

## NFNPA RAPC 252/15

### NEW FOREST NATIONAL PARK AUTHORITY

### RESOURCES, AUDIT AND PERFORMANCE COMMITTEE – 9 MARCH 2015

### INTERNAL AUDIT CHARTER, ASSURANCE FRAMEWORK AND INTERNAL AUDIT PLAN 2015/16

**Report by:** Lucinda Upton, Internal Audit Manager

#### **1 Purpose**

- 1.1 This paper sets out the Internal Audit Charter, Assurance Framework and Internal Audit plan for 2015/16. It is recommended that this plan be approved by the Resources, Audit and Performance Committee.

#### **2 Background**

- 2.1 The main functions of the Internal Audit Charter, Assurance Framework and the Annual Audit Plan is to ensure that the work of internal audit;
- supports the Authority by underpinning the Chief Finance Officer's Section 151 Officer's financial responsibilities
  - supports the Annual Governance Statement signed by the Chairman and Chief Executive
  - has clear objectives, standards and ethical working
  - has a defined "control environment" on which assurance is given
  - assesses where assurance can be provided by other bodies
  - is defined within a work programme which can be monitored for performance

#### **3 Internal Audit Charter**

- 3.1 The Internal Audit Charter has been reviewed and is presented in **Annex 1**. There are no recommended changes to be made at this time. A review of compliance against this charter will be reported to Committee in June 2015.

#### **4 Assurance Framework**

- 4.1 The 'Assurance Framework', in **Annex 2** has been reviewed and remains unchanged. The framework aids identification of all sources of assurance (internal and external) received across the Authority, which enables the Authority to satisfy itself that any risks to its objectives have been identified and that controls have been adequately designed and are operating effectively.

## **5 ANNUAL AUDIT PLAN 2015/16**

- 5.1 The internal audit function will be delivered by the Internal Audit team of New Forest District Council under a Service Level Agreement.
- 5.2 The main function of the internal audit plan is to ensure that the work of internal audit, in support of the Chief Financial Officer Section 151 financial responsibilities includes coverage of financial, operational and management systems of the NFNPA. The Chief Finance Officer is satisfied and has agreed the coverage of the internal audit plan for 2015/16. The internal audit plan is attached within **Annex 3**.
- 5.3 The plan was developed following;
- Review of previous Internal Audit reports
  - Meetings with Senior Management of NFNPA in order to under the current position and aspirations of the Authority
  - Review of the Authorities corporate risk register
  - Other known emerging risks, such as changes in operations, IT systems or legislation.
- 5.4 Internal Audit will also work closely with the external auditor to avoid duplication of work.
- 5.5 Performance of this plan will be reported back to the RAP Committee in November 2015 and June 2016.

## **6 Recommendations:**

**It is recommended that the Committee approve:**

- 1) the Internal Audit Charter**
- 2) the Assurance Framework, and**
- 3) the Internal Audit Plan 2015/16**

### **Papers:**

NFNPA RAPC 252/15  
NFNPA RAPC 252/15 - Annex 1 Internal Audit Charter  
NFNPA RAPC 252/15 - Annex 2 Assurance Framework  
NFNPA RAPC 252/15 - Annex 3 Internal Audit Plan 2015/16

### **Contact:**

Lucinda Upton, Internal Audit Manager  
Tel: 02380 285588  
Email: [lucinda.upton@nfdc.gov.uk](mailto:lucinda.upton@nfdc.gov.uk)

### **Equality & Diversity Implications**

There are no equality or diversity implications arising directly from this report.

## INTERNAL AUDIT CHARTER FOR NEW FOREST NATIONAL PARK AUTHORITY (Authority)

### Introduction

The Internal Audit Charter describes the purpose, authority and responsibility of the internal audit activity. The Internal Audit Manager (Chief Audit Executive) is responsible for reviewing the charter and presenting it to Chief Finance Officer (Section 151 Officer) and Executive Board (Senior Management) and the Resources, Audit & Performance Committee (Board) at least annually for review and approval.

