

AUDIT COMMITTEE REPORT

REPORT TO:	Audit Committee		
DATE:	15 June 2026		
TITLE:	Internal Audit Annual Opinion & Report 2025/26		
TYPE OF REPORT:	For Noting		
PORTFOLIO(S):	All		
REPORT AUTHOR:	Teresa Sharman, Head of Internal Audit		
OPEN/EXEMPT	Open	WILL BE SUBJECT TO A FUTURE CABINET REPORT:	No

REPORT SUMMARY/COVER PAGE

<p>PURPOSE OF REPORT/SUMMARY:</p> <p>This report concludes on the Internal Audit Activity undertaken during 2025/26, provides an annual opinion concerning the organisation's framework of governance, risk management and control, concludes on the effectiveness of internal audit and provides key information for the Annual Governance Statement.</p>
<p>KEY ISSUES:</p> <p>The Head of Internal Audit is able to give a 'Reasonable' opinion on the framework of governance, risk management and control overall at the Council.</p>
<p>OPTIONS CONSIDERED:</p> <p>N/a</p>
<p>RECOMMENDATIONS:</p> <p>The Committee is requested to: -</p> <ul style="list-style-type: none"> • Receive and consider the contents of the Annual Opinion Report of the Head of Internal Audit. • Note that a reasonable audit opinion has been given in relation to the framework of governance, risk management and control for the year ended 31 March 2026. • Note that the opinions expressed together with significant matters arising from internal audit work and contained within this report should be given due consideration when developing and reviewing the Council's Annual Governance Statement for 2025/26. • Note the outcomes of the Internal Audit's performance measures and the Quality Assurance and Improvement Programme (QAIP).
<p>REASONS FOR RECOMMENDATIONS:</p> <p>In receiving this report, the Audit Committee is fulfilling their terms of reference in monitoring internal audit activity.</p>

REPORT DETAIL

1. Introduction

This report forms part of the overall reporting requirements to assist the Council in discharging its responsibilities in relation to the internal audit activity.

2. Proposal

The report sets out the Head of Internal Audit's annual opinion on the framework of governance, risk management and control.

3. Issues for the Audit Committee to Consider

Members should note the Head of Internal Audit's annual opinion and the reasons for this. This is provided in summary in section 'Head of Internal Audit Annual Opinion Statement – Summary' and then in detail in section 'Head of Internal Audit Annual Opinion Statement – Detail'.

4. Corporate Priorities

Good governance.

5. Financial Implications

None.

6. Any other Implications/Risks

None.

7. Equal Opportunity Considerations

None.

8. Environmental Considerations

None.

9. Consultation

N/a.

10. Conclusion

The Head of Internal Audit's annual opinion is 'Reasonable' assurance in relation to the framework of risk management, governance, and internal control.

11. Background Papers

Appendix A – Internal Audit Annual Opinion Report 2025/26

EASTERN INTERNAL AUDIT SERVICES



Borough Council of
**King's Lynn &
West Norfolk**



BOROUGH COUNCIL OF KING'S LYNN AND WEST NORFOLK

Internal Audit Annual Opinion Report 2025/26

Head of Internal Audit: Teresa Sharman

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Summary: Internal Audit Work 2025/26

23 Audits in 2025/26 Internal Audit Plan
3 High Recs Raised
25 Medium Recs Raised
20 Low Recs Raised
48 Total Recommendations Raised in Year

Assurance Opinion Level	Number of Audits
Substantial	2
Reasonable	4
Limited	4
None	0
Position Statement	3
Deferred	5
Cancelled	4

Head of Internal Audit's Opinion 2025/26	Reasonable
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46 outstanding recommendations at year-end.

3 – High
20 – Medium
23 - Low

Oldest – 1 medium recommendation from 2019/20

Executive Summary

Purpose

The Head of Internal Audit should provide an annual report, detailing its opinion on the framework of governance, risk management and control, to those charged with governance to support the Council's Annual Governance Statement (AGS).

