



# MOLE VALLEY DISTRICT COUNCIL

## Internal Audit Strategy 2018-2021

Presented at the audit committee meeting of:

8 March 2018

This report is solely for the use of the persons to whom it is addressed.  
To the fullest extent permitted by law, RSM Risk Assurance Services LLP  
will accept no responsibility or liability in respect of this report to any other party.





# CONTENTS

1	Introduction.....	2
2	Developing the internal audit strategy.....	3
3	Your Internal Audit service.....	5
4	Audit committee requirements.....	6
	Appendix A: Internal audit plan 2018/19.....	7
	Appendix B: Internal audit strategy 2018 – 2021.....	10
	Appendix C: Continuous Assurance.....	15
	Appendix D: Internal audit charter.....	17
	Appendix E: Our client care standards.....	21
	For further information contact.....	22

# 1 INTRODUCTION

Our approach to developing your internal audit plan is based on analysing your corporate objectives, risk profile and assurance framework as well as other factors affecting Mole Valley District Council in the year ahead, including changes within the sector.

## 1.1 Background

Mole Valley District Council is entering the fourth year of its Corporate Strategy 2015-2019. Within this are a number of Council priorities relevant to the 2018/19 internal audit plan

- Environment - A highly attractive area with housing that meets local need
- Prosperity - A vibrant local economy with thriving towns and villages
- Community wellbeing - active communities and support for those who need it

We note that the Council is currently budgeting for a break even budget for 2018/19, and for the life of the three year plan. In order to achieve break even the Council is recommending a c3% increase in Council Tax as well as a 67% increase in parking charges. The Council has also been successful in applying to be part of the business rates pilot which is expected to generate an additional £0.75m.

The Council is embarking on a Transform Leatherhead project. This is expected to be a ten year project, with anticipated costs in 2018/19 of £1.5m.

## 2 DEVELOPING THE INTERNAL AUDIT STRATEGY

We use your objectives as the starting point in the development of your internal audit plan.

### 2.1 Risk management processes

We have evaluated your risk management processes and consider that we can place reliance on your risk registers / assurance framework to inform the internal audit strategy. We have used various sources of information (see Figure A below) and discussed priorities for internal audit coverage with the following people:

- Senior management
- Audit committee

Based on our understanding of the organisation, the information provided to us by the stakeholders above, and the regulatory requirements, we have developed an annual internal plan for the coming year and a high level strategic plan (see appendix A and B for full details).

