

AGENDA
Audit, Risk Management, Compliance, and Ethics Committee
October 2, 2025

- I. Approval of Minutes – April 25, 2025
- II. Action Items
 - A. Changes to Internal Audit Charter (Mr. Wayne Poole)
 - B. Changes to FY 2026 Audit Plan (Mr. Wayne Poole)
- III. Informational Items
 - A. Committee Overview and Charter (Mr. Wayne Poole)
 - B. Enterprise Risk Management Update (Mr. Chris Rowland)
 - C. Internal Audit Update and Annual Requirements (Mr. Wayne Poole)
 - Annual Self-Assessment
 - Annual Report, Strategy and Goals
 - Upcoming External Quality Review
 - D. Recent Internal Audits (Mr. Wayne Poole)
- IV. Closed Session
- V. Other Business



AGENDA ITEM

- I. Approval of Minutes.....Vanessa Workman, Committee Chair

Situation: Approval of the minutes from the most recent committee meeting.

Background: N/A

Assessment: N/A

Action: This item requires a vote by the committee.

**Minutes from the Audit, Risk Management, Compliance, and Ethics Committee
April 25, 2025 – Main Campus Student Center and Online Meeting**

The Audit, Risk Management, Compliance, and Ethics Committee of the ECU Board of Trustees met in person on April 25, 2025.

Committee members present: Vince Smith (Chair), Vanessa Workman, Tom Furr, and Anderson Ward.

Trustee Vince Smith, Chair of the Committee, convened the meeting at 8:20 AM. Mr. Smith read the conflict-of-interest provisions as required by the State Government Ethics Act. Mr. Smith asked if anyone would like to report an actual or perceived conflict. None were reported.

Mr. Smith asked for the approval of the minutes of the February 6, 2025 committee meeting minutes.

Action Item: The minutes of the most recent committee meeting were approved with no changes.

Operational Metrics Review

The committee reviewed the operational metrics related to Internal Audit and Compliance, for the 2025 fiscal year to date through March.

Action Items

FY 2026 Audit Plan – Mr. Wayne Poole presented the FY 2026 annual audit plan and background on how it was developed. Trustee Ward made a motion to approve the audit plan. The motion was seconded by Trustee Furr and approved unanimously.

This item does not require any action by the full Board.

Informational Items

Enterprise Risk Management – Mr. Chris Rowland

Mr. Rowland shared the University’s updated risk matrix for 2025-2027. The matrix was updated after discussion and review by the ERM Committee and endorsed by the Chancellor’s Executive Council. The list of top risks is essentially the same as the previous iteration, with some tweaks to the order of risks and one new entry into the top 10.

Research Compliance – Ms. Becky Welch

Ms. Welch provided an overview of the University’s research-related compliance responsibilities. A strong research compliance infrastructure is critical in light of the University’s recent R-1 designation. Ms. Welch shared some recent and upcoming areas of emphasis because of the change in federal leadership, and how the University is adapting. A notable emphasis is on the disclosure and management of relationships with foreign entities.

Academic Advising Update – Dr. Allen Guidry

Dr. Guidry provided an update on the steps taken to address previous audit recommendations related to Academic Advising. One key accomplishment so far is the development of an “advising syllabus” which will be deployed for the fall 2025 semester. The document outlines the core commitments of advisors and students to ensure successful advising relationships. Dr. Guidry also provided an update on future steps that will be taken, including using the CRM system to help standardize advising processes and provide advisors and students better tools with which to monitor status and remain engaged with each other. The tools incorporated into the CRM system will be piloted in the fall 2025 semester. The goal is to strengthen advising practices and standardize the student experience across the various colleges and schools, as a key part of the University’s Student Success agenda.

**Minutes from the Audit, Risk Management, Compliance, and Ethics Committee
April 25, 2025 – Main Campus Student Center and Online Meeting**

Closed Session

At 9:18 AM Trustee Ward made a motion to go into closed session to discuss items that are not a matter of public record according to applicable North Carolina statutes. The motion was seconded by Trustee Workman and approved unanimously.

At 9:25 AM the committee returned to open session.

Other Business

There was no other business to discuss, and the committee meeting was adjourned at 9:25 AM.

Respectfully submitted,
Wayne Poole
ECU Office of Internal Audit and Management Advisory Services

AGENDA ITEM

II.A Changes to the Internal Audit Charter Wayne Poole
Chief Audit Officer

Situation: The University’s Internal Audit charter, and any significant changes to it, must be approved by this committee. The charter governs the board-directed duties and responsibilities of the Internal Audit function and the Chief Audit Officer. A formal board-approved charter is required by Audit Standards and by the state of NC for all public agencies and Universities.

Background: Recent updates to the *Global Audit Standards* necessitate some changes in the wording in ECU’s charter. The changes do not impact the duties and responsibilities that are already being carried out by the Internal Audit function.

Assessment: The proposed changes will contribute to better alignment with the charter requirements in the new audit Standards.

Action: This item requires a vote by the committee.



Internal Audit Charter and Mandate

Purpose

The purpose of the Office of Internal Audit and Management Advisory Services (OIAMAS) is to strengthen the University's ability to create, protect, and sustain value by providing the board and management with independent, risk-based and objective assurance, advice, insight, and foresight.

Mandate

The internal audit activities for state agencies in North Carolina are governed by state law and are expected to operate in conformance with the *Global Internal Audit Standards*, published by The Institute of Internal Auditors.

The state requirements that together form the mandate for the Internal Audit function are:

- NCGS 116-40.7, which establishes independent audit functions and authority at all constituent institutions in the UNC system.
- NCGS Chapter 143, Article 79, referred to as "the Internal Audit Act", which establishes requirements applicable to the internal audit functions at state agencies and public universities.
- Any other requirements as may be established by the UNC System President or Board of Governors, or the North Carolina Council of Internal Auditing.

Scope and Services

The scope of work of the OIAMAS is to determine whether the organization's network of risk management, control, and governance processes, as designed and represented by management, is adequate and functioning in a manner to ensure:

- Risks are appropriately identified and managed.
- Interaction with the various governance groups occurs as needed.
- Significant financial, managerial, and operating information is accurate, reliable, and timely.
- Employees' actions are in compliance with policies, standards, procedures, and applicable laws and regulations.
- Resources are acquired economically, used efficiently, and adequately protected.
- Programs, plans, and objectives are achieved.
- Quality and continuous improvement are fostered in the organization's control process.



Internal Audit Charter and Mandate

- Significant legislative or regulatory issues impacting the organization are recognized and addressed appropriately.

Opportunities for improving management control and the organization's image may be identified during audits. They will be communicated to the appropriate level of management, and to senior University leadership and the Board of Trustees.

Accountability

The Chief Audit Officer, in the discharge of his/her duties, shall be accountable to the East Carolina University Board of Trustees through the Audit, Enterprise Risk Management, Compliance, and Ethics Committee (hereafter referred to as "Committee") and the Chancellor to:

- Provide assessments on the adequacy and effectiveness of the organization's processes for controlling its activities and managing its risks.
- Report significant issues related to the processes for controlling the activities of the organization and its affiliates, including potential improvements to those processes, and provide information concerning such issues through resolution.
- Periodically provide information on the status and results of the annual audit plan and the sufficiency of internal audit resources.
- Coordinate assurance and monitoring activities with other functions such as risk management, compliance, IT and information security, legal, ethics, environmental, and external auditors.

Independence and Objectivity

The internal audit activity shall be free from interference in determining the scope of internal auditing, performing work, and communicating results. To provide for the independence of the OIAMAS, its personnel report to the Chief Audit Officer, who reports administratively to the Chancellor and functionally to the Committee.

The Chief Audit Officer shall have full and independent access to the Chancellor and the Committee. Actual or perceived impairments to independence and objectivity will be communicated to the Chancellor and the Committee.

Functional oversight by the Committee includes:

- Approve the annual internal audit plan and significant changes and monitor progress throughout the year.
- Review and accept internal audit reports when issued.
- Periodically review and revise the internal audit charter as needed.
- Confirm and ensure the independence of the internal audit function.



