
Southern Internal Audit Partnership

Assurance through excellence
and innovation

SPELTHORNE BOROUGH COUNCIL

Annual Internal Audit Conclusion 2025-2026

Prepared by: Iona Bond, Deputy Head of Partnership

April 2026

1. Internal Audit Standards

The [Global Internal Audit Standards](#), issued by the Institute of Internal Auditors and effective in the UK Public Sector from April 2025, guide the worldwide professional practice of internal auditing and serve as a basis for evaluating and elevating the quality of the internal audit function. While the Global Internal Audit Standards apply to all internal audit functions, it is acknowledged that internal auditors in the public sector work in a political environment under governance, organisational and funding structures that differ from those of the private sector.

Consequently, internal audit practitioners working in, or for, the UK public sector are required to apply the Global Internal Audit Standards subject to the interpretations and requirements of the [Application Note: Global Internal Audit Standards in the UK public sector](#), issued by Relevant Internal Audit Standard Setters.

In addition, relevant public sector bodies are also required to apply the Chartered Institute of Public Finance & Accountancy (CIPFA) [Code of Practice for the Governance of Internal Audit in UK Local Government](#) which provides a conduit for meeting the essential conditions for governance set out in the Global Internal Audit Standards, tailored for UK local government. The collective requirements shall be referred to as the Global Internal Audit Standards in the UK Public Sector.



2. Internal Audit Mandate

The mandate for internal audit in local government is specified within the Accounts and Audit [England] Regulations 2015, which states:

'5. (1) A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.

(2) Any officer or member of a relevant authority must, if required to do so for the purposes of the internal audit—

(a) make available such documents and records; and

(b) supply such information and explanations

as are considered necessary by those conducting the internal audit.'

The role of internal audit is best summarised through its definition within the Standards as:

'An independent, objective assurance and advisory service 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 governance, risk management, and control processes.'

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisations' objectives.

3. Internal Audit Approach

To enable effective outcomes, internal audit provides a combination of assurance and advisory activities. Assurance work involves objective assessment of how well systems and processes are designed and working, with advisory activities available to help to improve those systems and processes where necessary whilst not assuming any management responsibilities.

As the Chief Internal Auditor, I review the approach to each audit, considering the following key points:

- Level of assurance required.
- Significance of the objectives under review to the organisations' success.
- Risks inherent in the achievement of objectives.
- Level of confidence required that controls are well designed and operating as intended.

All formal internal audit assignments will result in a published report. The primary purpose of the audit report is to provide an independent and objective opinion to the Council on the framework of internal control, risk management and governance in operation and to stimulate improvement.

A full range of internal audit services is available in forming the annual audit conclusion:



The Southern Internal Audit Partnership maintain an agile approach to audit, seeking to maximise efficiencies and effectiveness in balancing the time and resource commitments of our partners, with the necessity to provide comprehensive, compliant and value adding assurance.

We have sought to optimise the use of virtual technologies to communicate with key contacts and in completion of our fieldwork, however, the need for site visits to complete elements of testing continues to be assessed and agreed on a case-by-case basis.

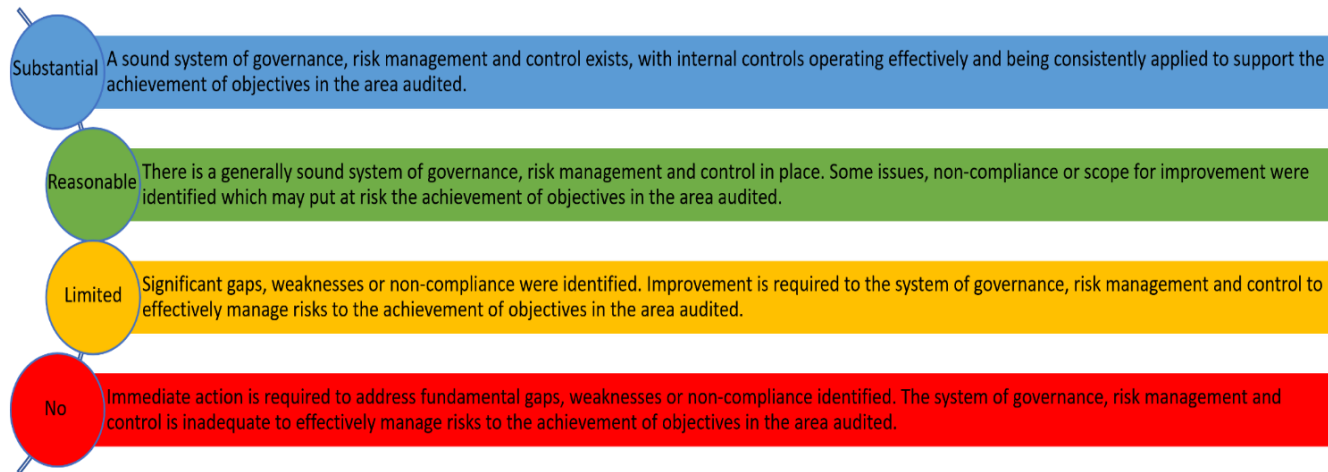
4. Internal Audit Coverage

The annual internal audit plan is prepared taking account of the characteristics and relative risks and objectives of the Council and to support the preparation of the Annual Governance Statement. Work has been planned and performed to establish if sufficient evidence is available to provide reasonable assurance that the framework of governance, risk management and internal control is operating effectively.