The charter is split into the following sections;

1. Regulatory basis for Internal Audit
2. Definition of Internal Auditing
3. Scope and Objectives of Internal Audit
4. Reporting Lines and Authority within the Authority
5. Independence and Objectivity including Code of Ethics
6. Resourcing and Quality Standards
7. Standards in Audit Delivery and Management

### Regulatory basis for Internal Audit

The requirement for an Internal Audit function is contained in Regulation 6 of the Accounts and Audit Regulations, which requires the Authority to:

*“undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control”.*

The Regulations also adds that the Authority is required to:

*“make available such documents and records as appear to that body to be necessary for the purposes of the audit and supply the body with such information and explanation as that body considers necessary for that purpose”.*

Ensuring that at least annually, a review is carried out on the effectiveness of its internal audit function.

Internal Audit also assists the Section 151 Officer (Chief Finance Officer) in discharging their delegated responsibilities under Section 151 of the Local Government Act 1972 which requires the Authority to;

*“make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”.*

The internal audit activity will govern itself by adherence to Public Sector Internal Audit Standards (PSIAS). The PSIAS includes mandatory guidance including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)*. The PSIAS applies to all internal audit service providers, whether in house, shared services or outsourced.

### Authority Constitution

Audit arrangement are detailed within the Constitution, under Financial Regulations in Section 3.

## **Purpose, Authority and Responsibility (Standards 1000 and 1010)**

### **Purpose (Definition of Internal Auditing)**

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

### **Scope and Objectives**

1. To review, appraise and report on the adequacy of internal controls across the whole organisation (Control Environment\*) as a contribution to the proper, economic, efficient and effective use of resources. This includes;
  - a. the completeness, reliability and integrity of information, both financial and operational
  - b. the systems established to ensure compliance with policies, plans, procedures, laws and regulations
  - c. the extent to which the assets and interests are accounted for and safeguarded from loss
  - d. the economy, efficiency and effectiveness with which resources are employed and
  - e. whether operations are being carried out as planned and objectives and goals are being met.
2. To promote Good Governance arrangements and monitor progress made against governance actions
3. To support the risk management process within the Authority
4. To advise on internal control implications on new systems
5. To support in relevant corporate or service projects
6. To add value through advice, facilitation and training (subject to there being no impact on the core assurance work, maintaining independence and availability of skills and resources).
7. Provide a quality fraud investigation service and
8. Support the work of the RAP Committee

These objectives will be delivered through maintaining a high quality internal audit function that meets the needs of the Authority, supporting the Section 151 and the RAP Committee in discharging their responsibilities and meeting the requirements of the PSIAS.

\*The PSIAS defines the Control Environment as;

“the attitude and actions of the board and management regarding the importance of control within the organisation. The control environment provides the discipline and structure for the achievement of the primary objectives of the system of internal control”.

The control environment includes the following elements:

- Integrity and ethical values.
- Management's philosophy and operating style.
- Organisational structure.
- Assignment of authority and responsibility.

- Human resource policies and practices.
- Competence of personnel.

The Authority has defined its control environment within the Assurance Framework. The detailed work of internal audit is set out within the risk based internal audit plan which is designed to support the Annual Internal Audit Opinion and Authority's Annual Governance Statement. The internal audit plan will be continually reviewed to ensure emerging risks are taken into account throughout the year.

### **Reporting Lines and Relationships**

The Internal Audit Manager (IAM) reports to the Chief Finance Officer as the Section 151 Officer, however Internal Audit is independent in its planning and operation and as such has unrestricted access to the;

- Chief Executive
- Monitoring Officer
- Senior Officers
- Members including specifically the Chair of the RAP Committee
- all levels of management including the Finance and Performance Manager
- other Authority employees as necessary

The internal audit service is delivered by the Internal Audit Service of New Forest District Authority through a Service Level Agreement.

CIPFA has published "The Role of the Head of Internal Audit in Public Service Organisations". The IAM must comply with these requirements in addition to those set out in the PSIAS and within the Service Level Agreement (SLA).

### **Authority**

Internal Auditors also have access to;

- enter any Authority premises or land at any reasonable time, subject to any statutory requirements;
- have access to all records and documents concerning any past or prospective financial transaction of the Authority;
- require, and receive, any necessary explanations concerning any matter under examination;
- require any employee of the Authority to produce any of the Authorities' property or asset under their control.

For clarity this may extend to partner organisations if required.

