

FAREHAM

BOROUGH COUNCIL

Report to Audit and Governance Committee

Date **22 July 2019**

Report of: **Head of Finance and Audit**

Subject: **HEAD OF AUDIT'S ANNUAL OPINION**

SUMMARY

This report sets out the Internal Audit coverage, findings and performance for 2018/19 and gives an overall assurance opinion on the adequacy and effectiveness of the Council's framework of governance, risk management and control.

It also covers the results of the Quality Assurance and Improvement Plan for the internal audit service for the year.

The Audit and Governance Committee's areas of responsibility for Internal Audit include: -

- a) to consider the head of internal audit's annual report and opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control together with the summary of the work supporting the opinion.*
- b) to consider reports from the head of internal audit on internal audit's performance, including conformance to the Public Sector Internal Audit Standards, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.*

RECOMMENDATION

It is recommended that the contents of the report are noted as a source of evidence for the 2018/19 Annual Governance Statement.

INTRODUCTION

1. This report covers the assurances that are available through the work of the Internal Audit service on the adequacy and effectiveness of the Council's framework of governance, risk management and control.
2. It is one of the key documents to inform this year's Annual Governance Statement.

ASSURANCES AVAILABLE TO SUPPORT THE OPINION

Completion of Planned Assignments

3. The revised audit plan for 2018/19 included 23 (27 last year) audit assignments of different types to give a good representation of the audit universe (which contains 162 audit titles). 17 of these assignments were to produce an audit opinion and 180 days, plus 50 days in-house support and contingency time, was assigned to this type of work.
4. At the time of giving this annual opinion, all but 3 of the 2018/19 assignments have been undertaken with sufficient coverage for conclusions to have been drawn and to be useable as a source of assurance. 18 (19 last year) have been fully completed and actions agreed with the Audit Sponsor.
5. Four pieces of work outstanding from previous plans have also now been completed or mostly completed, so are also relied upon for this report.
6. This is considered adequate coverage as set out in the Internal Audit Strategy to allow the annual opinion to be produced. [Appendices A and B](#) give the latest status of the assignments and the key assurance measures arising from the work.

Spread of Individual Assignment Opinions

7. The majority of assignments result in an individual assurance opinion which reflects the level of internal control found within the system for those areas tested. The table below provides a summary of this information compared to previous years:

| Table 1 - Spread of Assignment Assurance Opinions Given | | | | | |
|---|---------|------------|---------|---------|-------|
| Year | Strong | Reasonable | Limited | Minimal | Total |
| 2018/19 | 6 (30%) | 11 | 3 | 0 | 20 |
| 2017/18 | 5 (36%) | 7 | 2 | 0 | 14 |
| 2016/17 | 8 (47%) | 8 | 1 | 0 | 17 |
| 2015/16 | 4 (27%) | 11 | 1 | 0 | 16 |
| 2014/15 | 6 (40%) | 8 | 1 | 0 | 15 |

8. No opinions of 'Minimal Assurance' were issued again in the year. The audit of the service (Planning Applications) in the year which had undergone a "Systems Thinking" intervention was given a *Strong* assurance opinion.
9. There were three 'Limited Assurance opinions' awarded. The first was for the Markets audit, where a few weaknesses were found in monitoring that the contractor was complying to the specification.

10. The second was the follow up of last year's Dog Control audit where we were unable to give assurance that all income due to the Council was collected, or that the correct amounts had been paid for kennelling. Although some progress had been made to address the weaknesses this was not enough to fully sign off the recommendations.
11. The last is expected for the Cloud audit (report still at draft stage) which will be addressed by building in the service system plans and wider costings into the strategy and developing contract management skills for services being provided by a third party.
12. Managers are working with the audit team to implement a series of agreed actions for each of these audits.

Income or Expenditure Errors found

13. Errors are defined as spending we incurred when we shouldn't have, or uncollected income. Errors were found in fewer audits this year, in 3 audits (5 last year). However, the value of errors found increased, where they could be quantified. Income errors totalling £5,180 and expenditure errors totalling £1,430 were noted.