The 2025-26 internal audit plan was considered by the Audit Committee in May 2025. It was informed by internal audit's own assessment of risk and materiality in addition to consultation with management to ensure it aligned to organisational objectives / priorities and the key risks facing the organisation.

The plan has remained fluid throughout the year to maintain an effective focus and ensure that it continues to provide assurance, as required, over new or emerging challenges and risks that management need to consider, manage, and mitigate.

Internal audit reviews culminate in an opinion on the assurance that can be placed on the effectiveness of the framework of governance, risk management, and control designed to support the risks to the achievement of management objectives of the service area under review. The assurance opinions are categorised as follows:



5. Resources

The Southern Internal Audit Partnership has a strategy in place to optimise internal audit resource. Ongoing sufficiency of resources (financial, human and technological) are transparently communicated by the chief internal auditor to senior management and the Audit Committee through regular reporting as part of the approval of the internal audit plan and further throughout the year as part of the progress reports and ultimately within the annual conclusion.

Any resource implications that put the fulfilment of the internal audit plan and internal audit mandate at risk are reported accordingly through the afore mentioned reports.

There have been no resource implications that have adversely affected the fulfilment of the internal audit mandate or delivery of the Council's internal audit plan impacting my ability to provide a conclusion on the organisation's framework of governance, risk, and internal control.

6. Independence

As your chief internal auditor, I retain no roles or responsibilities that have the potential to impair my independence, either in fact or appearance. Internal auditors engaged in the delivery of the 2025-26 internal audit plan have had no direct operational responsibility or authority over any of the activities reviewed.

I can confirm there has been no interference encountered by the Southern Internal Audit Partnership related to the scope, performance, or communication of internal audit work during the year in the delivery of the internal audit plan or the fulfilment of the internal audit mandate.

7. Impairments

There have been no impairments to internal audit activity during the year. As chief internal auditor I have ensured that the internal audit function has remained free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication.

The internal audit team have maintained an unbiased mental attitude allowing them to perform engagements objectively and enabling them to believe in their work product, with no compromise to quality, and no subordination to their judgment on audit matters, either in fact or appearance.

8. Limitations of Scope

There have been no limitations to the scope of internal audit work during the course of the year.

9. Internal Audit Conclusion

As chief internal auditor, I am responsible for the delivery of an audit conclusion that can be used by the Council to inform their Annual Governance Statement. The annual audit conclusion culminates in an overall opinion on the adequacy and effectiveness of the organisations' framework of governance, risk management and control.

In giving this opinion, assurance can never be absolute and therefore, only reasonable assurance can be provided that there are no major weaknesses in the processes reviewed. In assessing the level of assurance to be given, I have based my opinion on:

- written reports on all internal audit work completed during the course of the year (assurance & advisory).
- results of any follow up exercises undertaken in respect of previous years' internal audit work.
- the results of work of other review bodies where appropriate.
- the extent of resources available to deliver the internal audit work.
- the quality and performance of the internal audit service and the extent of compliance with the Standards
- the proportion of the Council's audit need that has been covered within the period.

We enjoy an open and honest working relationship with the Council. Our planning discussions and risk-based approach to internal audit ensure that the internal audit plan includes areas of significance raised by the Audit Committee and senior management to ensure that ongoing organisational improvements can be achieved. I feel that the maturity of this relationship and the Council's effective use of internal audit has assisted in identifying and putting in place action to mitigate weaknesses impacting on organisational governance, risk, and control over the 2025-26 financial year.

