

External Quality Assessment Summary of Results

Performed by the Institute of Internal
Auditors Quality Services, LLC

Summary of final communication of
results presented by Peggy Caskey,
County Internal Auditor

July 2022

International Auditing Standards: Why They Matter

“In today’s business environment, having an efficient and effective internal audit function is a true necessity. Internal auditing is among the cornerstones of effective organizational governance. Internal audit’s mission is to enhance and protect organizational value by providing stakeholders with risk-based and objective assurance, advice, and insight. Generally, under the oversight of an audit committee, internal auditors review the organization’s processes, operations, and goals, and they provide senior management and the board with the information needed to make informed decisions on critical issues.

Because internal auditing is vital to good corporate health, **an essential board responsibility is to ensure that the internal auditors do it well.** But how can a board make sure the internal auditors serve the organization effectively? The answer lies in the International Standards for the Professional Practice of Internal Auditing (Standards). The Standards, promulgated by The IIA, are the primary mechanism for ensuring an organization’s internal auditors consistently and accurately provide essential services in a timely, cost-effective manner.”

Source: TheIIA.org

The Standards also:

1

Provide a framework for performing a broad range of value-added internal auditing.

2

Delineate basic principles that represent the practice of internal auditing.

3

Establish the basis for the evaluation of internal audit performance.

4

Foster improved organizational processes and operations.

Support enhancement of organizational processes and operations.

The County garnishes inspiration from audit report recommendations that outline and steer the strategic direction of key projects. Internal audit had a behind the scene role and early involvement in ensuring well-designed business processes, successful implementation of new technologies, strong controls, reliable financial records, and strong leadership. These are essential elements of any well-run organization. Since results can take months or years to reach full fruition, it is difficult to draw a straight dotted line from internal audit to management's recognitions, successes, and accomplishments but here are a few examples over the past five years. (NOTE: this information is not in the EQA report.)

Contract Compliance – Business partnered with the County Attorney on a comprehensive review of a contractor's invoices for outside professional legal services. RESULT: County collected a refund of nearly \$100,000.

Economic Development – Performed a Qualified Target Industry audit. RESULT: NACo 2019 Achievement Award to Economic Development.

ELAPP* - 1. Recommended policy change. RESULT: Reoccurring savings up to \$50,000 annually. 2. Provided advice to fill the gap between existing and desired future conditions, identified the resources needed to sustain the Program, and assisted management with establishing streamlined performance metrics. RESULT: Board made available \$67,581,170 for land acquisition.

Fleet Management – Recommended enhancements to the fleet replacement program. RESULT: Recognized by the National Association of Fleet Administrators as the #4 Fleet Department in North America for 2020.

Information and Innovation – Identified opportunities to mature technology/cybersecurity operations. RESULT: County contracted with Gartner to assist management with strengthening processes/procedures and provide ongoing advice and assessment for the Organization's cybersecurity.

Pet Resources* - Performed an audit of kennel operations focusing on population management. RESULTS: 1. By adding behavioral wellness programming and seeking specialized rescue assistance, increased overall lifesaving rate consistently around 94%. 2. NACo 2019 & 2021 Achievement Awards.

Planning Fee Schedules* - Facilitated/coordinated resources to conduct cost of services studies. RESULT: Board adjusted the fee schedules to cover the costs that had exceeded fees: Planning Commission by \$158,490 annually and the Development Services by \$1,708,903 annually.

Protection of Pets – Supports the continuous secondary identification control for the health and welfare of pets in Hillsborough County. RESULT: Saved pets in abusive homes.

Building Services* - Provided advice to modernize the vertical process by adopting practices to optimally meet customer expectations. RESULT: Implemented Accela, digitized intake and permit processing, automated permit application routing, streamlined inspector assignments, implemented performance measures, kicked off fee schedule study, and enhanced record storage and security.

* = Engagement performed with assistance from external subject matter expert(s).

Background

Under the Institute of Internal Auditor's (IIA's) Standard 1312, an External Quality Assessment (EQA) of an internal audit activity must be conducted at least once every five years by a qualified, independent assessor or an independent assessment team from outside the organization.

A full-scope External Quality Assessment was conducted by IIA Quality Services, LLC primarily during the week of May 23, 2022.

The Full-Scope EQA is the most comprehensive external assessment approach. It is a full scope assessment which supports not only conformance to Standard 1312, but provides an objective assessment of the internal audit activity's effectiveness and enables you to better meet and exceed the expectations of your stakeholders.

Objectives

The primary objective was to evaluate conformance to the Standards.

Other objectives:

- Assess conformance with the IIA's Code of Ethics.
- Assess Internal Audit's effectiveness in providing assurance and advisory services to stakeholders and other interested parties.
- Identify opportunities, offer recommendations for improvement, and provide counsel to Internal Audit for improving its performance and services, as well as promoting its image and credibility throughout the Organization.

