
Southern Internal Audit Partnership

Assurance through excellence
and innovation

WINCHESTER CITY COUNCIL

Annual Internal Audit Conclusion 2024-2025

Prepared by: Antony Harvey, Deputy Head of Partnership

June 2025

1. Internal Audit Standards

With effect from 1 April 2025, the 'Standards' against which internal audit within the public sector must conform 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 are referred to as the Global Internal Audit Standards in the UK Public Sector.

The Southern Internal Audit Partnership have made all necessary adaptations to its processes, procedures and practices to ensure it is best placed to conform with these requirements with effect from 1 April 2025.

Prior to 1 April 2025 conformance was required with the Public Sector Internal Audit Standards (PSIAS). Consequently, in fulfilling the audit mandate and delivery of internal audit service for the purposes of the 2024-25 annual conclusion the PSIAS remain the relevant Standards.

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

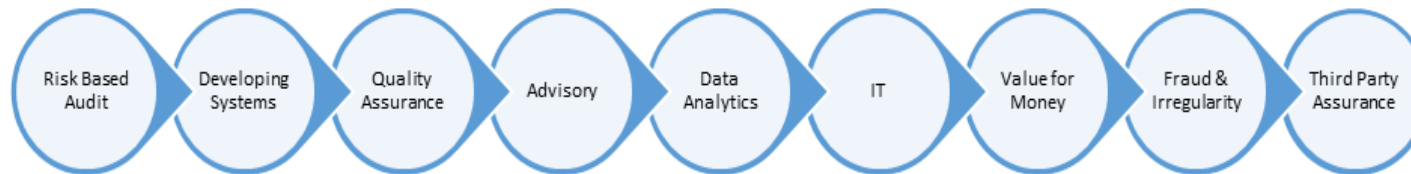
To enable effective outcomes, internal audit provides a combination of assurance and advisory activities. Assurance work involves objective assessment of how well systems and processes are designed and working, with advisory activities available to help to improve those systems and processes where necessary 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.

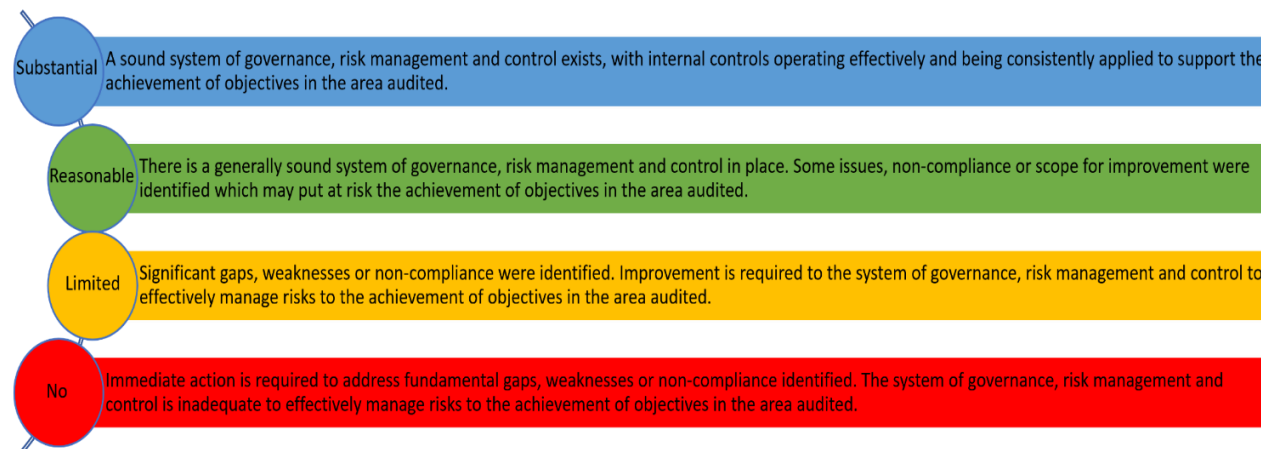
4. Internal Audit Coverage

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 2024-25 internal audit plan was considered by the Audit & Governance Committee in February 2024. 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 & Governance 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 Winchester City 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 2024-25 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 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 & Governance 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 2024-25 financial year.

