the audit view of the appropriateness and effectiveness of controls in place and the associated compliance with those controls based on the audit work undertaken. The opinion was rated as follows during 2015/16:

Significant Assurance	**The system of internal control is designed to support the council's corporate and service objectives and controls are consistently applied in all the areas reviewed.**
Satisfactory Assurance	**There is generally a sound system of control designed to support the council's corporate and service objectives. However some improvements to the design or application of controls are required.**
Limited Assurance	**Weaknesses are identified in the design or inconsistent application of controls which put the achievement of some of the council's corporate and service objectives at risk in the areas reviewed.**
No Assurance	**There is weakness in control, or consistent non-compliance which places corporate and service objectives at risk in the areas reviewed.**

2.4   Recommendations for improvements were identified and agreed with relevant service managers to implement.   In 88% of audits issued (where an assurance level was applicable) significant or satisfactory assurance could be provided that the system of internal control was effective. Eleven reviews were assessed as providing only limited assurance; however, it is important to note that limited assurance means that some controls were confirmed as working well but there are some gaps or weaknesses in

controls that require improvement. In each case action has been taken to improve controls.

Reports issued
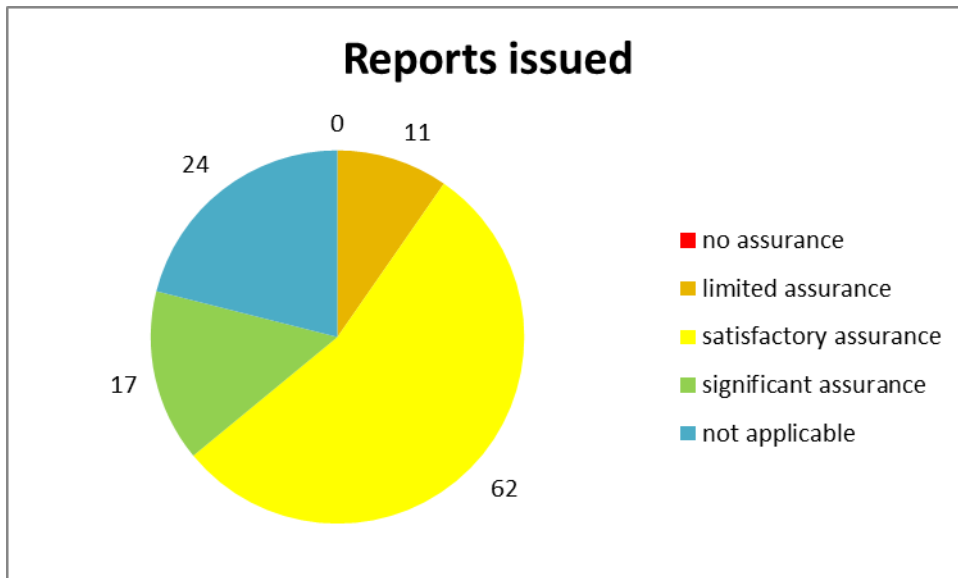
In all cases follow up work is scheduled to ensure internal control has improved

2.5 Based on our knowledge of the council's systems and procedures, the extent of work undertaken by Internal Audit, and as a result of the responses to audit recommendations, the overall assessment is that Internal Audit can provide assurance that systems were adequate and internal control generally effective during 2015/16. It must be acknowledged that internal control systems are designed to manage rather than eliminate the risk of failure therefore this statement can only provide reasonable and not absolute assurance of the effectiveness of the system of control.

In reaching our opinion the following factors were taken into particular consideration:-

Risk Management

2.6 We can give satisfactory assurance that the system for managing risk within the council is sound. The Risk Management Strategy and Action Plan is refreshed and approved annually, progress is monitored throughout the year and reported to the Risk Management Group and the Audit Committee. Strategic and operational risk registers are reviewed. The council's risk appetite has been determined and appropriately approved.

Corporate Governance

2.7 Corporate governance review arrangements were assessed as providing satisfactory assurance. The council has procedures and policies in place to demonstrate good corporate governance. The audit concluded that no aspects of the 57 requirements to achieve the core principles of the best practice framework are entirely unmet.