Approach

- Reviewed information prepared by Internal Audit at the Assessment Team's request.
- Conducted interviews.
- Reviewed a limited sample of audit projects and associated work papers and reports.
- Reviewed survey data received from Internal Audit stakeholders resulting from IIA Quality Services' survey process.
- Reviewed benchmark data.



Scope of Work

The scope of work included an evaluation of Internal Audit's efficiency and effectiveness in executing its mission, as set forth by the Internal Audit Charter, which defines the purpose, authority, responsibilities, and accountabilities of Internal Audit.



Summary of Results

- ★ The internal audit activity **generally conforms** with the Standards and the IIA Code of Ethics. (**Generally conforms is the top rating.**)
- ★ **No conformance gaps** were identified.
- ★ The Assessment Team commented that **only 10% of the External Quality Assessments performed** by IIA Quality Services, LLC **result in a “generally conforms” rating with no conformance gaps.**

Leading Practices

Matured the Office's Policy Manual and redesigned the engagement lifecycle (use of templates, forms, checklists, etc.).

Developed numerous tools to assist with risk assessment and engagement planning.

A document (brochure) titled "**Management's Guide to an Assurance Engagement.**"

With a small staff, **leveraged technology** and the **use of subject matter expertise.**

A comprehensive Quality Assurance and Improvement Program.

Stakeholder Feedback

Surveyed and/or interviewed:

- County Internal Auditor's Office personnel
- Management of audited areas
- Executive management
- Board members
- County Internal Audit Committee members
- RSM (external financial audit firm) members
- And others.

Survey Results		
IPPF Standards Domain	Internal Audit Activity	National Average
Governance	3.71	3.52
Staff	3.64	3.23
Management	3.70	3.39
Process	3.60	3.33

The internal audit activity **exceeded** the IIA Quality Assurance **historical (national) average in all 23 areas across the 4 Standards domains.**

General themes expressed by stakeholders



“Ethical, organized, concerned with audit standards.”

“They are extremely knowledgeable, detailed, and communicate with client during the entire process.”

“IA has demonstrated a very high level of competence and professionalism in every interaction in which we engage.”

“IA is not beholden to management, but rather complementary.”

“IA promotes a culture of accountability and is very forward thinking.”

“Their efforts helped save over 100,000 animals.”

“High integrity and great communications.”

“Internal Audit could provide even more value to the County if they had one or two additional FTEs.”

“Be more specific with the audit oversight committee.”

Improvement Opportunity 1

The Organization does not have an enterprise risk management (ERM) process and relies on the risk assessment process performed by Internal Audit along with periodic risk discussions, which are held approximately every six weeks and led by the County Internal Auditor. The Organization could benefit from developing a broad enterprise risk management program. While the ERM is a management function and is not to be “owned” by Internal Audit, Internal Audit is positioned to help facilitate such a process.

Recommendation: Consider working with the BOCC and management to facilitate implementation and execution of an organization wide ERM program.


Management Response: I concur with the audit comment and recommendations.



An abstract graphic on the left side of the slide, composed of numerous overlapping, curved brushstrokes in various shades of blue and green, creating a sense of movement and depth. The strokes are most concentrated in the center and fan out towards the edges.

Improvement Opportunity 2

- **The Organization also does not currently use an Assurance Map.** This map could be used to help validate the annual audit plan coverage but could also be used in the implementation of an organization wide ERM program.
- Recommendation: Consider using an assurance map to help the Office in validation of risk coverage across the Organization as it relates to the annual audit plan.
- Management Response: I concur with the audit comment and recommendation.



Please refer to the Institute of
Internal Auditors Quality
Services, LLC report for full
details.



A REPORT PRESENTED TO
HILLSBOROUGH COUNTY – COUNTY
INTERNAL AUDITOR'S OFFICE
(HC-CIAO)

QUALITY ASSESSMENT REPORT

Prepared May 2022

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Hillsborough County – County Internal Auditor’s Office

This Internal Audit Department **Generally Conforms** to the *International Standards for the Professional Practices of Internal Auditing* and the IIA Code of Ethics.

A Generally Conforms rating means the internal audit activity conforms to the requirements of the Standards and elements of the IIA Code of Ethics (both Principles and Rules of Conduct) in all material respects. This rating does not imply full conformance and is achievable even when some areas of the Standards are determined to be in partial conformance.

