


# Internal Audit Report 2024/2025

# Appendix 2

## Corporate Health & Safety – REF: 24\_25.05

### 1. Executive Summary

<p><b>Directorate:</b> Housing, Environment &amp; Communities</p> <p><b>Audit Owner:</b> Health &amp; Safety Officer, Environmental Health Manager (Commercial)</p> <p><b>Distribution List:</b> Director of Environmental Services &amp; Climate Change, Strategic Director Housing, Environment &amp; Communities, Director of Digital Innovation and Commercialisation, Head of Estates and Facilities, Head of HR, Strategic Director of Finance, Commercialisation and Corporate Services, Chief Executive.</p> <p><b>Auditor:</b> Meng-Chee Leong</p> <p><b>Final Report Date:</b> July 2025</p> <p><b>Audit Manager:</b> Philip Honeybone</p> <p><b>Latest Implementation Date:</b> December 2025</p>	<p><u>Overall Opinion</u></p> <p><b>LIMITED ASSURANCE</b></p> <p></p>	<p><u>Number of issues relating to Control Design</u></p> <table><tr><td>0</td><td>Critical</td></tr><tr><td>0</td><td>High</td></tr><tr><td>0</td><td>Medium</td></tr><tr><td>0</td><td>Low</td></tr></table>	0	Critical	0	High	0	Medium	0	Low	<p><u>Number of issues relating to Controls Operating in Practice</u></p> <table><tr><td>0</td><td>Critical</td></tr><tr><td>4</td><td>High</td></tr><tr><td>2</td><td>Medium</td></tr><tr><td>1</td><td>Low</td></tr></table>	0	Critical	4	High	2	Medium	1	Low
0	Critical																		
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2	Medium																		
1	Low																		

<p><b>Scope of the Review/ Limitations:</b></p>	<p>The scope of this audit review is to establish if Health and Safety policies are up to date and that accident reporting and risk assessments are monitored and complete.</p> <p>The full scope and detailed list of risks reviewed during the audit can be found in section 3 of the report.</p>
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**Overview**

There are good governance principles in place for managing health and safety for the workforce and there is a culture of safety and accountability throughout the Council. Policies, procedures, and strategies are in place. Arrangements have been made to ensure external fire safety inspections of UDC buildings, but the audit was not able to confirm that issues identified had been addressed.

The Corporate Health and Safety Team provides appropriate oversight of Health and Safety matters, but analysis of accident statistics indicates potential under-reporting of near misses.

**Priority Findings**

[4] high priority findings were identified relating to fire risk assessments, inspections, procedures and training.

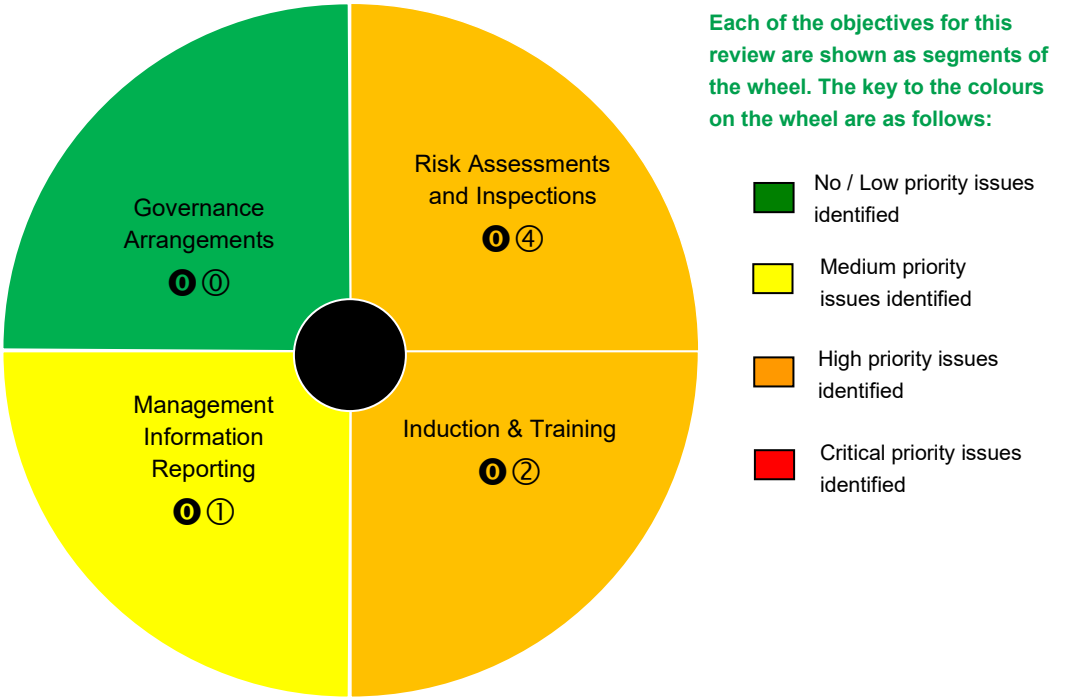
[2] medium priority was identified relating to management reports and safety inspection records.

