

STAFFORDSHIRE FIRE AND RESCUE SERVICE

Internal Audit Progress Report

27 September 2021

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Contents

| 1 | Key messages | . 3 |
|-----|--|-----|
| 2 | Reports | . 4 |
| | endix A – Progress against the internal audit plan 2021/22 | |
| Арр | endix B – Other matters | . 6 |
| App | endix C - Key performance indicators (KPIs) | . 8 |

1 Key messages

The internal audit plan for 2021/22 was approved by the Ethics, Transparency and Audit Panel (ETAP) at the 10th February 2021 meeting. This report provides an update on progress against that plan and summarises the results of our work to date. As the developments around Covid-19 impacts on all areas of the organisation's risk profile, we will continue to work closely with management to deliver an internal audit programme which remains flexible and agile to ensure it meets your needs.

Fieldwork dates have been set provisionally for the audits scheduled for 2021/22. Planning meetings have been held or are scheduled and assignment planning sheets will be issued.



We have issued one report as a draft report since the last ETAP which is in relation to Business Continuity. In addition, we have completed our work around ICT and this has been debriefed and the draft report will be issued in due course. We have also scoped the joint review relating to Fleet Management and we are awaiting confirmation to the agreed scope.



Regular catch up meetings have been held between RSM and management in order to provide updates in relation to changes within the organisation, impact to operations and also to discuss sector wide issues that may have an impact on the internal audit plan.



We have shared with management a number of briefings which are outlined in Appendix B below.

2 Reports

2.1 Summary of final reports being presented to this committee

This section summarises the reports that have been finalised since the last meeting.

| Assignment | Opinion issued | Actions agreed | | |
|---|----------------|----------------|--|--|
| | | L M H | | |
| No final reports for 2021/22 have been issued | | | | |

Appendix A – Progress against the internal audit plan 2021/22

| Status / Opinion issued | Actions agreed | Target ETAP as per IA plan | Actual ETAP | |
|---|---|--|--|--|
| | L M H | | | |
| Draft report issued | | December 2021 | | |
| Debrief Completed | | December 2021 | | |
| Scoping meeting to be arranged – 4 October 2021 | | December 2021 | | |
| Initial discussions held and Sconing | | October 2021 | | |
| meeting to be arranged | | (will now be February 2022) | | |
| Audit Scope issued | | December 2021 | | |
| Scoping meeting to be arranged | | February 2022 | | |
| Scoping meeting to be arranged | | May 2022 | | |
| Audit care of Jule 20th Feb 2022 | | October 2021 | | |
| Audit agreed – w/c 28 Feb 2022 | | (will now be May 2022) | | |
| If and as required | | - | | |
| Scoping meeting to be arranged | | May 2022 | | |
| | Draft report issued Debrief Completed Scoping meeting to be arranged – 4 October 2021 Initial discussions held and Scoping meeting to be arranged Audit Scope issued Scoping meeting to be arranged Scoping meeting to be arranged Audit agreed – w/c 28th Feb 2022 If and as required | Draft report issued Debrief Completed Scoping meeting to be arranged – 4 October 2021 Initial discussions held and Scoping meeting to be arranged Audit Scope issued Scoping meeting to be arranged Scoping meeting to be arranged Audit agreed – w/c 28th Feb 2022 If and as required | Draft report issued December 2021 Debrief Completed December 2021 Scoping meeting to be arranged – 4 October 2021 Initial discussions held and Scoping meeting to be arranged Audit Scope issued Scoping meeting to be arranged Audit Scope issued December 2021 Scoping meeting to be arranged February 2022 Scoping meeting to be arranged May 2022 Audit agreed – w/c 28th Feb 2022 If and as required December 2021 Cottober 2021 (will now be May 2022) (will now be May 2022) | |

Appendix B – Other matters

Changes to the audit plan

Our approach to working with you is to respond to your changing assurance needs. By employing an 'agile' or a 'flexible' approach to our service delivery, we are able to change the focus of audits / audit delivery.

There are two changes to the Internal Audit Plan – both in relation to timing. It has been agreed to defer the start of the Training & Development audit to February 2022, due to internal changes within that team and allowing time for changes to embed. The Governance review has been deferred to report to February 2022 ETAP, to recognise changes in the Commissioner and priorities.

Annual Opinion 2021/22

The ETAP should note that the assurances given in our audit assignments are included within our Annual Assurance report. In particular, the ETAP should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion. We will provide further updates throughout the year.

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department. This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

Post assignment surveys

We are committed to delivering an excellent client experience every time we work with you. Your feedback helps us to improve the quality of the service we deliver to you. Currently, following the completion of each product we deliver we attach a brief survey for the client lead to complete. The results of these surveys will be shared at each ETAP.

Client Briefings

Since the last meeting we have issued the Emergency Services Briefing for August 2021. This has been circulated to members.

Appendix C - Key performance indicators (KPIs)

| Deliv | ery | | | Quality | | | |
|--|---------|--------|-------------|--|-------------------|--------|-------------|
| | Target | Actual | Notes (ref) | | Target | Actual | Notes (ref) |
| Audits commenced in line with agreed timescales | Yes | | | Conformance with PSIAS and IIA Standards | Yes | | |
| Draft reports issued within 10 days of debrief meeting | 10 days | | | Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit | Yes | | |
| Final report issued within 3 days of management response | 3 days | | | Response time for all general enquiries for assistance | 2 working days | | |
| | | | | Response for emergencies and potential fraud | 1 working days | | |
| Notes | | | | | | | |
| | | | | | | | |

For more information contact

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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