GOVERNANCE		STAFF		MANAGEMENT		PROCESS	
Standard	Rating	Standard	Rating	Standard	Rating	Standard	Rating
1000	GC	1200	GC	2000	GC	2200	GC
1100	GC			2100	GC	2300	GC
1300	GC			2450	GC	2400	GC
Code of Ethics	GC			2600	GC	2500	GC



Steve Goodson

Steve Goodson, CIA
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IIA Quality Services, LLC

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Cynthia Plamondon
Hardy Patton

Bill Radish

Bill Radish
Director, IIA Quality Services
IIA Quality Services, LLC

List of Acronyms

ACRONYM	DESCRIPTION
CAATs	Computer-Assisted Audit Techniques
CAE	Chief Audit Executive
CPE	Continuing Professional Education
EQA	External Quality Assessment
IA	Internal Audit
IIA	The Institute of Internal Auditors
Internal Audit	Internal Audit Department
IPPF	International Professional Practices Framework
IT	Information Technology
QAIP	Quality Assurance and Improvement Program
<i>Quality Assessment Manual</i>	<i>Quality Assessment Manual for the Internal Audit Activity – 2017 IPPF Aligned Edition</i>
<i>Standards</i>	<i>International Standards for the Professional Practice of Internal Auditing</i>
SWOT	Strengths, Weaknesses, Opportunities, and Threats

Executive Summary

Conformance Summary

STANDARDS AND THE IIA CODE OF ETHICS

		GC	PC	DNC
ATTRIBUTE STANDARDS				
1000 - Purpose, Authority, and Responsibility		X		
1010	Recognizing Mandatory Guidance in the Internal Audit Charter	X		
1100 - Independence and Objectivity		X		
1110	Organizational Independence	X		
1111	Direct Interaction with the Board	X		
1112	Chief Audit Executive Roles Beyond Internal Auditing	X		
1120	Individual Objectivity	X		
1130	Impairments to Independence or Objectivity	X		
1200 - Proficiency and Due Professional Care		X		
1210	Proficiency	X		
1220	Due Professional Care	X		
1230	Continuing Professional Development	X		
1300 - Quality Assurance and Improvement Program (QAIP)		X		
1310	Requirements of the QAIP	X		
1311	Internal Assessments	X		
1312	External Assessments	X		
1320	Reporting on the QAIP	X		
1321	Use of "Conforms with the International Standards for the Professional Practice of Internal Auditing" Statement	X		
1322	Disclosure of Nonconformance	X		
PERFORMANCE STANDARDS				
2000 - Managing the Internal Audit Activity		X		
2010	Planning	X		
2020	Communication and Approval	X		
2030	Resource Management	X		
2040	Policies and Procedures	X		
2050	Coordination and Reliance	X		
2060	Reporting to Senior Management and the Board	X		
2070	External Service Provider and Organizational Responsibility for Internal Auditing	X		

		GC	PC	DNC
PERFORMANCE STANDARDS (CONTINUED)				
2100 - Nature of Work		X		
2110	Governance	X		
2120	Risk Management	X		
2130	Control	X		
2200 - Engagement Planning		X		
2201	Planning Considerations	X		
2210	Engagement Objectives	X		
2220	Engagement Scope	X		
2230	Engagement Resource Allocation	X		
2240	Engagement Work Programs	X		
2300 - Performing the Engagement		X		
2310	Identifying Information	X		
2320	Analysis and Evaluation	X		
2330	Documenting Information	X		
2340	Engagement Supervision	X		
2400 - Communicating Results		X		
2410	Criteria for Communicating	X		
2420	Quality of Communications	X		
2421	Errors and Omissions	X		
2430	Use of "Conducted in Conformance with the International Standards for the Professional Practice of Internal Auditing"	X		
2431	Engagement Disclosure of Nonconformance	X		
2440	Disseminating Results	X		
2450	Overall Opinions	X		
2500 - Monitoring Progress		X		
2600 - Communicating the Acceptance of Risks		X		
IIA CODE OF ETHICS				
	Code of Ethics	X		
OVERALL CONFORMANCE RATING		X		

Overall Opinion

OPINION AS TO CONFORMANCE WITH THE *STANDARDS* AND THE IIA CODE OF ETHICS

The internal audit activity at Hillsborough County - County Internal Audit Office (HC-CIAO) Generally Conforms with the Standards and the IIA Code of Ethics. A Generally Conforms rating means the internal audit activity conforms to the requirements of the Standards and elements of the IIA Code of Ethics (both Principles and Rules of Conduct) in all material respects. This rating does not imply full conformance and is achievable even when some areas of the Standards are determined to be in partial conformance.

A summary of conformance with individual *Standards* and the IIA Code of Ethics is provided within the “Conformance Summary” section of this report. Upon issuance of this report, Internal Audit may use the phrases “Conforms with the *International Standards for the Professional Practice of Internal Auditing*” and “Conducted in conformance with the *International Standards for the Professional Practice of Internal Auditing*” within its practice materials and/or audit reports.

The IIA *Quality Assessment Manual for the Internal Audit Activity – 2017 IPPF Aligned Edition (Quality Assessment Manual)* suggests a scale of three ratings, “Generally Conforms,” “Partially Conforms,” and “Does Not Conform.” Detailed rating definitions and criteria associated with “Generally Conforms,” “Partially Conforms,” and “Does Not Conform” are described within Appendix A of this report and are consistent with IIA guidance stated in its *Quality Assessment Manual*.