### **Independence and Objectivity (Standards 1100, 1110, 1111, 1120 and 1130)**

#### **Code of Ethics**

All Internal Auditors will conform to the Chartered Institute of Internal Auditors (CIIA's) Code of Ethics. Where members of the Internal Audit team have attained membership with other professional bodies such as: the ICAEW or CIPFA, those officers must also comply with their relevant bodies' ethical requirements. In addition to this, all Internal Auditors will have regard to the Standards of Public Life's "Seven Principles of Public Life". ([www.public-standards.gov.uk](http://www.public-standards.gov.uk))

Each member of the team will receive a copy of the Code Ethics and sign up to an annual declaration to confirm that they will work in compliance with the Code of Ethics as well as Authority's standards and policies. Where potential areas of conflict may arise during the year, the auditor will also be required to disclose this. It is critical that all Auditors maintain high standards of integrity, independence, objectivity, confidentiality and competence.

Where an Internal Auditors' conduct does not comply with these standards or codes, disciplinary action may be taken, either by their Employer or by the individual's professional body.

### **Further Standards and Independence**

Internal Auditors must remain independent; therefore Auditors will be independent of the activities audited to enable staff to perform their duties in a way that allows them to make impartial, objective and effective professional judgements and recommendations. As such, Audit staff will not have any operational responsibilities. Further to this, audit staff will not assess specific operations for which they have had any responsibility within the previous year.

The IAM will report annually to the Section 151 Officer (Chief Executive) and to RAP Committee that independence and objectivity has been maintained. If this is not the case, disclosure will be made, this for example may be as a result of resource limitations, conflicts of interest or restricted access to records.

### **Internal Audit Resource Management, Proficiency and Due Professional Care (Standards 1200, 1210, 1220 1230 and 2030)**

#### **Resource Management (Standard 2030)**

For the audit team to fulfill their responsibilities, the team must be appropriately staffed in terms of numbers, professional qualifications, skills and experience. Resources must be effectively deployed to achieve the approved risk based plan. The mix of available knowledge, skills and other competencies will be considered once the risk based plan is drafted to ensure they are sufficient to deliver the plan.

It is the responsibility of the IAM to report concerns over a lack of resources to the Section 151 Officer and to the RAP Committee.

If necessary the IAM will agree with the Section 151 Officer and Chief Executive additional (specialist) resources.

Employment of staff will be in compliance with the New Forest District Council's HR policies. External resources will be procured in line with the Authority's Financial Regulations and Standing Orders and to Contracts policy.

There is a further specific requirement under the PSIAS that approval be sought from the RAP Committee to engage in any significant additional consultancy services not already included within the audit plan.

#### **Proficiency (Standard 1210)**

The IAM must hold a professional qualification (CMIIA, CCAB or equivalent) and be suitably experienced.

Each job role within the internal audit structure will detail skills and competencies within the approved job description and person specification. In line with New Forest District Council Policy and the PSAIS,

each member of the team will be assessed against these predetermined competencies and annual objectives. Any development and training plans will be regularly reviewed, monitored and agreed with officers. This assessment will also take into account competency changes as needed i.e. to reflect changing technology and legislation.

Auditors are also required to maintain a record of their continual professional development in line with their professional body. (Standard 1230)

### **Due Professional Care (Standard 1220)**

Internal auditors must exercise due professional care by considering the:

- Extent of work needed to achieve the engagement's objectives;
- Relative complexity, materiality or significance of matters to which assurance procedures are applied;
- Adequacy and effectiveness of governance, risk management and control processes;
- Probability of significant errors, fraud, or non-compliance; and
- Cost of assurance in relation to potential benefits.

Considering various data analysis techniques and being alert to significant risks that may affect the objectives.

### **Quality Assurance and Improvement Programme (Standards 1300, 1310, 1311, 1312, 1320, 1321 and 1322)**

To enable the IAM to assess the Internal Audit's activity's conformance to the PSIAS and to aid in the annual assessment of Internal Audit's efficiency and effectiveness and identify opportunities for improvement a Quality Assurance and Improvement Programme (QAIP) has been developed.

The QAIP includes both internal and external assessments (Standard 1310)

Assessment against QAIP will form part of the annual assessment of the effectiveness of internal audit (contained within the Annual Auditors Report) which is published to the Section 151 Officer, Executive Board and RAP Committee. (Standard 1320)

Where there are instances of non conformances to the PSIAS this is reported to the Section 151 Officer, Executive Board and RAP Committee. Any significant deviations will be detailed within the Annual Governance Statement. (Standard 1322)

### **Internal Assessment (Standard 1311)**

All Auditors have access to an up to date electronic audit manual, the Internal Audit Charter, Authority policies, the PSIAS and application note as well as other references such as TIS Online. In addition the IAM shares journals, publications and other relevant articles. Where staff are members of bodies such as the CIIA further guidance is available.