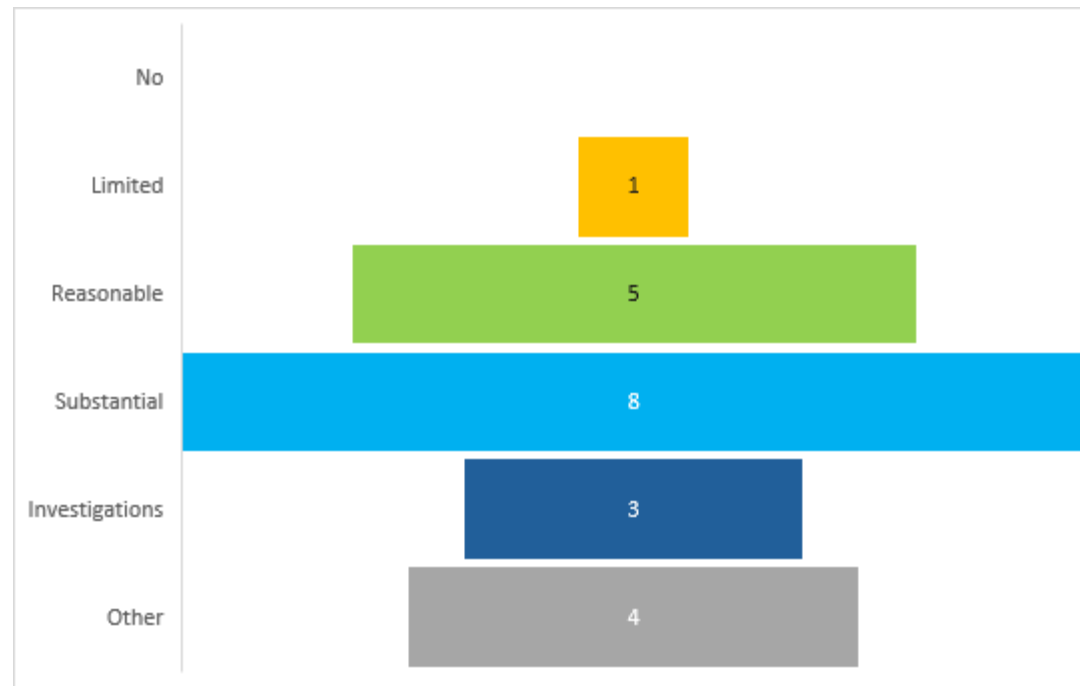
Annual Internal Audit Conclusion 2024-25

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

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



*Other relates to one follow-up review, certification of the Mayor's Charity Account, certification of the Bus Services Operator Grant, and an advisory report in relation to markets.

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 2024-25 we undertook a review of the Council's Decision Making and Accountability Framework including that roles and responsibilities for Members and Officers are clearly laid out in the Council's Constitution; that training and management information for Members is timely, complete and accurate to inform decision making; and standards of behaviour, including declarations of interest for Members and Officers are established and regularly reviewed. Our review concluded with a substantial assurance opinion.

The audit of Financial Stability sought assurance over the processes for the production of the Medium-Term Financial Strategy, budgets for 2025-26 year, in year budget monitoring, together with the process for identifying savings through the TC25 programme and associated reporting to senior management and Members. The audit concluded with a substantial assurance opinion.

We also conducted a review of the Council's Programme and Project Management Framework which found a robust and consistently applied methodology throughout the duration of projects and regular reporting to the Programme Management and Capital Strategy (PAC) Board. The review also concluded with a substantial assurance opinion.

The audit of Information Governance – Data Retention sought assurance that the Council have an appropriate framework to apply and comply with the Council's Data Retention and Destruction Policy & Schedule. Our review concluded with a reasonable assurance opinion.