The council's Annual Governance Statement (AGS) is reported elsewhere on this agenda. The AGS supports the findings of the audit review that governance arrangements are generally good. A number of opportunities for improvement have been identified.

Fundamental Systems

2.8 The effectiveness of controls within the fundamental financial systems is assessed to provide assurance that the council's Statement of Accounts are based on accurate information and to provide assurance to the s151 Officer. External audit look to place reliance on our work wherever possible to minimise duplication of effort and maximise the overall audit resources available. In order to achieve this, the level of testing carried out complies with the Internal Audit/ External Audit protocol.
The fundamental financial systems reviews identified the following levels of assurance:

Fundamental System	Assurance level 2015/16	Assurance level 2014/15	Assurance level 2013/14
Payroll	Not complete - Significant predicted	Significant	Satisfactory
Creditors	Satisfactory	Satisfactory	Satisfactory
Debtors	Significant	Significant	Satisfactory
Local Taxation (Council Tax and NNDR)	Significant	Satisfactory	Significant
LCTS and Housing Benefits	Significant	Significant	Significant
Accounting system (e Financials)	Satisfactory	Significant	Significant
Cash Receipting	Significant	Significant	Satisfactory
Treasury Management	Significant	Significant	Significant
CareFirst (social service client database)	Not audited this year	Satisfactory	Satisfactory
Asset Management	Not audited this year	Satisfactory	Satisfactory

School Audits

2.9 Five school audits were completed during 2015/16; all were given satisfactory or significant assurance. The approach this year has been to complete a risk assessment and visit only the schools that appear to score the highest risk against a number of factors such as the results of the latest OFSTED, the audit opinion at the last audit and whether actions have been implemented and the degree to which schools rely on council provided services.

2.10 In addition, a financial compliance audit was completed which covered all schools and assessed compliance to the finance manual and local governance procedures in schools. The overall assurance level was satisfactory and the approach allowed for agreed actions to be addressed collectively with schools through Schools Finance and the governing body.

2.11 Other cross cutting audits were planned for the key risks of Information Governance, Website Information and eSafety. Governance was given limited assurance as schools were not fully aware of their requirements but this was addressed through the Services to Schools team. Website Information was satisfactory and eSafety deferred at the Assistant Director's request.

Counter fraud work

2.12 Internal audit provides the focus for the council's Counter Fraud Strategy. It promotes awareness across the council through individual assignments, control risk assessment questionnaires and fraud warning bulletins via the internal communication network. Each year proactive and reactive counter fraud work is identified within the audit plan and during 2015/16 the council's arrangements were reviewed and strengthened. Some of the work, previously reported to the Committee, includes:

- An update of the council fraud risk exposure profile for new and emerging risks.
- An update of the Counter Fraud Strategy (minor updates were made to reflect the demise of the NFA and the new role for the NCA in accepting money laundering referrals).
- Regular updates were provided on the separate counter fraud plan identified as part of the 2015/16 Internal Audit Plan to provide members with clear assurance on the adequacy of counter fraud arrangements. This included reviews of the council's anti money laundering and anti bribery arrangements (both assessed as satisfactory).

- Regular publicity on new and emerging risks of fraud through the counter fraud newsletter (Fraud Focus), posters and council wide communications.

2.13 Internal Audit operates the council's dedicated telephone hotline, email address and web facility for whistle blowers. The details were re-advertised with the revised strategy and appear in each Fraud Focus. The number of referrals received during 2015/16 was 227, which is a lower level than for 2014/15 (359). This reflects that in October 2015 the responsibility for investigating housing benefits transferred to the DWP; our website and hotline message were amended to reflect this, which resulted in a reduced volume of calls. Likewise the savings obtained in the year £33k was significantly lower than in the previous year £62K which also reflects the mid-year change.

2.14 There was an increase in the number of new investigations during 2015/16 (39 cases; 25 led by Audit) compared to 2014/15 (30 cases). In addition internal audit completed 13 investigations reported in previous years. In all cases Internal Audit worked with service managers and Human Resources colleagues to ensure appropriate action was taken and improvements to control issues were recommended. As a result of the investigations completed in 2015/16, there were two dismissals, five resignations, one written warning and management counselling was provided for 34 employees.

