



# **TEXAS BOARD OF NURSING**

## **INTERNAL AUDIT PLAN**

**Fiscal Year 2016**

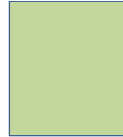
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October 22, 2015

Board Members  
Board of Nursing (BON)

The following document presents the proposed fiscal year 2016 Internal Audit Plan for the Texas Board of Nursing, in accordance with the Texas Internal Auditing Act.

Chapter 2102 of the Government Code requires that the internal audit plan be risk-based and include areas identified through a risk assessment process. This document presents the internal audit guidelines, risk assessment results, and the proposed audit plan.

This Internal Audit Plan for fiscal year 2016 is submitted for your review and approval.

Respectfully,

*Jaye Stepp, CPA, CIA, CGAP, CRMA*

E. Jaye Stepp, CPA  
Internal Auditor for BON  
Austin, Texas

## The Texas Internal Auditing Act

The Texas Internal Auditing Act (Texas Government Code, Chapter 2102) requires all state agencies receiving appropriations or pass-through funds of \$10 million or more or those agencies with more than 100 employees to conduct a program of internal auditing. The internal audit function must conform to the Institute of Internal Auditor's (IIA) *International Standards for the Professional Practice of Internal Auditing*, the Government Accountability Office's (GAO) *Government Auditing Standards*, and the Texas Internal Auditing Act. The Act requires that the internal audit function includes:

- An annual audit plan that is prepared using risk assessment techniques and that identifies the individual audits to be conducted during the year; and
- Periodic audits of the agency's major systems and controls, including
  - accounting systems and controls,
  - administrative systems and controls, and
  - electronic data processing systems and controls.

This act requires the governing board of the state agency to appoint an internal auditor. The act further states that the internal auditor shall:

1. Report directly to the state agency's governing board;
2. Develop an annual audit plan;
3. Conduct audits as specified in the audit plan and document deviations;
4. Prepare audit reports;
5. Conduct quality assurance reviews in accordance with professional standards and periodically take part in a comprehensive external peer review; and
6. Conduct economy and efficiency audits and program results audits as directed by the state agency's governing board.

The program of internal auditing conducted by a state agency must provide for the auditor to have access to the administrator and be free of all operational and management responsibilities that would impair the auditor's ability to review independently all aspects of the state agency's operation.

The annual audit plan developed by the internal auditor must be approved by the state agency's governing board or its designee, or by the administrator of a state agency without a governing board. The annual audit plan is posted on the agency internet website after approval by the Board, in accordance with the Internal Auditing Act.

The internal auditor will prepare reports of audits conducted and include management's responses to audit recommendations. The state agency's governing board and the administrator must review those audit reports. The auditor submits a copy of each report reviewed by the agency's governing body to the Budget Division of the Governor's Office, the State Auditor, the Legislative Budget Board, and the Sunset Commission. Each report is filed no later than the 30th day after the date the report is submitted to the state agency's governing body.

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Internal Audit Plan – FY-2016

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In addition to individual audit reports, the auditor will prepare an annual report that summarizes agency internal audit activities for the year. The auditor must submit the report before November 1<sup>st</sup> of each year to the governor, the Legislative Budget Board, the Sunset Advisory Commission, the state auditor, the state agency's governing board, and the administrator. The state auditor prescribes the form and content of the report, subject to the approval of the legislative audit committee. The annual internal audit report is posted on the agency internet website after Board review and acceptance.

### Internal Audit's Professional Standards

In addition to the Texas Internal Auditing Act requirements, the *International Standards for the Professional Practice of Internal Auditing* requires the internal audit activity to evaluate the effectiveness and contribute to the improvement of risk management processes. The internal audit activity must evaluate risk exposures, including the potential for the occurrence of fraud and how it is managed. The auditor assists the organization in maintaining effective controls by evaluating the effectiveness and efficiency of the risk management process and by promoting continuous improvement. Specifically, the internal audit activity must evaluate the adequacy and effectiveness of controls in responding to risks within the organization's governance, operations, and information systems regarding the:

- Reliability and integrity of financial and operational information,
- Effectiveness and efficiency of operations,
- Safeguarding of assets, and
- Compliance with laws, regulations, and contracts.

