

# The Police, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire

**Internal Audit Progress Report** 

21 September 2021

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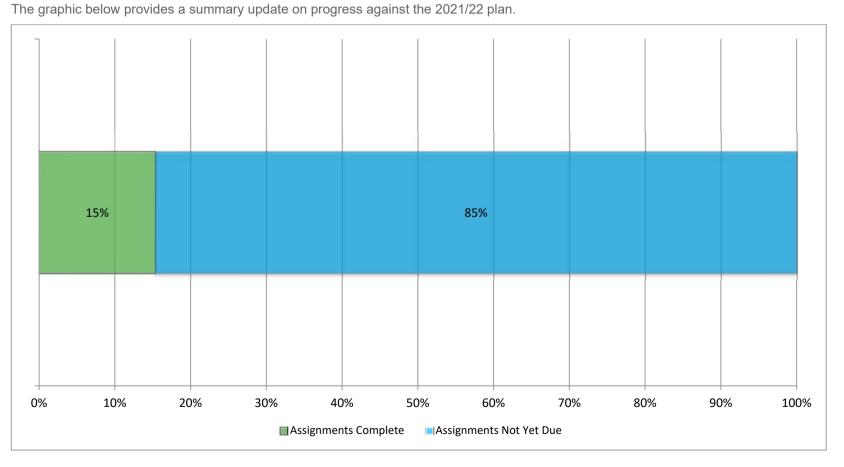


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# **1** Introduction

The internal audit plan for 2021/22 was approved by the Joint Independent Audit Committee (JIAC) on 16 March 2021.



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## 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.

Please note, the project expenditure review relates to 2020/21 and this completes the plan for this period.

| Assignment                    | Act | Actions agreed |   |
|-------------------------------|-----|----------------|---|
|                               | L   | М              | н |
| Project Expenditure (2020/21) | 0   | 7              | 1 |

#### Objective of the review:

The organisation has an appropriate framework in place for the preparation and monitoring of projects.

Overall assurance rating and management actions:



An overall assurance rating of **partial assurance** has been given for this review. We have raised **one high** and **seven medium** priority management actions. The one high management action is summarised below:

- Our review of five projects from the Change Board's current project list identified an approved business case was only in place for one project. For the remaining four projects we identified the following:
- > one project was supported by a report only, not an approved business case;

| Ass     | Assignment  |   | Actions agreed |   |  |
|---------|---|---|----------------|---|--|
|         |   | L | М              | н |  |
|         | two projects are national projects and therefore the Programme Manager explained that planning for these projects was not feasible due to<br>a lack of communication at a national level. However, in one of these projects (Single Online Home), there is no budget allocated to the<br>project as the Force's accountants have not been supplied with an approved business case. Following our review, we understand that this<br>has now been checked between the Project Manager and the Finance Department and there is a budget assigned to the project for both<br>capital and revenue. An estimated amount was allocated at the time as the Force had no detailed information from the national team; and |   |                |   |  |
| $\succ$ | for the remaining project (Niche), there is a briefing paper in place to support the project; however, no approved business case was on file.   |   |                |   |  |

Where projects are not supported by an approved business case, there is a risk that the project has not received appropriate consultation or approval and may not be in line with the organisations' strategy.

#### Context:

The Programme Management Office (PMO) is managed by the Programme Manager. Approval for projects are supported by business cases, which are presented to the Change Board. Projects are assigned a Business Analyst/Project Manager from the PMO, a senior responsible officer (SRO) and a business lead for the project area. The Project Manager provides a monthly project update to the Change Board, which outlines project delivery progress. Amendments to approved project deadlines or financials are supported by exception reports, which are approved by the Chief Finance Officers (Chief Constable and OPFCC). The January 2021 project update reported to the Change Board from the Programme Manager included 10 current projects in implementation.

Project Managers should liaise with the Finance Department accountants to outline the budgetary position in relation to each project once in implementation. To note, there are different arrangements for business as usual (BAU) activity and for potential projects where business cases are being developed.

| Assignment   |  | Actio | Actions agree |   |
|--|--|-------|---------------|---|
|  |  | L.    | М             | н |
| Follow Up of Previous Internal Audit Management Actions: Visit 1 (2021/22) |  | 0     | 1             | 0 |

#### Objective of the review:

We will confirm the actions closed on ARM are supported by appropriate evidence to reflect what has been reported to management and the Joint Independent Audit Committee.

#### Overall assurance rating and management actions:

In our opinion the organisations have demonstrated good progress in implementing agreed management actions.

We were supplied with satisfactory evidence for 30 out of 31 of the actions declared as complete by the respective action owner with 30 having been implemented and one action having been superseded. We have agreed to raise an additional management action as the original action had been implemented but we believe additional work (in this case formal documentation) is required to ensure that the risk has been effectively managed.

