



Cardiff University

Internal Audit Manual

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*(*alignment to v0.6 of CHEIA Quality Assurance Toolkit)*

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(Any significant changes prior to this planned review date will result in an earlier review being completed as required)

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Introduction and background 1

Structured to ensure compliance with relevant Internal Audit standards

* This Audit Manual has been developed in keeping with the structure of the CHEIA Internal Audit Quality Assurance Toolkit, which was originally commissioned by HEFCE on behalf of CHEIA in 2005. The toolkit is periodically updated to take account of changes to IIA Standards and related standards (e.g. Public Sector Internal Audit Standards PSIAS) and emerging good practice.

Outlines key operating policies and procedures that govern IA

The Manual establishes the key operating policies and procedures that govern the internal audit (IA) activity with a further view to strengthening professionalism of the function and serving as a guidance document to staff at Cardiff University on the 'modus operandi' of the service.

IA function operational since 2017 with a refreshed methodology

The Internal Audit Service underwent a transformation from the Joint Internal Audit Unit (covering Cardiff and Swansea Universities) that was in operation up until March 2017. This was replaced by a refreshed service that was responsible for Cardiff University only. A new HIA and in-house team and co-sourced partners were recruited and contracted to deliver the Service.

Purpose of IA to provide independent, objective assurance and consulting activity designed to add value and improve operations

The purpose of the Internal Audit Service at Cardiff University is to provide independent, objective assurance and consulting activity designed to add value and improve Cardiff University's operations. The mission of internal audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight. The internal audit service helps Cardiff University accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

Key documents direct the IA function and approved by Audit & Risk Committee and Council



Application of the Standards 2

QAIP Ref. & Evidence		CIIA Standard
1. Purpose, authority and responsibility of the Internal Audit (IA) activity Internal Audit Charter	The Internal Audit Charter was agreed with the Vice-Chancellor in his role as Accountable Office, endorsed by Audit Committee in October 2020 and recommended to Council and approved in November 2020. The Charter is published on the intranet and the external facing website containing public information. The Charter in use is based upon the template issued by CIIA.	1000
		1010
		1110
		2100
2. Access within the institution Internal Audit Charter	<p>The Head of Internal Audit (HIA) and team has full unrestricted access, and this is granted via the Internal Audit Charter, section 4 of the Charter refers to authority, <i>"The Audit & Risk Committee authorises the internal audit service to:</i></p> <ul style="list-style-type: none"> - <i>Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information.</i> - <i>Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.</i> - <i>Obtain assistance from the necessary personnel of Cardiff University, as well as other specialised services from within or outside, in order to complete the engagement."</i> 	1000
		1111
3. Independence and objectivity of IA Internal Audit Charter RIPE Guidance for Advisory & Consultancy work	<p>The HIA reports to the Chair of Audit & Risk Committee, and substantively to the Chief Operating Officer. The Head of Internal Audit holds regular 1:1s with Chair of Council.</p> <p>In June each year, the Audit & Risk Committee receive the IA Audit Strategy and Plan with reference to the IA service's approach to advisory and consultancy work for approval.</p> <p>The internal audit planning document, the 'Risk Identification Plan & Evaluation (RIPE)' includes a section for disclosure of potential conflicts of interests linked to each audit assignment.</p> <p>Section 3 of the Internal Audit Charter refers to Independence & Objectivity of the IA service, <i>"Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others."</i></p>	1000
		1100
		1110
4 & 6. IA activity free from executive interference & responsibilities Annual Report Internal Audit Charter	<p>Under the HEFCW Financial Memorandum, the HIA is required to state in the Annual Report that the HIA has been unfettered in their reporting.</p> <p>Evidenced within section 3 of the Internal Audit Charter.</p>	1000
		1110
		1112
		1130
5. Council satisfied with status of HIA to fulfil responsibilities	The HIA is appointed as per the original job description 'with a level of gravitas appropriate within the organisation', appointed on the senior salary scale and subject to remuneration committee review for	1110