Annual Internal Audit Conclusion 2025-26

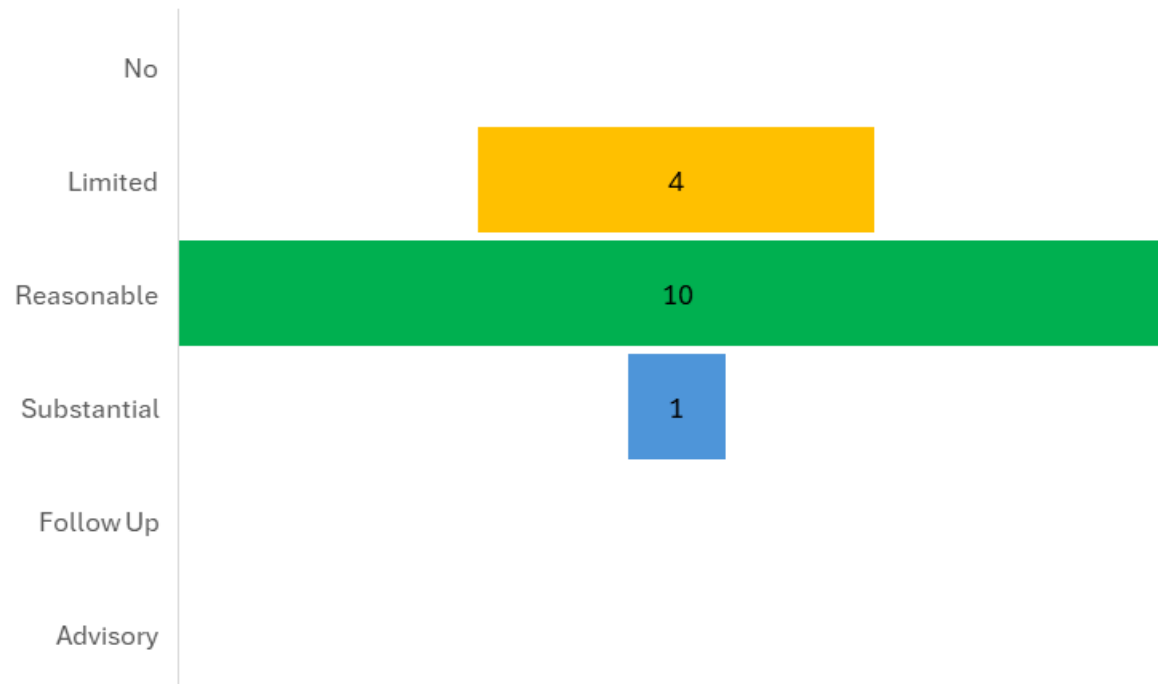
I am satisfied that sufficient assurance and advisory work has been carried out to allow me to form a conclusion on the adequacy and effectiveness of the internal control environment. In my opinion the framework of governance, risk management and control are '**reasonable**', and audit testing has demonstrated controls to be working in practice.

Where weaknesses have been identified through internal audit review, we have worked with management to agree appropriate corrective actions and a timescale for improvement.

10. Governance, Risk Management & Control – Overview, Key Observations & Themes

Assurance opinions for 2025-26

Significant findings from our reviews have been reported to senior management and the Audit Committee throughout the year and a summary of the assurance opinions is outlined below.



Governance

Governance arrangements are considered during the planning and scoping of each review and in most cases, the scope of our work includes overview of:

- the governance structure in place, including respective roles, responsibilities, and reporting arrangements.
- relevant policies and procedures to ensure that they are in line with requirements, regularly reviewed, approved, and appropriately publicised and accessible to officers and staff.

In addition, during 2025-26 we undertook a review of Decision Making and Accountability, which concluded in a reasonable assurance opinion. This review covered the framework of control in place to ensure its appropriateness in accordance with the decision-making structure, enabling transparency of decision making. We also reviewed the Annual Governance Statement (AGS) for 2024-25 which concluded with a reasonable assurance opinion that it had been prepared in line with legislation and best practice, and that statements in the AGS were supported by complete and accurate records.

Additionally, we have undertaken a review of the Improvement and Recovery Plan (Governance Framework) which concluded with a limited assurance opinion. This review covered the governance framework for the Improvement and Recovery Plan (IRP) as presented in the report to Corporate Policy and Resources Committee and Council in October 2025. The audit did not assess the delivery of activities set out in the IRP.

The Council continue to operate with the governments appointed Commissioners following the 2024 Best Value review.

Risk management

We undertook a review of risk management in 2024-25 our final report published in November 2025. This concluded with a limited assurance opinion. Provision has been made within the 2026/27 internal audit plan to revisit this area taking into account the Councils introduction of a new governance assurance model for the management and monitoring of risk. Any coverage will be dependent on the process being fully embedded.

Control

In general, internal audit work found there to be a sound control environment in place across the majority of review areas included in the 2025-26 plan that were working effectively to support the delivery of corporate objectives. We generally found officers and staff to be aware of the importance of effective control frameworks, and open to our suggestion for improvements or enhancements where needed. The key areas of challenge identified through our work are outlined below:

Risk Management - Limited Assurance

Risk management is essential for organisations helping identify, assess, and mitigate potential threats or uncertainties that could negatively impact objectives. Effective risk management helps create a stable and predictable environment, enabling better performance and resilience in the face of uncertainties.

The audit highlighted that whilst the current Risk Management Policy is available to all officers via “spelnet”, the Deputy Chief Executive explained that it required update and review. Testing confirmed the policy and guidance were incomplete, out of date, and unreflective of the committee and governance framework (including roles and responsibilities) in which it operates.

The terms of reference for the Corporate Risk Management Group (CRMG) were out of date and not fully reflective of existing membership and roles.

Positively, the risk register has been regularly presented to the Audit Committee, however, the strategy / policy or formal report from the Corporate Risk Management Group were not evident and therefore may impinge on the Committees ability to fully discharge their responsibilities in respect of risk management.

