

## CIPFA External Quality Assessment of Conformance with the Global Internal Audit Standards in the UK Public Sector

## Draft Action plan

Issues for management action	Response	Timescale for completion
<p><b>Action point 2</b></p> <p>(Std 5.2) Establish a formal Service Level Agreement (SLA) between the authority and Salford IT audit services to mitigate potential legal and regulatory risks associated with third-party data protection and accountability. Senior management and the Monitoring Officer should evaluate the risks inherent in the current absence of an SLA, report findings to the board, and assess whether similar risk exposures exist across other authority contracts.</p> <p>(High priority)</p>	<p>An SLA between RMBC IA Services and Salford Technical audit services has been received. This has been reviewed and agreed by information governance, subject to one insertion. Legal Services are currently reviewing the SLA.</p> <p>The SLA includes provisions relating to treating information received and reported with strict confidentiality, and that all reasonable steps are taken to secure information to minimise the chance of loss. It also includes document retention requirements.</p> <p>It should be noted that an external assessment of Salford IA Service was undertaken in 2024 and the conclusion was general conformance with the standards (PSIAS). PSIAS included requirements regarding the confidentiality and use of information.</p> <p>Audit discussions with the Senior Information Risk Officer has confirmed that all data sharing with any third party is setup through formalised and agreed Data Sharing Agreements. These are held by the Information Governance Team who review them on a regular basis.</p>	<p>31 May 2026</p>

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<p><b>Action point 4</b></p> <p>(Std 7.1) The board and senior management should ensure implementation of clear, robust safeguards over the HIA's whistleblowing and also the HIA's broader responsibilities for AFC. This should include prompt review of the HIA's dual responsibilities as the Whistleblowing Officer and investigator for fraud and corruption cases, as combining these roles risks impairing independence. Consideration should be given to implementing a separate, independent assurance mechanism specifically tasked with providing assurance over the HIA's involvement in the whistleblowing process and the HIA's wider AFC responsibilities.</p> <p>(High priority)</p>	<p>The current whistleblowing and anti fraud and corruption arrangements are summarised below;-</p> <p><b>Whistleblowing</b> The HIA is one of four officers and decision making on cases is not solely made by the HIA. There is a further assurance mechanism for whistleblowing in that all cases are discussed at a quarterly Statutory Officers meeting (which includes the CEX, S151 and Monitoring Officer) which provides an element of challenge and assurance regarding work being undertaken by Internal Audit. In addition, the Head of Legal reports the whistleblowing cases to the Standards and Ethics Committee.</p> <p><b>AFC</b> The scope of any investigation relating to fraud and corruption is discussed and agreed by the S151 Officer. The fraud investigation reports are shared at draft stage with the S151 Officer for review and assurance regarding the work undertaken. The AFC Policy and Strategy and arrangements are reviewed by a member of the IA team, who then report the results/updates to the HIA. The HIA is then responsible for presenting these to the Audit Committee.</p> <p>These arrangements have been in place for some time and in practice operate effectively. No concerns have been raised regarding the operation</p>	<p>30 September 2026</p>

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	<p>of the current arrangements and therefore it is considered that they are sufficient with respect to independence.</p> <p>This finding has been discussed with the Heads of Audit Yorkshire and Lincolnshire group who have similar arrangements. A cross authority solution (peer review of arrangements) is available.</p> <p>The Strategic Leadership Team would like the Head of Internal Audit to arrange a local authority peer review to assess and provide assurance over the arrangements.</p>	
<p><b>Action point 3</b></p> <p>(Std 6.1) It is recommended that senior management strengthen assurance mapping; whilst this is not the responsibility of the internal audit function they can support, advise and contribute to this activity. Comprehensive assurance mapping should include both internal and external assurance providers, thereby facilitating improved coordination, avoiding duplication, and enabling the board and senior management to accurately determine the optimal scope and types of internal audit services required.</p> <p>(Medium Priority)</p>	<p>Developing the assurance framework is included in the IA Strategy with three strategic initiatives and actions assigned for development during 2026/27 and 2027/28.</p> <p><b>Actions for 2026/27 in the IA Strategy were:-</b></p> <p>Engage with risk management, governance and business intelligence colleagues to enhance understanding of current sources of assurance (both internal assurance providers and external).</p> <p>Identify key external assurance providers and reporting mechanisms into the Council. Review external assurance outputs and review opportunities for collaborative working.</p>	<p>31 March 2027</p>