QAIP Ref. & Evidence		CIIA Standard
HIA Job Description	<p>salary amendments annually, as per an annual paper to Audit & Risk Committee and approved by Council.</p> <p>HIA receives circulation of UEB papers and attends Professional Services Leadership Network (PLSN).</p>	
7. Individual objectivity and organisational independence maintained	<p>A requirement for internal auditors to declare any conflicts is included within the planning of each audit assignment via the RIPE.</p> <p>Formal declaration is made within the Annual Report.</p> <p>All staff are required to declare any declarations of interest within the corporate system, Core HR.</p>	<p>1120</p> <p>1130</p>
RIPE Annual Report	<p>Consultancy assignments undertaken by IA are subject to issued guidance to ensure objectivity is maintained. In such instances, any subsequent related assurance assignments would typically be carried out by a different member of staff or externally sourced.</p>	
8 & 30. Knowledge, skills and competencies of IA resource	<p>All IA in-house staff are required to be professionally qualified.</p> <p>The probation and performance development reviews are used to document training needs, aligned to the annual IA programme.</p> <p>Skills assessments are completed for each audit assignment via the RIPE to identify any training requirements.</p> <p>External firms are engaged, in line with the procurement policy to undertake areas of work which fill a skills gap or where technical expertise is required, such as IT audit resource.</p>	<p>1210</p> <p>2030</p> <p>2230</p>
Recruitment Induction & PDR		
9. IA resources apply a risk-based approach	<p>All staff are required to be professionally qualified.</p> <p>The recruitment process incorporates a risk-based assessment.</p> <p>PDR process for continuous improvement and development.</p>	1210
Recruitment Induction & PDR		
10 & 42. Anti-fraud skills, resource and process	<p>Internal Audit have devised an Incident Assessment Form to allow a risk-based decision to be made and evidenced at the institution.</p> <p>Should specialist counter-fraud expertise be required for complex frauds, professional services firms are utilised. *</p> <p>The institution's Counter-Fraud Policy includes a Fraud Response Plan, which allows for an assessment to be made by a Panel* as to the most appropriate resource to be used (including the potential for an External specialist) to undertake specialist investigations. All procedures have been tested during live incidents.</p> <p>Through planned audit work, the RIPE form used at the planning stage, has a section that requires an assessment of fraud risks.</p> <p>The Counter-Fraud/Anti-Bribery internal control environment operating at the institution is subject to periodic review by IA.</p>	<p>1210</p> <p>2040</p> <p>2120</p> <p>2210</p>
Incident Assessment Form Counter-Fraud Policy RIPE		
11. IT skills and resource	<p>The IT programme is delivered by an external provider. There is budget available to allow key risks to be identified and assessed (for example using COBIT) and covered in a rolling programme of work.</p> <p>In-house IT related skills are kept up to date through skills assessments completed via the RIPE for each audit assignment and visibility of reporting from the external provider.</p>	1210
IA Strategy		