2.15 All recommendations are followed up to ensure there is an appropriate management response to audit reports. Generally appropriate action is taken, however, if necessary, slow or inadequate action in response to audit recommendations is reported to relevant Directors through Internal Audit's quarterly reports. If necessary, cases of non-response would also be reported to the Audit Committee. There no examples of poor response to audit recommendations to report to the Committee.

Savings

2.16 The Whistleblowers'/ fraud hotline calls provided savings of £33k relating to benefit/council tax and NFI (data matching) investigations identified £124k made up of:
- Council Tax /electoral roll £52k
- Benefits £50k
- Creditors £22K

Performance

2.17 The assessment of the effectiveness of Internal Audit is based on the following:

- Compliance with Best Practice as defined by The Chartered Institute of Public Finance and Accountancy's (CIPFA) PSIAS and Local Government Application Note and Statement on the Role of the Head of Internal Audit
- Customer feedback and endorsement
- Achievement of performance targets.

2.18 An assessment of the requirements set out in CIPFA's PSIAS and Local Government Application Note showed Internal Audit to be broadly compliant with the Standards (see appendix B). Areas of partial compliance and requirements that needed further consideration will be addressed at development sessions with Humber region colleagues (ERYC, HCC, NELC).

2.19 In January 2011 CIPFA issued the Statement on the Role of the Head of Internal Audit. The Statement is not mandatory but sets out what CIPFA considers best practice for Heads of Internal Audit. It sets out principles that define the core activities and behaviours that belong to the role of the Head of Internal Audit in public service organisations. CIPFA recommends that organisations should use the Statement as the framework to assess their existing arrangements. Appendix C shows the assessment presented to Audit Committee in June 2015 which shows a significant level of compliance; no areas for improvement were identified, this remains the same.

2.20 It is important to receive feedback on our work. Questionnaires are issued with each system review and establishment audit. Service managers are asked to comment on their satisfaction and value added from the audit work. All comments are appreciated and are used to improve our service delivery. Of the questionnaires returned 100% considered the conduct, manner and attitude of the staff good or excellent, exceeding the target of 98%.

2.21 The Internal Audit section has a quality assurance and improvement programme (QAIP) as required by PSIAS. There are predetermined performance measures and development issues set to monitor performance, set targets for improvements and provide comparison both internally and externally. The section also participates in national and local benchmarking exercises. Overall performance was good during 2015/16 and targets were met. Details are provided below:

	Target	Result	Last year's result
Completion of audit plan	85%	100%	100%
Follow up work confirmed acceptable progress on implementation of agreed audit recommendations	70%	70%	67%
Audits completed within agreed allocations	70%	85%	85%
Audits were reviewed by the supervisor within the timescale	70%	98%	100%
Audits were completed within agreed timescales	85%	85%	82%

2.22 Annual CIPFA benchmarking results were used to determine audit's VFM profile for 2015/16. Key cost comparisons used were:
• Net cost per chargeable day: 9th lowest out of 44 authorities
• Cost per auditor: 10th lowest out of 41 authorities

The cost comparisons were assessed against key performance outcomes and the service was evaluated as providing value for money (low cost/ high performance).

2.23 In addition to this internal review, external audit will seek to place reliance on internal audit's work in respect of the key financial systems identified as part of their risk assessment. External Audit will be able to place reliance on the work of Internal Audit if auditing standards are met. Feedback will be provided to the Head of Audit, Risk and Insurance at the end of external audit's planned work.

2.24 Based on the findings described in the above paragraphs Internal Audit is assessed as providing an effective service to the council.

Shared Service Development

2.25 The shared back office services initiative between North and North East Lincolnshire Councils has grown out of the need to provide efficient and effective support services at minimum cost. A joint internal audit team has been developed throughout 2015/16 to achieve service outcomes

such as resilience, efficiency and high service standards. The shared service became operational on 1st April 2016.

3. OPTIONS FOR CONSIDERATION

3.1 The Committee is asked to consider whether Internal Audit's Annual Report provides sufficient assurance on the adequacy of the council's internal control environment in 2015/16. Members may wish to ask questions and seek clarification as necessary. If it concludes that it does provide sufficient assurance the Committee is invited to approve the Internal Audit Annual Report for 2015/16.