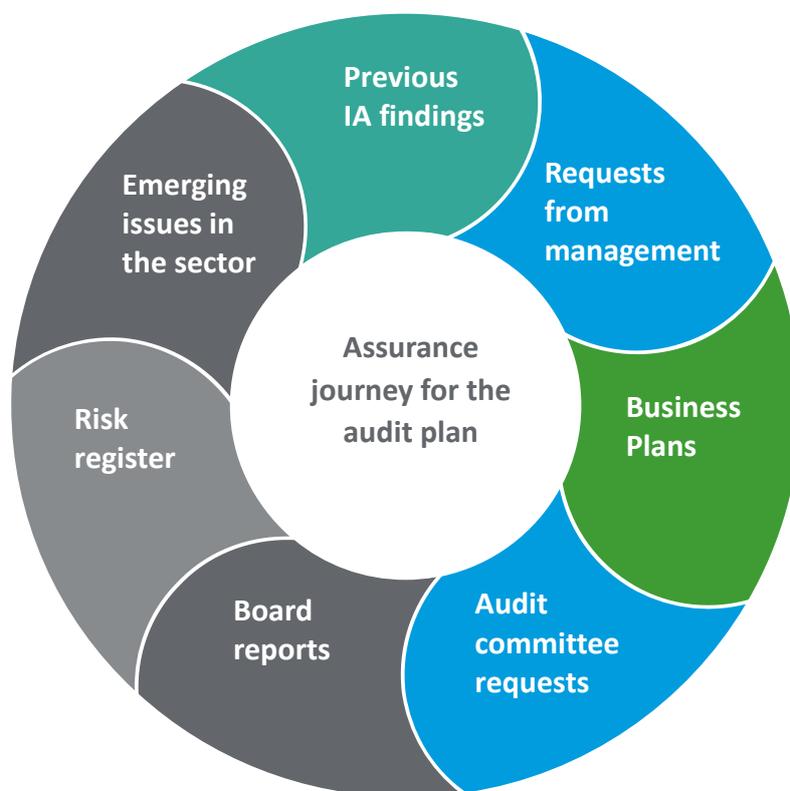


Figure A: Sources considered when developing the internal audit strategy

## 2.2 How the plan links to your strategic objectives

Each of the reviews that we propose to undertake is detailed in the internal audit plan and strategy within appendices A and B. In the table below we bring to your attention particular key audit areas and discuss the rationale for their inclusion or exclusion within the strategy.

Area	Reason for inclusion or exclusion in the audit plan/strategy
Project Management	<p>Review of the project management framework and application of this to key corporate projects. This will focus on reporting against project objectives and will also include an advisory element in relation to potential enhancements in line with best practice.</p> <p>This has been included in response to a management request for audit coverage in this area.</p>
Information Governance/Data Retention	<p>To provide information to client staff regarding the control and governance processes developed by the client in light the management of the forthcoming GDPR requirement changes and to highlight gaps in control processes where applicable.</p> <p>This review will focus on the robustness and delivery against the road map that is in place regarding GDPR.</p> <p>This is a sector risk in relation to the new GDPR legislation.</p>
IT Audit	<p>Follow up of report by internal consultants to ensure actions arising have been implemented as planned.</p> <p>This is included in response to issues raised in the 2017/18 consultants review in this area.</p>
Continuous assurance	<p>Quarterly testing of an agreed set of controls to give assurance regarding ongoing compliance. Indicative controls for testing are set out in Appendix C.</p> <p>This has been included to give ongoing assurance over key controls.</p>

As well as assignments designed to provide assurance or advisory input around specific risks, the strategy also includes: a contingency allocation, time for tracking the implementation of actions and an audit management allocation. Full details of these can be found in appendices A and B.

## 2.3 Working with other assurance providers

The audit committee is reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not, seek to cover all risks and processes within the organisation.

We will however continue to work closely with other assurance providers, such as external audit to ensure that duplication is minimised and a suitable breadth of assurance obtained.

## 3 YOUR INTERNAL AUDIT SERVICE

Your internal audit service is provided by RSM Risk Assurance Services LLP. The team will be led by Mike Cheetham, supported by Lorna Raynes and Chris Benn as your client managers.

### 3.1 Fees

Our fee to deliver the plan will be in accordance with the contractual Deed of Variation signed on 2 May 2017.

### 3.2 Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based.

The external review concluded that “there is a robust approach to the annual and assignment planning processes and the documentation reviewed was thorough in both terms of reports provided to audit committee and the supporting working papers.” RSM was found to have an excellent level of conformance with the IIA’s professional standards.

The risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of our internal audit services. Resulting from the programme, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

### 3.3 Conflicts of interest

We are not aware of any relationships that may affect the independence and objectivity of the team, and which are required to be disclosed under internal auditing standards.

## 4 AUDIT COMMITTEE REQUIREMENTS

In approving the internal audit strategy, the committee is asked to consider the following:

- Is the audit committee satisfied that sufficient assurances are being received within our annual plan (as set out at appendix A) to monitor the organisation's risk profile effectively?
- Does the strategy for internal audit (as set out at appendix B) cover the organisation's key risks as they are recognised by the audit committee?
- Are the areas selected for coverage this coming year appropriate?
- Is the audit committee content that the standards within the charter in appendix C are appropriate to monitor the performance of internal audit?

It may be necessary to update our plan in year should your risk profile change and different risks emerge that could benefit from internal audit input. We will ensure that management and the audit committee approve such any amendments to this plan.