This report should include the following: -

- An opinion on the overall adequacy and effectiveness of the Council's governance, risk management and internal control environment.
- Disclose any qualifications to that opinion, together with the reasons for the qualification.
- Detail a summary of the audit work from which the opinion is derived, including reliance placed on work by other assurance bodies.
- Any control weakness considered by the Head of Internal Audit to be relevant to the preparation of the AGS.
- A summary of the work undertaken during the year to support the opinion, including any reliance placed on the work of other assurance bodies.
- An overall summary of the performance of the Internal Audit Service against its performance indicators.
- The results of the internal audit quality assurance programme, including details of compliance with Internal Audit Standards.

The purpose of this report is to satisfy this requirement, and Members are asked to note its content.

Background

The Head of Internal Audit role for the Council is provided by the Consortium, Eastern Internal Audit Services, hosted by South Norfolk Council.

Internal Audit Service for the Council is provided by an in-house team, supported by contractors from Consortium, Eastern Internal Audit Services (EIAS), which is hosted by South Norfolk Council, as well as the in-house Team at EIAS.

All audit work is completed in accordance with the Global Internal Audit Standards (GIAS) in the UK Public Sector and the CIPFA Local Government Application Note 2025.

Internal audit provides an independent and objective opinion on the Council's internal controls by evaluation their effectiveness and operation in practice.

Scope of Responsibility

The Council is responsible for ensuring its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Council is also responsible for ensuring that there is a sound system of internal control which facilitates the effective exercise of the Council's functions, and which includes arrangements for the management of risk.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

This opinion statement is provided for the use of the Council in support of its AGS for the year ended 31 March 2026.

Head of Internal Audit Annual Opinion Statement - Summary

Opinion

For 2025/26, a **reasonable** assurance can be given in relation to the Council's framework of risk management, governance, and internal control although weaknesses remain in key operational areas which require timely and sustained management action.

Basis of opinion

I have considered the outcomes of audit work completed in 2025/26, other third-party assurances if available, the relative materiality of the issues arising from audit work as well as management's progress in addressing any control weaknesses identified from and outside of audit work, and management's progress with addressing outstanding recommendations from this year and previous years as detailed below.

From an analysis of the information summarised in the 'Head of Internal Audit Annual Opinion Statement – Detail' section below, the following is noted: -

Internal Control

The reliance placed on the Building Safety Regulator inspection provides strong external assurance that statutory building control requirements and operational standards are being met, and that previously identified non-compliances have been effectively addressed. In addition, positive control improvements during the year, including strengthened financial controls (PO no pay, revised spending approvals), enhanced information governance arrangements, and the introduction of service assurance statements aligned to SOLACE principles, demonstrate a commitment to improving the control environment.

However, a number of limited assurance audit opinions highlight material weaknesses in the design and operation of controls. In particular: -

Property Services presents a significant risk to statutory compliance and safety due to weak governance, lack of central oversight, and absence of robust systems to manage compliance obligations.

Disaster Recovery arrangements are not yet sufficiently mature to ensure resilience of critical ICT services in the event of a major incident.

Car Allowance Scheme and Community Safety arrangements reflect weaknesses in policy clarity, consistency, and governance oversight.

Although management has acted, a high number of outstanding recommendations, including overdue urgent actions still in progress and revised deadlines extending into 2026, indicates that improvements are not yet fully embedded. As a result, internal controls require strengthening to ensure consistent and effective operation across all service areas.

The deferral of Procurement and Cyber Security audits due to ongoing transformation activity, reduces independent assurance coverage in two high-risk areas at this time, with reliance placed on management-led improvements and external review activity for assurance.

In conclusion, while the Council has is taking steps to strengthen controls, there are continuing weaknesses in key service areas and delays in implementing agreed actions.

Risk Management

Risk management arrangements are developing but not consistently embedded across the Council. There is evidence of improvement, including the introduction of service assurance statements and risk-based planning in areas such as cyber security and procurement transformation.

However, audit findings demonstrate that risk identification, assessment, and mitigation are not always applied systematically, particularly within operational service areas. Weaknesses in Disaster Recovery planning highlight gaps in preparedness for major incidents, while issues in Property Services and Community Safety indicate that key operational risks are not being adequately controlled or monitored.

The volume of outstanding and long-standing recommendations suggests that risk mitigation actions are not always implemented in a timely manner.