Internal Audit Charter and Mandate

- Review and concur in the appointment, replacement, or dismissal of the Chief Audit Officer and the compensation package.
- Review and ensure the internal audit function has appropriate budget and staff resources.
- Meet privately with the Chief Audit Officer as necessary.
- Review the effectiveness of the internal audit function, including compliance with the *Global Internal Audit Standards* (hereafter referred to as the “*Standards*”).
- Resolve disagreements between internal audit and management concerning audit findings and recommendations, audit scope, or other aspects of the internal audit activity.

Administrative oversight by the Chancellor includes:

- Day-to-day oversight such as approval of Chief Audit Officer leave and travel.
- Regular communications with the Chief Audit Officer and completion of any attestations or other documents required by the North Carolina Council of Internal Audit or the UNC System.

Responsibility

The Chief Audit Officer and staff of OIAMAS have responsibility to:

- Develop a flexible annual audit plan using an appropriate risk-based methodology, including consideration of any strategy, opportunities, risks or control concerns identified by management, and submit that plan and any significant updates during the year to the Chancellor and the Committee for review and approval.
- Implement the annual audit plan, as approved, including as appropriate any special tasks or projects requested by management, the Chancellor, the UNC System, external auditors, and the Committee – so long as such special requests do not cause the OIAMAS to be out of conformance with the *Standards*.
- Maintain a professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet the requirements of the Internal Audit Charter.
- Inform the Chancellor and the Committee if changes to the budget or staffing have a significant detrimental impact on the ability to meet the requirements of the Internal Audit Charter.
- Evaluate and assess significant functions and new or changing services, processes, operations, and control processes coincident with their development, implementation, and/or expansion.
- Issue periodic reports to management, the Chancellor and the Committee summarizing results of audit activities.



Internal Audit Charter and Mandate

- Keep the Chancellor and the Committee informed of emerging trends and successful practices in internal auditing.
- Provide a list of significant measurement goals and results to the Chancellor and the Committee.
- Conduct investigations of alleged misuse of University resources and other matters submitted to the office's hotline and perform or assist with other investigations as requested by the Chancellor, University Counsel, and/or others as appropriate.
- Consider the scope of work of the external auditors and regulators and other internal compliance offices, as appropriate, for the purpose of providing optimal assurance and monitoring coverage to the organization.
- Serve as a liaison between University management and external auditors.
- Provide assurance services for management, the Chancellor, and the Committee (Assurance services involve an objective assessment of evidence to provide an independent opinion or conclusions regarding governance, risk management, controls, operations, functions, processes, systems, or other subject matter. The nature and scope of the assurance services are determined by the internal auditor.)
- As appropriate, provide consulting and advisory services to management that add value and improve the governance, risk management, and control processes and other subject matter without the internal auditor assuming management responsibility. (Consulting and advisory services are generally performed at the specific request of an engagement client. The nature and scope of advisory services are subject to agreement with the engagement client.)
- Follow-up on engagement recommendations to ensure corrective actions have been taken or that remaining risks have been accepted by the appropriate level of management.
- Establish a quality assurance program consistent with the *Standards*, by which the Chief Audit Officer monitors and continually improves the operation of internal audit activities and communicates the results of the program with the Chancellor and the Committee.
- Ensure the requirements are met regarding internal audit activities as set forth by UNC Board of Governors, UNC System Office, North Carolina General Statutes, and the North Carolina Council of Internal Auditing.

Authority

The Chief Audit Officer and the staff of OIAMAS are authorized to:

- Have unrestricted access to all functions, records, property, and personnel of the University and its affiliated entities in accordance with North Carolina General Statutes and UNC System policies.



Internal Audit Charter and Mandate

- Allocate resources, set frequencies, select subjects, determine scope of work, and apply the techniques required to accomplish audit objectives.
- Provide consulting and advisory services to management as deemed appropriate.

The Chief Audit Officer and the staff of OIAMAS are not authorized to:

- Perform any operational duties for the organization or its affiliates.
- Initiate or approve accounting transactions external to OIAMAS.
- Direct the activities of any organization employee not employed by OIAMAS, except to the extent such employees have been appropriately assigned to auditing teams or to otherwise assist the internal auditors.

Revised Version Approved by the BoT Audit, Risk Management, Compliance, and Ethics Committee on October 2, 2025.



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Functional oversight by the Committee includes:

- Approve the annual internal audit plan and significant changes, and monitor progress throughout the year.
- Review and accept internal audit reports when issued.
- Periodically review and revise the internal audit charter as needed.
- Confirm and ensure the independence of the internal audit function.



Internal Audit Charter and Mandate

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- Meet privately with the Chief Audit Officer as necessary.
- Review the effectiveness of the internal audit function, including compliance with the *Global Internal Audit Standards* (hereafter referred to as the “*Standards*”).
- Resolve disagreements between internal audit and management concerning audit findings and recommendations, audit scope, or other aspects of the internal audit activity.

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- Implement the annual audit plan, as approved, including as appropriate any special tasks or projects requested by management, the Chancellor, the UNC System, external auditors, and the Committee – so long as such special requests do not cause the OIAMAS to be out of conformance with the *Standards*.
- Maintain a professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet the requirements of the Internal Audit Charter.
- Inform the Chancellor and the Committee if changes to the budget or staffing have a significant detrimental impact on the ability to meet the requirements of the Internal Audit Charter.
- Evaluate and assess significant functions and new or changing services, processes, operations, and control processes coincident with their development, implementation, and/or expansion.
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- Follow-up on engagement recommendations to ensure corrective actions have been taken or that remaining risks have been accepted by the appropriate level of management.
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- Ensure the requirements are met regarding internal audit activities as set forth by UNC Board of Governors, UNC System Office, North Carolina General Statutes, and the North Carolina Council of Internal Auditing.

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**Revised Version Approved by the BoT Audit, Risk Management,
Compliance, and Ethics Committee on ~~April 11, 2024~~October 2, 2025.**



AGENDA ITEM

II.B Changes to FY 2026 Annual Audit Plan Wayne Poole
Chief Audit Officer

- Situation:** The University’s annual audit plan, and any significant changes to it, must be approved by this committee.
- Background:** Internal Audit is proposing three additions to the audit plan.
- Assessment:** The proposed changes will contribute to better coverage of key risks and/or better value provided to leadership.
- Action:** This item requires a vote by the committee.

East Carolina University
Office of Internal Audit
Annual Engagement Plan
By Type
FY 2026

Project Description		Budgeted Hours	% of Total	Key Risk	Strategy/Mission	Division
Integrated / Internal Controls / Operational / Performance Audits:						
Travel Expense Analytics Review	WIP	200	1.2%	X		ALL
Web Accessibility Controls	OP	300	1.8%	X		AF, CH
Accounts Payable	OP	400	2.4%	X		AF
Gift Card Purchases and Controls	OP	300	1.8%	X		ALL
Personnel Records Practices	OP	300	1.8%	X		ALL
Aramark Contract Monitoring	OP	200	1.2%	X		SA
Club Sports	OP	300	1.8%	X	X	SA
Employee Separation Process	OP	300	1.8%	X		AF
SGA Funds Allocation Process	OP	120	0.7%		X	SA
		2420	14.3%			
Compliance Audits:						
Admissions Process Compliance	WIP	40	0.2%	X	X	AA
ProCard Program Compliance (UNC Regulation 1300.7.2)	OP	160	0.9%	X		AF
Emergency Communications (UNC Regulation 1300.7.3)	OP	300	1.8%	X	X	AF, CH
Expense Review for External Sponsor - Climate Grant	OP	300	1.8%	X		AA
Research Security	OP	300	1.8%	X	X	AA
		1100	6.5%			
Information Technology / Data Protection Audits:						
Finance Data and User Access	WIP	200	1.2%	X		AF
Copier and Scanner Controls and Contract	OP	300	1.8%	X		AF
Sponsored Programs Data Management Plans	OP	300	1.8%	X	X	AA
End User Data Collection and Signature Applications	OP	300	1.8%	X		ALL
		1100	6.5%			
Investigative Reviews:						
Triage of Allegations, Complaints, Concerns	OP	200	1.2%			ALL
Investigative Reviews - Details not included	OP	1500	8.9%			ALL
		1700	10.1%			
Follow-Up Reviews:						
Action Plan Tracking and Follow-Up	OP	600	3.6%			ALL
Follow-Up on Office Space Utilization	OP	120	0.7%	X		AA
Follow-up on Admissions Process Compliance	ADD	100	0.6%	X		AA
Follow-up on Central Reservations Office	ADD	100	0.6%	X		SA
		920	5.4%			
Consultations / Advisory Services						
Routine and Unplanned Consultations	OP	600	3.6%			ALL
Routine Analytics - Accounts Payable Transactions	OP	160	0.9%			ALL
Routine Analytics - ProCard Transactions	OP	160	0.9%			ALL
Routine Analytics - Other	OP	80	0.5%			ALL
University Committees, Workgroups, Education, and Client Relations	OP	400	2.4%			ALL
Regulatory Compliance Committee Support	OP	160	0.9%			ALL
Student Athlete Course Clustering	OP	40	0.2%			AA, AT
Minors on Campus	OP	100	0.6%			AF
Employee Eligibility Processes	OP	100	0.6%			AF
Research Hub Operations	OP	200	1.2%			AA
Athletic Team Policies	OP	200	1.2%			AT
Equality Policy Review of Positions	ADD	100	0.6%			ALL
		2300	13.6%			