[1] low priority was identified relating to the housekeeping of induction training records.

**Areas of good practice identified**

There is evidence of commitment to foster a culture of safety together with information being communicated to the workforce on the Council's intranet. This ensures that all employees are well-informed about safety protocols and procedures and encouraging a proactive approach to safety across the Council.

The audit identified that Environmental Services had been pro-active in providing enhanced Health and Safety training to staff. This was made possible due to one officer's role having changed significantly and although the additional duties on health and safety were not added to the job description, a new post had been created, together with a job evaluation. This would have given rise to a recommendation if the process had not now been completed.



## 2. Detailed Findings, Recommendations and Action Plan

### Recommendation 1

**Risk** - An appropriate and broad schedule of inspections/internal and external health and safety reviews, in conjunction with risk assessment outcomes, may not be undertaken and documented, which may lead to a failure to implement proportionate control measures. The Council may fail to meet its legal requirements, resulting in financial and reputational damage. The Council may fail to meet its legal requirements on compliance with the UK Corporate Manslaughter Act 2007 resulting in loss of life or injury to staff or visitors.

**Priority:**

**High**

### Matters Arising / Findings

**Criteria** - Recommendations arising from a schedule of inspections, both internal and external, on health and safety reviews in conjunction with fire risk assessment outcomes should be implemented. (External Reviews)

Following fire risk assessments by external assessors, recommendations were made with action plans to mitigate against fire risk for:

Little Canfield  
London Road Offices  
Vehicle workshop  
Walpole Offices

However, there is no evidence that mechanism is in place to track the progress of these recommendations that may be work in progress. In addition, there have been resourcing issues for an extended period of time, but the situation should improve as the Head of Estates and Facilities has been in post from April 2025.

### Recommendation

It is recommended that:

- the recommendations arising from fire risk assessments by the external assessor(s) should be implemented as soon as possible.
- the recommendations carried out be documented with an audit trail on both work in progress and its sign-off upon completion of works.

### Management Response

**Recommendation agreed?** Yes

Current fire risk assessments are to be updated following the external fire safety audit undertaken in May 2025 and the fire strategy document to be produced by the end of September 2025. The fire risk assessments are entered and monitored on the Computer Aided Facility Management system.

**Responsible Officer:** Head of Estates and Facilities and the Facilities Manager

**Target Date:** December 2025

## Recommendation 2

**Risk** - An appropriate and broad schedule of inspections/internal and external health and safety reviews, in conjunction with risk assessment outcomes, may not be undertaken and documented, which may lead to a failure to implement proportionate control measures. The Council may fail to meet its legal requirements on compliance with the UK Corporate Manslaughter Act 2007 resulting in loss of life or injury to staff or visitors.

**Priority:**

**High**

### Matters Arising / Findings

**Criteria** - Fire safety inspections and fire evacuation procedures (internal reviews) should be in place and regularly tested and fire safety records are up to date.

Fire safety procedures are in place for Little Canfield and Walpole, but the evacuation procedure affecting other buildings are a work in progress. In addition, we are unable to have sight of the list of nominated fire marshals and their training records.

### Recommendation

It is recommended that:

- all fire safety inspections and fire evacuation procedures should be reviewed asap and time lined for completion.
- documentations are maintained for the list of trained fire marshals together with their training records.
- periodic meetings are held with the fire marshals and a record on the minutes of meetings should be documented.

### Management Response

**Recommendation agreed?** Yes

All of this will form part of the Fire Strategy document which is being produced following the external fire safety audit undertaken in May 2025

**Responsible Officer:** Head of Estates and Facilities and the Facilities Manager

**Target Date:** December 2025

## Recommendation 3

**Risk** - Lack of oversight of training completion and the necessary escalation of training gaps may lead to the Council being unable to demonstrate its compliance with health and safety legislation.

**Priority:**  
**High**

### Matters Arising / Findings

**Criteria** - A Health & Safety training database is being maintained and kept up to date by the Health & Safety Officer.

PRAXIS 42 is a provider of fire, health and safety consultancy services as well as e-learning and IOSH courses. The council had a contract with Praxis to provide e-learning, which currently has the availability of 14 courses. The contract expired in mid-June 2025 and the service is currently negotiating an annual renewal, which will allow for greater flexibility in adapting to changing needs (Local Government Review). This approach ensures that the council can regularly assess the effectiveness of the training provided and make necessary adjustments to the course offerings. However, the delay in contract negotiation due to staff long-term absence has resulted in no health & safety training platform for both new employees and roles requiring health and safety training. Officers are urgently working on two streams to mitigate the risk.

- Further discussion with officers confirmed there is joint working with neighbouring authorities to secure a new Learning Management System (LMS) and if the joint working is successful, it is expected that a new training platform will be in place by March 2026.
- Agree on an annual contract renewal with PRAXIS 42.