We also undertook a review of the Council's Corporate Governance Framework to ensure that it is in accordance with CIPFA's Delivering Good Governance in Local Government Framework and effectively cover the seven principles of good governance. The audit also concluded with a reasonable assurance opinion.

Based on the work completed during the year and observations through our attendance at a variety of management and Audit & Governance Committee meetings, in our opinion the governance frameworks in place across the Council are generally robust, fit for purpose and subject to regular review. There is also appropriate reporting to the Audit & Governance Committee to provide the opportunity for independent consideration and challenge of the Annual Governance Statement and key Governance Policies.

As reflected under Regulator of Social Housing within Other Sources of Assurance below, there are governance issues with Housing which have been fully considered, together with the corresponding actions taken to date, when forming my annual conclusion for 2024-25. Whilst significant, I do not feel the issues are indicative of wider governance issues within the Council.

Risk management

The 2023-24 audit of risk management concluded with a substantial assurance opinion therefore this was not formally re-assessed during 2024-25. However, the Programme and Project Management Framework audit, and coverage of the TC25 programme within the Financial Stability audit, confirmed that risk registers/assessments are completed, reviewed monthly, discussed at project meetings, and regularly presented to the PAC Board within the highlight reports.

In accordance with the constitution, the Audit & Governance Committee play a key role with the overview of *'the Council's risk management arrangements and provide independent assurance of the adequacy of the risk management framework'*. This has been supported through the Committee's annual review of the risk management policy and regular reporting of the Strategic Risk Register, providing the opportunity for on-going Member consideration and challenge.

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 2024-25 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:

Developer Contributions - Limited (draft report)

The purpose of the audit was to ensure that Community Infrastructure Levy (CIL) and Section 106 contributions due from developers are defined and documented, received, recorded, and spent in line with Council policies and government regulations. This included the payment of CIL neighbourhood contributions to parishes, and the agreed bidding system for the disbursement of strategic CIL. The Council adopted CIL in 2014, including a charging schedule that sets out the CIL charges applicable according to the type of development and the zone in which the development is taking place. The CIL Officer checks the measurements of plans using Trapeze software to ensure charges are based on correct information; and charges are calculated automatically by the Exacom software, with liability notices and demand notices generated from the system. Charges are increased annually in line with RICS indexation rates. Although we were able to confirm the index figures in Exacom for 2023, 2024 and 2025, we found that the 2014 base index figure did not match the BCIS list of indices, meaning that the Council has not been using the correct index figure since implementation.

The review confirmed that planning applications included the appropriate CIL form and liability notices had been issued once the planning application was granted. CIL becomes due when a development commences and prior to this, forms are required from the developer. Testing confirmed that the relevant CIL forms had been received and acknowledged, and demand notices & invoices had been raised for the CIL due. We noted, however, one payment that was due in May 2024 and although a reminder had been issued in August 2024 no further debt recovery action had been taken.

Although we were able to confirm that all the S106 financial contributions that were due to the Council had been recorded in Exacom, we found that trigger points for payment of the contributions were not consistently recorded and we were unable to determine whether all S106 contributions were being monitored to ensure they were spent within any deadlines assigned in the agreements. Whilst the Council had published the Infrastructure Funding Statement as required by regulations, we identified a number of errors in the published document. There is also no reliable single source of information regarding collection and spending of S106 contributions to facilitate the completion of the Statement.

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:

LGA Corporate Peer Challenge Feedback Report

Corporate Peer Challenge (CPC) is a highly valued improvement and assurance tool that is delivered by the sector for the sector. It involves a team of senior local government councillors and officers undertaking a comprehensive review of key finance, performance and governance information and then spending 2.5 days at Winchester City Council (WCC) to provide robust, strategic, and credible challenge and support.

CPC forms a key part of the improvement and assurance framework for local government. It is underpinned by the principals of Sector-led Improvement (SLI) put in place by Councils and the Local Government Association (LGA) to support continuous improvement and assurance across the sector. These state that local authorities are: Responsible for their own performance, accountable locally not nationally and have a collective responsibility for the performance of the sector.