OP=Original Plan
WIP=Work in Progress from prior year
ADD=Added since July 1
CX=Cancelled
PPD=Postponed

East Carolina University
Office of Internal Audit
Annual Engagement Plan
By Type
FY 2026

Project Description		Budgeted Hours	% of Total	Key Risk	Strategy/Mission	Division
Special Projects / Risk Assessments / Other:						
External Audits, SBI Reports, Routine Mtgs, BOT Comm	OP	1600	9.5%			ALL
Audit Software Admin and Maintenance	OP	100	0.6%			CH
Annual QAIP Activities	OP	100	0.6%			CH
Risk Assessment/Audit Planning 2026-2027	OP	160	0.9%			ALL
Required IIA External Quality Review (due Mar 2026)	OP	300	1.8%			CH
Fraud Risk Assessment	OP	300	1.8%			ALL
		2560	15.1%			
Total Direct/Chargeable Hours		12100	72%			
Administration		1600	9.5%			NA
Leave/Holiday		2400	14.2%			NA
Professional Development		800	4.7%			NA
Total Indirect Hours:		4800	28%			
Grand Total Hours		16900	100%			

Original Plan Approved by Chancellor Rogers on 04/03/2025

Original Plan Approved by ECU Board of Trustees Audit, Risk Management, Compliance, and Ethics Committee on 04/25/2025

Revisions Approved by ECU Board of Trustees Audit, Risk Management, Compliance, and Ethics Committee on 10/2/2025

OP=Original Plan
WIP=Work in Progress from prior year
ADD=Added since July 1
CX=Cancelled
PPD=Postponed

AGENDA ITEM

III.A. Committee Charter and Overview Wayne Poole
Chief Audit Officer

Situation: Introduction to the committee’s charter and areas of oversight responsibility.

Background: This committee oversees audit, risk, and compliance functions of the University. According to the *Global Internal Audit Standards*, which the University must adhere to, this committee is required to have a formal documented charter that outlines its roles and responsibilities. The committee charter has been in place for many years and is updated as needed to remain consistent with audit standards, state requirements, and the actual functions of the committee. The current charter does not require any changes, but due to the turnover in committee membership is being presented to you for review.

Assessment: Mr. Poole will share a briefing on the key areas of committee oversight responsibility and answer any questions committee members have.

Action: This item is for information only.



Audit, Enterprise Risk Management, Compliance, and Ethics Committee Charter

Purpose

The purpose of the Audit, Enterprise Risk Management, Compliance, and Ethics Committee (hereafter referred to as Committee) is to assist the East Carolina University Board of Trustees in fulfilling its oversight responsibilities for (1) the integrity of the University's financial statements, (2) the University's compliance with legal, regulatory, and ethical requirements, (3) the performance of the University's internal audit function, (4) the University's compliance with audit and compliance guidelines adopted by the UNC Board of Governors, the UNC System Office, and the North Carolina Council of Internal Audit, and (5) the University's Information and IT Security programs. The Committee has jurisdiction over internal audit, enterprise risk management, compliance, information security, conflicts of interest, and ethics.

Organization

The Committee shall be a standing committee of the ECU Board of Trustees. Each Committee member must be independent of management and free of any relationship that would impair such independence.

If practicable, at least one member of the Committee should be a financial expert. A financial expert is someone who understands generally accepted accounting principles and financial statements; experience in applying such principles; experience in preparing, auditing, analyzing, or evaluating financial information; experience with internal controls and procedures for financial reporting; and an understanding of the audit committee function. If feasible, the role of financial expert will be rotated on an annual basis.

Meetings

The Committee shall meet at least four times a year and hold additional meetings as circumstances require. The Committee will invite representatives of management, auditors, legal counsel, and others to attend meetings and provide pertinent information as necessary. The Committee will receive reports regarding internal audit, enterprise risk management, compliance, conflicts of interest, and ethics. It will also hold private meetings with the Chief Audit Officer if deemed necessary. Meeting agendas will be prepared and provided in



Audit, Enterprise Risk Management, Compliance, and Ethics Committee Charter

advance to members, along with appropriate briefing materials. Minutes of the meetings will be prepared.

Duties and Responsibilities

The following shall be the principal duties and responsibilities of the Committee as prescribed by applicable state and UNC System Guidelines and the *Global Internal Audit Standards* published by the Institute of Internal Auditors:

- Meet at least four times during the year.
- Review the results of the annual financial audit with the North Carolina State Auditor or his/her designated representative.
- Discuss the results of any other audit performed and report/management letter (i.e., information system audits, investigative audits, etc.) issued by the North Carolina State Auditor with either the State Auditor or his/her staff, the Chief Audit Officer, or appropriate campus official.
- For any audit finding contained within a report or management letter issued by the State Auditor, review the institution's corrective action plan and receive a report once corrective action has taken place.
- Discuss the results of any audit performed by independent auditors and, if there were audit findings, review the institution's corrective action plan and receive a report once corrective action has taken place.
- Review all audits and management letters of University Associated Entities as defined in the UNC Policy Manual.
- Receive regular reports from the Chief Audit Officer that, at a minimum, include material (significant) reportable conditions, the corrective action plan for these conditions and a report once these conditions have been corrected.
- Ensure that the Chief Audit Officer reports to the Chancellor with a clear, recognized reporting relationship to the chair of the Committee.
- Receive, review, and approve the annual audit plan for the Office of Internal Audit.
- Ensure that all internal audits were conducted in accordance with professional standards and that the internal audit function operates in conformance with the applicable professional standards.
- Ensure the Chief Audit Officer forwards copies of both the approved audit plan, summary of internal audit results, and any other required reports and data to UNC System Office and any other agencies required by state and UNC System guidance in the prescribed format.



Audit, Enterprise Risk Management, Compliance, and Ethics Committee Charter

- Review and concur in the appointment, replacement, or dismissal of the Chief Audit Officer and the compensation package.
- Understand the necessary qualifications for the Chief Audit Officer position when it is being filled.
- Review and ensure the internal audit function has appropriate budget and staff resources.
- Review and accept internal audit reports when issued.
- Periodically review and revise the internal audit charter and the committee's charter as needed.
- Resolve disagreements between internal audit and management concerning audit findings and recommendations or audit scope.

This version approved by the Committee by formal vote on April 11, 2024.