## APPENDIX A: INTERNAL AUDIT PLAN 2018/19

Audit	Objective of the review	Audit approach	Proposed timing	Proposed Audit Committee
<b>Risk Based Assurance</b>				
Project Management	Review of the project management framework and application of this to key corporate projects. This will focus on reporting against project objectives and will also include an advisory element in relation to potential enhancements in line with best practice.	Advisory	September 2018	November 2018
Health and safety management	Review of health and safety processes and procedures. This audit will consider the Council's compliance with policies and procedures, including who is responsible for completing key activities, with a particular focus on Dorking Halls. We will also review the Council's processes for fire risk assessments, including how assurance is gained that actions identified during assessments are implemented. <i>This audit will also be used to provide assurance over risk management as we will complete a deep dive into the controls operating in relation to risk C3 'Corporate Health and Safety'.</i>	Assurance	June 2018	November 2018
Information Governance/Data Retention	To provide information to client staff regarding the control and governance processes developed by the client in light the management of the forthcoming GDPR requirement changes and to highlight gaps in control processes where applicable.  This review will focus on the robustness and delivery against the road map that is in place regarding GDPR.	Assurance	November 2018	February 2019
Governance of Environmental Health Shared Service	This review will consider the Council's processes for oversight and control of the shared service for environmental health.	Assurance	September 2018	November 2018

Audit	Objective of the review	Audit approach	Proposed timing	Proposed Audit Committee
Governance of Building Control Partnership	This review will consider the Council's processes for oversight and control of the shared service for building control. <i>This is subject to agreement to this audit by Tandridge District Council who host the building control service.</i>	Assurance	October 2018	February 2019
Property maintenance	To ensure that the buildings owned by the Council are maintained to ensure sound repair and compliance with health and safety.	Assurance	June 2018	November 2018
<b>Core Assurance</b>				
Corporate governance	An annual review of the governance arrangements in place. This will focus on decision making processes within the Council.	Assurance	December 2018	February 2019
Emergency planning and civil contingency arrangements	Compliance with requirements place on the Council for meeting the Civil Contingencies Act.	Assurance	September 2018	November 2018
Car park income	This audit will consider the processes within the parking team to ensure that all income due is recorded and received.	Assurance	May 2018	July 2018
IT Audit	Follow up of consultants report to ensure actions arising have been implemented as planned.	Follow up	October 2018	November 2018
<b>Controls Compliance</b>				
Revenues	Review of the existing control framework to provide assurance that it continues to operate as planned and is complied with in practice.	Assurance	November 2018	February 2019
Benefits	Review of the existing control framework to provide assurance that it continues to operate as planned and is complied with in practice.	Assurance	November 2018	February 2019

Audit	Objective of the review	Audit approach	Proposed timing	Proposed Audit Committee
Payroll	Review of the existing control framework to provide assurance that it continues to operate as planned and is complied with in practice.	Assurance	February 2019	May 2019
Capital accounting	Review of the existing control framework to provide assurance that it continues to operate as planned and is complied with in practice.	Assurance	November 2018	February 2019
Continuous assurance	Quarterly testing of an agreed set of controls to give assurance regarding ongoing compliance. Indicative controls for testing are set out in Appendix C.	Key controls testing	Quarterly	Ongoing
<b>Other internal audit activity</b>				
Follow up	To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.	Follow up	Ongoing	N/a
Management	This will include: <ul style="list-style-type: none"> <li>• Annual planning</li> <li>• Preparation for, and attendance at, Audit Committee</li> <li>• Regular liaison and progress updates</li> <li>• Liaison with external audit and other assurance providers</li> <li>• Preparation of the annual opinion</li> </ul>	N/a	Throughout the year	N/a

**NB:** Resources allocated to individual audits have taken into consideration the level of risk assigned to the area by the client, our knowledge of any existing client controls, including how effective these are, and the specialist nature of the area being reviewed. The resource level applied for the delivery of the area of work is reviewed as the detailed scope of the work is agreed with the executive lead.