3.2 The Committee may decide not to approve Internal Audit's Annual Report for 2015/16.

4. ANALYSIS OF OPTIONS

4.1 The Internal Audit Annual Report 2015/16 complies with professional guidance available and is designed to provide this Committee with the assurance required.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 Internal audit recommendations enhance internal control over the use of the council's resources.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 An Integrated Impact Assessment is not required.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 Consultation takes place at all stages of audit work. It affects the scope of audit work undertaken, the risk assessment of audit work, audit practices and products.

7.2 There are no conflicts of interests to declare.

8.   RECOMMENDATIONS

8.1   That the Audit Committee considers the assurance provided by the Internal Audit Annual Report for 2015/16 on the adequacy and effectiveness of the council's internal control environment.

8.2   That the Audit Committee approves the Internal Audit Annual Report for 2015/16.

DIRECTOR OF   POLICY AND RESOURCES

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Date: 27 May 2016

Background Papers used in the preparation of this report: None

Internal Audit Plan 2015/16

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
Fundamental Financial systems						
164 days	2014/15 fundamentals	●				
	2015/16 Fundamentals					
	Payroll			●		
	Creditors	●				
	Debtors	●				
	Cash Receipting	●				
	Main Accounting Ledger	●				
	Housing Benefits		●			
	Council Tax/NNDR		●			
	Treasury Management	●				
	CareFirst –Payments	●				
	Housing Benefit Subsidy claim	●				
	Pensions assurance	●				
	Welfare Reform					● (delay in implementation Universal Credit)
Corporate Governance						
20 days	2014/15 Corporate Governance evaluation	●				
30 days	2015/16 Corporate Governance evaluation	●				

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
	Back office shared service hub support	●				
Risk Management						
10 days	Annual review of risk management arrangements	●				
IT Audit						
112 days	Network Management (2014/15)	●				
	Change control (2014/15)	●				
	IT Governance					● (await shared service)
	IT Project Management Controls	●				
	Internet/Email Controls			●		
	Security of Mobile Devices					● (reduced resources
	Operating Systems	●				
	Telephone System					● (await shared service)
	IT Solution Centre	●				
	Public Sector Network	●				
Commissioning / Contract Audit						
45 days	Commissioning Contract Management – use of checklist Category Management In-sourcing / de-commissioning Construction Framework	● ●				● (client request) ● (client request)

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
Fraud Prevention and Detection						

160 days	Whistleblowers Hotline
	National Fraud Initiative (Data Matching)
	Fraud Preventative Measures
	Income audits/ misuse of public funds;
	    Home Choice Lincs
	    Highways Stores
	    Highways flexi & mileage
	    Leisure facilities Income
	    Leisure facilities Debtors
	    NL Business Network
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Council Wide Systems						

74 days	Partnerships (2014/15)
	Data Quality (2014/15)
	Budgetary Control
	Health and Safety
	Information Governance:
	    Freedom of Information
	    Records Management
	Public Health Assurance
	Public Health NHS Assessment
		•
		•
		•
		
		•
		
		•
		•
						• (await shared service)
						
						• (client delay)

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
Other Strategic risks						
202 days	Better Care Fund Governance	•				
	Better Care Sub Fund Assurance	•				
	Recruitment Policy	•				
	Sickness	•				
	Children in Care- Kingfisher Lodge	•				
	Mental Health	•				• At client request
	Child Protection					
	DBS Checks	•				
	Personal Budget Model		•			
	Contaminated Land					
	BDUK	•				
	South Humber Bank - grant	•				• (not required)
	HUTC	•				
	External Funding:					
	Flood Support for Businesses	•				
	Scottish Southern Energy	•				• (co-ordinated by HullCC)
	Springboard	•				
	LEP	•				
	Public Relations and Communications	•				
	Commercialism			•		
Key operational Risks						
295	4 School visits Schools assurance;					