Board of Trustees

Audit, Risk Management, Compliance, and Ethics Committee Overview

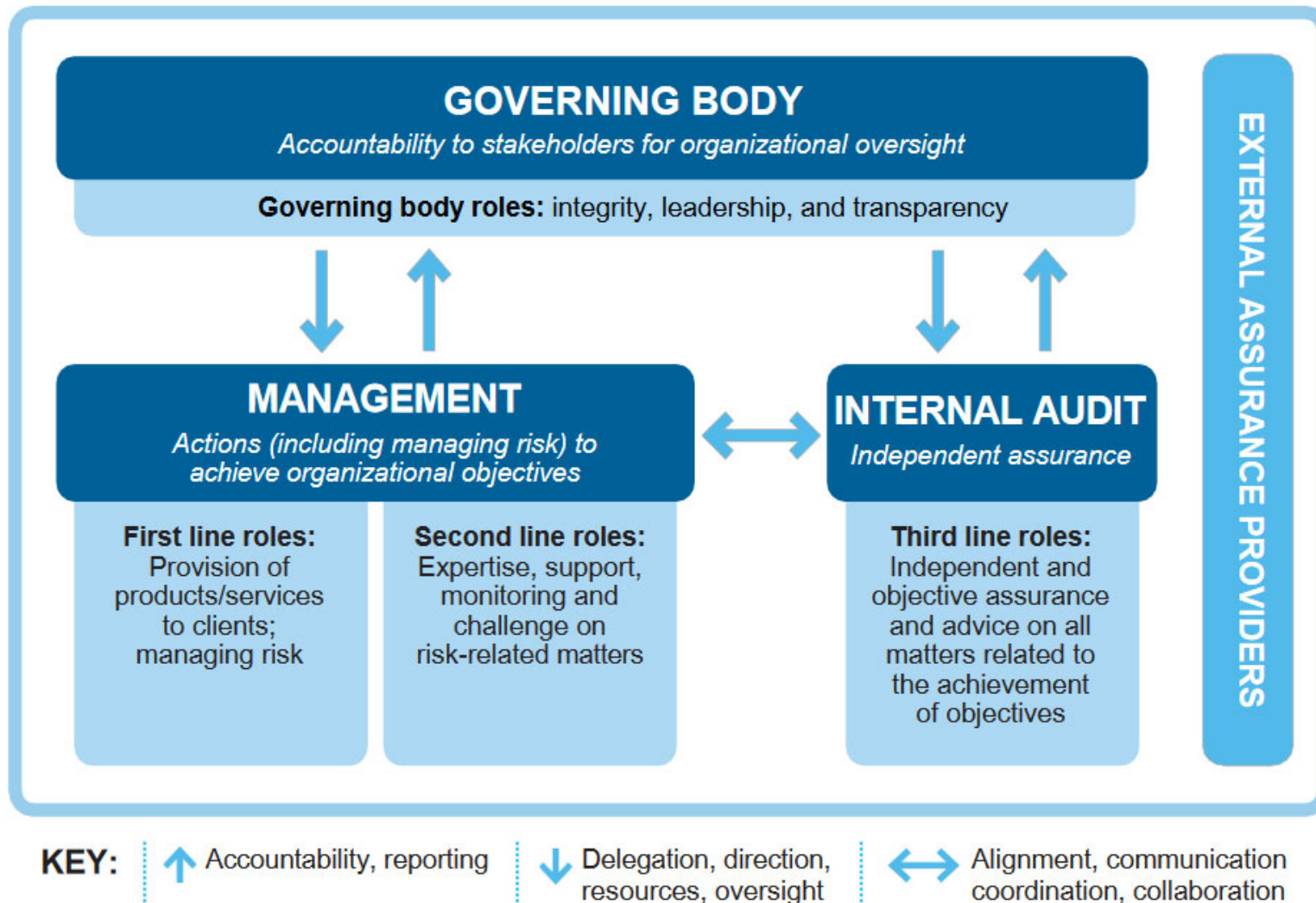
October 2025

ARMCE Committee Overview

Receives reports; takes action on the following:

- Office of Internal Audit
- External Audits (State Auditor and other)
- Enterprise Risk Management
- Information Security and IT governance
- Healthcare Compliance
- Research Compliance
- Title VII and Title IX Compliance
- Athletics Compliance

ARMCE Committee and the “Three Lines Model”



ARMCE Committee Coordination

- Meetings and agendas planned with the committee chair by the Assistant Secretary of the BOT and the Chief Audit Officer
- Compliance and Risk offices have a dotted line through the Chief Audit Officer to the committee

ARMCE Committee Charter

Highlights:

- Board oversight of regulatory, legal, ethical compliance and internal audit
- If feasible, at least one member should have experience with accounting principles, financial reporting, internal controls
- Receive reports and discuss results of internal and external audits
- Receive regular reports from the Chief Audit Officer, including compliance with the IIA *Global Internal Audit Standards*
- Adhere to UNC BOG guidance

Office of Internal Audit

- **Chief Audit Officer, Mr. Wayne Poole**, has reporting line to Chancellor and Committee Chair
- Provides assurance and consulting services to management and BOT – governance, risk, controls
- Annual risk-based audit plan (committee approves plan, monitors completion)
- Ensures committee receives all audit reports
- NCGS 143-746, 143-747, 143-748, 116-40.7
- Must have formal charter & adhere to *IIA Standards*
- Manage the University hotline, investigate complaints and liaison with external auditors

Enterprise Risk Management

- Led by Associate Vice Chancellor for Admin and Finance Chris Rowland
- ERM Committee (~40 people) from all divisions
- Coordinates the ERM risk identification and management processes across the University
- Reports to senior management, BoT, UNC System on top risks, emerging risks, mitigation steps, and related issues

Healthcare Compliance & Data Privacy

- Ms. Michelle DeVille, Chief Integrity Officer, HIPAA Privacy and Security Officer
- Healthcare and clinical trials billing and documentation compliance
- HIPAA compliance (Privacy and Security)
- Other healthcare compliance
- Handling of healthcare-related complaints
- Privacy Incident Response (HIPAA, other data)

Research Compliance

- Assistant Vice Chancellor for Research Administration and Compliance, Ms. Becky Welch
- Human research protections (front-end approval and back-end monitoring)
- Employee conflict of interest reporting
- Compliance with federal import and export controls and research security regulations
- Grants and contracts financial compliance
- Handling of research integrity complaints

Title VII and Title IX Compliance

- Chief People Officer, Ms. LaKeshia Forbes
- Monitor compliance with federal and state laws related to harassment and discrimination, including sexual violence
- Investigate complaints of prohibited conduct and non-compliance
- This is an area of frequent regulatory change

IT Governance and Information Security

- Chief Information Officer Mr. Zach Loch; Chief Information Security Officer Dr. Mark Webster
- Per UNC System policies, Committee is to receive reports at least annually regarding information security controls/cyber-risk
- Will receive updates on significant cybersecurity events and risks

Athletics Compliance*

- Senior Associate AD for Compliance, Ms. Alex Keddie
- Compliance with NCAA bylaws, American Conference policies, College Sports Commission requirements, ECU Athletics policies, other relevant institutional policies
- Handles self-reporting of infractions to the NCAA, American Conference, and University leadership as warranted

* May also report to the BOT via the Athletics and Advancement Committee, depending on the situation

AGENDA ITEM

III.B. Enterprise Risk Management (ERM) Update Chris Rowland
Associate Vice Chancellor for Administration and Finance

Situation: Regular update to the committee on the University’s top enterprise risks and emerging risks.

Background: This committee oversees ERM. The ERM function is owned by University senior management and is tightly integrated with Internal Audit, which develops and executes the annual risk-based audit plan.

Assessment: Mr. Rowland will update the committee on the current risk matrix, key recent events and changes that impact the risk landscape, and/or activities and updates from the University’s ERM Committee.

Action: This item is for information only.

**ECU Board of Trustees
Audit, ERM, Compliance & Ethics Committee**

Enterprise Risk Management Update

October 2, 2025

Chris Rowland, Associate Vice Chancellor for Administration & Finance



What is Enterprise Risk Management

- Holistic framework to identify, assess, and manage risks
- Aligns risk-taking with mission, vision, and values
- Moves beyond compliance to support strategic decision-making



Why Does Enterprise Risk Management Matter

- Informs governing board and executive leadership
- Protects academic integrity and institutional reputation
- Supports financial sustainability and resource optimization
- Enhances student experience and safety
- Strengthens compliance with federal/state mandates
- Enhances communications across the institution

Enterprise Risk Management Process Framework



2025 UNC SYSTEM CONSTITUENT INSTITUTION RISK REGISTER OVERVIEW

**BUSINESS
OPERATIONS**

**CYBERSECURITY & IT
INFRASTRUCTURE**

**FACILITIES
MANAGEMENT**

FINANCIAL

MENTAL HEALTH

PUBLIC SAFETY

**REGULATORY
COMPLIANCE**

STUDENT RETENTION

**TALENT
MANAGEMENT**



**THE UNIVERSITY OF
NORTH CAROLINA SYSTEM**

QUESTIONS



East Carolina University Enterprise Risk Management
2025-2027 Cycle Top Risks (as of April 2025)