The Council may be exposed to unmanaged or poorly controlled risks, particularly in relation to operational resilience, health and safety, and compliance with statutory obligations.

In conclusion, a more consistent application of risk management practices and stronger follow-through on agreed actions would reduce the Council's risk exposure.

Governance

The governance framework is supported by established structures, external oversight, and recent improvements to transparency and accountability. Reliance on the Building Safety Regulator inspection provides strong assurance that statutory requirements are being met in this area, and that previously identified issues have been addressed.

Further improvements, such as enhanced financial governance, strengthened information governance roles, and clearer accountability through assurance statements, demonstrate a positive direction of travel.

There are governance weaknesses at an operational level. Audit findings highlight unclear roles and responsibilities, inconsistent policy frameworks, and weak oversight in certain service areas, Property Services, Disaster Recovery and Community Safety, and in Community Safety, a lack of strategic direction and coordination. In addition, the delayed implementation of audit recommendations and the presence of long-standing outstanding actions indicate that governance processes are not always effective in driving timely improvement.

In conclusion, although the governance framework is generally good, the Council needs to be more consistent, structured, and timely in how it applies its governance arrangements in day-to-day operations i.e. clearer accountability and ownership, policies and procedure consistently applied and timelier implementation of agreed improvements.

Head of Internal Audit Annual Opinion Statement - Detail

Third party assurances

A risk-based inspection by the Building Safety Regulator (BSR) was undertaken in 2025/26; therefore, the audit due to take place this year was cancelled. The BSR undertakes inspections to ensure that Building Control Bodies (BCBs) i.e., Local Authorities and Registered Building Control Approver's ('RBCAs') are complying with the Building Act 1984 and associated legislation. BCBs must comply with the published Operational Standards Rules (OSRs), which set out the minimum performance standards expected. All BCBs are subject to ongoing monitoring and at least one inspection over a five-year period. Some non-compliances were found under the areas of governance, people, and operations. At the inspection follow up in early 2026, the non-compliances were found to have been satisfactorily addressed, and no further cation was required. Reliance has been placed on the results of this inspection which confirms that the Local Authority is complying with the OSRs and controls are now satisfactory.

Limited opinions

Property Services

The audit highlighted that there was a lack of policy and procedures covering the frequency of checks and which ones were needed, ownership of checks, clear property categorisation, escalations for overdue checks, training, and gaps in verifying contractor's competencies. There was also no centralised system to record, monitor, track or report on checks due, completed or overdue.

One high and five medium recommendations were raised. Three of the medium recommendations are past their due dates. The completion dates for the remaining recommendations are post year-end.

The Council is at risk of not meeting its statutory health and safety obligations across its property portfolio, due to weak governance, lack of central oversight, and inconsistent control processes which could result in regulatory breaches, enforcement action, financial penalties, and serious harm to occupants and the public.

Progress with recommendations

A computer aided facilities management system is being considered to address the intensive administrative activities of the compliance tracker to better manage compliance documentation and for monitoring and reporting.

Compliance policies are being developed which will be submitted to the Health and Safety Committee. Reporting is being provided to senior management. The competency and training matrix awaits sign off by the new Assistant Director. A check of the qualifications and registrations of contractors has commenced. Due dates have been revised to June 2026.

Disaster Recovery

The audit highlighted that there was the need for an immediate review of the Disaster Recovery (DR) Plan, robust and regular disaster recovery testing, periodic DR test restores of backup media, change management processes to include DR changes, the need for a documented Data Centre Management Policy and ensuring that the main Data Centre's fire detection and prevention system was undergoing regular maintenance.

The audit has also identified that there are business areas in the Council that use the IT infrastructure but manage their own local IT support. This can result in weak accountability, reduced DR service efficiencies and value for money.

The audit raised six medium and two low recommendations which all had due dates post year-end.

There is a heightened risk that the Council may be unable to maintain or recover critical ICT services within agreed timescales following a major incident.

Progress with recommendations

A draft Data Centre Management Policy has been created and is in the process of being circulated for comments before being adopted. The Data Centre's fire detection and prevention system has been confirmed as having quarterly inspections and an annual service. Back up policies are being updated. Due dates have been revised to June or September 2026.