**Interim Arrangements** – Line managers have been advised to liaise with the Environmental Health Manager (Commercial) and internal expertise will be drawn on to cover health & safety awareness training.

The courses provided by PRAXIS are accessible on the CLS delivery system and fortnightly monitoring reports on training courses with results on passes as well as incomplete ones by officers. However, there are issues with the reliability of training records and this has resulted in gaps in communication and tracking due to the following and may hinder the overall effectiveness of the training programs.

Some users are not on the council's email address list	Some users may have left the council's employment	Incorrect email address
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The health & safety team has a challenging task of reconciling the officer to their department, as the report does not categorise records by department/service and the team does not have access to the establishment list for confirmation. This lack of access complicates their ability to accurately confirm uptake of training courses or that officers may or may not be in post. Therefore, the reports cannot be relied upon to identify training gaps for those who may or may not have passed the relevant training courses that are pertinent to their role to perform their duties effectively and managers cannot be correctly informed of their staff training status

### Recommendation

Once the preferred training platform is confirmed, it is recommended that:

- a) CHAST and the operational team identify the service with the resources best placed to carry out data cleansing by reconciling or checking the health and safety training records against the staff establishment list to ensure accuracy and to facilitate health & safety compliance. This process should enhance the integrity of the training records and contribute to a safer working environment by ensuring that all staff members are adequately trained.
- b) A schedule of completion should be in place for the timely update of the training database/records to ensure data integrity.

Following the above, managers should be periodically informed of incomplete training courses expected of their team and to address any gaps promptly and ensure that all staff members are compliant with health and safety training requirements.

### Management Response

**Recommendation agreed?** Yes

**Responsible Officer:** Health & Safety Officer, Environmental Health Manager (Commercial), CHAST.

**Target Date:** December 2025

## Recommendation 4

**Risk** - Lack of oversight of induction training completion and the necessary escalation of training gaps may lead to the Council being unable to demonstrate its compliance with health and safety legislation.

**Priority:**

**High**

### Matters Arising / Findings

**Criteria** - Oversight of induction training to ensure all new staff have completed their training and a central training log be maintained.

In our 2022/23 audit of Corporate Health and Safety Governance, we made a recommendation for Health & Safety induction training and the importance of maintaining a central training database. The recommendation was assigned to Human Resources (HR) with clear distinction on responsibility between HR and the H & S operational team. Our discussion with officers has confirmed that instead of implementing the recommendation, the task of monitoring and maintaining records on mandatory training on health & safety was transferred across from HR to the Health & Safety operational team from April 2023. However, the Health & Safety and HR teams have a different understanding of what responsibilities have been transferred (especially around induction). Following this, the HR induction tracker for monitoring training courses and their completion has not been updated giving rise to uncertainty about whether all new staff had completed the mandatory training courses to ensure compliance with health and safety regulations. In addition, the Health & Safety Officer has been on long-term absence, making it more difficult to access the central database to confirm whether new staff have completed their mandatory induction training. This situation is further exacerbated, as noted in recommendation 5 and is impacting the monitoring and record-keeping process. There is the potential risk that the council may be in a precarious situation in the event of a health & safety challenge, as it will not be able to defend itself on its duty of care to employees, as there is no monitoring and record-keeping of induction training to evidence that mandatory training courses have been provided and completed.

### Recommendation

The HR Manager, Environmental Health Manager (Commercial) and CHAST should determine which team should have ownership of the induction Health and Safety records and ensure have sufficient resources to monitor them.

The appropriate team should ensure all Health and Safety induction records are maintained in a central record, which should facilitate easy access to the information when required and help in tracking compliance with safety training requirements.

Once the new training platform is in place, the monitoring and record keeping of mandatory safety (induction) should be revisited to ensure the monitoring process is efficient and effective, which should further enhance the overall safety culture of the Council.

### Management Response

**Recommendation agreed?** Yes

**Responsible Officer:** Head of HR, Environmental Health Manager (Commercial), CHAST

**Target Date:** December 2025

## Recommendation 5

**Risk** - An appropriate and broad schedule of inspections/internal and external health and safety reviews, in conjunction with risk assessment outcomes, may not be undertaken and documented, which may lead to a failure to implement proportionate control measures. The Council may fail to meet its legal requirements on compliance with the UK Corporate Manslaughter Act 2007 resulting in loss of life or injury to staff or visitors.

**Priority:**

**Medium**

### Matters Arising / Findings

**Criteria** - A planned schedule of inspections including records of remedial actions arising from inspections and reporting/escalation issues, both internal and external, on health and safety reviews should be in place (Facilities).

A schedule of inspections is held on spreadsheets, and the Facilities team is progressively transferring data from the spreadsheets onto the Safety Culture software. Internal Audit has been unable to ascertain if remedial actions arising from fire safety inspections are tracked, actioned and reported.

