

### **GMCA Audit Committee**

Date: 15 March 2023

Subject: Audit Action Follow up

Report of: Sarah Horseman, Deputy Director Audit and Assurance, GMCA

### PURPOSE OF REPORT

This report advises Audit Committee of the progress made to date in implementing the agreed actions from internal audit assignments.

### **RECOMMENDATIONS:**

Members are asked to review the progress of the implementation of Internal Audit actions.

### **CONTACT OFFICERS:**

Sarah Horseman, Deputy Director Audit and Assurance - GMCA, sarah.horseman@greatermanchester-ca.gov.uk

# **Equalities Impact, Carbon and Sustainability Assessment:**

N/A

# **Risk Management**

N/A

# **Legal Considerations**

N/A

# **Financial Consequences - Capital**

# **Financial Consequences - Revenue**

N/A

Number of attachments included in the report:

# **BACKGROUND PAPERS:**

N/A

TRACKING/PROCESS				
Does this report relate to a m	najor strategic o	decision, as se	et out No	
in the GMCA Constitution				
<b>EXEMPTION FROM CALL I</b>	N			
Are there any aspects in this	report which	No		
means it should be considered	ed to be			
exempt from call in by the re	levant			
Scrutiny Committee on the g	rounds of			
urgency?				
TfGMC	Overview & S	crutiny		
	Committee	-		
N/A	N/A			

#### 1 Introduction

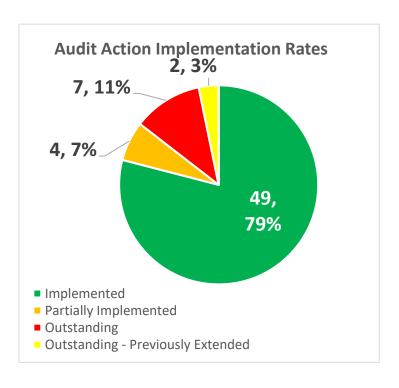
- 1.1 The GMCA Internal Audit Plan comprises a range of audits agreed by Senior Leadership Team and Audit Committee. Each audit assignment concludes with the issue of an audit report and agreed actions for implementation. Each action has a named responsible officer and an agreed target implementation date.
- 1.2 Internal Audit has responsibility for the follow up of all audit actions and reporting to Audit Committee on progress made.
- 1.3 This report provides an overview on the status of outstanding of Internal Audit actions.

### 2 Agreed Process

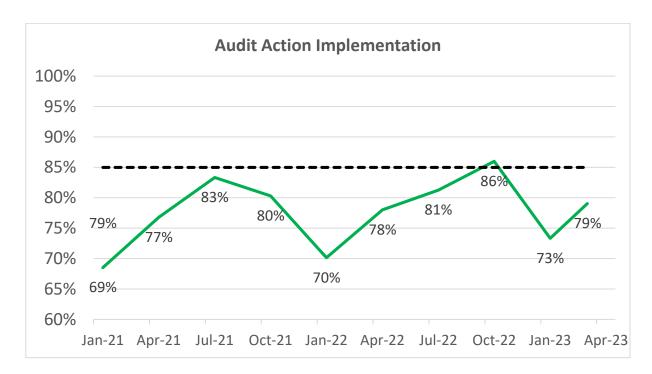
- 2.1 It is the responsibility of management to implement audit actions on time and provide updates for the tracker. To aid facilitation of this, Internal Audit maintains the action tracker which is shared with risk owners to capture updates on progress of outstanding actions.
- 2.2 GMCA Senior Leadership Team retains responsibility for overseeing the timely implementation of all audit actions and assessing the impact on risk.

## 3 Current Status

3.1 As at March 2023, **79%** of Internal Audit actions due in the last 2 years have been implemented, against the target rate of 85%.