Operational risk registers were not routinely maintained, and Service Plans did not provide a comprehensive alternative. Whilst risks were incorporated within Service Plans there was no assessment and prioritisation; no risk owner assigned; and actions to mitigate and manage the risks had not been identified and documented.

Review of the Corporate Risk Register and Project Risk Registers highlighted inconsistency in the effective recording of risk cause and effect. Additionally, inherent risks were not scored within the Corporate Risk Register which may inhibit the assessment of effectiveness of

the controls and/or mitigations in place to manage the risk(s). Additionally, the evaluation of risk likelihood and impact was inconsistent across risk registers.

The Council's risk appetite was unclear. Additionally, there was no evidence that the original risk appetite statement had ever been updated or approved, despite the Risk Management Policy stating that it should be reviewed annually and approved by the Cabinet at the start of each municipal year.

Whilst it is clear that risk is discussed at MAT, due to the high-level nature of the minutes the extent of those conversations could not be determined. There was also no evidence to support that the full risk register had been presented to MAT for the period reviewed.

There was no robust programme of training for officers or members (outside of the Audit Committee) to fully support and embed the process of risk management within the Council.

The Deputy Chief Executive highlighted that a number of ongoing initiatives to enhance the organisation's approach to risk management were in development including policy review, raising risk awareness, refreshing the format of risk registers and looking to identify suitable officer / member training. Whilst this provides positive reassurance on future direction of travel it cannot alter our observations of the operational risk management framework at the time of the audit review.

We would note that in the intervening 12 months a new approach to risk management has been developed transitioning to a Governance Assurance Framework. Training on this new approach has been rolled out through March 2026 to Managers and Members and documentation and policies have been revised. Provision has been made within the 2026/27 internal audit plan to revisit this area. Any coverage will be dependent on the process having been fully embedded.

Improvement and Recovery Plan (Governance Framework) - Limited Assurance

The purpose of the review was to ensure that an appropriate governance framework had been established to prepare and subsequently monitor and report on achievements against the Improvement and Recovery Plan (IRP).

Positively we were able to confirm a robust process was in place to develop the IRP, that included holding workshops with key stakeholders, with detailed problem statements being produced along with comprehensive reports. We also confirmed that key issues

identified through the Best Value Inspection report, previous reviews carried out by KPMG, CIPFA, the LGA and the Council's external auditors were also encompassed within the IRP. Additionally, we noted that to ensure that the IRP received support from members, it was initially reviewed by Corporate Resources and Policy Committee (CPRC) before being presented to the Council for approval.

However, although a risk register was in place for the IRP, our review identified that the LGR theme had no risks identified, and out of 88 risks across the remaining four themes, 28 had no risk owner assigned.

As part of the governance structure for the IRP, an IRP Board has been set up to provide strategic oversight. However, we noted that there were some omissions from the Terms of Reference, and although the Terms of Reference mentions minutes of the IRP Board, these are not being completed. Additionally, Terms of Reference for the IRP Board state that quarterly reports would be presented to CPRC and may also be presented to Audit Committee. At the time of completing our audit in February 2026, there had been no progress reporting to CPRC, although there had been updates to the Audit Committee.

Additionally, although the IRP includes documented activities, there are 12 activities out of the total of 103 with targets that are not fully SMART.

Other Sources of Assurance

During the year internal audit have remained cognisant of other sources of assurance from which the Council benefit. Due to legal and regularity nature of some public sector assurance providers internal audit do not have engagement with or insight into the scope and timing of their work.

Where appropriate internal audit does coordinate with and place reliance on the outcomes of other assurance providers to minimise duplication and highlight potential gaps in assurance needs.

Additionally, as chief internal auditor I liaise with the external auditors on matters of mutual interest and to seek opportunities for cooperation in the conduct of audit work.

During the year other sources of assurance considered and contributing to my annual conclusion include:

Ministry of Housing, Communities & Local Government (MHCLG) - have undertaken an in depth diagnostic visit of the Homelessness Advice and Support Team during 2025-26, feedback from which was received in February 2026. Feedback was split across five key themes – strategic, management, front door/prevention, Relief and Move-On. Conclusions on each were RAG rated, with some elements on front/door, relief and move on rated amber. All other areas were rated green and no red ratings received.

All relevant members have been issued with a copy of the report and officers are anticipating to bring the report formally to a meeting of the Community Wellbeing and Housing Committee. Actions arising from the report are either already incorporated or will be where relevant into the Improvement and Recovery Plan.

Management actions

Where our work identified risks that we considered fell outside the parameters acceptable to the Council, we agreed appropriate corrective actions and a timescale for improvement with the responsible managers. Progress is periodically reported during the year to the Audit Committee through our quarterly internal audit progress reports.