In July 2024, WCC invited the Local Government Association to conduct a Corporate Peer Challenge to provide external feedback on their performance and to highlight areas for improvement.

The Peer Team's key recommendations to the Council covered the following areas:

- Recommendation 1: Governance and decision making
- Recommendation 2: Digitalisation
- Recommendation 3: Transformation Challenge 25
- Recommendation 4: Organisational development
- Recommendation 5: Balance ambition with capacity
- Recommendation 6: Golden thread
- Recommendation 7: Member development
- Recommendation 8: A “One District” approach
- Recommendation 9: Equality, Diversity and Inclusion

As part of the CPC, the Council are required to have a Progress Review and publish the findings from this within 12 months of the CPC. The LGA will also publish the Progress Review report on their website.

To implement the Peer Team's recommendations, WCC produced an LGA Peer Challenge - Action Plan. The LGA Peer Challenge Feedback report, recommendations and resulting action plan were presented to Cabinet in October 2024 where the report and recommendations were noted and the Council's action plan in response to the LGA recommendations was endorsed.

Thrive – Cyber Security Risk Assessment

The Council selected Thrive *‘to assess their current security programme and determine the state of organisational security posture’*. The report reviewed current areas of risk across 18 implementation groups and 74 additional safeguards in alignment with the CIS Critical Security Controls (CIS Controls) framework IG Group 2. The report highlighted nine implementation groups where controls and safeguards meet best practices; and both tactical and strategic recommendations to address gaps and identify improvement opportunities in a further nine areas.

Following the review, an action plan was developed to assess, prioritise and, where applicable, implement additional controls and safeguards to address the gaps and improvement opportunities. An audit is planned for 2025-26 to assess how the actions were prioritised and the progress with implementation.

Regulator of Social Housing (RSH) - Regulatory Judgement

In February 2024, The Cabinet Committee: Housing received a report - Social Housing Regulation Inspection Regime (CAB3450(H)) summarising *'forthcoming changes to the regulatory regime of the Regulator of Social Housing (RSH) following the introduction of the Social Housing Regulation Act 2023'*. The report confirms that *'Self-assessment against the new consumer standards will inform the existing business planning process to ensure that the required time and resources are made available to address any identified shortcomings. Self-assessment will be ongoing from April 2024, and it will engage staff, residents, councillors, and other key stakeholders.'*

In February 2025 the Cabinet Committee: Housing received a report - Social Housing Regulation (CAB3479(H)) to *'appraise the committee of the self-assessment that has been undertaken including an independent assessment. The service has already begun work to address areas for improvement where there are gaps between previous requirements and the new consumer standards and produced an action plan. The service has self-referred to the Regulator of Social Housing (RSH) to work with them to ensure that the new regulatory standards are achieved as soon as possible through the delivery of the action plan.'* The draft minutes of the Cabinet Committee meeting confirmed the noting of the self-assessment and agreement to the Housing improvement plan V0.1, which included actions, timescales and intended outcomes to address the issues identified.

Following the self-referral, the RSH published a Regulatory Judgement on 30 April 2025, including their Summary of the decision:

'Our judgement is that there are serious failings in how Winchester CC is delivering the outcomes of the consumer standards and significant improvement is needed, specifically in relation to outcomes in our Safety and Quality Standard and the Transparency, Influence and Accountability Standard. Based on this assessment, we have concluded a C3 grade for Winchester CC.'

The judgement confirms:

The Safety and Quality Standard requires landlords to identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas, and to ensure that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales....Winchester CC does not have adequate systems and processes for the delivery and oversight of legal requirements relating to the health and safety of tenants.

The Safety and Quality Standard also requires landlords to have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants and to ensure that tenants' homes meet the requirements of the Decent Homes Standard (DHS).....Winchester CC reported that it does not have up to date information about the condition of the majority of its homes and is therefore unable to evidence the accuracy of its reported compliance with the DHS.