#### Context:

We have undertaken a review to follow up on progress made to implement the previously agreed management actions from the following audits:

- Positive Action Plan (3.2019/20);
- Risk Management (4.2019/20);
- Criminal Disclosure (5.2019/20);
- Seized Exhibits Temporary Stores (8.2019/20);
- Follow Up of Previous Internal Audit Management Actions: Visit 2 (12.2019/20);
- Policies and Procedures (14.2019/20);
- Collaborations (2.2020/21);

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- Vulnerability and Incident Response (3.2020/21);
- Key Financial Controls: Procurement (4.2020/21);
- Overtime, Bonus and Honorarium Payments (5.2020/21);
- Bail Management (6.2020/21);
- Freedom of Information Requests (7.2020/21); and
- ICT Services Operations (11. 2020.21).

A total of 31 actions have been marked as closed and we have subsequently reviewed these during the audit. The actions are comprised of four high priority actions and 27 medium priority actions.

| Assignment   | Actions agreed |  |
|--|----------------|--|
|  | L M H          |  |
| Seized Exhibits (2021/22)  |                |  |
| Objective of the review:   |                |  |
| To ensure that seized exhibits are received, handled, managed, and disposed of in a clear and transparent way and accurately recorded or | ı              |  |

Niche.

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

The current Covid-19 situation means that our clients and internal audit are working differently. We understand and recognise the organisations' strategic / primary objectives, and that the developments around Covid-19 will continue to impact on all areas of the organisations' 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 in the current circumstances.

| Assignment                      | Status   | Target Joint Independent Audit Committee |
|---------------------------------|--|--|
| CIFA Code of Practice           | Fieldwork ongoing  | December 2021                            |
| Capital Investment Programme    | Planning document issued and approved                                  | December 2021                            |
|                                 | Fieldwork scheduled to take place week commencing 13<br>September 2021 |  |
| Freedom of Information Requests | Planning document issued and approved                                  | December 2021                            |
|                                 | Fieldwork scheduled to take place week commencing 27<br>September 2021 |  |
| Estates                         | Planning document issued and approved                                  | December 2021                            |
|                                 | Fieldwork scheduled to take place week commencing 25<br>October 2021   |  |
| ICT Coverage                    | Fieldwork scheduled to take place week commencing 6<br>December 2021   | March 2022                               |
| Benefits Realisation            | Fieldwork scheduled to take place week commencing 10<br>January 2022   | March 2022                               |

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| Assignment  | Status  | Target Joint Independent Audit Committee |
|---|---|--|
| General Data Protection Regulation                                  | Fieldwork scheduled to take place week commencing 10<br>January 2022  | March 2022                               |
| Follow Up of Previous Internal Audit<br>Management Actions: Visit 2 | Fieldwork scheduled to take place week commencing 17<br>January 2022  | March 2022                               |
| Financial Planning  | Fieldwork scheduled to take place week commencing 24<br>January 2022  | March 2022                               |
| Communication   | Fieldwork scheduled to take place week commencing 21<br>February 2022 | June 2022                                |
| Capital Investment Programme  | Fieldwork scheduled to take place week commencing 28<br>February 2022 | June 2022                                |
| Workforce Planning  | Fieldwork scheduled to take place week commencing 21<br>March 2022    | June 2022                                |

# **Appendix B – Other matters**

## Impact of findings to date on 2021/22 opinions

The JIAC should note that the assurances given in our audit assignments are included within our Annual Assurance Report. In particular, the JIAC 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.

## Changes to the audit plan

Our approach to working with you has always been 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. Detailed below are the changes to the audit plan:

| Note | Auditable areas  | Reason for change   |
|------|--|---|
| 1    | General Data Protection<br>Regulation<br>Communication | The internal audit plan was approved by the JIAC on 16 March 2021 included proposed delivery dates. At the request of management, the fieldwork delivery timings have been changed as follows:                          |
|      | Estates  | • Estates: fieldwork originally scheduled to take place week commencing 5 July 2021. The fieldwork has been rescheduled for week commencing 25 October 2021.  |
|      |  | • Communication: fieldwork originally scheduled to take place week commencing 16 August 2021. The fieldwork has been rescheduled for week commencing 21 February 2022.  |
|      |  | <ul> <li>General Data Protection Regulation: fieldwork originally scheduled to take<br/>place week commencing 27 September 2021. The fieldwork has been<br/>rescheduled for week commencing 10 January 2022.</li> </ul> |

# **Appendix C - Key performance indicators (KPIs)**

| Delivery   |         |                  | Quality   |                   |                             |
|--|---------|------------------|---|-------------------|-----------------------------|
|  | Target  | Actual           |   | Target            | Actual                      |
| Draft reports issued within 10 days of debrief meeting   | 10 days | 7 days (average) | Conformance with PSIAS and IIA<br>Standards   | Yes               | Yes                         |
|  |         |                  | Liaison with external audit to allow,<br>where appropriate and required, the<br>external auditor to place reliance on the<br>work of internal audit | Yes               | As and when required        |
| Final report issued within 3 days of management response | 3 days  | 1 day (average)  | Response time for all general enquiries for assistance  | 2 working<br>days | 2 working days<br>(average) |
|  |         |                  | Response for emergencies and potential fraud  | 1 working<br>day  | -                           |

### 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.

Our report is prepared solely for the confidential use of **The Police, Fire and Crime Commissioner for North Yorkshire and the Chief Constable of North Yorkshire**, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

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We have no responsibility to update this report for events and circumstances occurring after the date of this report.

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