Implementation of Recommendations

14. During 2018/19, 15 of the audits included a review of the progress made with implementing previous recommendations. These covered 190 essential or important actions. Testing confirmed that **69%** of the recommendations have been implemented.
15. Of the recommendations followed up **28** were essential recommendations. Of these, 15 (54%) were closed as complete or no longer needed and all the rest were in progress.
16. The table below compares this to previous years.

| Table 2 – Trend in Implementation of Recommendations | | | |
|---|--|--------------------|--|
| | No of audits with recommendation reviews | No. of recs tested | % of recommendations tested signed off by audit as implemented or closed |
| 2018/19 | 15 | 190 | 69% + 18% in progress |
| 2017/18 | 6 | 20 | 35% + 24% in progress |
| 2016/17 | 4 | 8 | 50% |
| 2015/16 | 8 | 23 | 57% + 17% in progress |
| 2014/15 | 13 | 69 | 57% + 14% in progress |

17. The rest of the follow up work has not been completed in 2018/19. The communications team have been working up a user guide to help with the roll out of the new management system to services and to obtain an updated implemented status for the 390 actions outstanding on the database. This will be progressed in the 2019/20 plan.

Other Sources of Assurance in the Year

18. [Appendix C](#) lists other sources of assurance that have been available this year to support the Annual Audit Opinion. There is nothing significant to highlight.

Governance, Ethics and IT

Governance

19. A specific piece of governance work was carried out as part of the 2018/19 audit plan. This covered reviewing compliance of the operation of the Audit and Governance Committee with the latest guidance issued by the Chartered Institute of Public Finance and Accountancy.
20. An action arose because of this work to look at what partnership governance assurances are in place and how they flow to the Audit and Governance Committee.

Ethics

21. The Public Sector Internal Audit Standards require the *'internal audit activity to evaluate the design, implementation and effectiveness of the organisation's ethics-related objectives, programmes and activities'*. A programme of work has been drawn up to help provide on-going assurances on our ethics arrangements.
22. This year's work involved assisting implementation of the actions arising from last year's Focus Group and employee survey. Actions that have been completed include:
 - Rebranding the Whistleblowing Policy as the 'Raise a Concern' Policy to remove the negative connotations of "snitching".
 - Rolling out the new Procurement and Contract Procedure Rules and developing a "supplier spend" tool to help improve transparency and strengthen awareness on the need to demonstrate financial stewardship in purchasing decisions.
23. Actions not yet fully complete include:
 - Provide refresher training of managers on how to manage "concerns" brought to their attention and provide appropriate feedback.
 - Finalise and roll out briefings on the revised Employee Interests, Gifts and Hospitality Policy, and the new ways of registering these.

Information Technology Governance

24. The Public Sector Internal Audit Standards require the *'internal audit activity to assess whether the information technology governance of the organisation supports the organisation's strategies and objectives'*.
25. The conclusion arising from this work for 2018/19 is that the information technology governance of the Council is adequate to support the organisation's strategies and objectives. This is based on the risk discussions with the Head of Service and knowledge of the findings from the following computer audits:
 - Orchard audit (Housing system)
 - Software Control follow up
 - Cloud audit (at draft stage)
 - Follow up of 32 previous IT recommendations; especially the progress made in relation to Network security (at draft stage)

26. The work the organisation has carried out to continue to meet the Public Services Network (PSN) requirements was also noted as was the work being carried out by the new ICT Security Officer, particularly in relation to Data Protection Impact Assessments. However, there is still some work needed to clarify the ICT security policies and expand the ICT strategy for Cloud migration of the service systems.

Risk Management

27. In accordance with the latest risk management policy, all services were examined in the year and evidence of effective risk management compiled into two 6-monthly reports to the Committee.
28. A considerable amount of work was also carried out to finalise the project in the audit plan looking specifically at the strength of the Council's inspection regimes to identify risks and hazards on council land and property. This work is still at the exit meeting stage but has identified some areas where action is recommended.

HEAD OF AUDIT OPINION

29. I am satisfied that sufficient internal work has been undertaken to allow an opinion to be given on the adequacy and effectiveness of governance, risk management and control. However, it should be noted that as audit cannot review every decision and transaction of the council the opinion cannot provide absolute assurance.
30. Using the information outlined in this report, in the opinion of the Head of Finance and Audit, the Council had a framework of governance, risk management and control for the year 2018/19 which was generally working effectively, although some opportunities to strengthen arrangements were found in the year. There is awareness amongst managers about their top risks and the importance of control mechanisms within the Systems Thinking culture, and the need to address any major weaknesses found.
31. The opinion is based on the following evidence:
- no "minimal" audit assurance opinions were again given this year;
 - the service audited which have undergone a Systems Thinking intervention (Planning Applications) this year have been given a 'strong' audit assurance opinion;
 - income or expenditure errors were recorded in three audits in the year, totalling over £6,000;
 - new essential recommendations (12) were made in seven areas of audit but managers are taking action to address the issues found;
 - collaborative working with managers on 3 system areas in the year is leading to improved control and efficiency.
32. Significant areas noted where further action will enhance the adequacy and effectiveness of governance, risk management and control include:
- a) Rolling out training and support for contract management, including where IT systems are provided by a third party in the Cloud.
 - b) Strengthening debt collection and write off processes in a number of services.
 - c) Reviewing what partnership governance assurances are in place and how they flow to the Audit and Governance Committee*.