The Transparency, Influence and Accountability Standard includes the requirement for landlords to provide tenants with accessible information about how it is performing in delivering landlord services and what actions it will take to improve performance where required..... Due to the issues set out above in relation to meeting the required outcomes of the Safety and Quality Standard, Winchester CC cannot be assured that the information it collected and shared with tenants for the relevant Tenant Satisfaction Measures was accurate.

Considering the breadth and significance of the issues across the relevant outcomes of the Safety and Quality Standard and the Transparency, Influence and Accountability Standard, it is our judgement that there are serious failings in how Winchester CC is delivering the outcomes of the consumer standards and significant improvement is needed.

Winchester CC has engaged constructively with us since its self-referral and is taking steps to address the failures identified. This includes work to complete improvements to systems and processes for the delivery and oversight of legal health and safety requirements. It also has plans to complete a full stock condition survey of its homes.

We are engaging with Winchester CC as it continues to address the issues that led to this judgement and we will seek evidence that gives us the assurance that sufficient change and progress is being made, including ongoing monitoring of how it delivers its improvement plan. Our priority will be that risks to tenants are adequately managed and mitigated. We are not proposing to use our enforcement powers at this stage but will keep this under review as Winchester CC seeks to resolve these issues.

There are governance and control issues within Housing which have been fully considered, together with the corresponding actions taken to date, when forming my annual conclusion for 2024-25. Whilst significant, I do not feel the issues are indicative of wider governance, risk management or control issues within the Council.

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 & Governance Committee through our quarterly internal audit progress reports and the Council's Governance Monitoring Report.

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, however analysis of assurance work undertaken across the organisation's framework of governance, risk management and control processes has not highlighted any significant themes to draw to the Council's attention.

12. Anti-Fraud and anti-corruption

The Council is committed to the highest possible standards of openness, probity and accountability and recognises that the electorate need to have confidence in those that are responsible for the delivery of services. A fraudulent or corrupt act can impact on public confidence in the Council and damage both its reputation and image.

The Council maintain an Anti-Fraud and Corruption Policy, Anti-Fraud and Corruption Response Plan, Anti Bribery Policy and Whistleblowing Policy which have been approved through the Audit and Governance Committee and Full Council.

During 2024, the Council contacted SIAP to discuss concerns regarding housing repair and maintenance which had been raised from multiple individuals under the Council's Whistleblowing Policy. We met with the individuals to discuss their concerns, which were grouped into themes, including irregularity, and control weaknesses or non-compliance with controls. SIAPs Counter Fraud Unit (CFU) were commissioned to undertake three investigations into specific concerns of financial, statutory and contractual irregularity. The planned audit of Housing Asset Management – Repairs and Maintenance was scoped accordingly to cover potential control weaknesses or non-compliance.

The first CFU investigation focussed on concerns raised regarding if contract extensions for the main contractor were processed without due diligence. Whilst the investigation did not identify evidence of financial irregularity, it did raise statutory and contractual concerns over the transparency and reporting.

The second investigation focussed on concerns raised regarding inaccurate returns to regulators, specifically those in relation to the 'decent homes' standard where the Council was reporting 100% compliance. The Council also commissioned external consultants to undertake a separate review, culminating in a report which covered a number of areas pertinent to the CFU investigation, highlighting 'poor record keeping and inadequate management systems', matching the CFU findings. The CFU investigation did not find that incorrect submissions were made deliberately or with intent.

The third investigation focussed on concerns raised regarding the duplication of jobs and the approval of work when there had been little insight into the work. The quality of data and volume of jobs on the Council's Housing Management system (Orchard) did not enable the CFU to confirm if duplication had occurred. The investigation did conclude that there had been little insight into the work undertaken for a combination of reasons including:-

- There are no clear documented sign offs for price increases;
- A nominal default value for jobs is frequently used leading to reduced oversight of work;
- A lack of photo evidence undermines the job approval process;
- Delayed invoicing and poor record keeping;
- The high volume of jobs raised weakens the Council's ability to monitor jobs effectively.

Upon request and following receipt of the required Data Sharing Agreement documentation, and in accordance with both our legal obligations and the Council's Internal Audit Charter, all investigation reports have been shared with the Police.