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
	Website	●				● At client request
	eSafety					
	Information Governance	●				
	Financial compliance	●				
	Transport	●				● (reduced resources)
	Customer Services Management					
	Grant Certification (BSOG, Local Transport Capital Block Funding)	●				
	Section 17 Payments	●				● (reduced resources)
	Leave policies					
	Compensation for termination of employment	●				
	Settlement Agreements	●				
	Receiverships	●				
	Electoral Registration	●				
	Energy Management	●				
	Section 106	●				● (client request)
	Neighbourhood area teams	●				● (client request)
	Council website					
	Adult Income Follow up	●				
	Specialist learning		●			
	VCS funding	●				
	Public relations and communications	●				
	Members Allowances			●		
	Mayoral support					
	Children's personal budgets			●		● (reduced resources)

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
	Highways Alliance Closure (2014/15) Disabled Facilities Grants (2014/15) Music Service Support (2014/15) *Troubled Families Initiative	● ● ● ●				

Consultancy, Advice
200
	Advice and unplanned work as requested including commercial work
	  services to schools x 6
	  *KHCC grant claim
	* 24 internal investigations
	*Time recording
	*Autism Grant
	*Community capacity grant
	*Single sign on
	*Leavers
	*Enterprise grant
	*Continuing Health Care
	*New email system
	*Flood Resilience Grant
		4
		●
		24
		
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				2
				
				●		

Other 137 days	Follow up work. Audit plan and performance monitoring and reporting *Commissioning e-auctions Social media	● ●				

Audit Area/planned days	Audit Areas (*unplanned)	Complete	Draft report	Work in Progress	Not started	Deferred
	Flood management *Traffic Management Income *Mileage and Overtime *Commercial properties *Learning disability *Pre loaded cards *Loneworking *Economic Development	• • • • • •		•		• (full audit 2016/17)
TOTAL 1449						

Conformance with the PSIAS and the Local Government Application Note

Standards/Requirements	Evaluation/Comments
Code of Ethics	Requirement met and communicated in the audit charter
Attribute Standards	
1.Purpose, Authority and Responsibility	Requirement met and defined in the audit charter
2.Independence and Objectivity	Covers - Organisational Independence; Direct Interaction with the Audit Committee; Individual Objectivity; Impairment to Independence or Objectivity Impairment to Independence or Objectivity Requirements broadly met and defined in the audit charter
3.Proficiency and Due Professional Care	Requirements met and defined in the audit charter
4.Quality Assurance and Improvement Programme	*Covers* - Quality Assurance and Improvement Programme; Internal and External Assessments; Conforming with Professional Standards Requirements broadly met and defined in the audit charter however external assessments to be explored and PSIAS monitoring to be introduced.
Performance Standards	
1.Managing the Internal Audit Activity	Covers- Planning; Resource Management; Policies and Procedures; Reporting to Senior Management and the Audit Committee Requirements met and defined in the audit charter

2. Nature of Work	Covers- Governance Risk Management Internal Control
	Requirements met
2. Engagement Planning	Covers- Objectives; Scope; Resource Allocation; Work Programme
	Requirements broadly met defined in the audit charter however some aspects are not currently applicable (consultancy arrangements)
3. Performing the audit engagement	Covers- Identifying Information; Analysis and Evaluation; Documenting Information; Engagement Supervision
	Requirements met and defined in the audit charter however retention requirements need to be consistent with the council's policy (under development).
4. Communicating Results	Covers- Quality of Communications; Errors and Omissions; Conformance with Professional Standards; Disclosure of Nonconformance; Disseminating Results; Audit Opinion
	Requirements met and defined in the audit charter however PSIAS monitoring needs to be introduced.
5. Monitoring Progress	Requirements met
6. Communicating the Acceptance of Risks	Requirements met