# APPENDIX B: INTERNAL AUDIT STRATEGY 2018 – 2021

Assurance Map key (prior assurance)				
No assurance	Partial assurance	Reasonable assurance	Substantial assurance	Advisory

Proposed area for coverage	Internal audit coverage / link to risk register	Previous IA coverage	2018/19	2019/20	2020/21
<b>Risk based assurance</b>					
Financial Management	Review of processes in place to produce budgets and financial plans, as well as consideration of monitoring and reporting of financial performance.	2017/18 2015/16		✓	
Project Management	Review of the project management framework and application of this to key corporate projects. This will focus on reporting against project objectives and will also include an advisory element in relation to potential enhancements in line with best practice.	2017/18 2016/17 (asset management) 2016/17 (Fusion) 2015/16 (Capital projects)	✓	✓	✓
Welfare Reform – Homelessness Partnership and collaborative working	Review of key processes in this area to ensure compliance.	2016/17 (homelessness support and housing register)		✓	
Health and safety management	<b>Corporate Health and Safety</b> If we fail to have good Health and Safety arrangements in place, this could lead to loss of service and / or preventable accidents to staff or members of public.	2015/16	✓		
IT Audit	<b>IT systems</b> The Council needs to make sure that its staff and IT systems are available to deliver the services for which it is responsible. If we fail to do this, there could be a major breakdown and disruption of systems that leads to an inability to deliver key services.	2017/18 2016/17 (Cyber security)	✓	✓	✓

Proposed area for coverage	Internal audit coverage / link to risk register	Previous IA coverage	2018/19	2019/20	2020/21
Information Governance/Data Retention	<b>Data Protection/Information Governance</b> If we fail to effectively act on and embed standards and procedures that enable us to do this, this could lead to a loss of public trust and financial penalties to the organisation.	2015/16	✓		
Business Continuity	A review to ensure that staff and IT systems are available to deliver the services for which it is responsible.	2016/17		✓	
Governance of Environmental Health Shared Service	This review will consider the Council's processes for oversight and control of the shared service for environmental health.	N/a	✓		
Governance of Building Control Partnership	This review will consider the Council's processes for oversight and control of the shared service for building control. <i>This is subject to agreement to this audit by Tandridge District Council who host the building control service.</i>	N/a	✓		
<b>Core Assurance</b>					
HR Management	Review of compliance with legislation and policies and procedures.	2017/18 (casual payments and member expenses)			✓
Workforce Planning	Review of arrangements in place with regards organisational capacity to deliver	N/a		✓	
Income from s106 agreement and implementation of the Community Infrastructure Levy.	To review compliance with fund requirements and to ensure that record keeping is accurate	2015/16		✓	
Housing adaptations and disabled facilities grants	The ensure compliance with scheme requirements and tendering of services.	2015/16			✓
Planning and development	Compliance with legislation and policy.	2017/18		✓	

Proposed area for coverage	Internal audit coverage / link to risk register	Previous IA coverage	2018/19	2019/20	2020/21
Income activities: - Telecare - Car Parking - Licensing	To ensure completeness of income due to the Council.	2016/17 (car parking) (licensing) (telecare)	✓ (car parking)		
Property maintenance	To ensure that the buildings owned by the Council are maintained to ensure sound repair and compliance with health and safety.	N/a	✓		
Emergency planning and civil contingency arrangements	Compliance with requirements in this area.	N/a	✓		
Data quality	To review the supporting records to ensure that data used for management reporting can be relied upon.	2017/18			✓
Procurement	Review of practices to ensure compliance with the Transparency code.	2016/17		✓	
Value for money review	To review a key area of Council services for value for money in service delivery.	2017/18 (Disabled Facilities Grant)			✓
Risk management	In 2018/19 we will obtain assurance over risk management through our risk based reviews and through attendance at committees.	2017/18 2016/17 2015/16		✓	✓
Local Plan	Compliance with Government targets and requirements of the completion of the local plan.	2017/18			✓
Corporate governance	Core review	2017/18 2016/17 2015/16	✓	✓	✓
Complaints	This review will examine those processes and controls that provide assurance that complaints are effectively recorded, promptly responded to and that trends are monitored.	2017/18			✓
PCI Follow up	Follow up of 2015/16 findings.	2016/17 2015/16			
Community grants		2017/18			✓
Joint ventures/ Building control		2017/18			✓