QAIP Ref. & Evidence		CIIA Standard
12 & 31. Consistency of IA approach and use of IT and audit tools (e.g. data analytics) Shared drive - file structure PAD RIPE IA Strategy Version Control	<p>All audit files are held electronically, which facilitates the agility of the team, and enables location flexible working .</p> <p>Each audit holds a unique reference number e.g. '202x/xx_Cxx', the file structure on the shared drive is set up at the start of each year. The process of version control is captured in a separate document.</p> <p>Audit templates are held on the shared drive, key to the consistent approach and delivery of each audit are the PAD and RIPE. File reviews are completed and evidenced within these documents for all assignments to support and drive consistency.</p> <p>The use of data analytics and other tools is severely limited by the maturity of data quality across the institution. This was initially addressed by the audit programme 2018/19 and is considered annually. IA are unable to progress maturity in this area until institutional maturity improves. However, consideration is given to the use of data analytics for each audit assignment via the RIPE.</p>	1210 2040
13 & 22. Skills / experience / qualifications of the HIA HIA Job Description	<p>The HIA Job Description requires that the post holder has significant relevant experience and be professionally qualified.</p> <p>Further details of required qualifications, experience and skills is detailed within the job description</p>	1210 1230
14. Professional due care is exercised by the IA function (experience, objectivity, training and judgement) Annual Report PAD Shared drive - file structure	<p>File review of each audit assignment is the predominant control over the due professional care exercised by the IA function. The HIA reviews the work of staff and in turn they review work completed by the HIA. All reviews are evidenced, which are held within the relevant audit assignment folder on the shared drive.</p> <p>Reference to conformance with the standards also given within the annual report, section 1.49 for example in 2020/21 version.</p>	1200 1220 1311
15. IA relevant knowledge of working context (HE Sector) Induction & PDR Objectives Induction Checklist RIPE	<p>Knowledge of the sector and ways of achieving this are given as objectives within probation and PDR reviews. Induction programme available for new starters drives knowledge acquisition.</p> <p>The in-house team are members of key sector groups, BUFDG, WONK HE and CHEIA and receive appropriate regular sector updates. This extends to Welsh context specific requirements.</p> <p>All in-house staff attend either the HIA Forum or the Practitioner's Forum of CHEIA.</p> <p>Assessment of skills and knowledge is considered for each audit assignment via the RIPE.</p>	1230
16. Training and continuing professional development (CPD) of IA staff IA Strategy PDR	<p>All staff are professionally qualified and are required to maintain CPD to retain professional membership.</p> <p>Training and CPD is also included within the probation and PDR process, referenced within the Audit Strategy.</p>	1230

QAIP Ref. & Evidence		CIIA Standard
	A training budget is determined from the PDR and the programme of work, which is included within the funding requirement put to the Audit & Risk Committee in June each year.	
17. IA appetite for innovation and new working practices to enhance service provision IA Strategy	<p>The HIA actively keeps abreast of current developments in the audit profession and considers application to service delivery.</p> <p>The HIA regularly maintains contact with other HIAs both in the HE sector via CHEIA and outside the sector via CIIA events, and the Wales HIA networking group. CIIA HIA forum membership and attendance at events at national level.</p> <p>Working practices and templates are considered at regular points including at team audit planning sessions and in advance of the new academic year.</p> <p>Appetite to incorporate data analytics into assignments where data maturity allows.</p>	1230 1300
18 & 20. Internal & External Assessments of IA Quality Assessment and Improvement Programme (QAIP)	<p>Internal review is completed for all work undertaken as part of day-to-day supervision prior to report release, as noted on the PAD and all published reports.</p> <p>IA completes the CHEIA peer review self-assessment annually and maintains a 'Quality Assurance and Improvement Programme' (QAIP). Annually the Audit & Risk Committee receive the QAIP action plan, results and next steps (typically October) and this is included in the Annual Report.</p> <p>Formal external review is planned for 2021/22, to be determined by the Audit & Risk Committee, paper presented outlining HEFCW Financial Management Code requirements in October 2021.</p>	1300 1310 1311 1320 1321 1322 2000 2240 2430 2431
19. Auditees opinion of quality of service received Annual Report	Feedback is gathered via several informal mechanisms, collated and reported annually to the Audit & Risk Committee (at their request) and included within the Annual Report.	1311
21. Appointment, removal & resignation of auditors HEFCW Financial Management Code Ordinances	<p>The HEFCW Financial Management Code details requirements for the appointment, removal, or resignation of internal and external auditors, where governing bodies are responsible for the appointment and removal of both internal and external auditors.</p> <p>Audit & Risk Committee advise on the appointment and termination of the Head of Internal Audit.</p> <p>Ordinances of the Audit & Risk Committee outline their responsibility to advise the governing body on the appointment of audit providers.</p>	1110
23 & 33. Development and progress of a risk-based Audit Strategy and Plan UEB Risk Register Audit Universe IA Strategy & Plan Progress Report Risk Assurance Map	<p>The University Executive Board's (UEB) Risk Register forms the starting point for the Audit Strategy and Plan. The risk register is laid over the Audit Universe and there is direct line of sight from the higher-level risks through to the Audit Programme for the year.</p> <p>Extensive consultation is undertaken during the planning process with management and governors.</p> <p>Risk assurance mapping processes are considered as they become embedded into the institution.</p>	1111 2010 2060