Risk	Advisory Team(s)	Sponsor(s)
Financial stability: Declining traditional student enrollment—students coming to campus—resulting in decreasing student fees and reduced state appropriations creates an unstable financial environment. Rising operational costs, deferred maintenance, and limited new revenue sources create ongoing financial challenges. External economic factors such as inflation, high interest rates, increased labor costs, and unpredictable government payments challenge financial resources.	Cabinet	VCAF
Workforce challenges: Workforce challenges continue due to difficulties in recruiting and retaining qualified faculty and staff. Competitive salaries and market demand for specialized roles continue to hinder talent acquisition. Additionally, burnout and stress contribute to turnover.	Cabinet, POSO	All VCs
Student recruitment, retention, and graduation: Challenges in traditional student recruitment continue, aligning with national and regional trends. Barriers to retention and graduation pose risks to student success outcomes. The evolving perception of the value of a degree, increased competition from online programs and alternative education pathways, and shifting workforce demands further complicate recruitment efforts.	Cabinet	Provost
Changing regulatory & policy compliance requirements: As regulatory and policy requirements from the federal government, state government, and UNC System Office rapidly evolve, ECU must navigate complex compliance risks across multiple domains, including healthcare, cybersecurity, privacy, research security, NIL/NCAA policies, Title VI, Title IX, equal opportunity, and digital accessibility.	VC Legal Affairs, Internal Audit, Compliance Offices	Chancellor
Cyber threats: Universities face increasingly sophisticated cyber threats, including social engineering, ransomware attacks, and potential data breaches, which can jeopardize the confidentiality, availability, or integrity of institutional IT systems or data. Protecting the university's expanding digital infrastructure—relied upon by students, faculty, researchers, and administrators for learning, collaboration, and operational efficiency—is critical to ensuring regulatory compliance, maintaining cyber resilience, and safeguarding the university's education, research, and innovation mission.	CISO	CIO
Student crisis management: Student mental and physical health remain critical areas of concern, particularly in the context of increasing campus, regional, and national trends related to stress, anxiety, loneliness, depression, and other crisis-related issues. Additionally, students face significant challenges related to basic needs (e.g., housing, food, clothing, course materials, etc.), which impact student retention, persistence, and the ability to graduate.	Division of Student Affairs	VCSA
R1 Status: As a newly designated R1 institution, ECU faces increased regulatory expectations related to research oversight, foreign influence protections, and federal funding compliance. Possible declining F&A rates further strain research sustainability. Additionally, uncertainty surrounding federal funding under new executive orders and policy changes may impact long-term financial planning.	Cabinet	Provost
Clinical Healthcare: Clinical healthcare operations face financial sustainability challenges due to rising operational costs, reimbursement constraints, and reliance on external funding sources. Dependence on external partnerships for healthcare delivery—including affiliations with ECU Health and other providers—introduces contract stability, service continuity, and strategic alignment risks. Additionally, the ongoing ECU Health integration presents potential financial, operational, and compliance risks, including challenges in governance, resource allocation, and regulatory adherence.	BSOM Dean and Executive Dean	Chancellor
Maintaining campus infrastructure: Budget constraints and limited funding sources for repairs and capital improvements increase challenges in maintaining campus infrastructure. Deferred maintenance continues to grow, increasing the risk of unexpected system failures, operational disruptions, and safety hazards. Aging facilities, outdated systems (HVAC, electrical, plumbing), and compliance requirements (ADA, fire codes, sustainability standards) add complexity to long-term maintenance planning.	Campus Operations	VCAF

Protecting reputation and visibility: Reputation and visibility within the higher education landscape and key constituencies face risks due to increasing competition, evolving public perception, and the rapid spread of information in the digital era.	Cabinet	Chancellor
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East Carolina University Enterprise Risk Management

2025-2027 Cycle Secondary Risks

(These were considered by the ERM Committee but are not presently considered “top risks”)

- Social unrest, such as protests, demonstrations, or riots, due to various factors, including political tensions, social injustice issues, or campus-specific grievances. These events can potentially create unsafe conditions for individuals on campus, disrupt academic activities, and result in property damage or loss.
- The increasing availability and use of Artificial Intelligence (AI) introduces new risks related to academic integrity, research ethics, data security, and student learning outcomes. As AI-powered tools become more sophisticated, they challenge traditional assessment methods, authorship verification, and knowledge mastery, particularly in remote and online learning environments. Additionally, using AI in research and administrative functions raises concerns about intellectual property protection, bias in AI-generated content, and compliance with privacy and security regulations.
- Increasing risks related to business continuity planning and operational resilience, particularly in the event of technology failures, natural disasters, cyber incidents, or other disruptions. Risks include gaps in backup and disaster recovery processes, supply chain disruptions, and critical infrastructure failures.
- Inability to sustain innovation and economic development due to resource constraints, impacting the engagement with and positive outcomes for eastern NC.
- Inadequate interfaces between the information systems used for research.
- Conflicts of interest in research and patient care could result in loss of external funding and reputational damage.
- Affiliated Entities' risk of noncompliance with operating agreements, misalignment with the university's mission, and potential for reputational damage.

East Carolina University Enterprise Risk Management

Emerging Risks



AGENDA ITEM

III.C. Internal Audit Update and Annual Requirements Wayne Poole
Chief Audit Officer

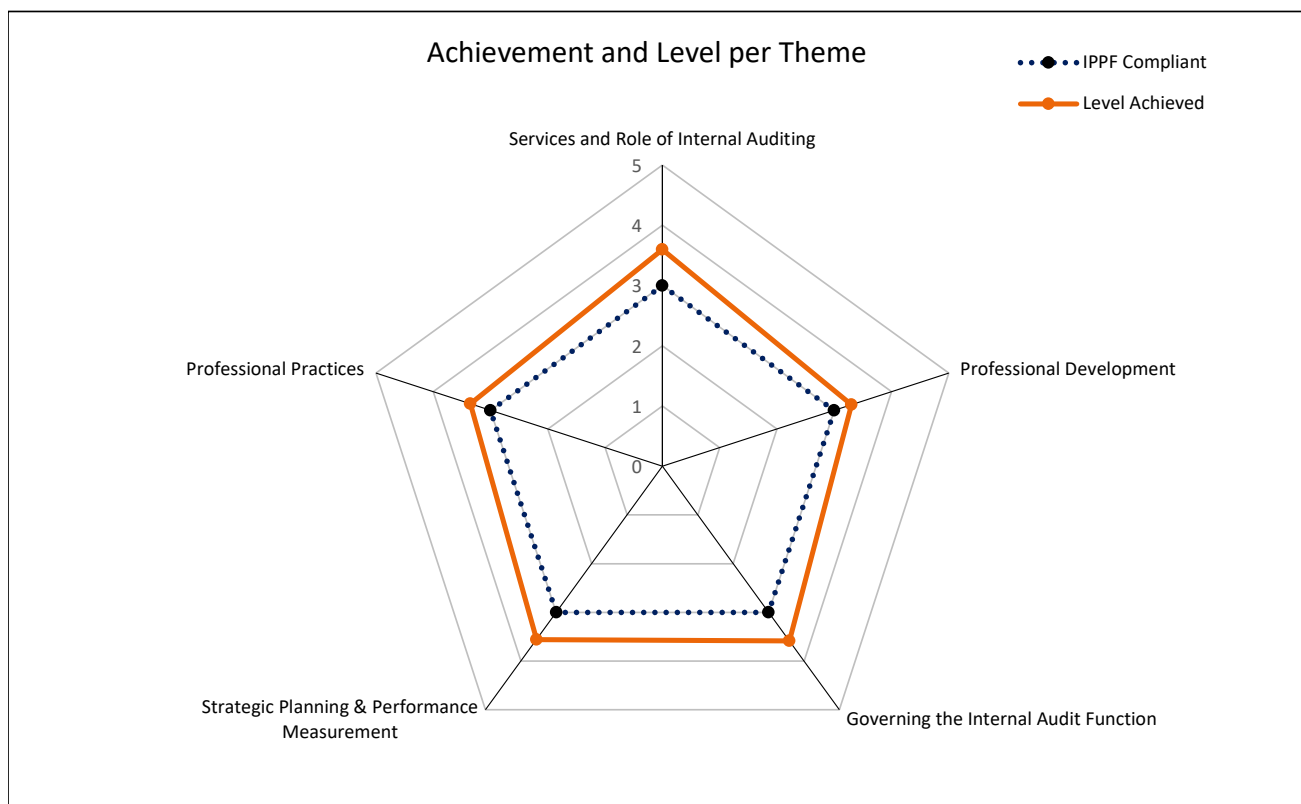
Situation: There are several items that are required by the *Global Internal Audit Standards* or other state and UNC directives to be shared with the committee on a regular basis.