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	<p>Further integrate the assurance into audit planning in 2026/27 and future years.</p> <p>The Assurance Framework guidance issued by CIPFA has been obtained. This should guide the development of the framework.</p> <p>It is recognised in the report that this is not the responsibility of Internal Audit. This will be taken forwards by the Policy, Strategy and Engagement Directorate. Internal Audit will work with the Directorate as outlined in the strategic initiatives above during 2026/27 and contribute to the development of an assurance framework for the authority.</p>	
<p><b>Action point 5</b></p> <p>(Std 13.4) We suggest including explicit Value for Money (VFM) considerations for evaluation criteria within all new internal audit research, briefing, and scope documentation.</p> <p>(Low priority)</p>	<p>Value for Money considerations have now been included in the research document and audit brief as a prompt for the auditors.</p> <p>These documents will be discussed in a team training session on the 17<sup>th</sup> February and will be used from this date.</p>	Complete
<p><b>Action point 1</b></p> <p>(Std 3.2) We recommend strengthening internal auditors' mandatory recording and retention of all Continuing Professional Development (CPD) records to ensure the</p>	<p>The importance of keeping CPD records up to date has been re-enforced in a team meeting.</p>	<p>30 June 2026</p> <p>(Mid year review)</p>

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documentation comprehensively supports training undertaken. (Low priority)	CPD records will be reviewed as part of the My Year Ahead Plan six monthly and annual reviews.	
<b>Advisory point 1</b>  (Std 1.2) Implement mandatory annual refresher training encompassing Domain II ethics, the Nolan Principles, FOI legislation, annual Code of Conduct affirmation, and financial procurement rules. (Advisory)	Ethics training was undertaken by all of the audit team in November 2024 and again in May 2025.  Annual refresher training has been included in the IA training and development plan.  Training on all these areas will be undertaken in a team training session on the 17 <sup>th</sup> February.	Complete
<b>Advisory point 2</b>  (Std 3.2) To enhance actionable planning and responsiveness, the current Training and Development Plan could be restructured into two distinct parts, clearly separating strategic long-term competency development from tactical, immediate training requirements, complete with specific deliverables and timelines.  (Advisory)	Longer term workforce planning and professional development is included in the Audit Strategy. This clearly sets out the strategic long term competency development areas for the service.  An amendment has been made to the Training and Development Plan to make clear the specific deliverables and timelines. This is an annual plan which focuses on shorter term objectives.	Complete
<b>Advisory point 3</b>  (Std 6.3) Enhance governance transparency by ensuring full attendance details, especially noting the participation of senior management and the Head of Internal Audit, are clearly documented up front in public-facing audit committee minutes and online records. Failure to provide	This will be taken forwards by Governance Services at the start of the new Civic Year.	1 June 2026

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<p>conspicuous evidence of senior leadership support risks undermining the perceived authority and gravity of the audit committee's oversight function. (Advisory)</p>		
<p><b>Advisory point 10</b></p> <p>(Std 14.3) To enhance management's clarity in prioritizing remedial actions, modify audit reports or action plans to explicitly document the likelihood and impact of identified risks, adopting a structured approach, maybe using a scoring matrix or incorporating functionality from audit management software. (Advisory)</p>	<p>This was discussed at the Strategic Leadership Team meeting and the current reporting approach was agreed to be retained.</p>	<p>Not applicable</p>
<p><b>Advisory point 5</b></p> <p>(Std 9.1) Ensure annual training updates for internal auditors incorporate value for money (VFM) topics, ideally expanded to include comprehensive VFM audit methodology training. (Advisory)</p>	<p>This had already been identified as an action via our self-assessment. This has been included in the 2026-27 Training and Development Plan and will be undertaken during the year.</p>	<p>31 March 2027</p>
<p><b>Advisory point 6</b></p> <p>(Std 10.2) To strengthen resilience and internal capacity, evaluate and pursue training opportunities for a current internal audit staff member to obtain a relevant IT audit qualification (such as CISA or equivalent), thereby ensuring access to up-to-date expertise, ability to provide qualified quality assurance and review over the</p>	<p>Not agreed.</p> <p>Salford Technical Audit Services have their own quality assurance arrangements to assure over their work/outputs. We review the scope of their work and the draft report independently, based on our audit knowledge and experience, and to help to</p>	<p>Not applicable</p>