QAIP Ref. & Evidence		CIIA Standard
	<p>The programme is reviewed quarterly by UEB and the Audit & Risk Committee, and changes proposed are documented. KPIs are included within the progress report and notes any limitations.</p> <p>A level of contingency days are built into the plan to enable the service to respond to emerging risks.</p>	
24. Knowledge transfer available to support the IA function Contracts for co-sourced provision	<p>The IA function is supported by two co-sourced partners to address any gaps in the plan.</p>	1210
25. Processes to ensure IA are kept informed of institutional changes impacting the risk environment UEB, Council, committees of Council & sub-committee papers	<p>IA is on the distribution list for UEB, committees of Council and other sub-committees as required. Regular diarised meetings between HIA and the Chief Operating Officer, University Secretary, Director of Financial Operations and Chair of Council</p> <p>Annual planning meetings are held between the HIA and the Vice-Chancellor and Pro Vice-Chancellors as a minimum.</p>	2010
26. Audit Universe coverage of the institution and associated activities Audit Charter Audit Universe	<p>IA Charter specifically refers to 'Cardiff University and its affiliates' in section 6.</p> <p>The audit universe incorporates associated activities of the university, including the Student Union, joint ventures and subsidiary companies, and continues to be extended.</p>	1000 2010 2100 2201
27. IA resource adaptable to changing risk profile IA Strategy	<p>The 'IA Strategy, Plan and Budget' is presented to Audit & Risk Committee for review, endorsement and recommendation to Council, including that 'the resources are sufficient bearing in mind the University's risk profile'; and, proposed areas of coverage etc.</p> <p>Any additional requirements would be taken to Audit & Risk Committee for consideration when required.</p>	1110 2010 2030 2230
28. Communication of the approved IA Strategy IA Strategy	<p>The IA Strategy and Plan is received by University Executive Board, Audit & Risk Committee, and Council.</p>	2020
29. No limitations to scope of IA coverage IA Strategy	<p>IA audit coverage determined in the strategy and amendments approved by Audit & Risk Committee.</p>	2020 2030
32. IA overview of other assurance providers Annual Report RIPE	<p>A high-level risk assurance map has been completed to aid oversight of other assurance providers across the institution. Any external sources of assurance available are considered for each audit assignment via the RIPE.</p> <p>Time is built into the Audit Plan to accomplish an overview of other assurance providers and liaise with such providers, including discussions with external auditors, Wellcome and UKRI.</p>	2050

