

Agenda item:

West Mercia Joint Audit and Standards Committee Report Summary

Meeting Date: 25 September 2023

Subject: Internal Audit Progress Report

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Purpose of the Report:

This report summarises progress against the agreed Internal Audit plan to the end of August 2023.

Recommendation:

The Committee is requested to

- a. note the report.**

Internal Audit Progress Report

Report by the Head of Internal Audit

Introduction

1. This report summarises the audit work against the 2023-24 Audit Plan, agreed by the Joint Audit and Standards Committee on 21 March 2023.
2. The key outcome of each audit is an overall opinion on the level of assurance provided by the controls within the area audited. Audits will be given one of four levels depending on the strength of controls and the operation of those controls. The four categories ranging from the lowest to highest are Limited, Moderate, Substantial and Full. The opinion reflects both the design of the control environment and the operation of controls.

Audit Plan Review and Amendment

3. It should be noted that the Internal Audit plan agreed at the start of the year is only an indicative one as it has to be responsive to changes in risk and hence the individual jobs may vary from the original plan and new jobs may be added or jobs deleted or amended.
4. The Audit Plan is intended to deliver a programme of assurance audits which will enable end of year Head of Audit opinions to be delivered for West Mercia OPCC and West Mercia Police. Appendix A provides information on each audit completed since the previous update report. Appendix B shows the progress as at the end of August 2023, against the plan agreed by the Committee on 21 March 2023 and shows all coverage including both the Force and OPCC.

Work Progress

5. Good progress is being made against the 2023/24 plan with nine audits in progress and the 2022/23 plan is now complete. An analysis of the time spent during 2023/24 to date is shown in Appendix B. To the end of August a total of 92.3 audit days have been delivered, compared with the annual plan of 232 days and we are on track to deliver the budgeted days by the end of the financial year.
6. The following final reports have been issued since the last Committee meeting:

- HR Management
- ICT Service Desk Operation

Progress with Agreed Actions

7. Responsibility for implementing agreed recommendations rests with the Chief Executive and Chief Constable who have implemented monitoring arrangements to establish progress on implementing audit recommendations. Audit, Risk and Compliance regularly ask managers for a status update and provide information for inclusion in this report. Appendix C summarises the results of the latest monitoring exercise at the end of May. The table shows all those audits, which have overdue recommendations still to be implemented. Based upon the target date agreed with management there are 11 recommendations overdue. None of these are classed as

“Fundamental” High (H), however there are 6 “Significant” Medium (M) priority recommendations, which are more than six months overdue.

Appendix A: Summary of audits completed since previous report.

| Audit | Key findings | Opinion on level of assurance provided by controls | Number of recommendations | | |
|---------------|---|--|---------------------------|-------------|------------------|
| | | | Fundamental | Significant | Merits Attention |
| 2022/23 | | | | | |
| HR Management | <p>The scope of the audit includes, but is not limited to, the following areas:</p> <ul style="list-style-type: none">• Policies and procedures which govern the HR and Vetting processes including user experience• Governance arrangements for recruitment and selection of Staff and Officers• Documentation of recruitment and selection decisions• Adequacy of vetting and pre-employment checks• Adequacy of the arrangements for staff and officers leaving employment. <p>NB: As vetting is covered by a separate audit, the review was limited to the arrangements for ensuring new starters have successfully passed the appropriate level of vetting prior to commencing their employment with West Mercia Police.</p> <p>The audit found:</p> <ul style="list-style-type: none">• The previous audit report recommended that Recruitment Policy should be reviewed following the end of the Alliance with Warwickshire Police the Policy. However, the only version of the Police Staff Recruitment and Selection Policy and Procedure located was the Warwickshire Police Policy dated 2008. | Substantial | 0 | 2 | 1 |

| Audit | Key findings | Opinion on level of assurance provided by controls | Number of recommendations | | |
|----------------------------|--|--|---------------------------|-------------|------------------|
| | | | Fundamental | Significant | Merits Attention |
| | <ul style="list-style-type: none"> While staff and Officers leaving employment are sent a checklist requesting equipment is returned to the relevant team or department there appears to be a lack of oversight to confirm that the items are physically received. No evidence of the return of completed checklists was made available during the audit. | | | | |
| ICT Service Desk Operation | <p>The scope of the audit included, but was not limited to the following areas:</p> <ul style="list-style-type: none"> The extent to which procedures are documented and roles and responsibilities are clearly understood; Service Desk performance management and reporting; ICT incident/request recording and processing; Operation to recognised standards (such a ITIL); Training and resourcing arrangements; and Arrangements to ensure service improvement opportunities are explored. <p>The audit found:</p> <ul style="list-style-type: none"> Pending the introduction of a new ticket management tool, the Standard Operating Procedures were not comprehensive and up to date. Moving forwards SOPs should be in place in all key areas of the service desk to ensure analysts have clear guidance on providing support and that support is provided consistently. Service levels are set out within the Incident Prioritisation Guidelines document. However, these have not been reviewed since February 2020 or approved by Senior Management. From a sample of 10 calls reviewed, 4 were not responded to within the target timescales and 6 not resolved within target timescales based on the classification of the calls. | Moderate | 0 | 4 | 4 |