Under the *Standards*, an External Quality Assessment (EQA) of an internal audit activity must be conducted at least once every five years by a qualified, independent assessor or an independent assessment team from outside the organization. IIA Quality Services, LLC was selected to lead this assessment. This engagement’s Assessment Team demonstrated competence in both the professional practice of internal auditing and the EQA process as required by the *Standards*. The External Quality Assessment was conducted virtually primarily during the week of May 23, 2022. Conclusions were as of May 27, 2022.

Future changes in external factors and actions taken by personnel, including actions taken to address our recommendations, may have an impact upon the operation of Internal Audit in a manner that this report did not and cannot anticipate. Considerable professional judgment is involved in evaluating the observations and developing recommendations. Accordingly, it should be recognized that others could evaluate the results differently and draw different conclusions. All information included in this report is proprietary and confidential and is intended for internal use only. This report may not be distributed to any other third-party (other than your regulator, Audit Committee, or external auditor) without the prior written consent of IIA Quality Services, LLC.

Objectives, Scope, and Methodology

OBJECTIVES

The primary objective of this assessment was to evaluate conformance to the *Standards*, which require an EQA of an internal audit activity at least every five years. In addition, the Assessment Team:

- Assessed conformance with the IIA Code of Ethics.
- Assessed Internal Audit's effectiveness in providing assurance and advisory services to stakeholders and other interested parties.
- Identified opportunities, offered recommendations for improvement, and provided counsel to Internal Audit for improving its performance and services, as well as promoting its image and credibility throughout the organization.

SCOPE

The scope of this assessment included an evaluation of Internal Audit's efficiency and effectiveness in executing its mission, as set forth by the Internal Audit Charter, which defines the purpose, authority, responsibilities, and accountabilities of Internal Audit.

METHODOLOGY

To accomplish the objectives, the Assessment Team:

- Reviewed information prepared by Internal Audit at the Assessment Team's request.
- Conducted interviews with key stakeholders of Internal Audit including board members, senior executives, the external auditors, the Chief Audit Executive (CAE), and members of the Internal Audit function.
- Reviewed a limited sample of audit projects and associated work papers and reports.
- Reviewed survey data received from Internal Audit stakeholders resulting from IIA Quality Services' survey process.
- Reviewed benchmark data.
- Prepared diagnostic tools consistent with the methodology established for an EQA as stated in the *Quality Assessment Manual*.

Detailed Observations

Overall Summary

The internal audit activity at **Hillsborough County – County Internal Auditor’s Office (HC-CIAO)** Generally Conforms with the Standards and the IIA Code of Ethics. A conformance rating of Generally Conforms (GC) means the Assessment Team concluded the following:

- For individual *Standards*, the internal audit activity conforms to the requirements of the *Standard* (i.e., 1000, 1010, 2000, 2010, etc.) or elements of the IIA Code of Ethics (both Principles and Rules of Conduct) in all material respects.
- For the sections (Attribute and Performance) and major categories (i.e., 1000, 1100, 2000, 2100, etc.), the internal audit activity achieves general conformity to a majority of the individual *Standards* and/or elements of the IIA Code of Ethics, and at least partial conformity to others, within the section/category.
- For the internal audit activity overall, there may be opportunities for improvement, but these should not represent situations where the internal audit activity has not implemented the *Standards* or the IIA Code of Ethics, has not applied them effectively, or has not achieved their stated objectives.

No gaps to conformance were identified. Several leading practices and one opportunity to improve are communicated in the detailed observations section of this Report.



Successful Practices

The Assessment Team identified many areas where Internal Audit operates in a successful practice manner. Only a few of those areas are covered below:

#	STANDARD	SUCCESSFUL PRACTICE
SP01	1220 – Due Professional Care	With a small staff, the County Internal Auditor’s Office has leveraged technology and the use of subject matter expertise to stay highly effective and provide value to engagement clients.
SP02	1300 – Quality Assurance and Improvement Program (QAIP)	The HC-CIAO has a comprehensive Quality Assurance and Improvement Program designed to evaluate the internal audit activity’s conformance with the Standards, and whether internal auditors apply the Code of Ethics. These efforts are reported to the BOCC annually. The report provided to the BOCC does provide the Board with assurance that the HC-CIAO conforms with the Standards, and whether internal auditors apply the Code of Ethics. The assessors recommended that the QAIP report could be strengthened by providing readers with information regarding the steps performed and conditions identified that led to the conformance conclusions reported. Internal Audit Management has taken steps to implement this suggestion for future reports.
SP03	2120 Risk Management	The Internal Audit group uses a document titled "Management's Guide to an Assurance Engagement". The document is not only a good marketing tool, but it is a risk-based document that gives management a clear idea of what to expect during an assurance engagement in a very summarized manner. The language is very risk oriented and certainly validates Internal Audits efforts to evaluate and improve risk management processes with-in the organization. We encourage Internal Audit to consider how best to increase use of the document to promote the value of internal audit.
SP04	2040 Policy and Procedures	The efforts to further mature the Office's Policy Manual and redesign the engagement lifecycle (use of templates, forms, checklists, etc.) have assisted in expediting new staff development.