To maintain quality, work is allocated to staff with appropriate skills, competence and experience. All levels of staff are supervised. Work is monitored for progress, assessed for quality and to allow for coaching. (Linked to standard 2340)

Targets are set for individual auditors (such as completion of an audit within a set number of days) as well as for the team (i.e. 100% of all main financial audits to be completed). Audit targets and performance indicators are agreed with the Section 151 Officer and the RAP Committee.

In addition to the QAIP, progress made against the annual audit plan and any emerging issues (i.e. fraud risks or governance issues) are reported regularly to Section 151 Officer, Executive Board and the RAP Committee. (Linked to standard 2060)

Ongoing assessment of individuals is carried out through regular one to one meetings, stakeholder feedback from post audit questionnaires and formally in the annual appraisal process.

### **External Assessment (Standard 1312)**

In compliance with the PSAIS, external assessment will be carried out at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The preferred method would be through self assessment, with and independent validation from a peer review providing there is no conflict of interest and impairment to objectivity in this arrangement.

This arrangement and scope must be agreed with the Section 151 Officer and RAP Committee and the Independent Assessor.

### **Performance Standards (Standards 2000, 2010, 2020, 2030, 2040, 2050, 2060 and 2070)**

In order to give an evidenced based opinion there is a minimum level of coverage required. When planning the work of internal audit, assurances provided by third parties can be considered.

### **Planning (Standard 2010)**

The IAM develops a risk based audit plan, which can be updated to reflect changing risks and priorities of the organisation, to enable the production of the annual internal audit opinion.

In order to prepare this risk based audit plan, the IAM considers both the National (i.e. economic climate) and Local issues (corporate plan, service action plans, Medium Term Financial Plan and risk registers and discussions with Executive Board members).

A risk assessment of the "Audit Universe" is undertaken by scoring a number of factors, which are weighted to give an overall score which dictates how often the area should be reviewed. (This assessment and model used is supported by the Institute of Internal Auditors. It considers the size of the area, the control environment and Inspection regimes).

The plan will consider;

- the need for specialist auditor skills, where they are not available already
- the balance of the range of reviews and sufficient coverage to ensure that External Audit can place reliance on the work of Internal Audit
- Contingency time for ad hoc reviews or fraud investigations
- Sufficient time for audit management including audit planning, development of the annual opinion and attendance at meetings and maintenance of audit policies and procedures (Standard 2040)
- Staff training and development needs
- Liaison time with other assurance providers to share information (standard 2050), such as the External Auditor. The plan will need to consider the details within the Joint Working Protocol.
- Assurances provided by other bodies (see Assurance Framework)

The IAM reports the risk based audit plan and resource requirements to the Section 151 Officer, Executive Board and the RAP Committee for review and approval. For clarity the RAP Committee can approve but cannot direct the audit plan.

## **Nature of Work (Standards 2100, 2110, 2120 and 2130)**

### **Governance (Standard 2110)**

Internal audit will assess and make appropriate recommendations for improving the governance process in its accomplishment of the following objectives:

- Promoting appropriate ethics and values within the organisation;
- Ensuring effective organisational performance management and accountability;
- Communicating risk and control information to appropriate areas of the organisation; and
- Coordinating the activities of and communicating information among the board, external and internal auditors and management.

Specifically internal audit;

- evaluates the design, implementation and effectiveness of the organisation's ethics-related objectives, programmes and activities
- assesses whether the information technology governance of the organisation supports the organisation's strategies and objectives

### **Risk Management (Standard 2120)**

Internal audit evaluates the effectiveness and contributes to the improvement of risk management processes.

The PSIAS requires Internal Audit to;

1. evaluate risk exposures relating to the organisation's governance, operations and information systems regarding the:
  - Achievement of the organisation's strategic objectives;
  - Reliability and integrity of financial and operational information;
  - Effectiveness and efficiency of operations and programmes;
  - Safeguarding of assets; and
  - Compliance with laws, regulations, policies, procedures and contracts.
2. address risk consistent with the engagement's objectives and be alert to the existence of other significant risks
3. incorporate knowledge of risks gained from consulting engagements into their evaluation of the organisation's risk management processes.
4. assist management in establishing or improving risk management processes, but refrain from assuming any management responsibility by actually managing risks.