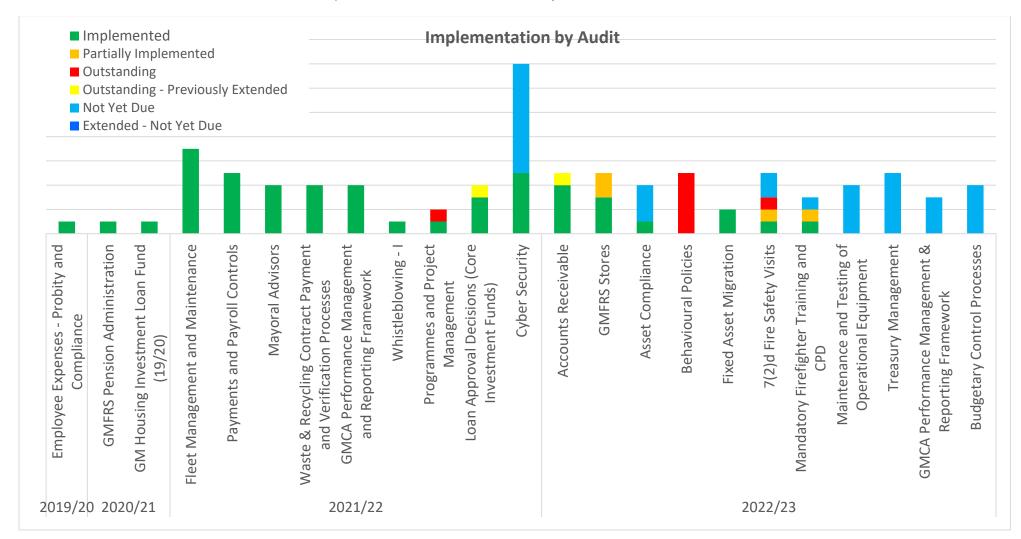


3.2 As expected, this represents a slight increase on implementation rates since our report in January.



### 4 Analysis of Audit Actions – by Audit

4.1 The chart below shows the status of implementation of audit actions by audit.



- 4.2 Since our last report six outstanding actions are now considered fully implemented including LTSC Fleet Services actions. Three new actions have become due relating to Audit reports previously shared with Audit Committee.
- 4.3 There are five actions from the Behavioural Policies and Procedures Audit and two related outstanding actions. There is work which is being led by the People Services Team to explore a systems-based solution for the reporting, recording and storing all declarations of interest and gifts and hospitality returns within MiPlace. We have met with action owners to understand the reason for delays and requested a Management update paper for Audit Committee in June 2023. There remain some actions outstanding which relate to LTSC Central Stores, but we are satisfied that good progress is being made to implement these.
- 4.4 Details of all overdue actions and management updates on progress have been included at **Appendix A** to allow Members opportunity to consider these.
- 4.5 External Audit recommendations are excluded from the calculation of implementation rates but they are captured in the action tracking process to ensure these remain visible and allow External Audit to monitor progress. Appendix B.

### 5 Analysis of Audit Actions – by Risk Rating

5.1 The table below shows the status of audit actions by the risk rating of the associated audit finding.

Action Status	Total	Critical	High	Medium	Low
Implemented	49	1	7	27	14
Partially Implemented	4	0	1	1	2
Outstanding	7	0	1	5	1
Not Yet Due	31	0	9	15	7
Extended - Not Yet Due	0	0	0	0	0
Outstanding - Previously Extended	2	0	0	0	2
Total	93	1	18	48	26

- 5.2 The number of actions being tracked this quarter has increased from 87 to 93 based on final reports issued. Our policy is to remove from the tracker any completed actions over two years old. One completed action has been removed in the current period.
- 5.3 Any actions that are over two years old but have not been fully implemented will remain on the tracker until the actions have been completed and reported as implemented for at least one period.