Successful Practices

The Assessment Team identified many areas where Internal Audit operates in a successful practice manner. Only a few of those areas are covered below:

#	STANDARD	SUCCESSFUL PRACTICE
SP05	2200 Engagement Planning	Internal Audit has developed numerous tools to assist with risk assessment and engagement planning. The Process Overview Questionnaire has assisted the Audit Team in quickly understanding the areas under review. Additionally, the management self-assessment survey is a useful tool that helps the Office understand management's perspective of their risks.
SP06	2010 – Planning 2200 Engagement Planning	Information gained from the AutoAudit Business Process Testing Matrix is synchronized with the AutoAudit Risk and Annual Planning Library and analyzed during the annual risk assessment and planning process to identify the most significant risks to the Organization. The information captured in the Business Process Testing Matrix also provides the Audit Team a jump start for the next engagement.



No conformance gaps were identified during this assessment.



Improvement Opportunities

#	STANDARD	IMPROVEMENT OPPORTUNITY	DESCRIPTION	RESPONSE
IO01	2120 – Risk Management	<p>The Organization does not have an ERM process and relies on the risk assessment process performed by Internal Audit along with periodic risk discussions which are held approximately every six weeks and led by the County Internal Auditor</p> <p>The Organization could benefit from developing a broad ERM program. While ERM is a management function and is not to be “owned” by Internal Audit, Internal Audit is positioned to help facilitate such a process.</p> <p>The Organization also does not currently use an Assurance Map. An example was provided to the CAE. This map could be used to help validate the annual audit plan coverage but could also be used in the implementation of an organization-wide ERM program. The IIA Bookstore offers a book titled “Practical Enterprise Risk Management – Getting to the Truth” which could be helpful should the CAE decide to explore facilitation of an ERM program.</p>	<ol style="list-style-type: none"> 1. Consider working with the BOCC and management to facilitate implementation and execution of an organization-wide ERM program. 2. Consider using an Assurance Map to help the Office in validation of risk coverage across the Organization as it relates to the annual audit plan. 	<p>I concur with the audit comment and recommendations. The Organization could benefit from implementing an enterprise risk management (ERM) program and assurance map. Collaboration among assurance providers will facilitate the efficient and effective use of resources.</p> <p>1. I will place the ERM item on the Risk Environment Group meeting agenda for discussion and consideration. If the County Administrator desires to implement an ERM program, I will assist management with facilitating the program.</p> <p>Target completion date for discussion and consideration with Risk Environment Group December 31, 2022.</p> <p>Target completion date for assisting the County Administrator with implementing an ERM program unknown.</p> <p>2. I already began to create an assurance map template to help validate the annual audit plan’s coverage. This is being folded into the annual risk assessment process. I anticipate the Risk Environment Group will be instrumental with completing the assurance map template’s risk categories and coverage from the three lines of defense (management, functional oversight, and independent). I envision the assurance map will be periodically discussed with the Risk Environment Group to help capture risks, risk management, and assurance process changes as these are continuous and dynamic.</p> <p>Target completion date December 31, 2022.</p>



Appendix A

Conformance Rating Criteria

Conformance Rating Criteria

“Generally Conforms” (GC) means the Assessment Team concluded the following:

- For individual *Standards*, the internal audit activity conforms to the requirements of the *Standard* (i.e., 1000, 1010, 2000, 2010, etc.) or elements of the IIA Code of Ethics (both Principles and Rules of Conduct) in all material respects.
- For the sections (Attribute and Performance) and major categories (i.e., 1000, 1100, 2000, 2100, etc.), the internal audit activity achieves general conformity to a majority of the individual *Standards* and/or elements of the IIA Code of Ethics, and at least partial conformity to others, within the section/category.
- For the internal audit activity overall, there may be opportunities for improvement, but these should not represent situations where the internal audit activity has not implemented the *Standards* or the IIA Code of Ethics, has not applied them effectively, or has not achieved their stated objectives.

“Partially Conforms” (PC) means the Assessment Team concluded the following:

- For individual *Standards*, the internal audit activity is making good faith efforts to conform to the requirements of the *Standard* (i.e., 1000, 1010, 2000, 2010, etc.) or element of the IIA Code of Ethics (both Principles and Rules of Conduct) but falls short of achieving some major objectives.
- For the sections (Attribute and Performance) and major categories (i.e., 1000, 1100, 2000, 2100, etc.), the internal audit activity partially achieves conformance with a majority of the individual *Standards* within the section/category and/or elements of the IIA Code of Ethics.
- For the internal audit activity overall, there will be significant opportunities for improvement in effectively applying the *Standards* or the IIA Code of Ethics and/or achieving their objectives. Some deficiencies may be beyond the control of the internal audit activity and may result in recommendations to senior management or the board of the organization.