Car Allowance Scheme

The audit highlighted that there was no clear definition or guidance on who qualified as an Essential or Casual User for car allowance payments. This lack of structure creates inconsistency and the risk of misclassification.

Additionally, the Scheme was not subject to annual review, meaning some users may continue receiving payments they no longer qualify for while others who should qualify may not receive them.

The audit raised one high, and one medium recommendation which all had due dates of year-end and post year-end.

Progress with recommendations

The first part of the high recommendation has been completed; for the second part, a draft policy has been completed for consultation. An action plan is being developed to complete the rest of the work associated with this recommendation and the due date has been revised to December 2026. The medium recommendation cannot be completed until the scheme has been revised and implemented.

Community Safety

The audit highlighted that the Council relied heavily on digital communication without an inclusive communication strategy, which could leave some residents uninformed and limit their access to services. Community Safety practices lack coordination, structured performance measures, and updated policies, with outdated procedures, informal training, and inconsistent role responsibilities creating operational risks.

Additionally, information sharing and strategic oversight were weak due to informal adoption of frameworks and limited cascading of partnership updates, reducing resilience and compliance with statutory obligations.

To address these issues, a formal Community Safety Strategy and Action Plan were recommended, along with updating policies and procedures, reviewing the structure and roles of the Community Safety Team, formalising and implementing inter-departmental co-ordination, and formalising and integrating the Norfolk Community Safety Partnership's Information Sharing Agreement throughout the organisation.

The audit raised one high and two medium recommendations all of which had due dates of year-end.

Progress with recommendations

A draft community safety strategic framework has been written and a ASB Policy is in draft form. The proposed restructure for the team has been approved by the AD and Chief of Staff. New JDs are being created which will require staff consultation. The aim of the new structure is to focus roles on community safety and ASB in one team.

The nuisance functions will be placed into the housing standards team. A competency framework is in progress. Apprenticeships and relevant training programmes have been identified but will need funding. Due dates have been revised to July and September 2026.

Deferred audits in 2025/26

The Procurement and Cyber Security audit were both deferred to the 2026/27 Internal Audit Plan to enable the control weaknesses to be improved.

For Procurement, a review of compliance commenced in 2025/26, delivered by an external expert. The review is collating supporting evidence for current contracts and will result in a focussed action plan to bring other contracts up to a satisfactory status if necessary. Procurement has now been placed with the Deputy S151 to enable closer ties with spend monitoring in Finance and improved links to budgets for emerging spend and contracts. Work is also underway to enforce documentary evidence of market testing and approval of exemptions.

For Cyber Security, ICT has been progressing cyber security improvements, including backup recovery enhancements and a 12-month risk-based programme addressing all ten themes of the proposed audit scope, prioritising highest risks. Management considered that conducting an audit during 2025/26 would have largely identified known issues already being actively addressed, resulting in limited added value and potential duplication of effort and it would also risk assessing transitional controls rather than the intended strengthened end-state which as supported by Internal Audit. Given ICT's current capacity constraints, supporting an audit could delay critical remediation work and inadvertently increase organisational risk.

Other control improvements in year outside of audit work

New assurance statements have been introduced across all service areas and were completed at year-end and will be subject to quarterly reviews. The assurance statement follows the seven SOLACE core principles of good governance in local authorities which are designed to ensure ethical, transparent, and effective decision making and accountability.

A PO no pay policy has been introduced and the KPI for this area is improving.

A review of spending approval limits and practices has resulted in a reduction of spend limits and a renewed focus on Budget Managers approving spend.

Physical credit cards were withdrawn in February 2026 following an internal analysis of spend, which identified a need for a better solution to ensure effective procurement. A new solution has now been put in place, which enables pre-authorisation of spend rather than retrospective approval, along with improved categorisation of spend for analysis. An audit of this area is also underway in 2026/27.

New Information Governance Leads have been introduced. Officers with these roles act as the designated point of contact within their service area for all matters relating to information governance. They act as champions of good practice and drive compliance, ensuring that information is managed responsibly, securely, and in line with our legal and organisational requirements. Workshops for these officers has been completed.

A refresh of Data Asset Registers has been ongoing since February 2026 with the annual mandatory round of GDPR e-learning to be completed in May 2026.