### 6. Recommendations

6.1 The recommendations are set out at the front of the report.

# **Status of Overdue Actions at February 2023**

Audit Title.	Risk Rating	Audit Finding and Agreed Management Action (Summarised version from Audit Report)	Target Date	Responsibl e Officer	Internal Audit Status	Audit Committee Update (March 2023)
Programm es and Project Manageme nt 18/11/2021	Medium	Audit Finding: There is no consistent suite of programme and project management guides, process flows, tools, and templates  Management Action: We will develop and produce a project control framework against which programmes, and projects would expected to be delivered. In the first instance this should consist of a simplified but robust methodology for delivery and include a suite of guidance and process flow documents, including templates for key stages such as Business Cases and approval, project delivery, risk escalation, monitoring of progress, and performance reporting. These should be developed and made available centrally to all PMs across the organisation.	October 2022	Extended Leadership Team (via Core Process Review)	Outstandin g	Action owner to be reassigned - Management update to follow.

Loan Approval Decisions (Core Investment Funds) 7/12/2021	Low	Audit Finding: Any declarations of interests by CEX ASG members and CIT staff are made as and when they arise. There is no formal register of personal or business interests maintained.  Management Action: A declaration of interests register will be put in place for CIT and CEX ASG to record any personal, pecuniary, or business-related conflicts of interest. This will include annual declarations being made by Officers and External Members of the group to ensure identified interests can be managed.	January 2022 (Extende d to March 2023)	Investment Director	Outstandin g  To review as part of the work on Behaviour al Policies.	A template for this has now been drafted and the team are awaiting confirmation with HR that that there are no issues with the form.  This is linked to a wider IA review of GMCA Behavioural policies and codes of conduct.
Accounts Receivable 12/4/2022	Low	Audit Finding: Declaration of Interest forms are not completed by Finance Staff.  Management Action: A declaration of interests register will be put in place for Finance, Commercial and Internal Audit staff to record any personal, pecuniary, or business-related conflicts of interest. This will include annual declarations being made by all Officers to ensure identified interests can be managed.	April 2022 (Extende d to March 2023)	Deputy Treasurer	Outstandin g  To review as part of the work on Behaviour al Policies.	This is linked to a wider IA review of GMCA Behavioural policies and codes of conduct.
GMFRS Stores 8/6/22	High	Stores Strategy and overarching management requires review.  Management will review the delivery model for the operation of LTSC Central Stores to	30 Septemb er 2022	Head of Fleet and Logistics	Partially Implement ed	Review of Stores and Logistics Delivery Model is currently underway and will be

demonstrate robust governance is in place and value for money at critical points in core processes and activities. This will include:  • Setting out in the business development plan the aims and objectives for Central stores aligned to wider service requirements. Including a review of current key operational activities and practices.  • Develop written procedures to support consistent processes. This will build on the initial work undertaken by BWO Systems Team to document systems.  • Develop performance measures against which the quality and competency of the service can be measured.  • Re-examine workplace risk assessments to ensure these are sufficient.  • Review delegated authority and workflow within BWO to ensure there is appropriate separation of duties within key financial processes, so staff don't have autonomy to make buying decisions.  • Develop performance measures against which the quality and competency of the service can be measured.  • Re-examine workplace risk assessments to ensure these are sufficient.  • Review delegated authority and workflow within BWO to ensure there is appropriate separation of duties within key financial processes, so staff don't have autonomy to make buying decisions.	an update on the Fleet and Stores review to the Fire Project Board in April 2023. The model itself is due for completion by mid-March.
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		<ul> <li>Review of overtime usage and any capacity issues for key activities.</li> <li>Identify any disruption to supply chain around critical product lines, stock management and re-order levels as part of BCM arrangements.</li> </ul>				
GMFRS Stores 8/6/2022	Low	Audit Finding: Improvements are need to the control and secure disposal of branded firefighter uniform to prevent potential misuse.  Management Action: Use of individual officer uniform records held in BWO will be reviewed to ensure that records are accurately maintained and used effectively.  We will trial a system of recording the number and type of items sent for destruction to determine the level of work involved against the benefits of tracking branded items through to disposal.	Septemb er 2022  Revised target date of June 2023 agreed to allow current trial to be complete d and results reviewed .	Stores and Logistics Manager	Outstandin g	The trial around the way uniform is distributed and collected is nearing completion and the results are being collated. Final results will be shared with Senior Management to determine the way forward with this.