### Recommendation

It is recommended that: -

- a) the update of data onto the Safety Culture software system be time lined for completion to facilitate the electronic reminders when the safety inspections are due.
- b) The Head of Estates and Facilities be periodically invited to the Health & Safety Board meetings to report on the status of the fire safety risk recommendations made by the external fire safety assessors.

### Management Response

a) **Recommendation agreed?** Yes

**Responsible Officer:** Head of Estates and Facilities and the Facilities Manager

**Target Date:** December 2025

b) **Recommendation agreed?** Yes

**Responsible Officer:** CHAST

**Target Date:** Next CHAST meeting

## Recommendation 6

**Risk** - Performance indicators and measurement of performance may not be identified and management information regarding the performance of the Council's health and safety processes may not be reported to and/or reviewed by relevant senior management. Issues may not be identified and acted upon in a timely manner.

**Priority:**

**Medium**

### Matters Arising / Findings

**Criteria** - In addition to driver and vehicle safety, performance indicators should encompass the overall staff safety.

- a) When an accident occurs, the information is collated into an accident report for reporting to CHAST. The report informs on accident details, service area and mitigation control. If cluster analysis is carried out by classifying accidents into groups, it may provide an insight into the type of refresher training that may be required to improve on health and safety performance and prevention of future occurrences.

**See Appendix A below.** Internal audit performed the cluster analysis, and the outcome highlighted the common recurrence of accidents such as slips and falls, which make up 33% (5/15) of the accidents in Environmental Services for 2024/25 which had resulted in 7 days of sickness absence and RIDDOR reporting. Identifying and addressing frequency of such accidents, may enhance workplace safety and promote a healthier environment for the employees by the relevant refresher training course.

- b) the Heinrich safety triangle on industrial accident prevention has been applied to the number of accidents for 2024/25. The analysis found that UDC accident reporting shows a relationship that is not in sync between the number of accidents for serious, minor accidents, near misses and unsafe incidents. The discrepancy suggests that while the reporting of serious and minor accidents is disproportionately higher, there is a significant underreporting of near misses and unsafe incidents. Addressing this imbalance may foster a more robust safety culture and preventative measures could be implemented.

**See Appendix B below.**

### Recommendation

It is recommended that:

- accidents should be analysed to identify common recurrence of accidents.
- safety culture should be improved upon in the reporting of near miss and unsafe incidents.
- a proactive monitoring approach is taken to identify training needs and minimise risks and enhance overall workplace safety.

### Management Response

#### Recommendation agreed?

- a) Yes – Cluster analysis.
- b) No – Heinrich safety triangle does not add value.

**Responsible Officer:** Health & Safety Officer, Environmental Health Manager (Commercial),

**Target Date:** December 2025

## Recommendation 7

**Risk** - Lack of oversight of training completion and the necessary escalation of training gaps may lead to the Council being unable to demonstrate its compliance with health and safety legislation.

**Priority:**

**Low**

### Matters Arising / Findings

**Criteria** – Training records are up to date and complete to ensure data integrity. (Housekeeping of files)

Our review of the 2023/24 recruitment tracker found that the records are incomplete where both the former employee and their line manager had left the Council's employment. This resulted in discrepancies in HR files and is challenging for the HR team to maintain accurate records from the overall induction pack.

### Recommendation

It is recommended that that the HR Manager, in consultation with the Director of Business Performance and People, agree on a format of exemption for those outstanding records where both the former employee and line manager had left the Council's employment.