QAIP Ref. & Evidence		CIIA Standard
	<p>The co-ordination and alignment of external assurance sources is being led by IA at present. There is an increasing maturity of institutional assurance frameworks.</p> <p>Known assurance providers to IA include: UKRI funding assurance review, HTA external visit, HEPCW VfM report, C. G. Lees research funding assurance and the work of the KPMG data returns (commissioned by HEFCW).</p>	
34. Annual Report to Audit & Risk Committee for period under review	Annual Report presented to Audit & Risk Committee in October each year. In advance of this, the Annual Report is presented to University Executive Board for discussion and comment.	1000 1111 1300
HEFCW Financial Management Code Annual Report	In accordance with the HEFCW Financial Management Code the Annual Report provides an opinion of governance, risk management, internal controls, data quality and value for money, regards adequacy and effectiveness.	2060
35 & 59. Audit & Risk Committee monitor effectiveness and performance of IA	Quarterly progress report to each Audit & Risk Committee, which includes operational KPIs for monitoring purposes.	1100 2060
Quarterly progress report	Regular in camera meetings with the Audit & Risk Committee and the Chair in line with scheduled committee meetings.	2070
QAIP	IA self-assessment completed annually.	
CUC Audit Committee Code of Practice	The Chair of Audit & Risk Committee provides input to the HIA PDR, which feeds into HIA pay review.	
	The CUC Audit Committee Code of Practice (May 2020), refers to committee oversight of internal audit effectiveness, specifically 'Element 8: The Audit Committee exercises effective oversight of internal audit'.	
36. Mechanisms to promote adherence to ethical standards	Processes to direct adherence to ethical standards are embedded within the audit methodology including: the IA Charter (Section 2), independence & objectivity considerations for each assignment via the RIPE, and the requirement for all in-house staff to be qualified which require annual declarations to be made of conformance to ethical standards of relevant bodies.	1100 1120 1210 1220 1300 1311 1322 2000 2040 2431
IA Charter		
RIPE		
37. IA consideration of institutional governance	Included within the IA Charter, Strategy and opinion within the Annual Report.	1000 2100
IA Charter	Annual governance audit carried out to meet HEFCW FMC requirements for opinion. The annual report draws together emerging governance themes in the root cause analysis of emerging themes.	2110 2201
IA Strategy		
IA Annual Report	Council effectiveness review conducted periodically. Last review completed in 2020/21 which is included in the opinion.	
38. IA consideration of risk management	Included within the IA Charter, Strategy and Opinion within the Annual Report.	1000 2100

QAIP Ref. & Evidence		CIIA Standard
IA Charter	Annual risk management audit carried out to meet HEFCW FMC requirements for opinion. The annual report draws together emerging risk management themes.	2120
IA Strategy		2201
IA Annual Report		
39. IA consideration of internal controls	Included within the IA Charter, Strategy and Opinion within the Annual Report.	1000
		2100
IA Charter	Every audit considers the internal control environment which feeds into the annual opinion. The annual report draws together emerging themes via a root cause analysis.	2130
IA Strategy		2201
IA Annual Report		
40. IA consideration of value for money	Included within the IA Charter, Strategy and Opinion within the Annual Report.	1000
		2100
IA Charter	Every audit considers value for money arrangements which feeds into the annual opinion. The annual report draws together emerging themes via a root cause analysis.	2130
IA Strategy		2201
IA Annual Report		
Priority ratings of recommendations	The internal audit methodology includes the ability to raise VfM points within each audit, as well as looking to audit specific areas with a VfM slant.	
	Management assurances and external forms of assurances are considered in deriving the VfM opinion.	
41. Documented work programmes to achieve engagement objectives	At the planning stage of each audit the methodology requires the completion of a RIPE and PAD (Process Analysis and Design) form. Both are the foundation for the completion of the Terms of Reference which outlines risks, objectives covered and requirements of testing including the tools and techniques used. Each piece of work is bespoke. The same methodology is applied for consultancy/advice engagements.	2200
		2210
		2230
		2240
RIPE		
PAD		
Terms of Reference (ToR)		
43. Planning of individual audit assignments	Initial conversations are held with members of UEB when the HIA holds annual planning meetings. The HIA assigns an auditor who completes desk-based research to commence the completion of the PAD and RIPE.	2200
		2210
RIPE		2220
PAD		2230
ToR		
	Planning meetings with key contacts are arranged to discuss the audit area and associated risks to facilitate the completion of the RIPE and PAD, and ultimately a Terms of Reference.	
	Each audit is assigned a UEB Sponsor, determined by the risk register in most instances. Once the RIPE and draft ToR have been reviewed by HIA (or reviewer), a draft of the ToR will be shared with the UEB sponsor for agreement, which includes; scope (including any limitations where relevant), objectives, risks, deliverables and proposed timelines.	
	The audit will only commence once a final ToR has been released following agreement of the draft.	
44, 47, 48 & 50. Reports provide full and complete disclosure of material facts. Recommendations are	The PAD/RIPE are the key documents to connect the audit from planning through to the report. The summary of the PAD informs the overall conclusion of the audit. Audit close meetings are held for all assignments including advisory work. Format of close meetings differs depending on the assignment, PowerPoint presentation used for large assignments to relay findings through the discussion.	1311
		2300
		2310
		2320
		2330