The planned audit of Housing Asset Management – Repairs and Maintenance has progressed however not within the intended timeframes, largely due to the quality, volume and availability of data and documentation. We intentionally awaited the outcome of the investigations prior to resuming the audit. The outcomes will be reported to the Audit & Governance Committee upon conclusion.

13. Quality Assurance and Improvement

The Standards require the Head of the Southern Internal Audit Partnership to develop and maintain a Quality Assurance and Improvement Programme (QAIP) to enable the internal audit service to be assessed against industry Standards for conformance.

The QAIP must include provision for both internal and external assessments: internal self-assessments are required annually, and an external assessment must be undertaken at least once every five years. In addition to evaluating compliance with the relevant Standards, the QAIP also assesses the efficiency and effectiveness of the internal audit activity, identifying areas for improvement.

An 'External Quality Assessment' of the Southern Internal Audit Partnership was undertaken by the Institute of Internal Auditors (IIA) in September 2020. In considering all sources of evidence the external assessment team concluded:

'The mandatory elements of the IPPF include the Definition of Internal Auditing, Code of Ethics, Core Principles and International Standards. There are 64 fundamental principles to achieve with 118 points of recommended practice. We assess against the principles. It is our view that the Southern Internal Audit Partnership conforms to all 64 of these principles. We have also reviewed SIAP conformance with the Public Sector Internal Audit Standards (PSIAS) and Local Government Application Note (LGAN). We are pleased to report that SIAP conform with all relevant, associated elements.'

Despite the change in the Standards any external quality assessment undertaken under the Public Sector Internal Audit Standards remains valid for the duration of the successive five years (from the date it was undertaken). The Southern Internal Audit Partnership will be commissioning an external quality assessment against the Global Internal Audit Standards in the UK Public Sector during 2025.

14. Disclosure of Non-Conformance

There are no disclosures of Non-Conformance to report. In accordance with Public Sector Internal Audit Standard 1312 [External Assessments], I can confirm through endorsement from the Institute of Internal Auditors that:

'the Southern Internal Audit Partnership conforms to the Definition of Internal Auditing; the Code of Ethics; and the Standards'.

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 2024-25 through the following internal processes:

- On-going liaison with management to ascertain the risk management, control and governance arrangements, key to corporate success
- On-going development of a constructive working relationship 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 internal quality assessment against the industry Standards.

16. Internal Audit Performance

The following performance indicators are maintained to monitor effective service delivery:

Performance Measure	Target	Actual (2024-25)
Percentage of internal audit plan delivered (to draft report)	95%	81%
Positive customer survey response:		
SIAP – all Partners	90%	98%
Winchester City Council	90%	98%
Conformance with the Public Sector Internal Audit Standards	Conforms	Conforms

Customer satisfaction is an assessment of responses to questionnaires issued to a wide range of stakeholders including members, senior officers and key contacts involved in the audit process (survey date April 2025).

17. 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.

Antony Harvey
Deputy Head of Southern Internal Audit Partnership

Summary of Assurance Reviews Completed 2024-25

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.

- Decision Making and Accountability
- Treasury Management
- Land Registry / Charges
- Programme and Project Management
- NNDR
- Parking and Enforcement (draft final report)
- Financial Stability – TC25 (draft final report)
- Expenses and Overtime (draft final report)

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.

- Housing Company (draft report)
- Microsoft Licencing
- Information Governance – Records Management and Retention
- Corporate Governance Framework
- Disabled Facilities Grants

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.

- Developer Contributions

No Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Not applicable

*Six reviews (Contract Management – ID Verde & Wetton; Accounts Receivable/Debt Management; ICT Patch Management; Housing Asset Management – Repairs and Maintenance; Housing Asset Management – Housing Retrofit Programme; and Asset Management – Corporate Estate (follow-up)) remain work in progress and will be reported as part of our regular progress reports to the Audit & Governance Committee upon completion. The status of these reviews has not inhibited my ability to provide an overall opinion on the Council's framework of governance, risk and control.