### Management Response

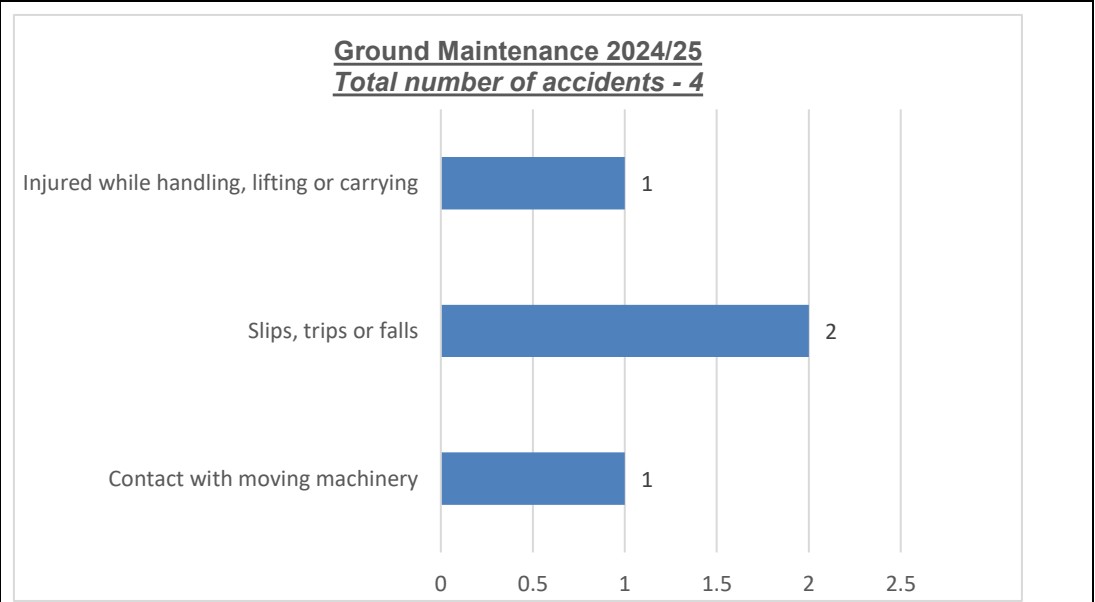
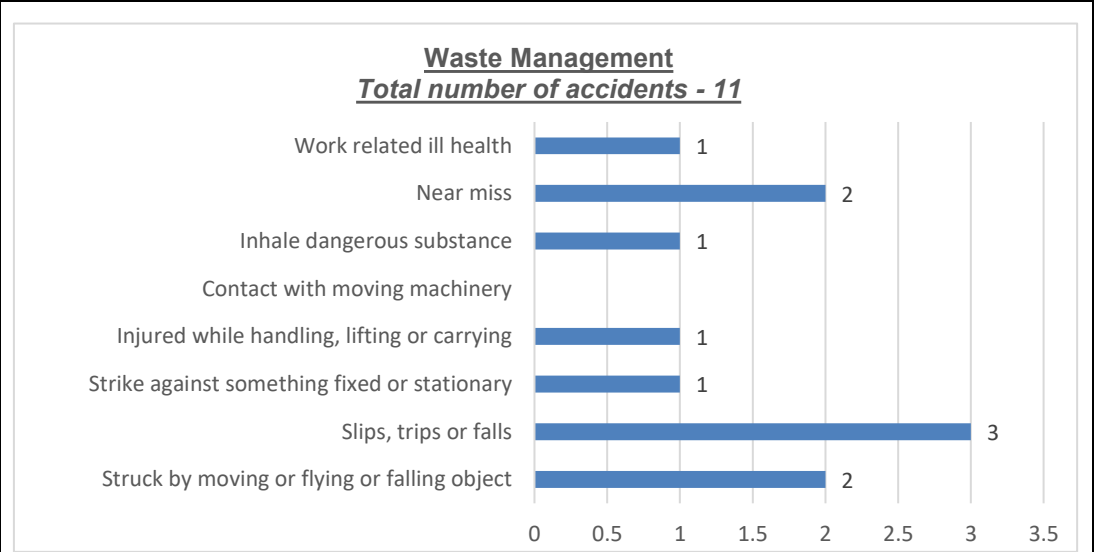
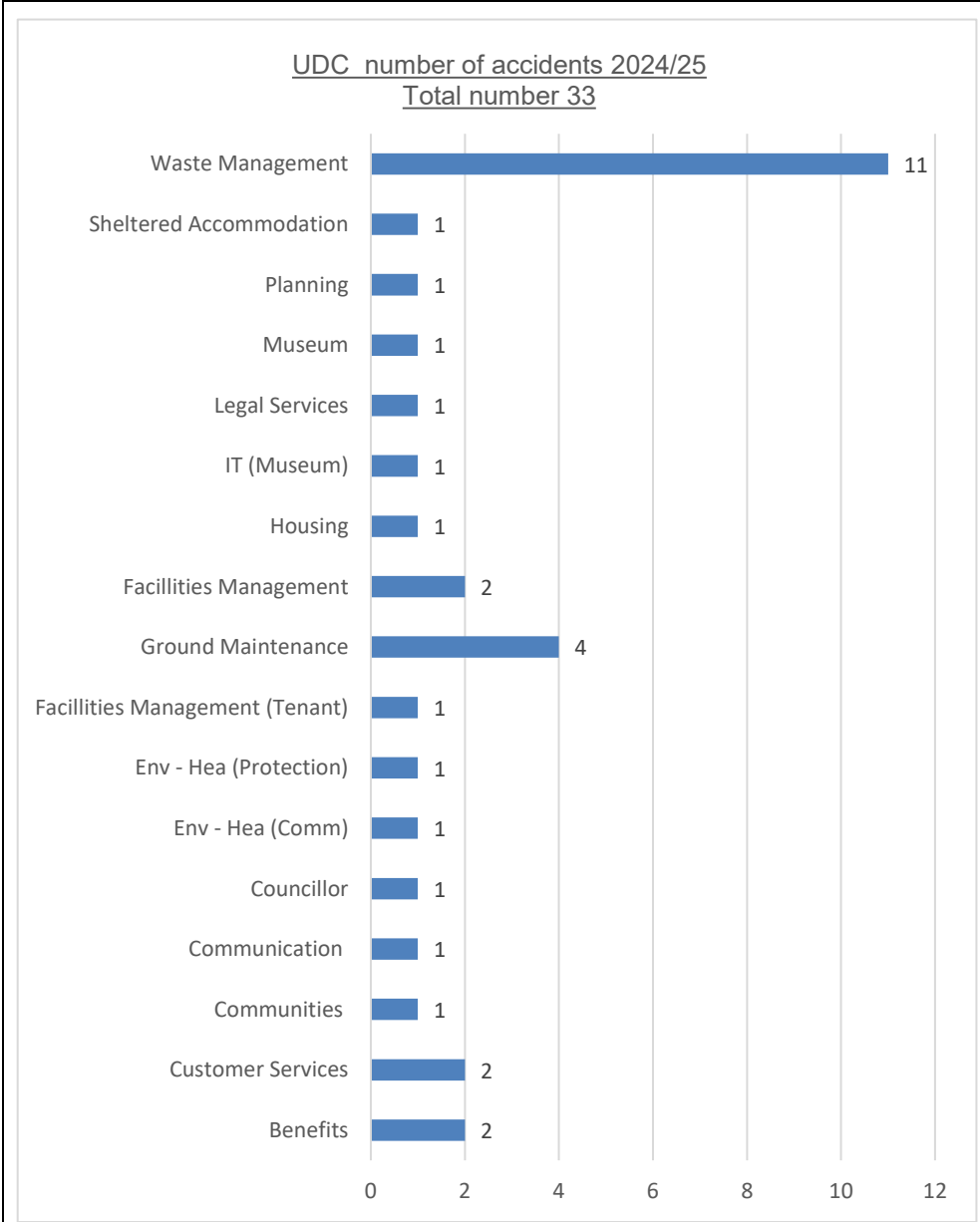
**Recommendation agreed?** Yes