QAIP Ref. & Evidence		CIIA Standard
identifiable from the PAD to IA report	HIA/alternate undertakes review of all working papers and evidence of this review is presented on the PAD. Paper files are not created, all information is held on the shared drive within the relevant audit assignment folder.	2340 2400
PAD		2410
RIPE		2421
Report Templates	Report templates are in place for assurance / advisory assignments, to be tailored as required and must demonstrate the link to audit risks from the ToR and PAD. Standard wording for conclusions agreed by Audit & Risk Committee and applied to all assignments within these templates.	2440
Shared drives	A separate follow-up template is in place. The style of reporting is extended to the external contractors, who badge their own reports but utilise our methodology and style.	
Assurance ratings	KPI's are used to monitor performance of the reporting process which are monitored by Audit & Risk Committee.	
45 & 51. Supervision of audit engagements and quality assurance	Audit review is captured for all assignments electronically, file review is evidenced on the RIPE, PAD and draft report, prior to release. In the instance where the HIA undertakes audit work, a review is undertaken by another member of staff.	1300 1311 2340
RIPE		2420
PAD	External sub-contracted auditors follow their agreed in-house QA protocols.	2430
Report Template	Team meetings provide opportunity to discuss lessons learned from each assignment, to continuously improve working practices.	
QAIP	QAIP conducted annually by HIA as a peer-reviewed self-assessment.	
46. Appropriate control over access to engagement records	Audit assignment engagement records are held on the shared drive. There is restricted access to the shared drive with only IA team members having access. An IA TEAMS site is available for use also for convenience and accessible to IA staff only. The shared drive remains the definitive and authoritative information source.	2040 2330
Management and protection of data: mandatory actions for internal auditors	IA only release audit ToR's and reports to the UEB Sponsor and Lead Contact, unless advised to circulate further or where required for completion of management response, e.g. a recommendation requires action from more than one department/school.	
Shared drive - file structure	Further details are provided in the 'Management and Protection of Data', which is mandatory for all IA staff. IA document retention and data policy maintained by IA, last updated April 2021. All university staff are required to annually complete mandatory 'Information Security' e-learning.	
49, 56 & 57. Management agreement of recommendations and procedures for dealing with disagreements	The reporting requirements are set out in the ToR for each piece of work undertaken. Management have 10 working days to provide a management response to the draft report, which requires a response to each recommendation (unless advisory), confirming if they agree or disagree with recommendations. On return, IA check for reasonableness of responses and timeliness of completion, prior to issuing as a final report. On receipt of the management responses IA will aim to issue the final report within 5 working days.	1111 2400 2410 2600
Report templates		
Audit & Risk Committee ToR		