Proposed area for coverage	Internal audit coverage / link to risk register	Previous IA coverage	2018/19	2019/20	2020/21
<b>Controls Compliance</b>					
Revenues	Core financial review	2017/18 2016/17 2015/16	✓	✓	✓
Benefits	Core financial review	2017/18 2016/17 2015/16	✓	✓	✓
Treasury management	Core financial review	2016/17		✓	
Main accounting	Core financial review	2017/18 2015/16		✓	
Payroll	Core financial review	2017/18 2016/17 2015/16	✓	✓	✓
Creditors	Core financial review	2016/17		✓	
Capital accounting	Core financial review	2015/16	✓		
Debtors	Core financial review	2016/17		✓	
Continuous assurance	Quarterly testing of an agreed set of controls to give assurance regarding ongoing compliance. Indicative controls for testing are set out in Appendix C.	N/a	✓	✓	✓
<b>Other Internal Audit Activity</b>					
Contingency	To allow additional reviews to be undertaken in agreement with the Audit Committee or management based in changes in risk profile or assurance needs as they arise during the year.	N/a		✓	✓
Follow up	To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.	Ongoing	✓	✓	✓

Proposed area for coverage	Internal audit coverage / link to risk register	Previous IA coverage	2018/19	2019/20	2020/21
Management	This will include: Annual planning Preparation for, and attendance at, Audit Committee Administration of our actions tracking database – 4Action Regular liaison and progress updates Liaison with external audit and other assurance providers Preparation of the annual opinion	N/a	✓	✓	✓

---

## APPENDIX C: CONTINUOUS ASSURANCE

As part of the internal audit plan we are proposing to visit a number of areas over the financial year in order to provide a high level assurance that key controls are in place and operating effectively in these areas.

These reviews will focus on a suite of controls to be agreed with management. These controls are considered as key risk areas that management require assurance throughout the year of their functionality and effectiveness. We have suggested the controls management may wish to consider for review below:

Area	Control
Finance	For each purchase made there is a corresponding purchase order which has been raised and approved in line with documented delegated authority levels.
Finance	Purchase invoices received are matched to the purchase order and goods received note prior to payment.
Finance	Key control account reconciliations, including bank, debtors, creditors, rents, council tax, NNDR and benefits, are completed on a monthly basis and subject to appropriate review and approval.
Finance	New benefit (housing and council tax support) claims are supported by a completed claim form and that clear correspondence is detailed on the Academy system between the claimant and the benefits team to detail the outcome/nature of the claim.
Finance	Changes made to the supplier standing data within the system are supported by documentation from the supplier. A senior member of the finance team reviews all changes that are made for accuracy.
Finance	Income received is allocated to debtors accounts in a timely manner, and that the correct fee has been received for the service paid for. Reconciliations are undertaken to ensure that the income expected as per the source system corresponds to that received in the correct cost centre.
Finance	Council tax discounts and exemptions and NNDR reliefs are applied in line with policy and supported by the required evidence.
Finance	Tenders and quotations have been obtained in accordance with Contract Procedure Rules.
Environmental Services	Trees are inspected on a risk basis by the Council's Tree Officer. Progress is monitored against an inspection plan.

Area	Control
<b>Fleet Management</b>	All Council vehicles are taxed and have a valid MOT certificate, with the expiry dates monitored.
<b>Licensing</b>	Licenses are issued following receipt of the correct fees and charges.
<b>Safeguarding</b>	All appointments to a regulated role are subject to a DBS check prior to being offered a role / a license being granted.
<b>Fleet Management</b>	All drivers of Council-owned vehicles have their driving license checked on an annual basis to ensure they are still fit and legal to drive. Copies of insurance certificates are obtained to evidence the Officer is insured for business usage.

