

Appendix D - Action Plan

Area for Development	Issue	Actions	Original Timeframe	Progress Update
Professional Training and Development	<p>There has been no skills analysis or consistent process for identifying and addressing training and development needs.</p> <p>The job description for the Principal Auditor post (the majority of staff) has not been reviewed and updated, including the skills required, since 2017.</p>	<p>1) Complete team skills assessment against IIA competency framework</p> <p>2) Develop a training plan for the team using the outcomes of the skills assessment and appraisal discussions</p> <p>3) Determine / agree how training will be recorded and implement solution</p> <p>4) Review and update the Principal Auditor job description</p>	<p>01/07/2022</p> <p>30/11/2022</p>	<p>1) Complete</p> <p>2) Complete (but to be reviewed as part of appraisal process)</p> <p>3) In progress, in discussions with L and D</p> <p>4) Not started</p>
Risk Based Auditing	<p>Audit work has not been explicitly linked to strategies, objectives and risks, at macro and individual level.</p> <p>Planning for individual audits has not been sufficiently supported by a risk assessment.</p>	<p>1) Ensure that the Audit Plan is explicitly linked to strategies objectives and risks (as for 2022/23)</p> <p>2) Ensure that Audit progress and outcome reports to Committee explicitly demonstrate how audit work provides assurance on strategic objectives and risks</p> <p>3) Continue to embed the planning process for individual audits to ensure that these relate to strategies, objectives and risks</p> <p>4) Continue to develop a 'library of risks' for audit work</p>	Ongoing but demonstrated by end March 2023	<p>1) Complete</p> <p>2) In progress but to be reviewed for Annual Report 2022/23</p> <p>3) In progress</p> <p>4) Not started</p>
Quality Assurance	<p>There is no documented Quality Assurance and Improvement Programme.</p> <p>KPIs are limited in scope and number and do not provide a holistic assessment of the service.</p> <p>Limited documented evidence of supervision and review for individual audits.</p> <p>Customer feedback limited as questionnaires not routinely returned</p>	<p>1) Develop a QAIP for the section</p> <p>2) Develop a set of KPIs for the section</p> <p>3) Develop a system for monitoring and chasing return of questionnaires</p> <p>4) Ensure that all files show evidence of review points and responses, prior to draft ToR or report release</p>	Oct-22	<p>1) Complete</p> <p>2) KPIs to be presented to March Audit and Risk Management Committee</p> <p>3) In progress - Return rate is still very low</p> <p>4) In progress - check to be undertaken at year end</p>
Independence and Objectivity	<p>The Head of Audit and Assurance's appraisal is undertaken by the s151 officer with no input from the Chair of Audit Committee or the Chief Exec.</p> <p>The team are very experienced at LBB but this does mean we need to be more careful when allocating assignments to ensure rotation and objectivity, whilst making use of skills and experience.</p>	<p>1) Discuss with the s151 Officer how feedback from others can be used to inform the appraisal process</p> <p>2) Ensure that auditors are allocated a range of subjects and that we have discussions prior to detailed planning about previous work in the area and any impact this may have</p>	<p>01/02/2023</p> <p>Ongoing but embedded by March 2023</p>	<p>1) Complete</p> <p>2) In progress as this is now part of the individual audit planning process - check to be undertaken at year end</p>
IT Risks and Controls	Some staff did not feel confident auditing IT risks and controls.	1) Source and deliver training as part of the IA Training Plan	Mar-23	1) In progress - whole team training booked for June 2023
Data Analytics	There is limited use of data analytics.	<p>1) Develop a data analytics strategy which includes training, skills and roll out</p> <p>2) Ensure auditors have opportunities to practice their skills within individual audits</p>	Mar-23	1) Not started
Procedures	The Audit Manual has not been fully updated and disseminated since 2015.	1) Update the Audit Manual and roll out to the Team	Dec-22	1) Not started

Reliance on other assurance providers	There is no defined process for identifying and placing reliance on other assurance providers. Relationships with EA are not well developed.	1) Assurance mapping included as part of the 2022-23 Internal Audit Plan 2) Develop process for placing reliance on other forms of assurance	Mar-23	1) Assurance mapping planned but not yet delivered 2) We assess other forms of assurance on an ad hoc basis but do not have a formally developed process Both ongoing
Audit Coverage	Internal Audit's role in providing assurance on, and promoting ethics and values, needs to be enhanced. Similarly, there has been limited work on strategic decisions although operational decisions are routinely covered.	1) Future audit plans need to consider assurance over ethical matters and strategic decision making.	November 2023 onwards	1) In progress - audits in plan on matters such as Net Zero, Capital Strategy, Declarations of Interest, Staff Wellbeing, to be reviewed in September 2023 as part of next cycle.
Fraud Risks	There is no fraud risk assessment for the organisation and the Counter Fraud strategy is due an update.	1) Update CF Strategy 2) Develop a fraud risk assessment	November 2022 for Strategy March 2024 for risk assessment	1) Complete 2) Not yet started
Consultancy work	There is no template for consultancy work, including the respective roles and responsibilities of both parties	1) Develop a template for consultancy Terms of Reference which includes roles and responsibilities of both parties	Jul-22	1) Complete - review in July 2023 to ensure fit for purpose
Fieldwork	Work programmes (RCMs) are inconsistent in detail and quality. RCMs do not always include how information will be identified, analysed, evaluated and documented, including how samples will be selected. There is limited evidence on file of RCM review and approval prior to fieldwork. Files do not always contain information on how processes are designed and meant to operate, in order to assess adequacy of design. The level of information and detail held on each file is mixed, some do not contain a sufficient level of detail to fully support conclusions and results.	1) Provide training on RCMs in team meeting 2) Review individual RCMs and provide follow up support / coaching as required 3) Planning checklist contains controls section to prompt process design work 4) Provide training on process mapping 5) Request process maps or procedure notes from clients where applicable, checking if correct.	Dec-22	1) Complete 2) Ongoing 3) Complete but needs to be reviewed 4) Not started 5) In progress - not yet consistent
Reporting	Audit reports have not consistently acknowledged good practice as in some instances the report has been exception only. There is no defined process for releasing full (non redacted) reports to parties outside the organisation.	1) Ensure that all audit reports identify areas which are working well 2) Determine a process for releasing full reports outside LBB	01/05/2022 31/10/2022	1) Audit reports identify areas of good practice but template as a whole needs to be reviewed for F/Y 2023/24 2) Not yet started - to be included in Audit Manual
Follow Up	Follow up process newly developed and not embedded. Process for monitoring consultancy pieces of work not defined.	1) Continue to embed follow up process 2) Review new process in September 2022 and make any amends. 3) Define process for monitoring follow up of actions agreed as part of consultancy engagements	Sep-22	1) and 2) Follow up process operational and reviewed in Team Meeting. 3) Not yet started - to be included in Audit Manual