Outstanding Recommendations

In relation to the follow up of management actions, to ensure that they have been effectively implemented, the position at year end is that 46 recommendations are outstanding as the table below details which has been accounted for in my overall annual opinion.

Oldest outstanding recommendations

The oldest recommendation goes back to 2019/20 and relates to medium recommendation for developing a car parking strategy. A firm has been appointed by the Council to prepare a Parking Strategy for King's Lynn town centre setting out how the town can cater for existing and future car parking demand up to 2030. The current draft Parking Strategy dated 2020, incorporates comments raised by the Council and is still in draft awaiting sign off.

Urgent recommendations

For 2023/24, the urgent recommendation is from the Capital Programme audit and relates to reviewing and updating the Asset Management Plan. Condition surveys commenced in March 2026; 20 are completed, with over one hundred estimated to be completed. A number relate to occupied investment units which tenants are responsible for maintaining. Lifecycle programmes are being developed to provide information for budgeting requirements. A revised date of December 2026 is in place.

The other two relate to the 2025/26 Car Allowance Scheme (review this scheme) and Community Safety (develop a community safety strategy and action plan) audits, both of which were due for completion at the end of March 2026. See comments under each audit above for further details on progress with these recommendations.

Please refer to the separate Internal Audit Progress and Follow Up report June 2026, which shows the details of the progress made to date in relation to the implementation of agreed recommendations, and which also provides an update from management regarding all outstanding recommendations.

Audit Year	Number of Outstanding Recs	Number of High	Number of Medium	Number of Low
2019/20	1	0	1	0
2022/23	2	0	0	2
2023/24	10	1	5	4
2024/25	20	0	9	11
2025/26	13	2	5	6
Total	46	3	20	23

Audit Outcomes

The outcome of all audits completed in 2025/26 is shown in the table below.

Audit Area	Status	Opinion	Total Number	High	Medium	Low	Improvement Actions
WNP & WHNC Follow Up	Audit Completed	Position Statement	-	-	-	-	-
West Norfolk Housing Company	Audit Completed	Position Statement	-	-	-	-	-
Property Services	Audit Completed	Limited	9	1	5	3	0
Disaster Recovery	Audit Completed	Limited	8	0	6	2	0
Community Safety (ASB & Neighbourhood Nuisance)	Audit Completed	Limited	3	1	2	0	0
Car Scheme Allowance	Audit Completed	Limited	2	1	1	0	0
Council Tax (Second and empty homes)	Audit Completed	Substantial	1	0	1	0	0

Audit Area	Status	Opinion	Total Number	High	Medium	Low	Improvement Actions
Alive West Norfolk	Audit Completed	Substantial	2	0	0	2	2
Climate Sustainability	Audit Completed	Reasonable	5	0	1	4	0
Access and Asset Management for Starters, Movers and Leavers	Audit Completed	Reasonable	7	0	4	3	0
Risk Management	Audit Completed	Position Statement - Follow Up	1	0	0	1	0
Key Financial Controls	Audit Completed	Reasonable	4	0	1	3	0
Contract Management	Draft Report awaited	-	-	-	-	-	-
Cash Collection - Car Parks	Audit Completed	Reasonable	6	0	4	2	3
Cyber Security	Deferred	-	-	-	-	-	-
Procurement	Deferred	-	-	-	-	-	-
Capital Programme & Project Management	Deferred	-	-	-	-	-	-

Audit Area	Status	Opinion	Total Number	High	Medium	Low	Improvement Actions
Community Infrastructure Levy	Deferred	-	-	-	-	-	-
Housing Options	Deferred	-	-	-	-	-	-
Building Control	Cancelled	-	-	-	-	-	-
Strategic Housing (advisory work)	Cancelled	-	-	-	-	-	-
Data Protection (data breach staff awareness)	Cancelled	-	-	-	-	-	-
Local Plan	Cancelled	-	-	-	-	-	-

Note: the Risk Management follow up audit resulted in one new low recommendation which has been included in the table above.

Grant Certifications	<p>The following grants have been certified by EIAS so far during 2025/26: -</p> <ul style="list-style-type: none"> • Disabled Facilities Capital Grants (Period end - 2024/25)
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Performance Measures Outcomes

Overall Outcome

Detailed below are the outcomes of the performance measures which relate to the performance of the in-house team.

