

**Hampshire Fire and Rescue Authority**

**Standards and Governance Committee**

**Item 6**

**18 June 2015**

**Progress report on the implementation of internal audit management actions**

**Report by the Chief Officer**

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**1 Summary**

1.1 Since the last Standards and Governance Committee meeting on 2 April 2015, the following audits have been completed:

- Proactive Fraud – Purchasing Cards
- Payroll
- Pension Arrangements

Audits currently in progress and are:

- FireWatch – focusing on the key objectives of the system and the responsibilities of HFRS staff.
- Partnerships – South Central Ambulance (SCAS)
- Strategy and Planning - focusing on the strategic planning cycle and how this is supported by appropriate working groups and committees.

1.2 The progress in implementing audit action plans is detailed in appendix 1 to this report.

1.3 It was agreed at the Standards and Governance Committee on 25 September 2014 to report on medium and high priority audit actions only. Low priority audit actions continue to be monitored to ensure they are completed within the timeframes specified.

**2 Recommendation**

2.1 The Committee notes the report and the progress made towards the implementation of the internal audit management actions detailed in Appendix 1.

**3 Introduction**

- 3.1 HFRS see the internal audit follow-up process as an important element in our overall approach to risk management and governance. When an action is agreed by managers to address a control weakness, or to make an improvement to the way we work, it is important that the action is then implemented as planned.

#### **4 Liaison with internal audit and the follow up process**

- 4.1 The internal audit service is provided to the Authority by Southern Internal Audit Partnership at Hampshire County Council under a Service Level Agreement. There is an Audit Strategy (2011 to 2014) in place, and a rolling three year Audit Plan which is reviewed and updated annually to reflect changing organisational priorities and needs, both of which have been approved by this Committee.
- 4.2 The Knowledge Management Department maintain a record of audits against the current Audit Plan and whether they are in progress or have been completed.
- 4.3 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.
- 4.4 When an action date is reached, the Knowledge Management Department will ask for confirmation and evidence that the action has been implemented, or if not, when it is expected to be. The response is recorded. Any recommendations that continue to remain outstanding are referred to the relevant Director.
- 4.5 On occasion, it may be necessary to extend an agreed action date. The Knowledge Management Department will make a request to the Internal Audit Manager to extend the action date. If there is agreement, we will record the new date, otherwise we will show the action as overdue, and continue to monitor it.
- 4.6 We report our progress towards meeting High and Medium internal audit recommendations to this Committee to keep Members aware of progress and any emerging risks and issues.

#### **5 Contribution to corporate priorities and objectives**

- 5.1 Implementation of internal audit recommendations assists the Authority in the improvement planning process, performance management framework, and in compliance with its governance arrangements. This in turn, assists the Authority in achieving its aim to be the best fire and rescue service in the country.

## **6 Resource implications**

- 6.1 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 at all times, that key controls are in place and working, and that opportunities to achieve value for money are taken.

## **7 People Impact Assessment**

- 7.1 The proposals in this report are considered compatible with the provisions of the equality and human rights legislation.

## **8 Risk analysis**

- 8.1 Failure to implement any internal audit recommendations clearly leaves the Authority vulnerable to the consequences of the identified risks and weaknesses in control. These progress reports are considered to be an important process within the Authority's Corporate Risk Management Strategy. They 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.

### **Background information (Section 100D of Local Government Act 1972)**

The following documents disclose the facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of the report:

Internal Audit reports  
Internal Audit Strategy and Plan

Appendix 1 Internal Audit – agreed medium and high management actions since April 2015, completed since April 2015 and those in progress

Appendix 2 Internal Audit Recommendations – Glossary of terms