These issues had already been recognised by managers and they are working to address them.

33. There has been significant progress made on issues highlighted last year including:
- Finalising the framework agreements for spend with contractors and suppliers used by Housing, Property and Building Services, which were in breach of FBC Procurement and Contract Procedure Rules.
 - Carrying out manager briefings on the rules in the new Procurement and Contract Rules.
 - Improving management control and the equipment and stock controls in Ferneham Hall.
 - Carrying out proactive counter fraud campaigns.
34. Other issues highlighted last year where progress has been made but work is still needed are:
- a) Carrying out stock condition surveys and implementing asset management plans.
 - b) Fully embedding the new system for managing costs associated with housing repairs, or moving to an alternative system.
 - c) Rolling out the new action management system to services to improve the management of recommendations arising from audit reports, and update the data available on the level of implementation *.
 - d) Clarifying the ICT security policies for the Council.
35. The 2 issues above marked with an asterisk have been included in this year's Annual Governance Statement.

AUDIT SERVICE QUALITY ASSURANCE

36. As required by the Public Sector Internal Audit Standards (PSIAs), the service has developed a documented Quality Assurance and Improvement Plan (QAIP) which consists of a self-assessment against the standards, on-going monitoring arrangements and local performance measures.
37. The QAIP is designed to provide reasonable assurance to its key stakeholders that the service: *performs its work in accordance with its Charter; operates in an effective and efficient manner; is perceived by its key stakeholders as adding value and improving the service that it provides.*
38. The PSIAs require the Head of Internal Audit to report on the outcomes of the QAIP each year which is covered by the following sections.

Audit Independence

39. In conformance with PSIAs 1110, it is confirmed that that the internal audit activity was organisationally independent. This is assessed on the basis that the Head of Finance and Audit reported functionally to the Audit and Governance Committee during the year and had free and unfettered access to the Chief Executive Officer and Chair of the

Committee.

40. Whilst there is a potential conflict from the dual role of Head of Finance and Head of Audit there are compensating controls which are set out in the Audit Charter as follows:

| |
|--|
| The Head of Finance and Audit and the External Partner Authorised Officer (at Portsmouth City Council) will be a member of a professional accountancy or auditing body. |
| The Head of Finance and Audit will assume the auditee role in audits of specific finance and local taxation systems. |
| The majority of planned "opinion" work will be carried out by the auditors of the external partner who are not employees of the council and who report to their own head of audit. |
| The original copy of all audit reports submitted by the external partners will be filed as part of the audit trail for that audit. |
| Although the teams will liaise on the scope of the audit and the content of the final audit report, the External Partner Authorised Officer will be sent a copy of the final report allowing them to raise any concerns they have with the content with the Section 151 Officer. |
| The Section 151 Officer will meet annually with the External Partner Authorised Officer without the Head of Finance and Audit being present. |

41. The arrangements laid out in the Audit Charter were adhered to in the year.

Self-Assessment against the Standards

42. A revised set of standards came into practice last year. We carried out a self-assessment last year on our conformance with the changes. Our self-assessment this year continued our rolling review of conformance with 10 standards selected by the reviewing officer. The standards covered this year covered the following standards:

| | |
|------|---------------------------------------|
| 2300 | Performing the Engagement |
| 2310 | Identifying Information |
| 2320 | Analysis and Evaluation |
| 2340 | Engagement Supervision |
| 2400 | Communicating Results |
| 2410 | Criteria for Communicating |
| 2420 | Quality of Communications |
| 2421 | Errors and Omissions |
| 2440 | Disseminating Results |
| 2600 | Communicating the Acceptance of Risks |

No areas of not conformance were found.