GMCA	High	Codes of Conduct - Employee behavioural	Dec 2022	i)	Assistant	Outstandin	Work is underway
Behavioura		policies and Codes of Conduct require review			Director	g	exploring a systems-
I Policies		and update to address weaknesses in process			_		based solution for
and Codes		and consistency.	Revised		Workforc		reporting, recording,
(July 2022)			target		е		and storing all
		Audit Finding: Existing behavioural policies	date of		Strategy		declarations of
		and codes of conduct including procedures and	March		and		interest, gifts and
		rules around declaration of financial, pecuniary,	2023		Talent		hospitality within
		business, and personal related interests and the			(Rules		MiPlace.
		acceptance of gifts and hospitality lacked detail			covering		
		in some areas and these were not widely			Green/Gr		It is anticipated that
		accessible or promoted across the organisation.			ey Book)		once this systems
		There is no requirement for staff to confirm					solution is in place,
		compliance with the Code of Conduct.		ii)	As		we will be able to
		There was no standardised format or consistent			above:		cover both GMCA
		approach for gathering and holding this			(Informati		and GMFRS staff in a
		information for all GMCA Employees (including			on on		consistent way.
		GMFRS Grey book staff) and responsibility for			Code of		
		policy ownership in this area remained unclear.			Conduct		
					and		
		Management Action			expectati		
		To review the existing Codes of Conduct for			ons on		
		GMCA as part of the annual review of the			officers		
		GMCA Constitution. The review will seek to			to be		
		introduce a proportionate approach which			included		
		reflects best practice. The aim is to:			in new		
		i) Implement a single overarching employee			Starter		
		Code of Conduct for GMCA/GMFRS staff			Induction		
		which incorporates the key principles of			training).		
		conduct and behaviour which apply to all		)	As		
		staff. Below this will sit specific rules or			above,		
					Policy		

iii	actions relating to both Green and Grey book staff.  ) Consider how staff confirm compliance with this on induction and at regular intervals.  i) Establishing ownership and responsibility for the registers and processes.  v) Establishing responsibility for review and oversight for Officer Code of Conduct and the effectiveness of these arrangements (e.g. Standards Committee/Resources Committee)  v) GMFRS – In a Fire context, the	Develop ment Area belongs to the People Team. iv) As above Head of Organisatio nal Developme	
iii	i) Establishing ownership and responsibility	to the	
iv			
		,	
	` •	Organisatio	
	,	= -	
v	·		
	development and roll out of the GMFRS	nt leading	
	Code of Conduct and Ethics policy for Grey	on the roll	
	book staff to be completed in 2022.	out of	
		GMFRS	
		Ethics	
		Policy. Will	
		also explore	
		options for	
		the	
		introduction	
		of an	
		GMFRS	
		Ethical	
		Pledge	
		June/July	
		22.	

GMCA	Medium	Audit Finding: Gifts and Hospitality registers	i) Dec	i) Assistant	Outstandin	Employees:
Behavioura		are not maintained in all areas (Employees &	2022	Director-	g	A policy for
I Policies		Members).		Workforc		employees is in draft
and Codes		,		е		for Gifts and
(July 2022)		Management Action		Operatio		Hospitalities currently
		To develop a stand-alone policy and		ns		under review. Once
		procedural guidance for the acceptance of		(Employe		complete we will then
		Gifts and Hospitality – Employees and		es Policy		roll out an e-learning
		Members. This will include:		Area) &		module for this.
		i) Publicising procedures and rules for		Head of		
		managing the acceptance of Gifts and		Governa		
		Hospitality.		nce and		
		ii) Introducing a standardised process and		Scrutiny		
		format for recording information across the	ii)Dec	(Member		
		organisation.	2022	s Policy		Elected Members:
		iii) Ensuring sufficient oversight is maintained		area).		Standard Form,
		over the appropriateness of Gifts and	iii)Dec			including guidance
		Hospitality accepted and any emerging	2022	ii)		from the Constitution
		trends.		As above		produced for all
		iv) Ensuring registers are openly available	iv) July			Elected Members
		(Elected Members only – checking with	2022	iii) As Above		undertaking duties of
		other CA's re Senior Officers)				behalf of the GMCA -
		v) In addition, a protocol is being developed	v) July	iv) Head of		Completed June
		around International visits for Members and	2022	Governa		2022.
		Officers, with the intention of implementing		nce and		
		this during 2022.		Scrutiny		Elected Members
				(Member		Registers of Gifts &
		Note:		s Policy		Hospitality have been
		Elected Members		area).		established and
		<ul> <li>To establish stand-alone G&amp;H Register for</li> </ul>		,		registers have been
		circulation to all members undertaking				published on the
						website against