QAIP Ref. & Evidence		CIIA Standard
IA Charter	<p>In instances where recommendations are not accepted, Audit & Risk Committee will be made aware of the discrepancy, and that management choose to accept the risk by not implementing the recommendation.</p> <p>Section 3 of the IA Charter refers, if there is interference with reporting or communication of risks and section 6, “the HIA will report periodically to senior management and the Audit & Risk Committee any response to risk by management that may be unacceptable to Cardiff University.” This is undertaken routinely via the Tracker.</p>	
52. Exclusion of recommendation from the report	This is not common practice but may happen if recommendations are grouped into an action category. All decisions are clearly documented on the PAD and reviewed audit report, providing direct line of sight from the RIPE and PAD, to the final report.	2330 2420 2440
PAD Reviewed draft report		
53. Audit opinions	Assurance ratings are documented and appended to every report, which were approved by the Audit & Risk Committee, 'Review of Internal Audit Assurance Ratings for 2017/18 - 17/34' to align directly with the risk management framework.	2040 2210 2410 2450
Assurance ratings	The HIA reviews all internally and externally produced work for consistency with this framework.	
54. Follow-up of prior year / in year IA recommendations	UEB and thereafter the Audit & Risk Committee (at each meeting) receives a report of the highly rated recommendations, 'the Tracker'. The Tracker lists all <i>Priority-1</i> recommendations, highlighting those outstanding and an IA assessment of the risk remaining to the business if recommendations are not implemented. The number of items on the tracker also contributes to the IA Opinion.	2500 2600
Tracker FUP report	The Tracker paper captures the progress of undertaking follow-ups of each audit assignment, where all categories of recommendation are followed up on and released as a separate report.	
55. Mechanisms in place to timetable the completion of audit work and deliverables	The IA Strategy and Programme outlines the timetable for completion of audit work. Regular updates are made to the Audit and Risk Committee as a standing item through the progress report, and amendments to the plan clearly shown and formally requested from the committee.	2000 2200
IA Strategy ToR	Each audit assignment terms of reference details proposed timelines and deliverables.	
58. Benchmarking of IA costs	Benchmarking of IA costs is included within Audit Strategy and Plan annually using the annual BUFDG survey output.	1110 2230
IA Strategy		
60. Audit & Risk Committee's assessment of the performance of IA	The Audit & Risk Committee receive the results of the QAIP for review and discussion, minutes of the meeting record the committee's response regarding performance.	1311
QAIP	<p>Audit & Risk Committee self-evaluation would also provide insight to performance of IA.</p> <p>Audit & Risk Committee Chair Annual Report to Council states “the committee has satisfied itself that reliance can be placed on the</p>	

QAIP Ref. & Evidence	CIIA Standard
Audit & Risk Committee self- evaluation Audit & Risk Committee Annual Report	reporting made by the Internal Audit function in place during the year”

1. Cardiff University Website – Internal Audit:
<https://www.cardiff.ac.uk/public-information/corporate-information/internal-audit>
2. Cardiff University Intranet – Internal Audit Service
<https://intranet.cardiff.ac.uk/staff/people-and-teams/view/473236-internal-audit-team>
3. Cardiff University Website – Audit & Risk Committee Terms of Reference:
<https://www.cardiff.ac.uk/documents/2503343-ordinances>
Audit & Risk Committee approval:
4. Internal Audit Charter (*October 2020 Meeting Book*)
5. Internal Audit Strategy and Plan (*Approved annually in October Meeting Book*)
6. Internal Audit Annual Report (*Approved annually in November Meeting Book*)
7. Progress Reports (*Presented at each Audit & Risk Committee Meeting*)
8. Tracker Report (*Presented at each Audit & Risk Committee Meeting*)
9. Quality Assessment and Improvement Programme (QAIP) (*Approved annually in October Meeting Book*)
10. Guidance for Advice and Consultancy Arrangements (*Approved in Paper 17'564 in June 2018 Audit & Risk Committee Meeting*)
Internal Audit Methodology & Templates
11. Audit Universe (IA Teams Site – Audit Universe)
12. Risk Identification Plan and Evaluation ([RIPE](#))
13. Process Analysis and Design ([PAD](#))
14. Terms of Reference ([ToR](#))
15. Report Templates:
 - a. [Assurance or Advisory Template](#)
 - b. Follow-up [Template](#)
16. [Assurance Ratings & priority ratings of recommendations](#)
17. Incident Assessment [Form](#)
18. Shared Drive – [File Structure](#)
19. [Management and protection of data](#): mandatory actions for internal auditors
20. [Version Control](#)
Internal Audit Resourcing
21. Head of Internal Audit [Job Description](#)
22. Senior Internal Auditor [Job Description](#)
23. Contracts for co-sourced provision – [Internal audit shared drive](#)
HR & corporate processes
24. PDR & Induction process (See intranet)
External documents
25. HEFCW Financial Management Code ([HEFCW FMC](#))
26. CUC Higher Education [Audit Committees Code of Practice](#) (May 2020)