43. Improvements made to processes since the last report included:
- ✓ Audit Charter updated to reflect the new standards including adopting the Mission, definition and core principles for Public Sector Internal Audit.
 - ✓ Revised Charter presented to senior managers at the Chief Executive's Assurance Group.
 - ✓ Completed 3 yearly review of the Internal Audit Strategy.
44. Our self-assessment for 2018/19 therefore concluded that we have fully conformed to 49 [48 last year] of the 52 applicable standards with partial conformance with the other

3. It should be noted that there are 128 parts making up the 52 standards.

45. Instances of non- or part conformance are given in [Appendix D](#); we are now down to those where no further action is planned to improve conformance. Due to the compensating controls documented, none of the areas are considered significant enough for reporting in the Annual Governance Statement.

Local Performance Measures

46. Three local performance measures were used for the service in 2018/19, as discussed below.

Completion of Plan

47. The first measure covers the amount of planned work that is finalised by the time of the Annual Report. There has been some improvement in this indicator again this year, as summarised in the table below.

| Table 3 – Completion of Plan | 2018/19 | 2017/18 | 2016/17 | 2015/16 | 2014/15 |
|---|----------------|----------------|----------------|----------------|----------------|
| % of reports finalised by time of Head of Audits Report | 78% (18/23) | 70% (19/27) | 68% (15/21) | 59% (13/22) | 29% (6/21) |

Time Taken to Deliver Assignments

48. The second measure covers the length of time between the initial audit scoping meeting with the customer and the provision of a final report for the work. This is a known area of weakness for the service and there has been an improvement on last year.

| Time Taken | 2018/19 | 2017/18 | 2016/17 | 2015/16 |
|---|----------------|----------------|----------------|----------------|
| Average number of calendar months between start and finish of audits finalised since the last annual report. (Number of audits in the measure) | 3.4 (20) | 6.3 (14) | 6.7 (21) | 7.2 (11) |

Customer Feedback

49. The third measure covers customer feedback. We now use a face to face interview with an auditor not involved in the assignment in order to obtain feedback. 14 interviews have been completed since the last report (10 relating to the 2018/19 plan) and a score applied as shown in the table below.

| Level of Customer Satisfaction | 2018/19 | 2017/18 | 2016/17 | 2015/16 |
|---------------------------------------|----------------|----------------|----------------|----------------|
| Audit was above expectations | 14% (2) | 8 % (1) | | 22% (2) |
| Happy with the audit | 86% (12) | 76% (10) | 66% (10) | 33% (3) |
| Minor problems with the audit | | 8 % (1) | 27% (4) | 45% (4) |
| Significant problems with the audit | | 8 % (1) | 7% (1) | 0 |

50. The main area that auditees were pleased with was that they could be involved in the timing of the audit to ensure that, where possible, busy times of the year could be avoided. They also appreciated that during the audit the auditor did not take up too much of anyone's time. The auditees also commented that they found the auditors organised, professional and polite.

51. The main area for improvement suggested in a few audits concerned the length of time taken from the start to the finish of an audit was too long. There were also a couple of comments about low significant issues being included in draft reports. This feedback is discussed with the provider for each audit so that any lessons can be learnt.

RISK ASSESSMENT

52. The Head of Audit's Opinion above highlights those significant control issues where it is recommended that action is taken.

CONCLUSION

53. This annual audit report contains the information required by the Public Sector Internal Audit Standards. The opinion offered within it, is that the Council continues to have a good framework of governance, risk management and control.

Appendices:

- A. Results of Planned Assignments 2018/19
- B. Results of Planned Assignments from previous years not available last year
- C. Additional Sources of Assurance this year
- D. Areas of Non-Conformance with the Public Sector Internal Audit Standards

Background Papers: None

Reference Papers:

Report to Audit and Governance Committee on 11/03/19 on the Internal Audit Strategy

Report to Audit and Governance Committee on 23/07/18 on Head of Audit's Annual Opinion 2017/18

Quarterly audit reports to the Audit and Governance Committee during 2018/19

Chartered Institute of Public Finance and Accountancy (CIPFA) 2017 – Public Sector Internal Audit Standards (PSIAS)

Enquiries:

For further information on this report please contact Elaine Hammell (Ext 4344)