Background: The information to be presented in the meeting and in the committee's materials includes the required annual self-assessment of Internal Audit, the Internal Audit annual report for FY 2025, and the Internal Audit strategic plan. Mr. Poole will also brief the committee on the upcoming External Quality Review (EQR) of ECU Internal Audit, which is required every five years.

Assessment: Mr. Poole will share information as required.

Action: This item is for information only.

Theme	IPPF Compliant	Level Achieved
Services and Role of Internal Auditing	3	3.6
Professional Development	3	3.3
Governing the Internal Audit Function	3	3.6
Strategic Planning and Performance Measurement	3	3.6
Professional Practices	3	3.4



DASHBOARD PER TOPIC

Theme	Subtheme	Level achieved
Services and Role of Internal Auditing	Emerging Topics	3.2
	Advisory services	4.0
Professional Development	Manage Resources	3.6
	HR Planning	3.0
Governing the Internal Audit Function	Role and authority of internal audit	4.0
	Management and Oversight of IAF	3.3
	Access and Awareness	3.5
Strategic Planning and Performance Measurement	Plans Strategically	4.0
	Performance Measurement	3.0
	Communicates Effectively	3.7
Professional Practices	QAIP	3.0
	Planning Internal Audit	3.7
	Performing internal audit services	3.4

Pirate Auditors

Office of Internal Audit and Management Advisory Services

FY 2025 Annual Report



Our Core Values...

Selflessness

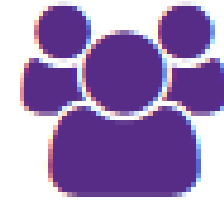
Ownership

Unity

Larger Purpose



Pirate Auditor Facts



- **8** FTEs + One intern
- **8** advanced degrees (MSA, MBA)
- **13** professional certifications (CPA, CIA, CFE, CISA, CHC, CHRC)
- Nearly **130 years** combined audit experience

FY 2025 by the Numbers...

- Audit Plan Completion: **91.1%** (target is $\geq 80\%$)
- Auditor Productivity (chargeable hours):
75.9% (target is $\geq 75\%$)
- Projects completed: **51**
- Hotline Triage: **40**
- Routine Consultations: **84**
- Committees/Workgroups: **13**



FY 2025 by the Numbers...

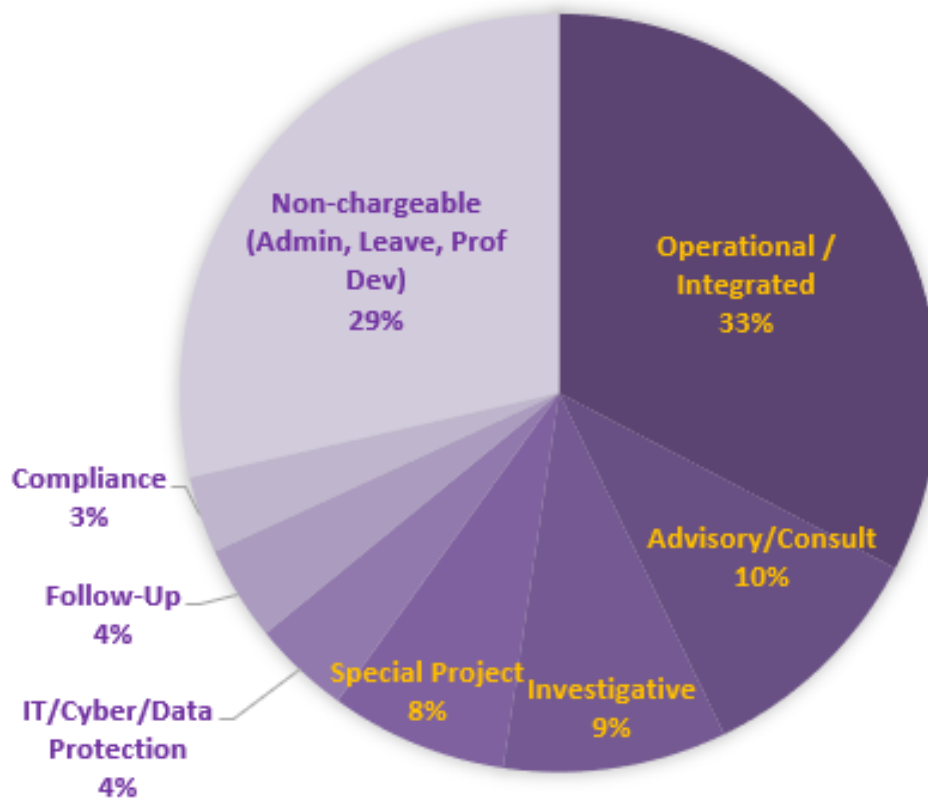
- Formal (reportable) recommendations: **81**
- Management Action Plans Closed: **69**
- Monetary recovery & cost savings identified: **\$95,135** (other recommendations will strengthen controls, increase efficiency and save costs over time; not yet quantifiable)



How we spent our time...

Total Annual Hours by Project Type (Entire team – all positions)

TIME BY ENGAGEMENT TYPE



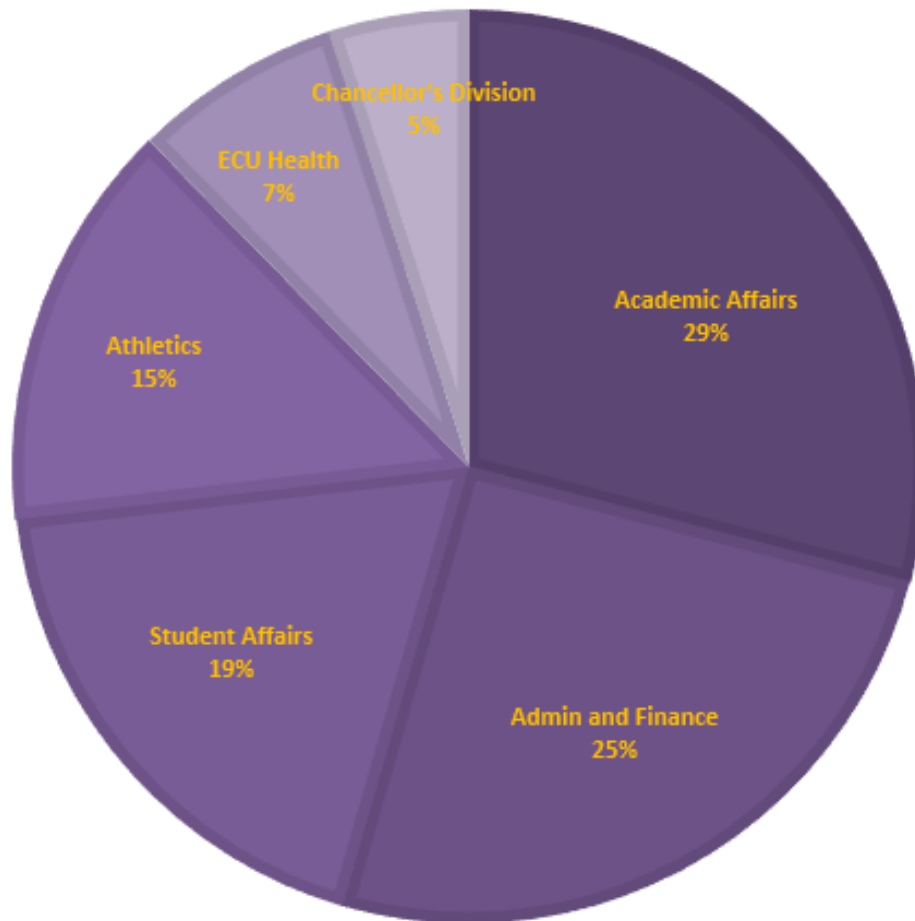
Changes from prior year

- Ops/Integrated -6%
- Advisory/Consult +3%
- Investigative +3%

Who We Served...