“Does Not Conform” (DNC) means the Assessment Team concluded the following:

- For individual *Standards*, the internal audit activity is not aware of, is not making good faith efforts to conform to, or is failing to achieve many/all of the objectives of the *Standard* (i.e., 1000, 1010, 2000, 2010, etc.) and/or elements of the IIA Code of Ethics (both Principles and Rules of Conduct).
- For the sections (Attribute and Performance) and major categories (i.e., 1000, 1100, 2000, 2100, etc.), the internal audit activity does not achieve conformance with a majority of the individual *Standards* within the section/category and/or elements of the IIA Code of Ethics.
- For the internal audit activity overall, there will be deficiencies that will usually have a significant negative impact on the internal audit activity’s effectiveness and its potential to add value to the organization. These may also represent significant opportunities for improvement, including actions by senior management or the board.

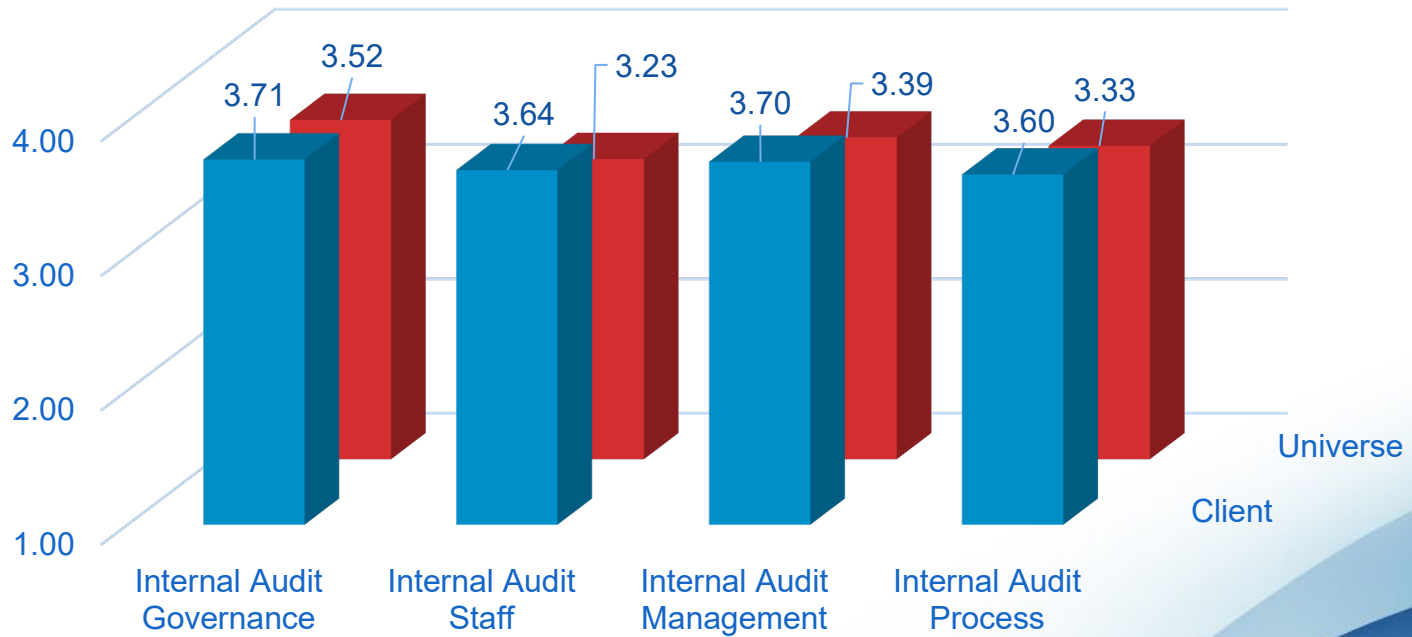


Appendix B

Stakeholder Feedback

Attachment B
Stakeholder Feedback – Survey Results (Summary)

Client Survey



Attachment B

Stakeholder Feedback - Client Survey Results (Summary)

Internal Audit Governance	1	2	3	Ave	Hist
IA activity personnel respect the value and ownership of information they receive and do not disclose information without appropriate authority unless there is a legal or professional obligation to do so.	4.00	3.88	3.83	3.86	3.70
IA activity personnel exhibit the highest level of professional objectivity in performing their work, making a balanced assessment of all relevant circumstances and are not unduly influenced by their own interests or by others in forming judgments.	4.00	3.50	3.80	3.62	3.47
The IA activity is perceived as adding value and helping our organization accomplish its objectives.	4.00	3.43	3.75	3.55	3.35
The integrity of the IA activity establishes confidence, providing the basis for their role as trusted advisor within our organization.	4.00	3.71	3.80	3.75	3.43
Organizational placement of the IA activity ensures its independence and ability to fulfill its responsibilities.	4.00	3.75	3.80	3.77	3.56
IA activity personnel have free and unrestricted access to records, information, locations, and employees during the performance of their engagements.	4.00	3.75	3.75	3.75	3.62