Internal auditors are required to ascertain the extent to which management has established adequate criteria to determine whether objectives and goals have been accomplished.

The internal audit activity also must assess and make appropriate recommendations for improving the governance process in its accomplishment of the following objectives:

- Promoting appropriate ethics and values within the organization,
- Ensuring effective organizational performance management and accountability,
- Communicating risk and control information to appropriate areas of the organization,
- Coordinating the activities of and communicating information among the board, external and internal auditors, and management.

Internal auditors must evaluate the design, implementation, and effectiveness of the organization's ethics-related objectives, programs, and activities.

The internal audit activities and the internal audit plan for the Board of Nursing are designed to meet the guidelines for the internal audit function as stated above.

## Risk Assessment Methodology

The Institute of Internal Auditor’s International Standards for the Professional Practice of Internal Auditing requires that internal auditors develop an audit plan based on the assignment of risk. The Audit Universe is a subjective assessment of auditable areas within the Texas Board of Nursing (BON). To identify the Audit Universe at BON, we reviewed the agency’s current risk assessment. The following auditable areas are listed in order of priority to the achievement of BON’s goals and objectives:

- 1.Enforcement
- 2.Information Technology
- 3.Education Program Approval
- 4.Licensing
- 5.Human Resource Management
- 6.Finance and Accounting
- 7.Purchasing

### Purpose

A risk assessment provides management and board members with a prioritized list of risks associated with the activities of the agency. From these risks, a management strategy is developed. The risk assessment allows the Board to identify the risks being monitored by management and evaluate the effectiveness of controls and responses to those risks. The risk assessment provides a foundation from which policies and procedures and the annual internal audit plan are built.

### Concepts of Risk

Risk is defined as the level of exposure to uncertainties that an agency must comprehend and manage to effectively and efficiently achieve its objectives and execute its strategies.

### Methodology

The Board of Nursing’s risk assessment process includes three parts:

- (1) identifying agency activities;
- (2) identifying and rating risks for each activity; and
- (3) identifying actions taken to mitigate those risks.

The annual risk assessment update process contemplates additional risks to be added and considers additional controls put in place. The resulting risk footprint is used to identify the highest risk areas for audit planning.

## Risk Footprint

The risk assessment footprint in Exhibit 1 reflects the current risks as identified and ranked during the risk assessment process. Each risk identified in the matrix is assigned two risk factors of High, Medium, or Low. The two assigned factors are based on 1) the impact the risk would have on the agency if it occurred and 2) the probability of occurrence. By combining these measures the agency develops a priority ranking for each risk factor. The following key provides the level of risk management that should be employed for each potential risk factor ranking:

- HH, HM – Extensive Risk Management that includes monitoring by management and an internal audit.
- HL, MH – Considerable Risk Management that includes monitoring by management and a less in depth audit.
- MM, ML, LH – Manage and monitor the risk
- LM, LL – Monitor or accept the risk

## Results

The results of the risk assessment shown in the agency's 'risk footprint' illustrate the prioritization and organization of consolidated activities and risk factors assigned in the risk assessment process. The risk assessment update was performed by the Board of Nursing management team and an audit plan was developed to address risk factors that might inhibit the agency's ability to meet its mission, strategic plan, goals and objectives.

The red areas on the risk matrix represent the highest rated risks at the agency. Risks in the red area require monitoring and oversight controls by division directors and executive management to ensure that the supervisory and execution level controls are working. Because these areas are within the highest risk category requiring extensive risk management, an internal audit should also be performed on these areas.

The yellow category of risk requires that division directors or a designee perform oversight controls to ensure that supervisory and monitoring controls are working. If internal audit provides services in this area, it is to ensure that oversight of the supervisory controls are appropriate and are being performed.

For risks falling within the green category, unit heads reporting to division directors should provide oversight to ensure that the supervisory controls and operating controls are working. Department managers report to the executive management on the condition of these risks.

Gray risk areas represent low risk areas. Unit heads should ensure they are using supervisory controls to monitor the execution controls in these areas.