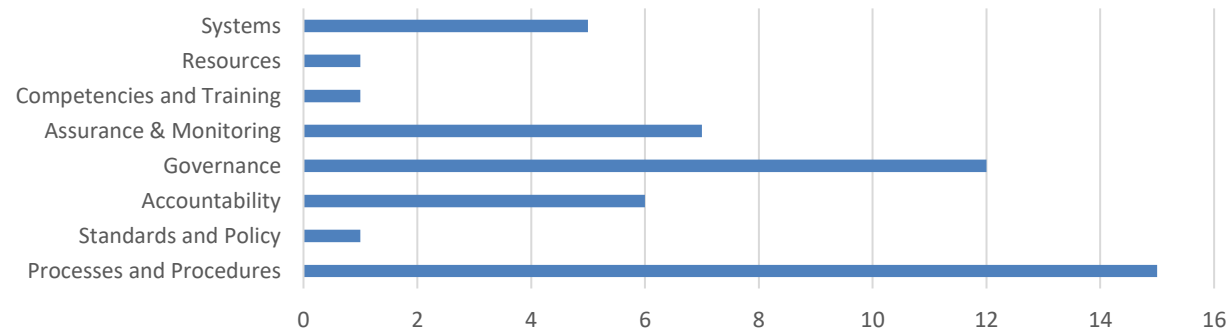
Acceptance of Risk

From the work carried out by the Southern Internal Audit Partnership during the year, I am not aware of any instances where management have accepted a level of risk that we feel exceeds the organisations risk appetite or risk tolerance.

11. Themes

The findings and conclusions of multiple engagements, when viewed holistically, can reveal patterns or trends, such as root causes.

Analysis of root cause through assurance work undertaken across the organisation's framework of governance, risk management and control processes during the year has highlighted the following themes:



*Definitions to support root cause categorisations are detailed in Annex 3

12. Anti-Fraud and anti-corruption

In accordance with the internal audit charter and the audit plan, auditors will plan and evaluate their work so as to have a reasonable expectation of detecting fraud and identifying any significant weaknesses in internal controls.

Whilst not responsible for the detection of fraud within the Council, Southern Internal Audit Partnerships work during 2025/26 has not identified, and we have not been made aware of, any significant control deficiencies that may pose a significant fraud risk.

13. Quality Assurance and Improvement

From 1 April 2025, the 'standards or guidance' in relation to internal audit are those laid down in the Global Internal Audit Standards, Application Note: Global Internal Audit Standards in the UK Public Sector and the Code of Practice for the Governance of Internal Audit in UK Local Government. The collective requirements shall be referred to as the Global Internal Audit Standards in the UK Public Sector.

Standard 8.4 [External Quality Assessment] requires internal audit providers to undergo an external quality assessment every five years. In September 2025 JC Training Ltd were commissioned to complete an external quality assessment of the Southern Internal Audit Partnership against the Global Internal Audit Standards in the UK Public Sector. In considering all sources of evidence the external assessor concluded:

‘SIAP has achieved an excellent result of ‘generally achieves’ in this EQA in relation to the GIAS and Application Note. The IIA use the term ‘general achievement’ or ‘general conformance’ to indicate that “internal audit activities were performed in general conformance with the Global Standards.”

I include a summary of SIAP’s conformance to the GIAS, below. Overall, I believe that the team has achieved an excellent performance given its size, together with the breadth and depth of the benchmark established by the new GIAS.

I am delighted to confirm that SIAP fully achieves 46 of the 52 Standards and generally achieves the remaining six Standards. There are no partial conformances, or areas where the team do not conform with any Standards.

Summary of IIA Conformance	Standards	Does not Conform	Partially Conforms/Achieves	Generally Conforms/Achieves	Fully Conforms/Achieves	Total
Purpose of Internal Auditing	N/A					N/A
Ethics and Professionalism	13				13	13
Governing the Internal Audit Function	9			3	6	9
Managing the Internal Audit Function	16			1	15	16
Performing Internal Audit Services	14			2	12	14
	52	0	0	6	46	52

I have undertaken ten reviews of diverse internal audit functions using the (new) GIAS to date and **this result puts SIAP firmly within the top quartile and represents the highest level of achievement and conformance with the new GIAS that I have seen to date.’**

14. Disclosure of Non-Conformance

There are no disclosures of Non-Conformance to report. In accordance with Global Internal Audit Standards in the UK Public Sector, I can confirm through endorsement from the independent external quality assessment that:

‘The Southern Internal Audit Partnership ‘generally conforms’ to the Global Internal Audit Standards in the UK Public Sector and its work is performed in accordance with the International Professional Practices Framework’

15. Quality Control

Our aim is to provide a service that remains responsive to the needs of the Council and maintains consistently high standards. In complementing the QAIP this was achieved in 2025-26 through the following internal processes:

- On-going liaison with management to ascertain risk management, control and governance arrangements, key to corporate success
- On-going constructive working relationships with other assurance providers to maintain a cooperative assurance approach.
- A tailored audit approach using a defined methodology and assignment control documentation.
- Review and quality control of all internal audit work by professional qualified senior staff members.
- An external quality assessment against the industry Standards.
- Maintenance of Key Performance Indicators and ongoing overview of Internal Audit Strategy and Partnership objectives / actions (Annex 2)

16. Acknowledgement

I would like to take this opportunity to thank all those staff throughout the Council with whom we have made contact in the year. Our relationship has been positive, and management were responsive to the comments we made both informally and through our formal reporting.

