County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Audit and Finance Committee

30 November 2023

Internal Audit Progress Report

Report of the Head of Internal Audit

Purpose of the Report

- 1. The purpose of this report is to advise Members on work undertaken by Internal Audit between 01 April 2023 and 31 March 2024.
- 2. The report aims to:
 - Provide a high level of assurance, or otherwise, on internal controls operated across the Authority that have been subject to audit
 - Advise the Committee of significant issues where controls need to improve to effectively manage risks
 - Advise the Committee of any amendments to the approved Internal Audit plan
 - Advise the Committee of changes to audit processes and terminology
 - Track progress on the response to internal audit reports and the implementation of agreed internal audit recommendations
 - Provide an update on our performance indicators comparing actual performance against planned.
- 3. The appendices attached to this report are summarised below. Those marked with an asterisk are not for publication (Exempt information under Part 3 of Schedule 12a to the Local Government Act 1972, paragraph 3).

Appendix 1 Progress against the Internal Audit Plan Appendix 2 Internal Audit Performance Indicators Appendix 3* Overdue Actions

Progress against planned work

4. A summary of the agreed plan (which covers the 12-month period 01 April 2023 to 31 March 2024) showing the status of each audit as at 30 September 2023 is attached at Appendix 1.

- 5. The Appendix shows that 19 reviews including three that were carried forward from 2022/23 are scheduled to be completed in 2023/24, of these:
 - Six assurance reviews are in progress;
 - Four assurance reviews at Draft or Final Report
 - Seven assurance reviews are planned
 - One Counter Fraud review is in progress: and
 - One NFI review is complete
- 6. The assurance level, if applicable, for each piece of work where a final report has been issued is shown in Appendix 1.

Amendments to Annual Audit Plan

7. During the period, there have been no amendments made to the Internal Audit Plan.

Outstanding management response to draft reports

8. No management responses to outstanding Draft Reports are overdue.

Response to Audit Recommendations

- 9. To provide independent assurance that adequate progress is made in the implementation of agreed recommendations at the appropriate service operational level, all high and medium recommendations contained within actions plans within individual audit reports are followed up by internal audit. In addition, listings of all recommendations outstanding at the end of each month are produced and issued to a nominated representative to assist the Service in its own internal monitoring processes.
- 10. To allow progress made at the operational level to be tracked and monitored, the numbers of all recommendations made arising from each audit complete, and evidenced as implemented, are shown in Appendix 1. It should be noted that Internal Audit will not follow up Best Practice matters raised.
- 11. A summary of outstanding audit recommendations, i.e. those not implemented within original agreed or revised target dates, as evidenced through Internal Audit follow up, for period ended 31 December 2022 is given in the table below:

Risk	Actions	Total	Actions	Overdue	Target	Overdue	
Category	Raised	Due	Implemented	Original	Revised	Revised	
2020/21							
High	8	8	8	0	0	0	
Medium	11	11	10	1	1	0	
Total	19	19	18	1	1	1	
2021/22							
High	8	8	8	0	0	0	
Medium	25	18	18	0	0	0	
Total	33	26	26	0	0	0	
2022/23							
High	0	0	0	0	0	0	
Medium	23	20	18	2	2	0	
Total	23	20	18	2	2	0	

 3 medium priority recommendations are overdue against original target implementation dates. Revised target dates have been set for these recommendations. Details of the 3 recommendations are shown in Appendix 3 as a Part B Agenda Item.

Reports issued with a Limited Assurance Opinion

13. No reports have been issued that resulted in a Limited Assurance Opinion.

Corporate Governance

14. The Annual Governance Statement was approved at the November 2023 meeting of the Committee. The Corporate Governance action plan will now be updated as a means of informing the Authority's Annual Governance Statement 2023/24.

Counter Fraud

15. The Audit and Finance Committee considered the Annual Fraud and Corruption report at its meeting of 27 September 2023. Internal Audit will continue to work with the Authority through the year in ensuring the robustness of arrangements in place.

Performance Indicators

16. A summary of agreed target performance indicators is given in Appendix 2.

Recommendation

- 17. Members are **asked to**
 - **consider** the outturn position in delivering the internal audit plan for 2022/23 together with that made by managers in responding to the work of internal audit to gain assurance on the adequacy and effectiveness of the internal control environment.

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Appendix 1: Summary of the status of work undertaken and recommendations made and implemented

INTERNAL AUDIT SERVICES							Hi	gh	Med	dium	Best Practice
Reviews – 2023-24	Work Schedule	Planned Days	Revised Days	Actual Days	Status	Assurance Opinion	М	I	м	I	м
Planned Work											
Assurance Management – AGS	Q1-4	1	1	0.2	In Progress						
Key Financial Systems	Q3	10	10	1	In Progress						
Payroll	Q4	8	8	0	Planned						
Treasury Management	Q4	4	4	0	Planned						
Performance – Data Quality	Q4	6	6	0	Planned						
Catering Arrangements	Q3	8	8	4.5	In Progress						
Stocks and Stores	Q3	5	5	0	Planned						
Home Fire Safety Visits	Q2	5	5	6	Draft Report						
Strategic Risk Management	Q1-4	1	1	0.1	In Progress						
Partnerships	Q4	5	5	0	Planned						
Change Management	Q3	5	5	0.5	Planned						
Active Directory	Q3	5	5	2.5	In Progress						
Data Destruction	Q3	5	5	0.5	Planned						
Counter Fraud											
Counter Fraud Awareness	Q1-4	1	1	0.5							
NFI	Q1-2	2	2	2	Complete	N/A					
Audit Planning and Reporting											
Service Support	Q1-4	12	12	4.5	In Progress						
Brought Forward Reviews – 2022-23											
Payroll	Q1	8	8	8.5	Final Report	Substantial	0	0	0	0	0
Device Build Process	Q1	0.5	0.5	0.5	Final Report	Substantial	0	0	0	0	0
ICT Business Continuity	Q1	0.5	0.5	1.5	Final Report	Moderate	0	0	4	0	0
TOTAL		92	92	32.8			0	0	4	0	0

Appendix 2 Performance Indicators for 2022/23

Efficiency	Objective: To provide maximum assurance to inform the annual		
	audit opinion		
KPI	Measure of Assessment	Target & (Frequency of	Actual
		Measurement)	
Planned audits completed	% of planned assurance work from original approved plan complete	90%	16%
	to draft report stage as at 31 March 2024		(3 out of 19 reviews completed)
Timeliness of Draft Reports	% of draft reports issued within 30 calendar days of end of	90%	100%
	fieldwork/closure interview		(4 out of 4 Draft Reports issued)
	Average time taken is also reported for information		
Timeliness of Final Reports	% of final reports issued within 14 calendar days of receipt of	95%	100%
	management response		(3 out of 3 Final Reports issued)
	Average time taken is also to be reported for information		
Terms of Reference	% of TOR's agreed with key contact in advance of fieldwork	95%	100%
	commencing		(8 TOR's issued)
Quality	Objective: To ensure that the service is effective and adding		
	value		
KPI	Measure of Assessment	Target & (Frequency of	
		Measurement)	
Recommendations agreed	% of Recommendations made compared with recommendations	95%	100%
	accepted		(4/4 recommendations agreed)
Post Audit Customer	% of customers scoring audit service good or above (3 out of 5)	100%	67%
Satisfaction Survey Feedback	where 1 is poor and 5 is very good		(2 out of 3 surveys issued)
	Average score is also reported for information		
Customers providing feedback	% of Customer returning satisfaction returns	70%	100%
Response			(average score 4.5 out of 5)