Percentage of chargeable time by Division

CHARGEABLE HOURS BY DIVISION



Changes from prior year

- Admin and Finance -10%
- Student Affairs + 8%
- ECU Health + 3%

Key Accomplishments



- Executed a very ambitious audit plan
- Covered high risk and high opportunity areas (data and cybersecurity, facilities security and safety, research, health care, student emergency response, compliance requirements, and more...)
- Completed consultations/advisory services regarding ECU Health, faculty revenue generation, student athlete academic data, among others
- Co-chaired the Regulatory Compliance Committee
- Continued our strong relationships with other ECU compliance and risk professionals and University leadership
- Updated the Internal Audit strategic plan and goals

Committees & Service to the University



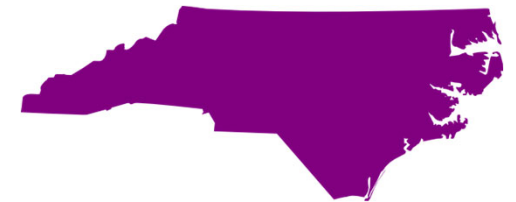
Just a sample...

- Regulatory Compliance Committee (co-chair)
- ERM Committee
- AICFR (Internal Controls over Financial Reporting)
- Data Stewardship Committee
- Data Analytics Workgroup
- Various Compliance Committees (ADA, PCI, research, etc.)
- Youth Programs Advisory Board
- Search committees

Service to the State & Profession

Just a small sample...

- President, UNC Auditors Association
- Three team members are qualified external reviewers for audit teams at other agencies
- Guest lecturers for ECU College of Business students
- Audit Intern Program
- Mentor for other auditors in higher ed



Education and Outreach to Campus

(Internal controls, risk, compliance, fraud, the role of IA)

- Financial Services Workshop
- New Deans and Directors Orientation
- Materials for New Employee Orientation
- Routine communications to campus leaders
- Panelist and speaker for CoB Accounting Students



Community Service and Support

- Community Foundation of NC East
- ECU Purple Pantry
- Ronald McDonald House of ENC
- Humane Society of ENC
- American Cancer Society
- Western NC hurricane relief
- Others...



Disclosures (per IIA Standards)

During FY 2025 we have the following to report:



- No impairments to IA's independence or objectivity
- No instances where a specific engagement did not conform to the *Standards*
- No instances of management acceptance of risks or disagreements with audit that impede the organization or must be reported to the Board of Trustees

Additional Info *(per IIA Standards)*

Moving into the new FY we have the following to report:



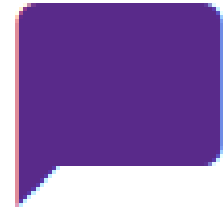
- Operating budget has been reduced similarly to other campus units – No significant impact on our mission capability
- Personnel budget and # authorized positions is unchanged

What our Clients told us...



“You have done such an excellent job with all of this...I really do appreciate all your help...more than you can ever know or that I can ever express. Your fresh perspective is going to make our office a better place. I am so thankful.”

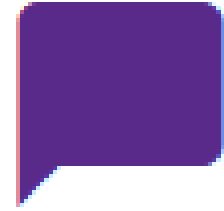
What our Clients told us...



“This was an example where audit directly helped the University's student success goals by doing this work and providing meaningful actionable ways the process can be made better.”

“You helped us find things that we didn't know...we got good stuff out of this.”

What our Clients told us...



”Thank you so much for you work...I don't think anyone else could have learned the office in as much detail as you did...Your efforts understanding our role and all the information...organizing it and explaining it so others can understand it was exceptional. I know you put a lot of work into it. It is appreciated.”

What's next?

**Future focused.
Innovation driven.**

- Audits and consultations aligned with ECU's strategy, mission, and top risks
- Continuous growth and evolution
- Continuity and succession planning
- University Fraud Risk Assessment
- **External Quality Review in 2026**
- Continued service to the institution and community we love

Pirate Auditors

*Serving with excellence and
the SOUL of a championship team!*





Office of Internal Audit and Management Advisory Services

Strategy and Goals, 2023-2028

Most recently updated: 7/1/2025

History:

The Office of Internal Audit and Management Advisory Services has tracked strategic priorities and goals in various forms since 2004. This document is the latest iteration of those efforts. It will be reviewed periodically by the CAO and Internal Audit team and periodically shared with the Chancellor and the Audit Committee of the Board of Trustees. This is a “living document” and will be updated with new goals, action items, measurements, and results as they are identified.

Purpose of Internal Auditing:

The internal audit function is an independent and objective assurance and consulting activity guided by a philosophy of adding value to improve the operations of the University. The purpose of the Office of Internal Audit and Management Advisory Services is to strengthen the University’s ability to create, protect, and sustain value by providing the board and management with independent, risk-based and objective assurance, advice, insight, and foresight.

Vision:

We strive to be an internal audit function that is a respected campus partner whose insight is actively sought and whose integrity is beyond reproach.

We will be a selfless team that puts the needs of teammates and clients first and provides unbiased insights with actionable recommendations. We will be a team of highly skilled and credentialed professionals who take ownership of our role and our development, continuously seeking to improve our skills and internal operations. We will share candid feedback with our clients and internally with each other, always in a manner that builds trust and unity as we work towards common goals. We will perform all assignments in a way that is mindful of the larger purpose of the University, our constituents, and our community, and we will strive to always do what is right to fulfill that larger purpose.

Note: The Office of Internal Audit performs our mission in a manner consistent with the Institute of Internal Auditors’ (IIA) *Global Internal Audit Standards* (the “Standards”) and applicable state laws. We undergo periodic External Quality Reviews to ensure that we are conforming with the *Standards*. Remaining in compliance with the *Standards* is an ongoing goal and is a statutory requirement in the State of North Carolina. This is an expectation of the Chief Audit Officer and the team even though it is not listed as one of the Strategic Goals in this document.

Our Strategic Goals and Action Plans

Our work will link to the University's mission and vision as outlined in the [2023-2028 Strategic Plan – Future Focused. Innovation Driven.](#)

Goal 1: Provide an appropriate level of assurance coverage to high risk or high opportunity areas that would negatively impact University objectives if they were unsuccessful

- **Action:** Develop and execute a flexible risk-based annual audit plan that identifies and prioritizes engagements that add value and provide assurance over specific business processes and/or units. Engagements will be tied to a key risk area and/or element of the University's strategy, mission, or vision, the UNC System Strategic Plan, and/or performance metrics associated with the UNC system's funding model.
 - **Measurement:** (ONGOING) Annually complete at least 80% of the annual audit plan, as approved by the Chancellor and Board of Trustees.
 - Results: FY 2023, 87.3% audit plan completion
 - Results: FY 2024, 92.0% audit plan completion
 - Results: FY 2025, 91.1% audit plan completion
 - **Measurement:** (ONGOING) Annually complete engagements that are directly tied to the mission, core strategic goals, and critical risks of the University.
 - Results: In FY 2022, we began tracking the percentage of assurance engagements that are directly related to a key risk or strategic priority. 96% of the engagements were tied to one or more of these.
 - Results: FY 2023, 100% of the engagements were tied to one or more of these.
 - Results: FY 2024, 100% of the engagements were tied to one or more of these.
 - Results: FY 2025, 100% of the engagements were tied to one or more of these
- **Action:** Maintain strong relationships and coordination with the other compliance, risk, and assurance providers within and outside the University to ensure that the highest risk areas are identified, and assurance is provided to senior management and the Board.
 - **Step:** (ONGOING) The CAO will continue to co-chair the Regulatory Compliance Committee and will ensure that all compliance providers share information with the Audit, Risk Management, Compliance, and Ethics Committee of the Board in conjunction with each meeting.
 - **Step:** (ONGOING) The Internal Audit Team will be represented on the Enterprise Risk Management Committee and participate in the UNC System ERM workgroup as requested by senior management.
- **Action:** Use the capabilities of the audit management system and other available tools to ensure that risks and auditable entities are actively monitored.
 - **Step:** We are continuously using the Risk Module of AutoAudit and updating it in real-time at the end of each engagement and as new information is learned across the University.
 - **Step:** We will continue to implement new or refined features of the system that will help improve our ability to track and monitor risk and strategy elements.