Iona Bond
Deputy Head of Southern Internal Audit Partnership

Summary of Assurance Reviews Completed 2025-26

Annex 1

Substantial A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

- Disabled Facilities Grants

Reasonable There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

- Contract Management – Cush and Wakeman
- Main Accounting
- Community Infrastructure Levy
- Decision Making and Accountability
- National Non Domestic Rates
- Treasury Management
- Commercial Property Management
- Contract Management – Leisure Centres
- Annual Governance Statement 2024-25
- Budget Monitoring

Limited Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

- Risk Management
- Improvement and Recovery Plan
- Exempt Item
- Exempt Item

Annex 2

Performance Measurement

Key Performance Indicators

Performance Measure	Regularity	Target	Actual 25/26	Status	Direction of Travel
1. Percentage of the agreed audit plan completed (issue of draft / final report)	Ongoing	90%	100%	✓	↑
2. Audits delivered within agreed timescales (% year to date)					
○ To issue of draft report	Ongoing	80%	50%	✗	n/a
○ To issue of final report	Ongoing	80%	33%	✗	n/a
3. Conformance with the Global Internal Audit Standards in the UK Public Sector	Annual	Generally conforms	Generally conforms	✓	↔
4. Audits conducted optimising the effective use of data analytics (% year to date)	Ongoing	60%	57%	✗	n/a
5. Stakeholder satisfaction (annual survey)					
○ Audit Committee	Annual	90%	100%	✓	↑
○ Senior Management		90%	-	-	-
○ Key Contacts		90%	-	-	-
6. Internal audit effectively communicates with key stakeholders					
○ Audit Committee	Annual	90%	100%	✓	↑
○ Senior Management		90%	-	-	-
○ Key Contacts		90%	-	-	-
7. Sufficiency of input to and discussion of the internal audit plan					
○ Audit Committee	Annual	90%	100%	✓	↑
○ Senior Management		90%	-	-	-
8. Appropriate focus on key risks					
○ Audit Committee	Annual	90%	100%	✓	↑
○ Senior Management		90%	-	-	-
○ Key Contacts		90%	-	-	-

* No survey responses received from senior management or key contacts

Internal Audit Strategy 2025/28

Action	Target Date	Update	Status
Innovate to explore a more agile approach to the audit process, building efficiencies and producing more timely feedback to the organisation.			
Confirm expectations of Partners regarding desired reporting timelines and methodology.	Dec 2025	The Terms of Reference for each audit review provides a timeline of audit activity from initial scoping through the final report. This is signed and agreed by both SIAP and the client prior to commencement. Our KPIs provide outcomes of delivery against agreed targets.	Complete
Complete a detailed analysis of bottle necks in SIAP and external to the internal audit function.	April 2026	Data has been compiled throughout the year. Analysis will commence following completion of the 2025/26 internal audit plans	Ongoing
Benchmark with peer audit services and explore opportunities to make the process 'leaner' through auditor working group.	Dec 2026	Agenda item to be taken to 'Audit Together' and Local Authority Chief Auditor Network' which are two national forums representing over 150 local authorities to explore good practice.	Ongoing
Optimise the use of technology (including audit management software) to deliver efficiencies.	Dec 2027	Currently exploring opportunities to utilise Power BI and AI technologies	Ongoing
Embrace and prioritise conformance and embedding of the Global Internal Audit Standards in UK Local Government and maximising their potential to benefit the organisation and the internal audit function.			
Stakeholder, staff training & awareness and alignment of policies, procedures, practice and software to the GIAS in UK PS.	July 2025	A programme of training and staff awaydays have provided a robust overview of the GIAS in the UK PS to the SIAP team. This has been complemented through an updated suite of practice and procedure notes to fully reflect the expectations of the new Standards	Complete
Undertake a self-assessment of compliance with the GIAS in the UK PS	July 2025	A self-assessment against the GIAS in the UK Public Sector was completed in July 2025 and presented to the external assessor to help inform the External Quality Assessment.	Complete
Commission an early External Quality Assessment to assess compliance with the GIAS in UK PS.	Dec 2025	The External Quality Assessment was commission in July 2025 and delivered during September – December 2025. An outcome report was presented in December 2025 confirming 'general conformance' with the GIAS in the UK PS	Complete
Explore supplemental elements of the GIAS in UK PS Standards to fully assess value add.	Apr 2026	An action plan has been developed to explore suggested opportunities for improvement highlighted within the External Quality Assessment [December 2025]	Complete