**Responsible Officer:** Head of HR

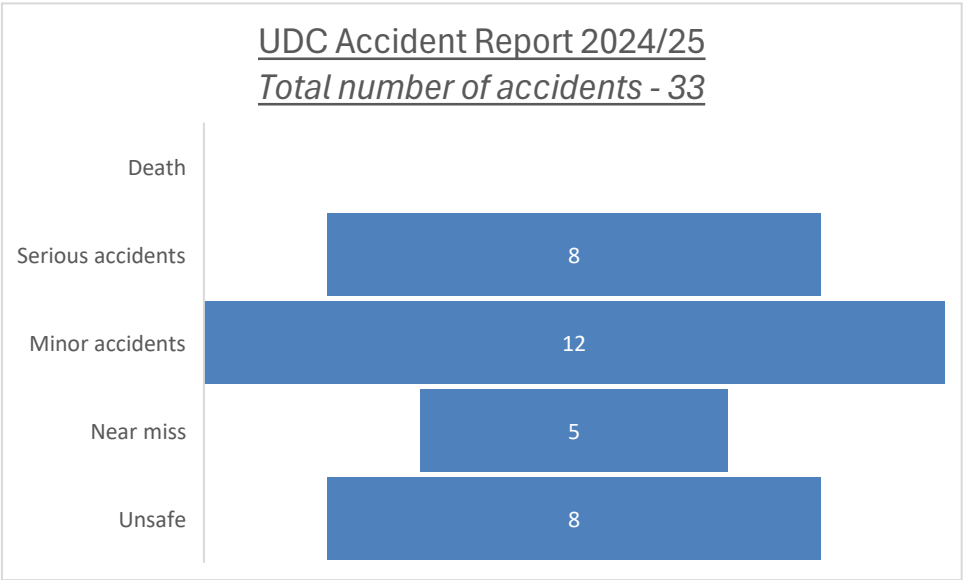
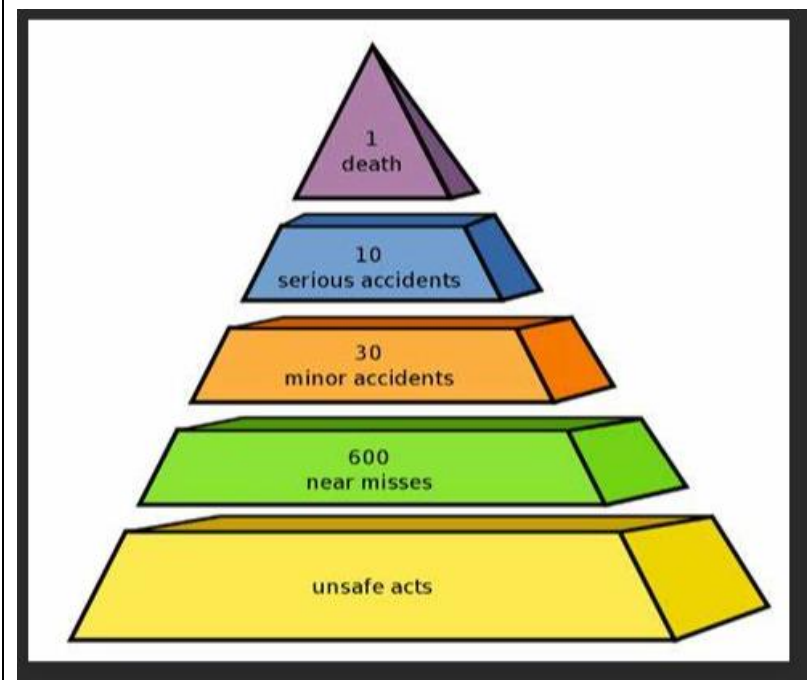
**Target Date:** December 2025