### **Control (Standard 2130)**

Internal audit assists the organisation in maintaining effective controls by evaluating their effectiveness and efficiency and by promoting continuous improvement.

Internal audit evaluates the adequacy and effectiveness of controls in responding to risks within the organisation's governance, operations and information systems regarding the:

- Achievement of the organisation's strategic objectives;
- Reliability and integrity of financial and operational information;
- Effectiveness and efficiency of operations and programmes;
- Safeguarding of assets; and

- Compliance with laws, regulations, policies, procedures and contracts.

Internal auditors must incorporate knowledge of controls gained from consulting engagements into evaluation of the organisation's control processes.

### **Fraud**

Whilst it is not a primary role of Internal Audit to detect fraud, it does have a role in providing an independent assurance on the effectiveness of the processes put in place by management to manage the risk of fraud. Internal Audit can do additional work, although it cannot be prejudicial to this primary role. Typical activities may include;

- Investigating the cause of fraud
- Responding to whistleblowers
- Considering fraud in every audit
- Making recommendations to improve processes
- Review fraud prevention controls and detection processes put in place by management

### **Audit Delivery**

#### **Engagement Planning (Standards 2200, 2201, 2210, 2220, 2230 and 2240)**

For each engagement, a brief should be prepared, discussed and agreed with relevant managers. The brief should establish the objectives, scope and timing for the audit assignment and its resources and reporting requirements. Audit work is undertaken using a risk based audit approach, which will consider the probability of significant errors, fraud and non compliance. Adequate criteria will be needed to evaluate the nature of internal audit's work. Criteria can be extended to consider value for money assessments.

#### **Performing the Engagement (Standard 2300, 2310, 2320, 2330 and 2340)**

Auditors are required to identify, analyse, evaluate and document sufficient information to achieve the engagement's objectives. This evidence supports their conclusions, professional judgements and recommendations and therefore must be factual and accurate. This data is held in compliance with the Authority's retention policies.

#### **Communicating Results (Standards 2400, 2410, 2420, 2421, 2430, 2431, 2440 and 2450)**

The results of all engagements are reported, including the objective, scope, all material facts, conclusions, recommendations, action plans, any limitations and where appropriate contain the internal auditors' opinion.

Table 1 provides the levels of opinion that can be provided with a short description;

Table 1

<b>Opinion</b>	<b>Description</b>
Substantial Assurance	Strong system of control designed and operating effectively. Any weaknesses found were low impact and do not significantly affect the key controls of the objectives of the system.
Reasonable Assurance	A sound system of internal control but minor weaknesses were found in the system design or compliance. Results would not have a material risk to the achievement of the system objectives.
Limited Assurance	Some weakness in the system of control designed or the level of compliance which result in risk to the achievement of system objectives.
No Assurance	Fundamental weaknesses have been identified such that many key

	controls are absent or not operating effectively which may put at risk the achievement of the corporate control objective.
--	--

Table 2 provides a description of the three priority levels given to recommendations, together with a expected timeframe for implementation; (The framework for scoring recommendations is contained within the audit manual).

Table 2

Priority	Description
High	Fundamental weakness which presents immediate risk. Requires urgent attention. Actions are monitored.
Medium	Significant control weakness where the risk is not imminent or only a moderate nature. Needs addressing but not urgent. Actions are monitored.
Low	The weakness or opportunity for improvement where the risk poses no great threat and is relatively minor. Action is only recommended for consideration. Actions followed up six monthly up or on next audit (whichever is the sooner).

Contents of draft reports are discussed with managers for factual accuracies. It is important to bring significant issues to the attention of management during the course of engagement to allow for immediate action.

Managers are required to give responses to each recommendation, detailing the responsible officer for each action and the target date for completion. Where there is disagreement over the actions to be taken, this is recorded in the action plan with the residual risks highlighted. Where these risks are deemed to be high, they are reported to the Section 151 Officer, Executive Board and the RAP Committee and that risk registers are updated where relevant.

Internal Audit reports are available to the public, however no personal data is disclosed in compliance with the Data Protection Act.