LEGEND

Group 1 = Chief Audit Executive

Group 2 = Clients (8 of 13 = 62%)

Group 3 = County IA Committee, Executive Management, Board of County Commissioners (6 of 9 = 67%)

Ave = Weighted average of Groups 2 and 3

Hist = Weighted average of all respondents for all organizations completing survey

4.00 = Strongly Agree

3.00 = Agree

2.00 = Disagree

1.00 = Strongly Disagree

Attachment B

Stakeholder Feedback – Client Survey Results (Summary)

Internal Audit Staff	1	2	3	Ave	Hist
IA activity staff and management communicate effectively (oral, written, and presentations).	4.00	3.75	3.83	3.79	3.34
IA activity staff and management keep up to date with changes in my business, our industry and relevant regulatory issues.	3.00	3.50	4.00	3.67	3.22
IA activity staff display adequate knowledge of my business processes including critical success factors.	4.00	3.38	3.80	3.54	3.14
IA activity staff exhibit effective problem identification and solution skills.	4.00	3.50	3.67	3.57	3.23
IA activity management demonstrate effective conflict resolution and negotiating skills.	4.00	3.57	3.75	3.64	3.27
The IA activity is viewed as viable source of talented individuals who could successfully transfer to other parts of our organization.	4.00	3.63	3.60	3.62	3.19

LEGEND

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4.00 = Strongly Agree

3.00 = Agree

2.00 = Disagree

1.00 = Strongly Disagree

Attachment B

Stakeholder Feedback – Client Survey Results (Summary)

Internal Audit Management	1	2	3	Ave	Hist
Internal audit activity management communicates effectively (oral, written, and presentations).	4.00	3.63	3.83	3.71	3.37
Internal audit activity management keeps up to date with changes in my business, our industry, and relevant regulatory issues.	3.00	3.71	3.75	3.73	3.23
The IA activity establishes annual audit plans to assess areas or topics that are significant to our organization and consistent with our organizational goals.	4.00	3.57	3.83	3.69	3.44
The IA activity sufficiently communicates its audit plans to management of areas being reviewed. This includes descriptions of audit objectives and scope of review.	4.00	3.71	3.60	3.67	3.42
The IA activity effectively promotes appropriate ethics and values within our organization.	4.00	3.75	3.80	3.77	3.55
The IA activity adequately assesses the effectiveness of risk management processes employed by management to achieve objectives.	4.00	3.63	3.60	3.62	3.33

LEGEND

Group 1 = Chief Audit Executive

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Ave = Weighted average of Groups 2 and 3

Hist = Weighted average of all respondents for all organizations completing survey

4.00 = Strongly Agree

3.00 = Agree

2.00 = Disagree

1.00 = Strongly Disagree

Attachment B

Stakeholder Feedback – Client Survey Results (Summary)

Internal Audit Process	1	2	3	Ave	Hist
The IA activity competently assesses the adequacy and effectiveness of our organization’s system of internal controls.	4.00	3.50	3.67	3.57	3.37
The IA activity exhibits proficient project management and organizational skills to assure the timely completion of their audit engagements.	4.00	3.63	3.67	3.64	3.30
The IA activity demonstrates sufficient knowledge of key information technology risks and controls in performing its audit engagements.	4.00	3.57	3.67	3.62	3.28
The IA activity demonstrates sufficient knowledge of fraud to identify “red flags” indicating possible fraud when planning its audit engagements.	4.00	3.57	3.67	3.62	3.40
IA activity audit reports are accurate, objective, clear, concise, constructive, complete, and timely.	4.00	3.50	3.67	3.57	3.29

LEGEND

Group 1 = Chief Audit Executive

Group 2 = Clients (8 of 13 = 62%)

Group 3 = County IA Committee, Executive Management, Board of County Commissioners (6 of 9 = 67%)

Ave = Weighted average of Groups 2 and 3

Hist = Weighted average of all respondents for all organizations completing survey

4.00 = Strongly Agree

3.00 = Agree

2.00 = Disagree

1.00 – Strongly Disagree

Stakeholder Feedback

KEY STAKEHOLDERS PROVIDING INFORMATION

NAME	TITLE
Kimberly Overman	BOCC Chair (Executive on the Board to whom the CAE reports)
Patricia Simmons	IA Committee Chair
Bonnie Wise	County Administrator
Brandon Wagner	Chief Government Relations & Strategic Services Administrator
Dennis Jones	Fire Rescue Director
Christine Beck	County Attorney
Dexter Barge	Assistant County Administrator
Greg Horwedel	Deputy County Administrator
DeBora Cromartie-Mincey	Chief Assistant County Attorney (represents HC-CIAO)
Robert Stine	Fleet Management Director
Brenda Wright	Budget Analyst for HC-CIAO
Forest Turbiville	Conservation & Environmental Lands Management Director
Allie O'Connor	Procurement Managing Director
Brett Friedman	RSM Audit Partner, external auditor
Adam Gormly	Development Services Director

In addition to interviews with the individuals listed above, broad-based and confidential surveys were conducted by IIA Quality Services. Surveys were sent to senior management and stakeholders throughout the organization. Internal Audit staff members were not surveyed..