Appendix A











Heinrich Safety Triangle – Illustrative model











### 3. Detailed Audit Scope

Risks Reviewed (as per agreed Terms of Reference)			
Risk Ref	Risk	Control	Finding Risk Rating
	<b>Governance Arrangements</b>		
1.1	Policies, procedures and strategies are not in place to embed health & safety into the Council business including HSE65 and may result in failure to comply with the Workplace Health and Safety Act 1974, resulting in financial loss, reputation damage, and failing to provide a safe environment for the workforce.	<ul style="list-style-type: none"> <li>Health &amp; Safety Policies and procedures are regularly reviewed, updated and embedded into the Council's business activities.</li> </ul>	 Low
1.2	Roles and responsibilities may not be clearly defined and resulting in a lack of oversight and accountability and not fulfilling the Council's duty of care to reduce health and safety risks across the Council.	<ul style="list-style-type: none"> <li>The new structure together with the identified roles should be meeting periodically and CMT is kept informed of the Council's Health &amp; Safety matters.</li> <li>Health &amp; Safety role &amp; responsibility performed by staff should be formalised to ensure continuity and to adhere to the Employment Act 1996.</li> </ul>	 Low   Medium
	<b>Health and Safety Risk Assessments and Inspections</b>		
2.1	Risk assessments are not regularly carried out and risks or emerging risks are not identified and contained, which may cause injury to the workforce and the public as they engage with the Council's business.	<ul style="list-style-type: none"> <li>Risk owners have been identified to carry out risk assessments.               <ul style="list-style-type: none"> <li>Safety risks controls have been identified and risk assessments completed for all services.</li> </ul> </li> <li>Procedures are in place to ensure the Visiting Register is being kept up to date ensuring staff who may visit or meet clients are protected.               <ul style="list-style-type: none"> <li>Procedural guidance is in place for staff and that the visiting register is checked before carrying out home/site visits</li> <li>Lone working devices have been allocated to relevant staff and a system of communication is in place to alert a call on emergency.</li> <li>Personal Emergency Evacuation procedures (PEEP) are in place</li> <li>Risk assessment should identify duties requiring site visits which may risk officers being attacked or abused and mitigation control should be in place.</li> </ul> </li> </ul>	 Low   Medium

Risks Reviewed (as per agreed Terms of Reference)			
Risk Ref	Risk	Control	Finding Risk Rating
2.2	A standard methodology for assessing Health & Safety risks may not be used, which may lead to potential risks being inconsistently rated and treated through mitigation	<ul style="list-style-type: none"> <li>Risk assessments have been consistently assessed across all service departments, periodically reviewed, monitored and embedded into the Council's business activities and feeds into the Corporate Risk Register.</li> </ul>	 Medium
2.3	Staff engagement may not be in place and safe systems of work (SSW) and training identified may not be appropriate resulting in ineffective policies and workplace assessment.	<ul style="list-style-type: none"> <li>Qualified personnel in place to review the risk assessments and identify the training relevant to the service and measures in place to identify a fit for purpose training program.</li> </ul>	 Low
2.4	Procedures may not be in place and may result in the non-reporting of hazards, near misses and certain injuries, diseases and dangerous occurrences to senior management and the enforcing authority on RIDDOR cases (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	<ul style="list-style-type: none"> <li>Procedures in place to capture RIDDOR, near misses and roles identified for internal and external reporting</li> <li>Health &amp; Safety information/documents maintained for monitoring and reporting on service performance or RIDDOR.</li> </ul>	 Low   Medium
2.5	An appropriate and broad schedule of inspections/internal and external health and safety reviews, in conjunction with risk assessment outcomes, may not be undertaken and documented, which may lead to a failure to implement proportionate control measures. The Council may fail to meet its legal requirements, resulting in financial and reputational damage.	<ul style="list-style-type: none"> <li>Fire risk assessments have been reviewed for Council own buildings.</li> <li>A planned schedule of inspections both internal and external on health and safety reviews are in place.</li> <li>Recommendations arising from a schedule of inspections, both internal and external on health and safety reviews in conjunction with fire risk assessments outcomes are implemented.</li> <li>Fire safety inspections and fire evacuation procedures are in place and regularly tested and fire safety records are up to date.</li> </ul>	 Low   High   High   High