Action	Target Date	Update	Status
Further engage with the organisation to enhance and optimise the full potential of data analytics in the internal audit process			
Implement a programme of training and awareness. Additional support through Data Analytic Champions	July 2025	Training and guidance have been delivered and remains in place for all SIAP staff. Data Analytic Champions are in place as a centre of expertise to support SIAP staff in the potential and use of data analytics.	Complete
Acquire software to support the effective use of data analytics.	Sep 2025	Knime has been acquired, implemented and utilised as our primary data analytic software. A further business case is being prepared to assess the addition of Idea to SIAPs suite of software solutions.	Complete
Refresh the existing data analytics strategy and promote a culture of data by default.	Apr 2026	Regular and ongoing training and awareness is provided to SIAP staff to embed the culture and concept of data by default. Additionally, a KPI has been developed to measure demonstrable application within the internal audit process. A review of the strategy will be undertaken during 2026.	Ongoing
Be assessed as 'data analytics enabled'.	Apr 2028	Our Data Analytics Strategy provides the framework to position the Partnership as data analytics enabled.	Ongoing

EQA Action Plan

Standard	Detail	Target Date	Update	Status
Compliance with the Global Internal Audit Standards in the UK Public Sector; Application Note; and Code Governance				
N/A	N/A	N/A	N/A	N/A
Suggested areas of improvement				
1.1 & 1.2	<p>SIAP fully achieves Standard 1.1 Honesty and Professional Courage and Standard 1.2 Organisations Ethical Expectations</p> <p>Going forward within the planned training on these areas and Domain II in general, detailed in the Learning and Development Plan 2024-2026, the Head of Partnership could usefully consider including practical ethical dilemmas, ethics scenarios or case studies, common challenges and how to deal with them, in future learning coverage</p>	March 2026	The next scheduled ethics training session for the Partnership is in May 2026. The training pack is currently being updated to include practical ethical dilemmas, ethics scenarios and case studies, common challenges and how to deal with them.	Ongoing
3.1	<p>SIAP fully achieves Standard 3.1, Competency.</p> <p>SIAP leadership and their stakeholders recognise that additional emphasis on advisory, rather than assurance engagements, will be needed over the medium term as Local Government Reorganisation and Devolution proceeds. Additional advisory skills and learning may be necessary to add value, insight and foresight across SIAP.</p> <p>Staying up to date with IT and cyber security changes and associated developments are a real challenge for any internal audit function. This is normal for any internal audit function.</p>	July 2026	<p>To arrange training and support to develop advisory skills to compliment future client needs (particularly in light of LGR & Devolution).</p> <p>All IT staff are appropriately required and must maintain comprehensive CPDs to maintain their professional accreditation. Additional training / qualification has been provided in respect of AI in recognition of its emerging prominence.</p>	<p>Ongoing</p> <p>Complete</p>

Standard	Detail	Target Date	Update	Status
6.3 & 8.1	<p>SIAP generally achieves Standard 6.3, Board and Senior Management Support, and 8.1, Board Interaction.</p> <p>The Head of Partnership and SIAP have undertaken everything I would expect of them under these Standards, the related Application Note and CIPFA Code.</p> <p>Where SIAP do not have a direct influence, I am satisfied that the team have engaged with each partner and client highlighting the importance of Domain III, the Application Note and Code and developing an action plan to encourage compliance, highlighting its importance and their ability as an organisation to confirm in the 2025/26 Annual Governance Statement that they are conforming with the GIAS in the UK Public Sector. Some partners and clients are fully compliant, while others still have some actions to progress, resulting in a general, rather than full, level of achievement for SIAP against these Standards.</p>	February 2026	Discuss and present action plans to individual Partners developed following assessment of compliance with the Code of Practice for the Governance of Internal Audit in UK Local Government.	Complete
8.3	<p>SIAP fully achieves Standard 8.3, Quality.</p> <p>The team revised their Quality Assurance and Improvement Programme in June 2025. The result is excellent. SIAP will need to continue to focus on embedding and implementing the various actions and priorities contained within this document to progress the five identified areas for improvement. I support these next steps and the periodic reporting of progress to partner and client Audit Committees (or equivalent) and senior management, as well as to other key stakeholders.</p>	December 2026	<p>Ongoing implementation of actions within the QAIP.</p> <ul style="list-style-type: none"> • Continue to develop K10 to optimise SIAP efficiencies and effectiveness • Review and update the Partnership website • Explore the opportunities presented from the use of AI in the audit process <p>*Actions in relation to Code of Governance & Topical Requirement covered elsewhere in this action plan</p>	Ongoing