		work behalf of GMCA & AGMA. This will be completed at least bi-annually.  We will include a procedure for Mayoral Advisors.  Employees  To establish G&H registers for Senior Leadership and Directorate Functional areas. (linked to feasibility of managing these in MiPlace).				individual members. A quarterly reminder is also sent to Elected Members – Completed June 2022.  Protocol produced and with GMCA legal team for review.
GMCA Behavioura I Policies and Codes (July 2022)	Medium	Audit Finding: Declarations of Interest (Employees) -There is no standardised or consistent approach for recording or managing declarations in compliance with the GMCA employee code of conduct.  Management Action: The development of a stand-alone declaration of interest policy and procedural guidance will:  Introduce a requirement to complete annual declarations of Interest return for all staff. This is to be managed at Directorate level with responsibility placed on Directors to ensure completed returns are submitted and any declared interests managed.  Introduce a standardised process and format for recording information across the organisation.	Revised target date of March 2023	Assistant Director- Workforce Operations.	Outstandin g	See comments on development of a systems-based solution.

		<ul> <li>Ensuring sufficient oversight is maintained over declared interests and where conflicts arise</li> <li>SLT will take responsibility for improving awareness amongst staff, and ensuring staff understand what they need to declare.</li> <li>Link and refer to the declaration process within the annual staff PRA process.</li> </ul>				
GMCA Behavioura I Policies and Codes (July 2022)	Medium	Audit Finding: Promoting Awareness (Employees) - Further work is required to raise awareness of GMCA behavioural policies and codes to strengthen compliance with process and rules.  Management Action: Officers and Operational Firefighters will be made aware of the relevant Code of Conduct/Code of Ethics, what they are expected to declare, and the process for doing so.  i. SLT/ELT will have responsibility for taking this forward and raising awareness amongst staff in their Directorates.  ii. It will be incorporated into the new starter/firefighter recruit induction process and contracts of employment. Consideration of online training session delivered through Mi-Learning portal.  iii. Referenced in consultant contracts.	Dec 2022	Assistant Director- Workforce Operations. (Employee Behavioural policies to be made available on the Intranet – supported by e- learning and new starter induction training)  Head of Organisatio nal Developme	Outstandin g	See comments on development of a systems- based solution.  A code of Ethics E-learning module was launched at the beginning of October 2022. Completion
		iii. Neieleliceu iii consultant contracts.		nt. (GMFRS		rate for GMFRS staff as of the 30

	Codo of	November 2022
	Code of	November 2022
	Ethics –	stands at 61%.
	Policy	The slight delay to
	aspects)	the launch of the e-
		learning was to allow
		time to incorporate
		staff feedback.
		In addition,
		awareness raising of
		the Core Code has
		been incorporated
		into other Learning
		opportunities, for
		example the Inclusive
		Culture Training.
		An Ethical Pledge for
		GMFRS Supervisory
		Managers is in final
		draft, with a view to
		launching early 2023.
		http://insidegmca.gmf
		s.local/key-info/new-
		starters/welcome-
		pack/our-values-and-
		code-of-conduct/
		Induction now
		includes a section on
		our code of conduct
		see attached.