Risks Reviewed (as per agreed Terms of Reference)			
Risk Ref	Risk	Control	Finding Risk Rating
	<b>Management Information Reporting</b>		
3.1	Performance indicators and measurement of performance may not be identified and management information regarding the performance of the Council's health and safety processes may not be reported to and/or reviewed by relevant senior management. Issues may not be identified and acted upon in a timely manner.	<ul style="list-style-type: none"> <li>Accidents and near misses are reported to senior management and action plans are in place to ensure similar accidents do not happen again.</li> <li>Risks or accidents identified through health and safety inspections and review is shared with other relevant services, to enhance control measures across all similar activities.</li> <li>Performance indicators and measurement of performance have been identified and management information regarding the performance of the Council's health and safety processes is being reported and reviewed by relevant senior management. Action plan in place for issues identified and acted upon in a timely manner.</li> </ul>	<p>● Low</p> <p>● Low</p> <p>● Low</p>
	<b>Mandatory Induction &amp; Health &amp; Safety Training</b>		
4.1	Lack of oversight of training completion and the necessary escalation of training gaps may lead to the Council being unable to demonstrate its compliance with health and safety legislation.	<ul style="list-style-type: none"> <li>A training log is being maintained and kept up to date by the Health &amp; Safety Officer</li> <li>A central training log is maintained by HR to ensure all new staff complete their mandatory induction training on Health and Safety.</li> </ul>	<p>● High</p> <p>● High</p>

## 4. Basis of our opinion and assurance statement

Key to Risk Ratings for Individual Findings in Reports		
<b>Critical</b> 	<b>Strategic Objectives:</b> Extreme impact / delay / difficulty / difficulty. <b>Compliance:</b> Very serious of sustained non-compliance <b>Safety:</b> Critical injury (hospital stay) <b>Reputation:</b> Substantial or long-term damage <b>Service Delivery:</b> Complete loss of service / widespread inconvenience	<b>Finance:</b> Very serious loss (>£100,000)
<b>High</b> 	<b>Strategic Objectives:</b> Considerable impact/delay/ overspend/ difficulty <b>Compliance:</b> Significant or medium-term non compliances <b>Safety:</b> Significant injury (professional intervention) <b>Reputation:</b> Significant or medium-term damage <b>Service Delivery:</b> Considerable impact/ inconvenience	<b>Finance:</b> Sizeable loss (£50,000-£100,000)
<b>Medium</b> 	<b>Strategic Objectives:</b> Small impact/ delay/overspend/ difficulty <b>Compliance:</b> Small or short-term non-compliance <b>Safety:</b> Small injury (local intervention) <b>Reputation:</b> Marginal or short-term damage <b>Service Delivery:</b> Moderate impact/ inconvenience	<b>Finance:</b> Moderate loss (£20,000-£50,000)
<b>Low</b> 	<b>Strategic Objectives:</b> Minor impact/ delay/overspend/ difficulty <b>Compliance:</b> Trivial or very short-term non-compliance <b>Safety:</b> Insignificant injury (no intervention) <b>Reputation:</b> Negligible damage <b>Service Delivery:</b> Minor impact/unnoticed by service users	<b>Finance:</b> Slight loss (£5,000 – £20,000)
Key to Assurance Levels		
<b>No</b> 	There are fundamental weaknesses in the control environment which jeopardise the achievement of key service objectives and could lead to significant risk of error, fraud, loss or reputational damage being suffered. [Weighted average > 3.5 on the audit scoring]	
<b>Limited</b> 	There are a number of significant control weaknesses which could put the achievement of key service objectives at risk and result in error, fraud, loss or reputational damage. There are High recommendations indicating significant failings. Any Critical recommendations would need to be mitigated by significant strengths elsewhere. [Weighted average 2.51-3.5 on the audit scoring]	
<b>Moderate</b> 	An adequate control framework is in place but there are weaknesses which may put some service objectives at risk. There are Medium priority recommendations indicating weaknesses, but these do not undermine the system's overall integrity. Any Critical recommendation will prevent this assessment, and any High recommendations would need to be mitigated by significant strengths elsewhere. [Weighted average 1.51-2.5 on the audit scoring]	
<b>Substantial</b> 	There is a sound control environment with risks to key service objectives being reasonably managed. Any deficiencies identified are not cause for major concern. Recommendations will normally only be advice and best practice. [Weighted average 1-1.5 on the audit scoring]	

## 5. Limitations and Responsibilities

### **Responsibilities of management and internal auditors**

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems. Internal Audit shall endeavour to plan its work so that there is a reasonable expectation of detecting significant control weaknesses and, if detected, Internal Audit shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. Accordingly, the examinations of Internal Audit should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist, unless Internal Audit is requested to carry out a special investigation for such activities in a particular area.

### **Limitations inherent to the internal auditor's work**

Internal Audit work has been performed subject to the limitations outlined below:

- **Opinion**

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that Internal Audit are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence, management and the Audit and Standards Committee should be aware that the opinion may have differed if the programme of work or scope for individual reviews was extended or other relevant matters were brought to Internal Audit's attention.
- **Internal control**

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.
- **Future periods**

Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

  - The design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
  - The degree of compliance with policies and procedures may deteriorate