



Item 23/25 Appendix A

Dorset & Wiltshire Fire and Rescue Service

Report of Internal Audit Activity

Plan Progress 2023/24 Quarter 1

Internal Audit = Risk = Special Investigations = Consultancy

Unrestricted

Internal Audit Plan Progress 2023/24 Quarter 1

Contents

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Introduction

This report summarises the Internal Audit activity completed for Dorset & Wiltshire Fire and Rescue Service in Quarter 1 2023/24 in line with the Annual Audit Plan approved by the Finance & Audit (F&A) Committee and the Chief Fire Officer in March 2023.

The schedule provided in Appendix 1 contains a list of all audits agreed in the Annual Audit Plan 2023/24.

We have provided a summary of activity which outlines our assurance opinion and the number and priority of any actions that we made in relation to the audit work undertaken in Quarter 1. To assist the Committee in its monitoring and scrutiny role, a summary of each audit (objective, risk, controls tested, findings and actions) has also been provided, the content of which has been discussed and agreed with the responsible Director.

The scope for each audit is agreed in advance with nominated managers. This process intends to focus on the key risks to which that area of the Services activity is exposed and the associated controls which we would expect to be in place to ensure that risk is managed.

The key controls have been assessed against those we would expect to find in place if best practice in relation to the effective management of risk, the delivery of good governance and the attainment of management objectives is to be achieved. Where applicable, selected and targeted testing has been used to support the findings and conclusions reached.

We have performed our work in accordance with the principles of the Institute of Internal Auditors (IIA) International Professional Practice Framework (IPPF) and the Public Sector Internal Audit Standards (PSIAS) in so far as they are applicable to an assignment of this nature and you, our client.



Audit Summary

In Quarter 1 2023/24, the following Audits were completed in accordance with the Audit Plan:

Audit Name	Healthy Organisation Theme	Linked To	Status	Opinion	No of Priority of Act Actions		tions	
						1	2	3
Industrial Relations	People & Asset Management	HMICFRS	Final	Substantial	1	-	-	1
	Corporate Governance	People/Effectiveness Pillars						
		Priority 3,4,5						
		Strategic Risk 530						
Cyber Security (Data	Information Management	HMICFRS Efficiency Pillar	Final	Substantial	1	-	-	1
Backups)	People & Asset Management	Priority 4						
		Strategic Risk 301						



Assurance Definitions

Each completed audit has been awarded an "Assurance opinion" rating. This opinion takes account of whether the risks material to the achievement of the Services' objectives for this area are adequately managed and controlled. The assurance opinion ratings have been determined in accordance with the Internal Audit "Audit Framework Definitions" as detailed in the below:

Assurance Definitions

None	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.
Partial	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
Adequate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Substantial	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

From our work In Quarter 1, we have raised actions which seek to strengthen the Services controls within each audit area. We highlight those matters of that we believe merit acknowledgement in terms of good practice or undermine the system's control environment, and which require attention by management. All improvement actions are allocated a priority grading and have been agreed with the management teams in the appropriate area.

Categorisati	Categorisation of Actions					
In addition to the corporate risk assessment, it is important that management know how important the action is to their service. Each action has been given a priority rating at service level with the following definitions:						
Priority 1	Findings that are fundamental to the integrity of the service's business processes and require the immediate attention of management.					
Priority 2	Important findings that need to be resolved by management.					
Priority 3	Finding that requires attention.					



Industrial Relations

Assurance Opinion		Number of	of Actions
	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area	Priority	Number
		Priority 1	-
Partial Adequate		Priority 2	-
		Priority 3	1
None	audited.	Total	1

Audit Opinion:

Substantial Assurance

Objectives:

To provide assurance that the Service has effective relationships in place with Representative Bodies.

<u>Risk:</u>

Poor or ineffective industrial relations are in place, which could contribute to disruption to the Service as a result of greater absenteeism among workers.



Industrial Relations

Controls Tested:

The following areas of control were covered under the scope of this audit programme:

- The Service has an agreed procedure in place, which defines the relationships with Representative Bodies.
- Regular and effective engagements are in place with Representative Bodies.
- Industrial relations are effectively managed within key situations, including organisational structure changes, the Service's resourcing and savings programme and the potential industrial action by the Fire Brigades Union.

Areas of Good Practice:

- The union representative roles and responsibilities are clearly documented in the EPR-17 Document.
- For 3 of the 4 Representative Bodies, the union representatives spoke highly of their relationships with the Service.
- Meetings are scheduled fairly and documentation such as agendas, minutes and action logs are circulated appropriately.
- 3 of the 4 union representatives we met with were confident with raising concerns or issues with DWFRS and felt they were able to reach out at any time should the need arise.
- The EPR-17 Document is regularly reviewed and any changes are documented.
- All of the union representatives we spoke with were aware of the EPR-17 document and were confident with where to locate the document.
- 3 of the 4 representative bodies felt they have suitable involvement within the key situations reviewed.
- 3 of the 4 union representatives stated that overall, they were satisfied with their involvement with the Service.