APPENDIX A

RESULTS OF PLANNED ASSIGNMENTS 2018/19

| Audit Title | Stage reached of 10* | Days in Plan | Assurance Opinion | Direction of Travel | New Recommendations | | | Previous Recs. (E and I only) | | | |
|--------------------------------------|----------------------|--------------|-------------------|---------------------|---------------------|-----------|----------|-------------------------------|-----------|-------------|-----------------|
| | | | | | Essential | Important | Advisory | Implemented | Cancelled | In Progress | Not Implemented |
| FUNDAMENTAL SYSTEM AUDITS | | | | | | | | | | | |
| Council Tax and Business rates | 10 | 15 | Strong | ↔ 2015/16 | - | 1 | - | 1 | - | - | 1 |
| Capital Expenditure and Accounting | 10 | 10 | Reasonable | ↔ 2015/16 | - | - | - | 2 | - | - | 2 |
| Accounts Payable | 10 | 10 | Strong | ↔ 2015/16 | - | - | 1 | 1 | - | - | - |
| Fixed Assets | 10 | 15 | Reasonable | ↔ 2015/16 | - | - | - | 1 | - | - | 1 |
| SERVICES & SYSTEMS – HIGH RISK | | | | | | | | | | | |
| Cemeteries & Closed Churchyards | 10 | 15 | Strong | ↑ 2007/08 | - | - | 2 | 3 | - | - | - |
| Housing Grants and Home Improvements | 10 | 10 | Reasonable | ↔ 2012/13 | 1 | 1 | - | - | 2 | - | - |
| Parking Strategy and Income | 10 | 15 | Reasonable | ↓ 2015/16 | - | 2 | - | 4 | 1 | - | 2 |
| Vehicle Management | 10 | 15 | Strong | ↑ 2006/07 | - | 2 | - | 5 | 2 | - | - |
| Housing Communal Services | 10 | 10 | Reasonable | ↓ 2002/03 | 1 | - | - | 3 | - | - | - |
| Planning Applications (V) | 10 | 15 | Strong | ↑ 2013/14 | - | - | 2 | 1 | - | - | - |
| SERVICES & SYSTEMS – Other | | | | | | | | | | | |
| Markets Contract | 10 | 5 | Limited | No Previous Opinion | 2 | 5 | - | - | - | - | - |
| Out of Hours (draft) | 5 | 12 | Reasonable | No Previous Opinion | - | 2 | 2 | - | - | - | - |
| COMPUTER AUDITS | | | | | | | | | | | |
| Orchard (Housing Rents IT system) | 10 | 15 | Strong | ↑ 2007/08 | - | 1 | - | - | - | - | - |
| Software Control Follow Up | 10 | 8 | Reasonable | ↔ | - | 2 | - | - | 7 | - | - |

| Audit Title | Stage reached of 10* | Days in Plan | Assurance Opinion | Direction of Travel | New Recommendations | | | Previous Recs. (E and I only) | | | |
|---|----------------------|--------------|-------------------|---------------------|---------------------|-----------|----------|-------------------------------|-----------|-------------|-----------------|
| | | | | | Essential | Important | Advisory | Implemented | Cancelled | In Progress | Not Implemented |
| | | | | 20015/16 | | | | | | | |
| FOLLOW UP | | | | | | | | | | | |
| Ferneham Hall | 10 | 10 | N/A | N/A | - | - | - | 55 | 5 | 20 | 4 |
| Dog Control | 10 | 5 | Limited | ↔ 2017/18 | - | - | - | 1 | - | 2 | 4 |
| WIDER WORK | | | | | | | | | | | |
| Insurance claimants who have been the subject of fraud investigations | 10 | | N/A | N/A | - | - | - | - | - | - | - |
| Review of compliance with new CIPFA guidance on Audit Committees | 10 | | Reasonable | N/A | - | 1 | 1 | - | - | - | - |
| Housing Maintenance invoicing and stock control - part 2 | 10 | | N/A | N/A | 1 | 4 | - | 14 | 11 | 2 | 1 |
| Write Offs History Analysis & Interest charges | 4 | | N/A | N/A | | | | | | | |
| Housing Options Debtors | 4 | | N/A | N/A | | | | | | | |
| Review of outstanding IT audit recommendations (draft) | 9 | | N/A | N/A | 2 | 2 | - | 11 | 15 | 2 | 4 |
| Review of all other outstanding audit recommendations | 1 | | N/A | N/A | | | | | | | |
| Totals | | | | | 7 | 23 | 8 | 102 | 43 | 26 | 19 |