Stakeholder Feedback

INTERNAL AUDIT MANAGEMENT AND STAFF

NAME	TITLE
Peggy Caskey, CIA, CFE, CISA	County Internal Auditor
Melinda Jenzarli, MBA, CPA, CIA, CISA, CFE	Lead Internal Auditor
Jeremy Miller, MBA, CIA	Senior Internal Auditor



Stakeholder Feedback

COMMENTS RECEIVED DURING INTERVIEWS AND SURVEYS

The summary comments listed below represent general themes expressed by more than one stakeholder during stakeholder interviews and/or surveys that were validated by the Assessment Team. All stakeholder interviews were conducted privately without presence of the CAE. All surveys were conducted in a confidential manner. Statistical results of surveys are presented separately from these comments.

STRENGTHS	
<ul style="list-style-type: none">• They are clear, concise, collaborative and work to advise departments of ways to improve processes for effective and accurate improvements.	<ul style="list-style-type: none">• Their efforts helped save over 100,000 animals.
<ul style="list-style-type: none">• Ethical. Organized. Concerned with audit standards.	<ul style="list-style-type: none">• Most professional organization in the county .
<ul style="list-style-type: none">• As a business partner, the internal audit activity has been an effective agent for change, by improving business efficiency and effectiveness. The internal audit activity calculates risks and helps management to improve results, identify opportunities to improve business processes, and successfully deliver the organization's services.	<ul style="list-style-type: none">• Our auditors are unsung heroes.• IA promotes a culture of accountability and is very forward thinking.
<ul style="list-style-type: none">• High integrity and great communication.	<ul style="list-style-type: none">• We are blessed to have this team of auditors.
<ul style="list-style-type: none">• Staff and consultants provided valuable feedback in a positive and professional manner.	<ul style="list-style-type: none">• They are very professional and are just good people.
<ul style="list-style-type: none">• The IA team seeks to fully understand areas under review.	<ul style="list-style-type: none">• IA is not beholden to management but rather complementary
<ul style="list-style-type: none">• They are very eager to provide a good work product. Staff was always available.	<ul style="list-style-type: none">• The County Internal Auditor does a good job of picking her battles.
<ul style="list-style-type: none">• They are extremely knowledgeable, detailed and communicate with client during the entire process.	
<ul style="list-style-type: none">• IA has demonstrated a very high level of competence and professionalism in every interaction in which we engage.	

COMMENTS RECEIVED DURING INTERVIEWS AND SURVEYS

The summary comments listed below represent general themes expressed by more than one stakeholder during stakeholder interviews and/or surveys that were validated by the Assessment Team. All stakeholder interviews were conducted privately without presence of the CAE. All surveys were conducted in a confidential manner. Statistical results of surveys are presented separately from these comments.

OPPORTUNITIES

- Be more specific with the audit oversight committee. It is unclear as to the process of communicating internal audit results and follow-up with the committee. The level of sharing is "this is what we said we were going to do" and "this is what we did". No specifics are shared as to the committee's making recommendations or the follow-up activities of the organization in following the recommendations of the audit process.
- Additional background research in the area that they are auditing. This in-turn will help the IA team when communicating with the BOCC.
- Internal Audit could provide even more value to the county if they had one or two additional FTEs.
- Increasing the visibility of the audit function would benefit the whole organization.



Appendix C

Engagements Reviewed

Engagements Reviewed

The assessment team requested access to workpapers for the following engagements. These workpapers were reviewed holistically or in part in order to evaluate the Internal Audit Process.

2020-04	Code Enforcement Contractor Invoice Validation - Verbal Communication
2020-01	Fire Rescue Union Leave Follow-Up
2020-07	Fleet Management Department's Fleet Replacement Program Fleet Assets Disposal Through Replacement Process
2021-01	Code Violation Process
2021-04	COVID-19 CY 2020 Advisory Services
2021-11	Property Assessed Clean Energy (PACE) Program
2021-14	911 Agency Contractor Invoice Validation
2021-17	Florida State Legislation Lobbyist Process
2021-20	Fleet Assets Through Replacement Process Monitoring
2021-22	ITB 21847,1 Cone of Silence Violation Investigation
2021-25	ITB 21847,1 Cone of Silence Violation Investigation Monitoring
2021-28	COVID-19 Advisory Services CY 2021
2022-03	Pet Resources Center Continuous Data Analytics CY 2022 Q1
IA-18-03	Public Records Request Business Process
OA-19-01	Performance Audit of the Hillsborough County Vertical Building Process
OA-19-02	Oracle EBS System