Summary of Actions:

Findings & Risk	Action	Management Response	Officer Responsible/ Timescale	Rec Priority
Whilst positive relations were noted by	The Service should seek to	The nature on On-Call means that both the	Assistant Chief Officer,	3
three of the four representative bodies,	enhance the relationship with the	FRSA Chair and Vice Chair have primary	Director of People Services	
the Chair and Secretary of one (the	FRSA representatives, through	employment which needs to be balanced		
FRSA) outlined that they did not feel	actions such as:	with their FRSA role. In this regard it is more	All actions have now been	
they were treated equally to other		difficult to arrange meetings that can be	completed	
unions. Whilst the EPR 17 procedure	• Ensuring that formal	attended by all parties.		
listed them having consultation and	meetings are held on a regular	The Service believes it has undertaken		
negotiation rights, they did not feel this	and timely basis, with	consultation and negotiation with the FRSA		
was the case. The Chair also cited the	cancellations rearranged.	to the same and appropriate level as other		
difficulty of attending formal liaison		trade unions. Examples of this are the		
meetings due to them being held in	• Determining locations of	negotiation of the on-call pay scheme and		
Salisbury, and the challenges this	meetings, either in person at sites	the resulting collective agreement and		
provides their on-call role.	reachable by the FRSA	discussions regarding activities that their		
	representatives, or via MS Teams.	members would be voluntarily asked to		
This was raised with the Assistant Chief		undertake during COVID. FRSA are also		
Officer, Director of People Services, who	• A discussion regarding	invited to attend the same corporate		
advised that the Service provide rights	any other challenges and	meetings such as Health and Safety		
to the FRSA, despite them not being a	opportunities for improvement.	Committee and the Equality, Diversity and		
recognised union body by the Trades		Inclusion Committee, as other trade union		
Union Congress (TUC). It was also noted		representatives. Notwithstanding this, the		
that the majority of meetings are held		Service are keen to listen to any areas of		
via MS Teams, therefore location should		improvement.		
not be an issue. Nonetheless, it would		In relation to the highlighted areas:-		
be beneficial for the following areas to		• Meetings have been arranged to		
be discussed and agreed between the		take place on a quarterly basis until the end		
Service and the FRSA representatives:		of March 2025		
• Ensuring that formal meetings		• Following discussion with the FRSA,		
are held on a regular and timely basis,		meetings will continue to take place on		
with cancellations rearranged. Review		Teams. It has further been agreed that		
of the past 12 months found that only		should there be any issues where either		



Findings & Risk	Action	Management Response	Officer Responsible/ Timescale	Rec Priority
one formal liaison meeting had been		party would like to discuss matters face to		
held, due to some required		face, this would be accommodated.		
cancellations by both parties meaning		• A discussion regarding areas for		
that the planned quarterly meetings had		improvement took place on 19 June 2023.		
not occurred.		Any agreed improvement actions would be		
Determining locations of		monitored through the liaison meetings.		
meetings, either in person at sites				
reachable by the FRSA representatives,				
or via MS Teams.				
• A discussion regarding any				
other challenges and opportunities for				
improvement.				
The Assistant Chief Officer, Director of				
People Services was in support of				
wanting to enhance the relationship in				
place with the FRSA representatives.				



Cyber Security (Data Backups)

Assurance Opinion		Number o	of Actions
	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Priority	Number
		Priority 1	-
Partial Adequate		Priority 2	-
		Priority 3	1
None Substantial		Total	1

Audit Opinion:

Substantial Assurance

Objectives:

To review the effectiveness of the Service's backup arrangements, including policies and processes; automated backup, data recovery and continuity arrangements; performance monitoring and governance arrangements; and protection of backup data.

<u>Risk:</u>

Failure to ensure suitable backups prevent a restore or regression of systems and data resulting in a loss of service continuity over prescribed periods.



Cyber Security (Data Backups)

Controls Tested:

The following areas of control were covered under the scope of this audit programme:

- There are approved policies in place which are regularly reviewed and aligned with Service needs and best practice.
- Backup registers include all relevant backup services which support the different types of requirements.
- Backup storage has been risk assessed and appropriate protections are in place.
- Backup errors are investigated.
- Data recovery is tested, lessons learned are documented and implemented, and business continuity arrangements are in place.
- Performance management is in place with oversight, reporting and escalation processes in place.
- There are clear governance arrangements in place with clear roles, responsibilities, and lines of accountability in place.