# APPENDIX D: INTERNAL AUDIT CHARTER

## Need for the charter

This charter establishes the purpose, authority and responsibilities for the internal audit service for Mole Valley District Council. The establishment of a charter is a requirement of the Public Sector Internal Audit Standards (PSIAS) and approval of the charter is the responsibility of the audit committee.

The internal audit service is provided by RSM Risk Assurance Services LLP (“RSM”).

We plan and perform our internal audit work with a view to reviewing and evaluating the risk management, control and governance arrangements that the organisation has in place, focusing in particular on how these arrangements help you to achieve its objectives. An overview of our client care standards are included at Appendix E of the internal audit strategy plan for 2018 – 2021.

The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) as follows:

- Core Principles for the Professional Practice of Internal Auditing
- Definition of internal auditing
- Code of Ethics; and
- The Standards

## Mission of internal audit

As set out in the PSIAS, the mission articulates what internal audit aspires to accomplish within an organisation. Its place in the IPPF is deliberate, demonstrating how practitioners should leverage the entire framework to facilitate their ability to achieve the mission.

“To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight”.

## Independence and ethics

To provide for the independence of internal audit, its personnel report directly to the Partner Mike Cheetham (acting as your head of internal audit). The independence of RSM is assured by the internal audit service reporting to the chief executive, with further reporting lines to the chief executive, with further reporting lines to the Chief Financial Officer.

The head of internal audit has unrestricted access to the chair of audit committee to whom all significant concerns relating to the adequacy and effectiveness of risk management activities, internal control and governance are reported.

Conflicts of interest may arise where RSM provides services other than internal audit to Mole Valley District Council. Steps will be taken to avoid or manage transparently and openly such conflicts of interest so that there is no real or perceived threat or impairment to independence in providing the internal audit service. If a potential conflict arises through the provision of other services, disclosure will be reported to the audit committee. The nature of the disclosure will depend upon the potential impairment and it is important that our role does not appear to be compromised in reporting the matter to the audit committee. Equally we do not want the organisation to be deprived of wider RSM expertise and will therefore raise awareness without compromising our independence.

## Responsibilities

In providing your outsourced internal audit service, RSM has a responsibility to:

- Develop a flexible and risk based internal audit strategy with more detailed annual audit plans. The plan will be submitted to the audit committee for review and approval each year before work commences on delivery of that plan.
- Implement the internal audit plan as approved, including any additional tasks requested by management and the audit committee.
- Ensure the internal audit team consists of professional audit staff with sufficient knowledge, skills, and experience.
- Establish a quality assurance and improvement program to ensure the quality and effective operation of internal audit activities.
- Perform advisory activities where appropriate, beyond internal audit's assurance services, to assist management in meeting its objectives.
- Bring a systematic disciplined approach to evaluate and report on the effectiveness of risk management, internal control and governance processes.
- Highlight control weaknesses and required associated improvements together with corrective action recommended to management based on an acceptable and practicable timeframe.
- Undertake follow up reviews to ensure management has implemented agreed internal control improvements within specified and agreed timeframes.
- Report regularly to the audit committee to demonstrate the performance of the internal audit service.

For clarity, we have included the definition of 'internal audit', 'senior management' and 'board'.

- Internal audit – a department, division, team of consultant, or other practitioner (s) that provides independent, objective assurance and consulting services designed to add value and improve an organisation's operations. The internal audit activity 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.
- Strategic management who are the team of individuals at the highest level of organisational management who have the day-to-day responsibilities for managing the organisation.
- Council of Members - The highest level governing body charged with the responsibility to direct and/or oversee the organisation's activities and hold organisational management accountable. Furthermore, "board" may refer to a committee or another body to which the governing body has delegated certain functions (eg an audit committee).