Goal 2: Provide consulting and insight that are sought and valued by the University community

- **Action:** Actively seek and provide consultative services timely and with a focus on the needs of the University. This will include membership on appropriate University standing and ad-hoc committees.
 - **Measurement:** (ONGOING) The team will spend approximately 10% to 15% of our time on consulting activities. (Lower than 10% may be an indicator that services are not providing value or being sought out; Higher than 15% may impact our responsibility to provide effective assurance services to the University.)
 - Results: For FY 2023, our consultation time was 7% of total hours
 - Results: For FY 2024, our consultation time was 7% of total hours
 - Results: For FY 2025, our consultation time was 10% of total hours

- **Action:** Provide educational sessions and materials on governance, risk, internal controls, and related topics to the University community, and ensure the community is aware of the services that are provided by the Internal Audit team.
 - **Measurement:** (ONGOING) The team will participate in at least two such educational opportunities or workshops each year.
 - Results: In FY 2023, we presented at the Financial Services Workshop, the New Deans and Directors Orientation, and at an IA Awareness Month drop-in for the campus.
 - Results: In FY 2024, we presented at the Financial Services Workshop, the New Deans and Directors Orientation, and at a BSOM administrative support meeting. We also sent written materials to all deans and directors.
 - Results: In FY 2025, we presented at the Financial Services Workshop, the New Deans and Directors Orientation, and at other campus events. We also sent written materials to all deans and directors.

Goal 3: Appropriately steward the resources that are entrusted to us and seek ways to continually improve efficiency of Internal Audit operations

- **Action:** Maintain auditor productivity at a level that is directed by the Chancellor and Board of Trustees, in order to fulfill our responsibilities.
 - **Measurement:** (ONGOING) Auditor productivity, the percentage of hours spent on direct, chargeable activity such as assurance and consulting services, will be at or above 75% annually, excluding unforeseen medical situations or other emergencies.
 - Results: FY 2023, our auditor productivity was 76.7%
 - Results: FY 2024, our auditor productivity was 76.3%
 - Results: FY 2025, our auditor productivity was 75.9%

- **Action:** Continue to use the capabilities of the audit management system and other available tools to accomplish our work and deliver results in the most efficient manner possible, without compromising effectiveness.

- **Action:** In FY 2026, we will examine and compare the capabilities and costs of other audit management systems and determine which solution is the most appropriate option for the team for the next 3-10 years.

Goal 4: Sustain the qualifications, skills, and expertise necessary to fulfill our responsibilities to the University for the long term

- **Action:** Ensure that all auditors engage in regular education and training and retain appropriate certifications and credentials.
 - **Measurement:** (ONGOING) Each auditor will spend at least 40 hours engaged in professional development annually, as logged in the time tracking system. (This is monitored via periodic reporting from our audit management system and is documented in the employee evaluation process.)
 - **Measurement:** (ONGOING) Each auditor will actively seek and maintain at least one relevant professional certification such as the CPA, CIA, CISA, CFE, or other credential that is relevant to the auditor’s duties.
 - **As of August 2023, all seven auditors are professionally certified.**
 - **As of July 2024, team members are pursuing the following additional credentials: CIA (1), CISA (1)**
 - **As of May 2025, one team member is pursuing the CIA, and this is a formal goal on their annual workplan.**
- **Action:** Provide leadership and growth opportunities to team members so that they are prepared for assuming larger roles as the team’s needs dictate.
 - **Measurement:** (ONGOING) We will continue and refine a program of regular team learning and information sharing to grow each individual’s knowledge of the higher education industry, the University environment, and various soft skills.
 - Lunch and Learn – 6-10 sessions per year
 - Project assignments are made with each individual’s professional growth in mind
 - **Step Taken:** During FY 2022, each team member completed the IIA Competency Framework and identified specific individual growth opportunities which were incorporated into their annual evaluation goals.
 - **Step Taken:** During FY 2023, we participated in a continuity exercise which resulted in updates to the *Audit Manual* and the creation of a new CAO Duties continuity document.
 - **Step Taken:** Actively providing exposure for one or more Audit Supervisors to the larger **planning and leadership aspects of the IA function**, such as the risk assessment/audit planning process; state reporting requirements, communications with senior leadership and the Board, etc.
 - **Steps Taken:** In FY 2025, one team member completed the IIA Vision University, an intense audit leadership program.
 - **Step planned:** in FY 2026, two-three team members will collaborate on the internal self-assessment ahead of the EQR. This will require strengthening their exposure to and application of the *Global Internal Audit Standards* and the IIA Quality Assessment Manual. This knowledge is critical to sustainable leadership and success of the Internal Audit function.

- **Action:** Ensure that the team has sufficient depth of expertise in critical areas so that we are not dependent on one person having the sole knowledge of the area.
 - Step: (ONGOING) Additional auditor(s) will participate in engagements and/or formal training related to the **healthcare** or **research** enterprises of the University.
 - During FY 2023, one additional auditor led a healthcare-specific audit (continuing into future years)
 - Step: (ONGOING) Additional auditors will participate in engagements and/or formal training that is primarily or heavily **IT**-related.
 - During FY 2023, IT audit and controls topics were a recurring agenda item at the team Lunch and Learn events. Delivering these sessions was an individual goal on one team member’s annual evaluation.
 - During FY 2023, two team members who had not done so previously, completed IT-specific engagements.
 - During FY 2024 and 2025, a team member supervised and participated in IT engagements more heavily than in prior years
 - For FY 2026, another team member has development of IT-related knowledge and experience as a formal goal on their annual workplan.
 - Step: (FY 2024) One additional auditor completed the **CISA examination** process and significantly enhanced IT-related knowledge.
 - Step: (FY 2024) Updated EnCase forensic software and checklist and held discussions with internal team members and ITCS on forensic capabilities.
 - Step: (FY 2025) Exposed two additional team members to the forensic tools and the appropriate ITCS liaison.
 - Step: (ONGOING) We will continue to include growth in **data analytics and other new technologies** on each team member’s performance goals. In FY 2025 we incorporated the use of generative AI tools into the team members’ performance goals.

Goal 5: Provide meaningful education and development opportunities for University students and potential future Internal Audit professionals

- **Action:** Maintain an active student intern program, employing at least one intern to function as a part-time entry-level auditor each semester if University funding allows.
 - Measurement: (ONGOING) Self-explanatory
 - For FY 2023 we increased budget for the intern position
 - For FY 2026 we are pursuing the position as a Federal Work Study position, which would enable us to continue the program despite operational budget cuts.
- **Action:** Collaborate with faculty in the College of Business and/or other academic units to provide information on the internal audit profession to students with the potential skills and academic credentials to succeed in this profession.
 - Measurement: (ONGOING) We will attend at least one student event or class annually, as allowed by faculty.
 - During FY 2023, we presented at a Student Accounting Society event.
 - During FY 2024, we served as an audit panelist at a Student Accounting Society event.

- During FY 2025, we served as an audit panelist at a Student Accounting Society event.



AGENDA ITEM

III.D. Recent Internal Audits..... Wayne Poole
Chief Audit Officer

- Situation:** The committee receives a briefing at each meeting on selected internal audit engagements that have been closed.
- Background:** Committee Chair Workman selected the engagements to be discussed at this meeting.
- Assessment:** Mr. Poole will present background and results of the selected engagements. Members of University management will also be present to answer questions about the status of resolving any audit recommendations.
- Action:** This item is for information only.



AGENDA ITEM

IV. Closed Session Vanessa Workman
Committee Chair

Situation: This committee receives updates on specific audits, compliance, and other related topics that are not a matter of public record in accordance with applicable North Carolina General Statutes.

Background: The committee does need to receive updates on some non-public matters at this meeting.

Assessment: The committee will receive updates on the relevant issues from University administrators.

Action: This item is for discussion only.



AGENDA ITEM

V. Other Business Vanessa Workman
Committee Chair

Situation: This agenda item is for any other business deemed necessary by the committee.

Background: This committee members will suggest any other items needing discussion.

Assessment: The committee will discuss the relevant issues.

Action: This item is for discussion only.