| Audit | Key findings | Opinion on level of assurance provided by controls | Number of recommendations | | |
|-------|---|--|---------------------------|-------------|------------------|
| | | | Fundamental | Significant | Merits Attention |
| | <ul style="list-style-type: none"> In addition, particular difficulties were noted relating to Athena issues. It is apparent that NEC who host Athena do not respond quickly or clearly on occasions and issues therefore tend not to be resolved quickly. In the past high and critical tickets over a period of time have been reviewed and a trend analysis undertaken to identify any root causes to enable these to be addressed. It was recognised that this analysis has not been conducted recently and latest reports provided during the audit showed notes on critical and high calls only up to January 2022. | | | | |

Appendix B: Status of Internal Audit Workplan 2023/2024 as at 31/8/2023

| Original Plan Topic | Plan agreed at JASC on 21.03.2023 | Actual Days to 31.08.23 | Revised Indicative days full year | Current Status | Assurance level | Notes |
|---|-----------------------------------|-------------------------|-----------------------------------|----------------|-----------------|-------|
| Absence Management | 15 | 13.7 | 15 | In Progress | | |
| Asset Management (Advisory) | 15 | 6.8 | 15 | In Progress | | |
| Business Continuity | 15 | 15.0 | 15 | In Progress | | |
| Force Risk Management | 10 | 8.7 | 10 | In Progress | | |
| Information Governance (Annual) | 12 | 0 | 12 | | | |
| Integrated Offender Management (MOSOVO) | 20 | 4.2 | 20 | In Progress | | |
| MTFP / Budget Setting | 15 | 0 | 15 | | | |
| Payroll inc. Overtime | 20 | 3.5 | 20 | In Progress | | |
| PCC Grants inc Victim Support | 20 | 1.7 | 20 | In Progress | | |
| PCC Risk Management | 10 | 8.7 | 10 | In Progress | | |

| Original Plan Topic | Plan agreed at JASC on 21.03.2023 | Actual Days to 31.08.23 | Revised Indicative days full year | Current Status | Assurance level | Notes |
|--|-----------------------------------|-------------------------|-----------------------------------|----------------|-----------------|-------|
| Performance Management | 20 | 0.4 | 20 | In Progress | | |
| Vetting | 15 | 0 | 15 | | | |
| Workplace Adjustments | 15 | 0 | 15 | | | |
| Management and planning | 30 | 7.0 | 30 | | | |
| Previous years: | | | | | | |
| Consultants | | 0.4 | 0.4 | Complete | Moderate | |
| ICT - Service desk operation | | 14.5 | 14.5 | Complete | Moderate | |
| Information Governance – Data Protection | | 0.9 | 0.9 | Complete | Substantial | |
| Human Resource Management | | 6.8 | 6.8 | Complete | Substantial | |
| TOTAL | 232 | 92.3 | 254.6 | | | |

Appendix C: Audits with recommendations outstanding

| | Number of Recommendations | | | | | | | | |
|-------------------------------------|---------------------------|---------------|-----------|-------------|-------------------------------|---------------|---------------|---------------|--------------------|
| Audit | Made | Risk Accepted | Redundant | Implemented | Not yet due to be implemented | Overdue | | | Response Rec'd Y/N |
| | | | | | | 0 to 3 Months | 3 to 6 Months | Over 6 Months | |
| Audits completed during 2023/2024 | | | | | | | | | |
| ICT Service Desk (2022/23) | 8 | 0 | 0 | 0 | 7 | 1 (1L) | 0 | 0 | Y |
| Use of Consultants (2022/23) | 4 | 0 | 0 | 1 | 0 | 3 (3M) | 0 | 0 | Y |
| Audits completed prior to 2023/2024 | | | | | | | | | |
| ICT – Active Directory (2018/19) | 7 | 0 | 0 | 6 | 0 | 0 | 0 | 1 (1M) | Y |
| Seized Property (2020/21) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 (1M) | Y |
| Debtors (2021/22) | 6 | 0 | 0 | 4 | 0 | 0 | 0 | 2 (2M) | Y |
| Fleet (2021/22) | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 (1M) | Y |
| Cashiers (2022/23) | 5 | 0 | 0 | 3 | 0 | 0 | 0 | 2 (1M 1L) | Y |
| Total | 33 | 0 | 0 | 15 | 7 | 4 | 0 | 7 | |

Key: Priority of recommendations, H=High, M=Medium, L=Low