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<p>outsourced IT function and provide in-house insight within the internal audit team over the many challenges of technological change, such as IT AI governance.</p> <p>(Advisory)</p>	<p>ensure the feasibility of recommendations raised within the structure of our council.</p> <p>The succession planning at present surrounds building resilience at the trainee auditor level and also strengthening the teams knowledge in areas of technological advancement such as data analytics and AI in audit.</p> <p>Due to the size of the audit team and the priorities referred to above, focus on a CISA qualification is not feasible at the present time, but will be reconsidered when the Audit Strategy is refreshed.</p>	
<p><b>Advisory point 7</b></p> <p>(Std 12.2) The HIA, collaborating with the audit committee and senior management should consider conducting a strategic review to strengthen the Internal Audit function's Key Performance Indicators (kpis) metrics, moving beyond solely delivery metrics to adopt a balanced scorecard approach incorporating Quality and Conformance, and Value for Money (VFM). These updated kpis should be sufficiently challenging yet pragmatic, aligning with the strategic focus areas defined by those charged with governance to effectively monitor the function's performance and continuous improvement.</p> <p>(Advisory)</p>	<p>A comprehensive review of KPI's will be undertaken over the summer period, in consultation with senior management the Audit Committee.</p>	<p>September 2026 Audit Committee</p>

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<p><b>Advisory point 8</b></p> <p>(Std 13.2) It is suggested that the new Engagement Assessment brief makes noting risk more explicit in the sections marked cumulative knowledge and research. There is more that could be done to document the specific risks relating to fraud and developing evaluation and prioritisation of risks.</p> <p>(Advisory)</p>	<p>The audit scoping document has now been updated in accordance with the suggestions at advisory points 8 and 9.</p> <p>These documents will be discussed in a team training session on the 17<sup>th</sup> February and will be used from this date.</p>	Complete
<p><b>Advisory point 4</b></p> <p>(Code 2.1) To ensure the audit committee's official documentation aligns with best governance practice and the Code, update the audit committee Terms of Reference (TOR) to formally incorporate the committee's duties to provide feedback on the HIA's proposed job description and contribution, by the Audit Chair, to the annual performance evaluation of the HIA.</p> <p>(Advisory)</p>	<p>The Executive Director of Corporate Services will ensure input from the Chair of Audit Committee is included in the HIA's MYAP/PDR process.</p> <p>The current arrangements with regards to the recruitment of the Head of Internal Audit will be retained. The job description will be reviewed by Human Resources in line with Council procedures prior to advertisement. It would be expected that the recruitment panel would comprise the Executive Director of Customer Services and the Service Director – Legal Services, in line with previous arrangements.</p>	30 September 2026
<p><b>Advisory point 9</b></p> <p>(Std 13.2) The audit work programmes clearly show the team are identifying criteria, under GIAS there is a requirement to document this at the planning stage as part of the engagement risk assessment. The new</p>	<p>The audit scoping document and research brief have been updated in accordance with the suggestions at advisory points 8 and 9.</p>	Complete

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Engagement Brief could be strengthened to analyse this out with a complete list, reviewed and assessed of all criteria used to measure whether the entity is achieving its objectives to enhance risk assessment.(Advisory)	These documents will be discussed in a team training session on the 17 <sup>th</sup> February and will be used from this date.	

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