This is the overall performance status at the time of writing our report. There are still several reports to be finalised and feedback surveys to be returned.

Clients

KPI Description	Outcome	Outcome
Average feedback scores from key clients: the score is based on the average of the five surveys returned.	Met - Good	3.3 (1 is poor and 4 is excellent)

Actions for 2026/27

Next year, two new KPIs will be measured relating to the timely delivery of draft and final reports.

The in-house team will also be monitoring their delivery of audits against the timelines detailed in terms of reference and their actual days versus the days agreed for the audit.

Further KPIs will also be considered during the year around the quality side of delivering audits.

Quality Assurance and Improvement Programme (QAIP)

QAIP

What do the Standards say?

The chief audit executive must develop, implement and maintain a quality assurance and improvement programme that covers all aspects of the internal audit function. The programme has two elements, internal assessments and external assessments.

At least annually, the chief audit executive must communicate the results of the internal quality assessment to the Audit Committee and senior management covering the internal audit function's conformance with the Standards and achievement of performance objectives and plans to address deficiencies and opportunities for improvement.

A quality assurance and improvement programme is designed to evaluate and promote the internal audit function's conformance with the Standards, achievement of performance objectives, and pursuit of continuous improvement.

The Head of Internal Audit is responsible for ensuring that the internal audit function is continuously seeking improvement. This requires developing measures to assess the performance of internal audit engagements, internal auditors, and the internal audit function. These measures form the basis for evaluating progress toward performance objectives including continuous improvement.

Internal Assessment

What do the Standards say?

The Head of Internal Audit must establish a methodology for internal assessments, that includes ongoing monitoring of the internal audit function's conformance with the Standards and progress toward performance objectives, periodic self-assessments to evaluate conformance with the Standards, and communication with the Audit Committee and senior management about the results of internal assessments. An action plan to address instances of nonconformance with the Standards and opportunities for improvement must be developed.

Ongoing monitoring

This involves the day-to-day supervision, review, and measurement of the internal audit function and is incorporated into ours and our contractor's routine policies and procedures used to manage the internal audit function. Ongoing monitoring is primarily achieved through supervisory reviews throughout audit work and the use of template working papers and documents, to ensure standardisation and consistency in the application of audit work.

Performance measures are in place to determine the efficiency and effectiveness of the internal audit function as reported above. Currently, we are only reporting against these for the main contractor. Performance measures have been agreed with the other two contractors and will be formally measured in 2026/27.

Weekly operational and quarterly performance meetings are held with the main Contractor, as will be the case for the other two contractors.

Periodic self-assessments

These enable the internal function to validate its conformance with all the Standards. These evaluate: -

- The adequacy of the internal audit function's methodologies.
- How well the internal audit function supports the achievement of the Council's objectives.
- The quality of internal audit services performed, and supervision provided.
- The degree to which stakeholder expectations are met and performance objectives are achieved.

Results of self-assessment

A self-assessment has not been completed for 2025/26. This is because a gap analysis was completed against the new GIAS in the UK Public Sector, the results of which will be presented to the Committee later this year.

External Assessment

What do the Standards say?

The chief audit executive must develop a plan for an external quality assessment (EQA) and discuss the plan with the Audit Committee. The EQA must be performed at least once every five years by a qualified, independent assessor or assessment team.

Last EQA

An EQA was carried out in October 2022 by the Chartered Institute of Internal Auditors (IIA) against the previous Standards. The Internal Audit Service received a 'generally conforms' result, with conformance in 60 out of 64 areas (two areas were not applicable, and two resulted in 'partially conforms').

Progress with actions

One area of partial conformance was highlighted in coordinating and maximising assurance. Within the Strategic and Annual Plans report for the audit year 2023/24 presented in March 2023, an Assurance Map was provided, outlining the then top risks, along with first, second and third lines of assurance. This has not been repeated since.