Head of Internal Audit Statement Principles	Core HIA responsibilities	Non-Compliance / Areas for Improvement
The HIA in a public service organisation plays a critical role in delivering the organisation's strategic objectives by championing best practice in governance, objectively assessing the adequacy of governance and management of existing risks, commenting on responses to emerging risks and proposed developments.	Helping to promote the benefits of good governance throughout the organisation. Working with others in the organisation who have a responsibility for promoting good governance. Giving advice to the Leadership Team and others on the control arrangements and risks relating to proposed policies, programmes and projects. Promoting the highest standards of ethics and standards across the organisation based on the principles of integrity, objectivity, competence and confidentiality. Demonstrating the benefits of good governance for effective public service delivery and how the HIA can help. Offering consultancy advice where the HIA considers that it is appropriate, drawing up clear terms of reference for such assignments.	Decision making report checklist does not include specific reference to IA advice but does include finance therefore HIA receives all reports and agendas
The HIA in a public service organisation plays a critical role in delivering the organisation's strategic objectives by giving an objective and evidence based opinion on all aspects of governance, risk management and internal control.	Giving assurance on the control environment. This includes risk and information management and internal controls across all systems. Reviewing the adequacy of key corporate arrangements including eg risk strategy, risk register, counter fraud and corruption strategy, corporate plan. Producing an evidence based annual internal audit opinion on the organisation's control environment. Working closely with others to ensure that sufficient and relevant evidence is used. Where relying on others, clarifying the degree and basis for the reliance.	

	Reviewing significant partnership arrangements and major services provided by third parties and the controls in place to promote and protect the organisation's interests. Assessing whether lines of responsibility and assurance are clear.	
	Liaising closely with the external auditor to share knowledge and to use audit resources most effectively.	
	Producing an internal audit strategy that fits with and supports the organisation's objectives.	
	Reviewing the organisation's risk maturity (including the organisation's own assessment) and reflecting this in the strategy.	
	Consulting stakeholders, including senior managers and non-executive directors/elected representatives on the internal audit strategy.	
	Setting out how the HIA plans to rely on others for assurance on the organisation's controls and risks and taking account of any limitations in assurance given by others.	Liaison arrangements are restricted to external audit only
	Liaising with external inspectors and review agencies where appropriate when drawing up the internal audit strategy.	
	Liaising with the external auditor on the internal audit strategy, but not being driven by external audit's own priorities	
The HIA in a public service organisation must be a senior manager with regular and open engagement across the organisation, particularly with the Leadership Team and with the Audit Committee.	Escalating any concerns through the line manager, Chief Executive, Audit Committee and Leadership Team, legal officers, external auditor as appropriate.	
	Supporting the Audit Committee in reviewing its own effectiveness and advising the Chair and line manager of any suggested improvements.	
	Consulting stakeholders, including senior managers and non-executive directors/elected representatives on the internal audit strategy	

The HIA in a public service organisation must lead and direct an internal audit service that is resourced to be fit for purpose.	Leading and directing the internal audit service so that it makes a full contribution to and meets the needs of the organisation and external stakeholders.	
	Determining the resources, expertise, qualifications and systems for the internal audit service that are required to meet internal audit's objectives; using a full range of resourcing options including consultancy, working with others and buying in where appropriate.	
	Informing the Leadership Team and Audit Committee if there are insufficient resources to carry out a satisfactory level of internal audit, and the consequence for the level of assurance that may be given.	
	Implementing robust processes for recruitment of internal audit staff and/or the procurement of internal audit services from external suppliers.	
	Ensuring that the professional and personal training needs for staff are assessed and seeing that these needs are met.	
	Developing succession plans and helping staff with their career progression.	Within HR policies
	Establishing a quality assurance and improvement programme that includes:	
	– Ensuring that professional internal audit standards are complied with.	
	– Reviewing the performance of internal audit and ensuring that the service provided is in line with the expectations and needs of its stakeholders.	
	– Providing an efficient and effective internal audit service – demonstrating this by agreeing key performance indicators and targets with the line manager and Audit Committee; annually reporting achievements against targets.	
	– Putting in place adequate ongoing monitoring and periodic review of internal audit work and supervision and review of files, to ensure that	

	audit plans, work and reports are evidence based and of good quality.	
	– Ensuring that any internal auditors declare any interests that they have.	
	– Seeking continuous improvement in the internal audit service.	
	Keeping up to date with developments in governance, risk management, control and internal auditing, including networking with other HIAs and learning from them, implementing improvements where appropriate.	
	Demonstrating how internal audit adds value to the organisation.	
The HIA in a public service organisation must be professionally qualified and suitably experienced	The HIA for 2015/16 was Cipfa qualified and maintained Continuous Professional Development as part of this qualification, with a proven record in the role of HIA	