### **Overall Opinions (Standard 2450)**

The annual Internal Auditors report is prepared by the IAM. This opinion is used to inform the Annual Governance Statement. This report must conclude on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control giving an overall opinion, summary of the work undertaken to support this opinion (including any reliance place on work by other assurance providers), a statement on the conformance with the PSIAS, the results of the QAIP and any external assessors improvement recommendations, disclosure of any impairments or limitations. If an unfavourable opinion is given, the reasons for this must be given.

### **Monitoring Progress (Standard 2500) and Communicating Unacceptable Levels of Risk (Standard 2600)**

Internal Audit tracks progress made on all recommendations. It is the responsibility of the manager to implement and provide relevant evidence of the agreed actions to Internal Audit. Any overdue high priority recommendations are reported to the RAP Committee.

The findings and follow up reviews inform future audit planning.

ASSURANCE FRAMEWORK

<b>Sources of Information</b>	<b>Information Description</b>	<b>Contact</b>
Internal Source - Internal Audit Reports	Findings, audit opinions and implementation of internal audit recommendations. Audit coverage from the approved internal audit plan which may cover; Fundamental audits, Other risk assessed operational systems, ICT, Procurement/Contract Audits & VFM. Further evidence may be sourced from; Fraud logs/registers and any associated control weaknesses identified or Audit/Corporate projects	Internal Audit Manager
Internal Sources from Services / Management	Assurance Statements – ELT are asked to report any significant matters which could have an affect on the Council’s governance arrangements or a risk that the Council will not achieve its’ objectives	ELT
	Results from review of Local Code of Good Governance / Corporate Governance issues / last years AGS recommendations	Monitoring Officer / Chief Finance Officer (S151)
	Risk Management – Corporate Policy and Registers reviewed and updated. Systems for update in place. Effective embedding into Authority working. Service Plan risks considered Operational risks monitored	ELT
	Financial Management – financial resilience, budget monitoring and financial decisions made by Committee	Chief Finance Officer (S151) / Finance & Performance Manager
	Performance Management – Adequate Business Planning including from Management Plan to Service Plans. Performance is monitored through regular one to ones at all levels and performance against agreed targets is monitored. Exceptional achievements and results reported to RAP Committee with an Annual Report summarising the year.	ELT / Finance & Performance Manager
	Asset Management – ensuring there are controls in place to utilise/manage assets where applicable.	ELT
	Information Governance – arrangements in place to communicate up to date and accurate information for decision making. Reporting of breaches of policy.	ELT
	Business Continuity – effective plans in place for all critical activities, which have been tested	ELT
H&S – policy and training in place. (Linked to Risk Management / Insurance and any HSE reviews)	Executive Director Strategy and Planning	
	HR /Recruitment and Development / Service Reviews – right services being delivered with good management, strong Officer	Corporate Services

	training and development practices.	Manager
	General Minutes – that decisions are recorded accurately	Corporate Services Manager
	Annual Complaints report – to identify poor performance	Monitoring Officer / Corporate Services Manager
External Sources	External Audit	Ernst & Young
	An inspection/regulatory agencies	I.E. HSE, HMRC, ICO, Planning Inspectorate
	Other	ie Peer reviews

Annex 3

**NEW FOREST NATIONAL PARK AUTHORITY**

**Internal Audit Plan for 2015/16**

<b>Audit Area</b>	<b>Estimated Audit Date</b>	<b>Review</b>	<b>Estimated Days</b>
<b>Core Audit Work</b>			
General Ledger and Bank Reconciliations to include planning income reconciliation	Quarter 4		3
Accounts Payable inc Grant spend	Quarter 3		3
Treasury Management	Quarter 3		1
<b>Other Management/ Operational Systems</b>			
Affordable Housing (Project)	Quarter 1		2
Human Resources (Policy)	Quarter 2		2
Information Governance (Data Quality / Transparency)	Quarter 2		2
IT Controls	Quarter 3		2
Follow up of previous recommendations	Ongoing throughout the year		1
<b>Total audit time</b>			
Internal Audit report / assurance statement	Quarter 1		1
Internal audit plan, preparation, monitoring and reporting	Quarter 4		1
<b>Total Contract Days</b>			<b>18</b>

Payroll audit is undertaken annually under a separate Payroll SLA