APPENDIX B

RESULTS OF PLANNED ASSIGNMENTS FROM PREVIOUS YEARS NOT AVAILABLE FOR LAST YEAR'S OPINION OR UPDATED

| Audit Title | Stage reached of 10* | Days in Plan | Assurance Opinion | Direction of Travel | New Recommendations | | | Previous Recs. (E and I only) | | | |
|--|----------------------|--------------|-------------------|---------------------|---------------------|-----------|----------|-------------------------------|-----------|-------------|-----------------|
| | | | | | Essential | Important | Advisory | Implemented | Cancelled | In Progress | Not Implemented |
| SERVICE AND SYSTEM AUDITS – High Risk | | | | | | | | | | | |
| Property Maintenance and Inspections – Council Buildings (non-housing) 2017/18 | 10 | 15 | Reasonable | No Previous Opinion | 1 | - | - | - | - | - | 1 |
| Developers Contributions 2017/18 | 10 | 15 | Reasonable | ↔ 2013/14 | - | 1 | 2 | 2 | 1 | - | - |
| Computer Audits | | | | | | | | | | | |
| Chipside 2017/18 | 10 | 12 | Reasonable | No Previous Opinion | - | 2 | 1 | 2 | - | - | - |
| Cloud 2016/17 (draft) | 9 | 15 | Limited | No Previous Opinion | 4 | 4 | 1 | - | - | - | - |

ADDITIONAL SOURCES OF ASSURANCE THIS YEAR

| | |
|---|--|
| Reactive work undertaken by the Team | <p>Fraud investigation into Housing options payment fraud</p> <p>Additional testing of reason for 5 credit notes being received</p> |
| Other work undertaken by the team | <p>Monthly stock checks and assistance with reconciliation at Ferneham Hall</p> <p>Fraud data matching for National Non-Domestic Rates (part complete)</p> <p>Leading on GDPR assessments for finance and audit teams</p> |
| Other sources | <p>HMRC compliance inspection of tax treatment of councillors' expenses – January 2019</p> <p>PUSH audit by Hampshire CC – May 2018</p> <p>Project Integra audit by Hampshire CC - June 2018</p> <p>Markets audit by Gosport audit team – November 2018</p> <p>6 monthly risk management reports</p> <p>Attendance at Corporate Financial Forecasting and Medium - Term Finance Strategy meetings</p> <p>Lead or attendance on project team meetings concerning Welborne, Printing, Procurement, Employee registers of interest, Whistleblowing, Debt Collection, Rail travel, emergency planning.</p> |

Areas of Non Conformance with the Public Sector Internal Audit Standards

| <i>Standard</i> | <i>Area of Non Conformance</i> | <i>Comments</i> |
|--|---|--|
| 1100 Independence and Objectivity (part) | The Chief Executive Officer and Chair of the Audit and Governance Committee do not formally feed into the performance appraisal of the Chief Audit Executive. | <p>No further action proposed</p> <p>Informal mechanisms are in place for concerns about independence to be raised. Regular meetings occur between the Section 151 Officer and the Head of Finance and Audit [HFA]. There are also regular one to ones between the Chief Executive Officer and Section 151 Officer and an annual one to one between the Chief Executive Officer and the HFA.</p> <p>The HFA has access to the Chair and Vice chairs of the Audit and Governance Committee during the quarterly chairman briefings and can approach them directly should she have any concerns. They can also raise any concerns they have with the performance of the internal audit service.</p> |
| 1312 External Assessments | No external assessments are currently included in the Quality Assurance and Improvement Plan. | <p>No further action proposed</p> <p>Given the current financial climate it is unlikely that we would want to incur additional costs to pay for an independent external verification of our self-assessment. However, our audit partners completed an external assessment last year which provides us with assurance on their processes.</p> <p>The in-house team do monitor any feedback on conformance to the standards received from the external auditors, and the internal audit partners.</p> <p>We have also introduced peer discussions in the Hampshire Audit managers group in which one authority presents how they comply with a section of standards and leads a discussion on the strengths and weaknesses of their approach.</p> |
| 2020 Communication and Approval (part) | The entire internal audit activity's plan and resource requirements were not presented to senior managers in addition to the board for review. | <p>No further action proposed</p> <p>The Audit and Governance Committee is responsible for endorsing the Annual Plan of work which the Deputy Chief Executive as the Section 151 Officer has previously reviewed. Other Directors are consulted on coverage in the plan for their department and receive information on the proposed Annual Plans and any changes to these before approval and are invited to provide feedback.</p> |