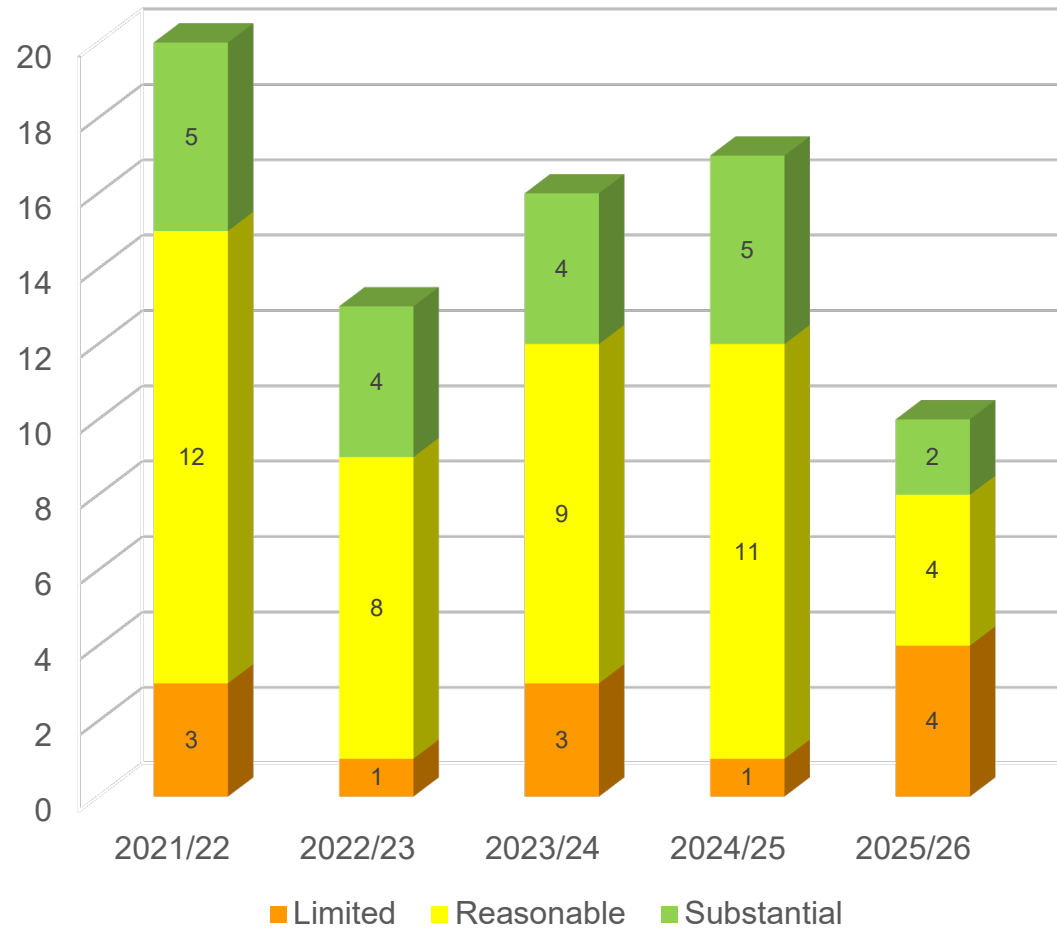
The second area of partial conformance was raised to ensure that all EIAS clients receive an external quality assessment as it falls due on the five-year anniversary. This will be ensured at the five-year anniversary in 2027.

Appendix 1 – Summary of Audit Opinions

Audit Opinions by Year

The table below, and bar chart on the following page, shows the audit opinions over the last five years for assurance work outcomes only.

Audit Year	Total Audits	Number with Substantial assurance	Number with Reasonable assurance	Number with Limited assurance	Number with No Assurance
2021/22	20	5	12	3	0
2022/23	13	4	8	1	0
2023/24	16	4	9	3	0
2024/25	17	5	11	1	0
2025/26	10	2	4	4	0
Total	76	20	44	12	0



Appendix 2 – For Your Information

Definitions for overall assurance opinions and recommendation ratings are shown below.

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed, and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed, and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed, and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.
Position Statement	Advisory work.

Urgent – Priority 1	Fundamental control issue on which action to implement should be taken within 1 month.
Important - Priority 2	Control issue on which action to implement should be taken within 3 months.
Routine – Priority 3	Control issue on which action to implement should be taken within 6 months.