Areas of Good Practice:

- There is an ICT Strategy in place which is regularly reviewed and recognises the current position and goals for ICT resilience and data backup. The Strategy supports the recovery of critical systems through investment and vision to upgrade their current position.
- Backup and recovery is recognised as part of the 'cyber threats and attacks' risk on the Service's strategic risk register.
- Critical assets, priority lists and a business continuity procedure are in place and align to the backup schedule.
- There are clear backup and recovery processes in place and access to backup data is restricted.
- There is a process in place to monitor and manage backup jobs. Sampling evidence found that where errors are identified an explanation of the error is recorded, actions are undertaken to correct the issues, and where consecutive errors were found, there was assurance that the error did not impact the recovery of backups.
- The ICT Strategy recognises the need to continuously review backup provisions and storage needs. The current backup provision has been subject to assessment to ensure it meets the Service's needs. There is ongoing monitoring of storage requirements and a recognition that those needs are growing; a review is currently taking place to address the storage needs.
- Monthly recovery tests are carried out and back-up and recovery exercises take place throughout the year in-house and with partners. However, a report of the last monthly recovery exercise was not received during the audit.
- There are adequate governance arrangements in place for monitoring and oversight. However, we did not receive meeting minutes or reports.
- Roles and responsibilities are clearly set out during business as usual and during critical events.



Summary of Actions:

Findings & Risk	Action	Management Response	Officer Responsible/ Timescale	Rec Priority
The ICT team maintain a system backup and	To receive periodic updates from	Action agreed and steps already in place	Head of ICT	3
recovery spreadsheet which captures key	third-party contractors and	to obtain the back-up data for the		
information regarding what is backed up,	partners on backup and recovery	critical control systems (BOSS and	30 th September 2023	
where it is backed up, who is responsible,	results.	Vision). Other third party systems will		
backup frequency, retention period and		also be added to the data we hold on		
recovery details. The document lists four	To ensure that the system backup	internal systems.		
systems which are maintained by third-party	and recovery spreadsheet is			
contractors, however none of these contained	updated in relation to the third			
any information in relation to the areas listed	party backup arrangements in			
above. Two of the four systems were identified	place, supporting the oversight			
by the Network & Security Manager as critical,	and awareness within the ICT			
with the other two non-critical.	team.			
The critical systems were discussed in further				
detail with the Head of ICT, who was able to				
evidence that backup requirements and				
expectations are outlined within contractual				
documentation between the parties. They also				
stated that they work closely with the National				
Fire Service Partnership (NFSP), who provide				
these critical systems. It was, however, agreed				
that the Service should be more proactive in				
seeking periodic evidence of the backups				
performed by the NFSP, as per the				
requirements within the contracts.				
It should also be ensured that the system				
backup and recovery spreadsheet is updated				
to include complete information on the third-				
party arrangements in place.				



Appendix 1 – 2023/24 Audit Plan and Performance

Audit Name	Healthy Organisation Theme	Linked To	Status	Opinion	No of Actions	Actions
						1 2 3

	People & Asset Management	HMICFRS						
	Corporate Governance	People/Effectiveness Pillars	Final	Substantial	1	-	-	1
Industrial Relations		Priority 3,4,5						
		Strategic Risk 530						
	Information Management	HMICFRS Efficiency Pillar						
Cyber Security (Data Backups)	Corporate Governance	Priority 4	Final	Substantial	1	-	-	1
		Strategic Risk 301						
	People & Assets Management	HMICFRS Efficiency Pillar						
Secondary Contracts Monitoring	Corporate Governance	Priority 4, 5	Planning					
	People & Assets Management	HMICFRS People Pillar						
Grievance Arrangements	Corporate Governance	Priority 5	Planning					
	People & Assets Management	HMICFRS People Pillar						
Short Term Absence		Priority 5	Not Started					
Management								
	Financial Management	HMICFRS Efficiency Pillar						
Payroll		Priority 4	Not Started					
,		Strategic Risk 0006						
	Financial Management	HMICFRS Efficiency Pillar	Not Started					
	Corporate Governance	Priority 4						
P-cards and Fuel Cards		Strategic Risk 0006						



Audit Name	Healthy Organisation Theme	Linked To	Status	Opinion	No of Actions	,	Actions	
						1	2	3
Business Continuity Arrangements	Performance Management Risk Management	HMICFRS Effectiveness/Efficiency Pillars Priority 1,2,3,4 Strategic risk 530	Not Started					
Follow Ups	All	All	-					

The performance results for progress against the internal audit plan for Quarter 1 of the 2023/24 Internal Audit Plan are as follows:

Performance Target	Average Performance	
	% of the Annual Plan	Number of Assignments
<u> Audit Plan – Percentage Progress</u>		
Final, Draft, Discussion, Removed	25%	2
In progress, Ongoing	25%	2
Not yet started	50%	4
	100%	8

The completion of the plan is currently on target.

