



**Hampshire
& Isle of Wight**
FIRE & RESCUE AUTHORITY

HIWFRA Standards and Governance Committee

Purpose: **Noted**

Date: **28 November 2022**

Title: **INTERNAL AUDIT MANAGEMENT ACTIONS PROGRESS REPORT**

Report of Chief Fire Officer

SUMMARY

1. The purpose of this paper is to provide the latest update on the management actions that have not been completed within their target date and their status. The Standards and Governance Committee has a key scrutiny role in monitoring the implementation of internal management actions.

BACKGROUND

2. Internal audit is one of various assurance mechanisms that the Service utilises as part of our wider assurance programme. This assurance programme includes internal and external assurance mechanisms – other external examples include from HMICFRS, OFSTED, and ISO certification testing.
3. In terms of internal audit, the HIWFRS Organisational Assurance team maintains, monitors and reports on a record of audits against the current risk-based Internal Audit Plan, noting whether they are in progress or have been completed. The respective members of the Chief Officer's Group are responsible for the delivery of actions that fall within their areas of responsibility.
4. Once a final audit report has been issued, the agreed management actions are recorded along with:
 - the priority of the recommendation;
 - the target date for implementation; and
 - the person responsible for the action.

The Organisational Assurance team will ask for confirmation and evidence that an action has been implemented, or if it has not been completed when it is expected to be. Any management actions that continue to remain outstanding are referred to the relevant Director. Our internal Integrated Performance and Assurance Group (IPAG) also provides an overview of outstanding recommendations, and they are also monitored regularly by the Director of Policy, Planning and Assurance and the Head of Performance.

MANAGEMENT ACTIONS

5. The table below lists those recommendations that are currently outstanding beyond their agreed target date and if they are of medium (M) or high (H) priority. There is a brief commentary against each to explain the status and any mitigating factors.

Internal Audit Management Actions			
Prevention Referral Pathways			
Improvements in systems and processes, QA framework and new electronic Safe & Well Form will address delays in closing jobs in CFRMIS. Interim process in place.	January 2022 revised to end of March 2023	H	<p>There is also ongoing work with ICT and a third-party supplier to deliver a new electronic Safe and Well form, which will push data from CSOs and crews directly into CFRMIS (to then be reported on), that is set to be launched in January 2023 and will be communicated to our staff, along with other related activity and improvements, including our new risk-based Safe & Well visit programme. Although being delivered later than planned, this will give HIWFRS the most resilient and best supported electronic form and process.</p> <p>Adequate resources (human, physical and financial) are in place to deliver the e-form in line with the revised timeline. We have appointed a new QA/Evaluation role in Prevention which will see the post-holder</p>

			creating the QA framework for Community Safety.
Developing a Quality Assurance Framework to ensure delivery of prevention duties.	November 2021 date revised to end of March 2023	M	We have appointed to the new QA/Evaluation role within Prevention, which will see the post-holder creating the QA framework for Community Safety. Once this framework has been produced and agreed this action will be closed.
Competency, Resourcing and Succession planning – Prevention and Protection			
Implementation of the new Gartan management system and the 'Expert Module' will resolve this risk. This is dependent on the project team delivering against their timeline.	31 October 2022, revised to 31 March 2023	M	The tracking of Prevention and Protection specific competencies needs to be manually set up within the Gartan Expert system by HIWFRS and this is being progressed between the ICT Systems Team, and the Prevention and Protection teams. This is now expected to be delivered within Gartan by Spring 2023. It is important to note, however, that there is current mitigation provided by a locally held training database.

MANAGEMENT COMMENTARY

6. The number of open audit management actions is now 27, owing to the finalisation of various audits (as noted elsewhere in this report), including on Risk Management, Data Quality and DBS Checks, Impact Assessments and Modern Slavery audits. However, we have three management actions overdue – two are from the Referral Pathways audit, and one is from the Prevention and Protection Competency, Resourcing and Succession Planning audit. The reasons why these management actions are overdue is explained in the above table.

ASSURANCE OVER THE PREVENTION REFERRAL PATHWAY ACTIONS

7. As previously noted, the Prevention Referral Pathways audit focused on referrals from key stakeholders and partners to ensure that vulnerable members of the community are protected from fire risks – and the vast

majority (17 of 19 actions) are now complete, with the latest progress on the remaining two actions outlined in paragraph 6 of this report.

ASSURANCE OVER THE DBS CHECKS ACTIONS

8. Whilst we recognise this audit had a 'limited' assurance opinion we welcome the recognition that there has been significant improvement since the previous full audit review carried out in 2018/19. However, testing did identify that there are still some discrepancies relating to historic checks that have been undertaken. We are pleased to report that all management actions related to this audit have now been completed.

SUPPORTING OUR SAFETY PLAN AND PRIORITIES

9. By ensuring the implementation of internal audit recommendations, we assist the Authority in improving its planning and performance management processes, and in complying with its governance arrangements. This in turn assists the Authority in achieving our *High Performance* and *Learning and Improving* Safety Plan priorities, and our vision to work smarter, be more efficient, and to make life safer for everyone in Hampshire and the Isle of Wight.

COLLABORATION

10. The Southern Internal Audit Partnership provide internal audit on behalf of all partners within Shared Services and many other public service organisations.
11. Our internal audit procedure, which acts as a Memorandum of Understanding (MoU) and outlines how HIWFRS and SIAP collaborate, was revisited by HIWFRS and SIAP in 2021 light of the combined fire authority, and the relationship continues to be effective, as evidenced by the progress made with audit actions and our approach to risk-based audit planning.

RESOURCE IMPLICATIONS

12. When agreeing management actions in response to an audit report, the cost of addressing the risk should be considered against the risk materialising. Implementing audit recommendations helps to ensure that the Authority uses its resources efficiently, that key controls are in place and working, and opportunities to achieve value for money are taken.
13. The management of internal audit actions is within current resources.

IMPACT ASSESSMENTS

14. Impact assessments have not been required for this report as the production of the report will not result in the implementation a new change activity, and/or introducing, or amending, a Service Policy.

LEGAL IMPLICATIONS

15. There are no legal implications arising from this report.

RISK ANALYSIS

16. Failure to implement internal audit recommendations leaves the Authority vulnerable to the consequences of the identified risks and weaknesses in control. Internal management of audit recommendations is an important process within the Authority's risk management arrangements. The updates on progress ensure that Members are fully aware of any problems associated with addressing the issues raised and the priority given to driving down or eliminating specific risks.

EVALUATION

17. The evaluation of the progress the Service makes in completing internal audit management actions forms an important part of the Service's organisational assurance activity, provides a valuable measure of corporate health, and identifies learning across the Service. The Service's Organisational Assurance team regularly monitors progress in completing management actions, for example via reporting into the Service's Integrated Performance and Assurance Group (IPAG) and in regular discussions with our internal auditors, the Southern Internal Audit Partnership.

CONCLUSION

18. Progress continues to be made in both completing the management actions from previous audits and progressing the current audit plan. Management actions will be undertaken in respect of the specific audits themselves and more widely in respect of internal control issues and how they are managed across the Service. As outlined in the MoU, management actions are owned by an Executive Sponsor and a Chief Officer's Group (COG) lead, who work with their teams to ensure progress is made.

RECOMMENDATION

19. That the Standards and Governance Committee notes the progress made towards the implementation of the internal audit management actions and the delivery of the audit plan.

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