## Authority

The internal audit team is authorised to:

- Have unrestricted access to all functions, records, property and personnel which it considers necessary to fulfil its function.
- Have full and free access to the audit committee.
- Allocate resources, set timeframes, define review areas, develop scopes of work and apply techniques to accomplish the overall internal audit objectives.
- Obtain the required assistance from personnel within the organisation where audits will be performed, including other specialised services from within or outside the organisation.

The head of internal audit and internal audit staff are not authorised to:

- Perform any operational duties associated with the organisation.
- Initiate or approve accounting transactions on behalf of the organisation.
- Direct the activities of any employee not employed by RSM unless specifically seconded to internal audit.

## Reporting

An assignment report will be issued following each internal audit assignment. The report will be issued in draft for comment by management, and then issued as a final report to management, with the executive summary being provided to the audit committee. The final report will contain an action plan agreed with management to address any weaknesses identified by internal audit.

The internal audit service will issue progress reports to the audit committee and management summarising outcomes of audit activities, including follow up reviews.

As your internal audit provider, the assignment opinions that RSM provides the organisation during the year are part of the framework of assurances that assist the board in taking decisions and managing its risks.

As the provider of the internal audit service we are required to provide an annual opinion on the adequacy and effectiveness of the organisation's governance, risk management and control arrangements. In giving our opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the board is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes. The annual opinion will be provided to the organisation by RSM Risk Assurance Services LLP at the financial year end. The results of internal audit reviews, and the annual opinion, should be used by management and the Board to inform the organisation's annual governance statement.

## Data protection

Internal audit files need to include sufficient, reliable, relevant and useful evidence in order to support our findings and conclusions. Personal data is not shared with unauthorised persons unless there is a valid and lawful requirement to do so. We are authorised as providers of internal audit services to our clients (through the firm's terms of business and our engagement letter) to have access to all necessary documentation from our clients needed to carry out our duties.

## **Quality Assurance and Improvement**

As your external service provider of internal audit services, we have the responsibility for maintaining an effective internal audit activity. Under PSIAS, internal audit services are required to have an external quality assessment every five years. In addition to this, we also have in place an internal quality assurance and improvement programme, led by a dedicated team who undertake these reviews. This ensures continuous improvement of our internal audit services.

Any areas which we believe warrant bringing to your attention, which may have the potential to have an impact on the quality of the service we provide to you, will be raised in our progress reports to the audit committee.

## **Fraud**

The audit committee recognises that management is responsible for controls to reasonably prevent and detect fraud. Furthermore, the audit committee recognises that internal audit is not responsible for identifying fraud; however internal audit will be aware of the risk of fraud when planning and undertaking any assignments.

## **Approval of the internal audit charter**

By approving this document, the internal audit strategy, the audit committee is also approving the internal audit charter.

## APPENDIX E: OUR CLIENT CARE STANDARDS

- Discussions with senior staff at the client take place to confirm the scope four weeks before the agreed audit start date
- Key information such as: the draft assignment planning sheet are issued by RSM to the key auditee four weeks before the agreed start date
- The lead auditor to contact the client to confirm logistical arrangements at least 10 working days before the commencement of the audit fieldwork to confirm practical arrangements, appointments, debrief date etc.
- Fieldwork takes place on agreed dates with key issues flagged up immediately.
- A debrief meeting will be held with audit sponsor at the end of fieldwork or within a reasonable time frame.
- Draft reports will be issued within 10 working days of the debrief meeting, and will be issued by RSM to the agreed distribution list.
- Management responses to the draft report should be submitted to RSM.
- Within three working days of receipt of client responses the final report will be issued by RSM to the assignment sponsor and any other agreed recipients of the report.

## FOR FURTHER INFORMATION CONTACT

**Mike Cheetham - Head of Internal Audit**

[Mike.Cheetham@rsmuk.com](mailto:Mike.Cheetham@rsmuk.com)

Tel: 020 3201 8219