## Internal Audit Plan for Fiscal Year 2016

The areas of concern identified by the agency in their annual risk assessment update, and recommended for inclusion in the new fiscal year internal audit plan are:

1. A TAC-202 audit of baseline security standards for information security. This area has not been previously audited at BON, and will address the IA Act's requirement to periodically cover electronic data processing systems and controls. The area ranks high on the agency risk assessment due to limited IT resources.
2. An audit of select performance measures to provide assurance that measurement system controls are in place to provide accurate and timely reports on performance to management and oversight agencies.
3. Follow up on prior audit recommendations implementation status.

The audit methodology includes analysis, review, evaluation and/or testing of:

1. Organizational structure and responsibilities
2. Written policies and procedures
3. Control activities related to the audit area
4. Oversight functions in the audit area

As part of our audit activities we will:

1. Obtain an understanding of the processes in place by conducting interviews and requesting background information;
2. Identify the criteria needed to evaluate matters subject to the audit;
3. Identify potential sources of data to be used as audit evidence;
4. Consider the results of any previous audits or attest engagements;
5. Meet with management to establish audit objectives;
6. Plan, implement, and report on audit activities and make recommendations.

The Internal Audit activities include an annual follow-up review of the current status of any prior year audit recommendations that have not been completed or implemented.



**Exhibit 1: RISK FOOTPRINT - Texas Board of Nursing (507) - FY-2016**

PRIORITY	CONSOLIDATED ACTIVITY	IMPACT		RISKS	PROBABILITY RATING		RISKS	IMPACT		RISKS	PROBABILITY RATING		RISKS	IMPACT		RISKS	PROBABILITY RATING		RISKS	IMPACT		RISKS	PROBABILITY RATING		RISKS
		1	2		3	4		5	6																
3	Education Program Approval	H	H	The increasing number of programs with sanctions due to non-compliance with education requirements	H	M	New program proposals from variety of inexperienced providers (audited 2014)	H	L	Low staff availability to monitor program compliance.	H	L	Relying on other agencies and accrediting organizations to review nurse education programs.	M	M	Growth in nursing programs with limited clinical capacity and qualified nursing faculty.	M	M	Difficulty in filling the Education Consultant FTE						
1	Enforcement	H	M	Cases are not processed in a timely manner with high volume of complaints and limited staff. (audited 2013)	H	L	Large number of Student eligibility cases not resolved in a timely manner due to volume.	H	L	Board disciplinary matrix could be interpreted differently with each department.	H	L	Legislative expectations of timely disposition of cases are not met.	M	L	Lack of remediation to address deficiency with nursing protocol.									
2	Information Technology	H	M	Limited IT resources could result in computer downtime.	M	M	Loss of knowledge of IT systems and programs.	M	L	Loss of data upon preliminary systems failure.	M	L	Inability to hire and retain appropriate staff.												
5	Human Resource Management	H	H	Non-compliance with state and federal laws and rules change.	M	M	Inability to retain qualified staff.	M	L	Non-compliance with agency rules.															
6	Finance and Accounting	M	L	Risk of misappropriated funds received in office.	L	L	Unauthorized expenditures may be made.	L	L	Misclassified expenditures limited due to the lack of internal and external audits.	L	L	The lack of sufficient review of the four layers of financial reports												
4	Licensing	M	L	Over 80% of licensing applications are completed online without human review.	L	L	Licensing staff review paper documents and miss eligibility issues.	L	L	All exceptional items for licensing criteria are not forwarded to department director.	L	L	All licensing procedures are not reviewed against agency rules.												
7	Purchasing	M	L	Risk of Purchasing unauthorized supplies due to the lack of agency policy of triplicate reviews.	L	L	Risks related to contracts: administration, monitoring, and reporting	L	L	Purchasing vouchers are not reviewed by staff for accuracy.	L	L	Purchaser not certified on current state procedures.												

## **Report Distribution Page**

### **Texas Board of Nursing**

Kathy Shipp, MSN, RN, FNP, Board President  
Deborah Hughes Bell, CLU, ChFC, Board Liaison for Internal Audit

Katherine Thomas, MN, RN, FAAN, Executive Director  
Mr. Mark Majek, Director of Operations

### **Oversight Agencies**

Governor's Office of Budget and Planning, and Policy

Legislative Budget Board

Sunset Advisory Commission

State Auditor's Office