Standard	Detail	Target Date	Update	Status
9.2	<p>SIAP generally achieves Standard 9.2, Internal Audit Strategy.</p> <p>SIAP has established an Internal Audit Strategy for 2025-2028. This is clear and well presented, with valid relevant objectives and priorities for the team to aim for and deliver. This has been developed with partner and client involvement, but given the number of partners and clients, it is not practical for this to be aligned to each separate organisation’s key objectives and priorities.</p> <p>The Head of Partnership and SIAP have consciously chosen not to seek to implement every aspect of this Standard, where it makes little practical sense to do so, given the size and nature of their function. In my opinion, this makes perfect sense, as there is little value in conformance for the sake of conformance, but it does result in this generally (rather than fully) achieves assessment here.</p>	N/A	No action – accepting of the fact that due to SIAPs multi-client provider status we will never fully achieve this standard.	N/A
9.4	<p>SIAP generally achieves Standard 9.4, Internal Audit Plan.</p> <p>Going forward, SIAP should add additional detail – ideally bespoke for each partner or client – on the rationale for not including an assurance engagement in a high-risk area or activity in its flexible internal audit plans. SIAP currently includes a short standard statement, but this would benefit from being more tailored to the individual partner or client if a ‘fully achieved’ rating is considered necessary.</p>	March 2026	Due to the timing of the EQA report and the development and presentation of the internal audit plans for 2026/27 we were unable to incorporate the suggested improvement. The internal audit plan template has now been updated to ensure future inclusion of all areas assessed as high priority that are not covered in the plan along with a reason for their omission.	Complete

Standard	Detail	Target Date	Update	Status
11.1 & 11.3	<p>SIAP fully achieves Standard 11.1, Building Relationships and Communicating with Stakeholders, and 11.3, Communicating Results.</p> <p>At interview, and in the April 2025 SIAP survey responses, some stakeholders commented whether there was more that could be done in terms of sharing cross-client themes, issues, results, root causes and insights. This is an obvious benefit of the partnership model and AI may enable the development of additional insights that could be efficiently created and add value.</p>	April 2026	A quarterly bulletin is to be introduced highlighting key cross-cutting themes and areas of good practice. It is intended for the first bulletin to be issued during Q1 2026/27	Ongoing
12.3 & 13.5	<p>SIAP generally achieves both Standard 12.3, Oversee and Improve Engagement Performance, and 13.5 Engagement Resources.</p> <p>SIAP has set a strategic objective to innovate to explore a more agile approach to the audit process, building efficiencies and producing more timely feedback to the organisation. Some stakeholders at interview, through the April 2025 SIAP survey, and my own sample engagements, commented that occasionally there were delays in the completion of engagements. While there can be varied reasons for these delays, this may require closer monitoring and earlier supportive intervention from engagement managers if delivery is affected and the allocation of additional resources, where necessary, to help ensure any particularly critical milestones or deadlines are achieved.</p> <p>I support the planned actions detailed in the Internal Audit Strategy 2025-2028 for investigating and addressing these concerns.</p>	As per Strategy December 2025 to March 2027	<p>To complete objectives within the internal audit strategy 'Innovate to explore a more agile approach to the audit process, building efficiencies and producing more timely feedback to the organisation'</p> <p>KPIs have been put in place to help identify process bottlenecks.</p>	Ongoing

Root Cause Categories

Annex 3

Category	Definition	Example
Resources	The extent to which the service has sufficient, capable resources, enabling it to carry out all aspects of its operational duties efficiently and effectively.	Functions that had been carried out by a now non-existent post have fallen through the gaps; services have only enough resources to carry out key aspects of operational delivery, meaning some lower priority tasks are not executed.
Competencies & Training	The extent to which staff are appropriately qualified, trained or experienced to carry out their role	Lack of training; inappropriate training; ineffective training plans; poor recruitment; poor training material
Systems	The extent to which systems are fit-for-purpose and support the service to carry out its operations effectively.	System processes are not available or are not effective, resulting in discrepancies or workarounds to get the required outcome, system processes are circumvented or duplicated manually. Processes are carried out manually where systems processes would be more efficient.
Motivation & Incentives	The extent to which factors such as organisational or personnel change have impacted on staff desire to carry out their role efficiently and effectively.	Staff are feeling demotivated by a recent restructuring and removal of some posts, and do not feel that they should be taking on new responsibilities.
Standards & Policies	The extent to which expected standards have been made clear to staff and the necessary policies are in place to support these standards.	There is no policy/procedure in place; policies/procedures are out of date; policies/procedures have not been reviewed within appropriate timescales; policies etc. are difficult to locate/access; links in policies either do not work or are out of date.
Governance	The extent to which the service is governed by a clear structure that sets out the roles and responsibilities of officers, and the service is supported by appropriate risk management and control systems.	Lack of assigned responsibility and accountability; failure to act / ignorance; intentional misleading by management to protect themselves; underqualified / trained Board members.
Process & Procedures	The extent to which established processes are operating effectively and are supported by defined procedures.	Failure to follow set procedures (take care re materiality/proportionality); lack of separation of duties; controls being bypassed.
Accountability	The extent to which roles and responsibilities for decision-making have been defined and are accepted and acted on by all parties.	Unclear expectations; avoiding responsibility; lack of management oversight; poor communication.
Assurance & Monitoring	The extent to which internal and/or external checking controls exist to monitor the effectiveness of, and provide assurance to, the service.	Unclear responsibility; not identifying and/or taking action on recurring problems; checking the wrong things; under-sampling