GMCA	Low	Audit Finding: System & Process	Dec 2022	Assistant	Outstandin	Review of creating
Behavioura		(Employees) - There is no single central		Director-	g	forms on MiPlace
I Policies		repository for holding DoI and G&H information		Workforce		currently underway.
and Codes		which would allow for easy access, monitoring		Operations.		
(July 2022)		and reporting.		In		
				conjunction		
		Management Action:		with		
		To develop a simple system which will allow for		HR Systems		
		this information to be held digitally. To consider		and		
		the use of MiPlace for the uploading and		Information		
		storing of relevant Declaration of Interest and		Manager &		
		Gifts and Hospitality returns. This will provide:		Digital		
		A secure and confidential space for		Solutions		
		collation of records from across the		Manager		
		Authority.		ICT. (Note:		
		<ul> <li>Standardised design format for returns.</li> </ul>		To look at		
		<ul> <li>issue prompts to staff at regular intervals</li> </ul>		the		
		(linked to the PRA process).		feasibility of		
		Allow responsibilities to be managed by line		utilising		
		managers		MiPlace for		
		Greater transparency to meet management		self-		
		oversight and reporting requirements.		declaration		
				and		
				approval).		

7(2)d Fire Safety Visits 29/9/2022	Medium	Audit Finding: Underlying Assurance Strategy required  Management Action: To implement and embed the quality assurance process for 7 (2)(d) visits as part of the policy roll out.  GMFRS will produce an underlying assurance strategy or mapping process on an annual basis, where audit sampling is based on an assurance programme which covers contemporary, thematic, and recurring topics.	January 2023	Head of Protection and Building Safety Reform OIS and Water Manager	Outstandin g	Awaiting Management update
7(2)d Fire Safety Visits 29/9/2022	Low	Audit Finding: Monitoring of Performance  Management Action: To ensure that guidance is updated to promote consistent management of performance across station areas. This will be achieved through the implementation and embedding of the underlying assurance strategy.	January 2023	Head of Protection and Building Safety Reform OIS and Water Manager	Partially Implement ed	Guidance has been updated but the risk footprint guidance is currently undergoing a trial period in the Rochdale Oldham and Bury Boroughs ahead of being rolled out across all station areas.
Mandatory Firefighter Training and CPD 29/9/2022	Medium	Audit Finding: No clear policy implemented around promotion or Progression  Management Action: (i) We will launch and implement the Promotions Framework.  (ii) We will consider introducing a mechanism	October 2022	(i)Talent and Resourcing Manager (ii) OD and Culture Manager	Partially Implement ed	Promotions Framework has been launched.  Awaiting management response on remaining actions.

(i)	o formally and objectively identify high potential individuals through the PRA process.  iii) We will continue to develop the People Strategy, ensuring that this is aligned to key areas of the NFCC's People Strategy. This will acilitate collaboration between resourcing, raining, talent and learning and development eams to work effectively in partnership to achieve GMFRS's strategic objectives and	(iii) Assistant Director of Workforce Strategy and Talent	
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### **External Audit Action Tracking**

To streamline the process for audit action tracking, internal audit has included external audit actions in the tracking spreadsheet and process. External Audit will provide their own assessment of the completion of those recommendations but as an indicator until such time that formal work is undertaken as part of the external audit, Internal Audit provide an informal assessment of the status of those actions where they have been able to obtain a view.

Audit Title.	Risk Rating	Audit Finding and Agreed Management Action (Summarised version from Audit Report)	Target Date	Responsi ble Officer	Internal Audit Status	Audit Committee Update (Jun 2022)
External Audit 20- 21 accounts 24/11/2021	Medium	Audit Finding: Segregation of Duties in Accounts Receivable weak as individuals can both raise and approve sales invoices on the system  Management Action: We will review roles following the recent restructure and ensure this is in place, this will be assessed as part of an upcoming internal audit review of accounts receivable	March 2022	Head of Finance Corporate and Technical	Implement ed (subject to EA verification )	IA View: New role profiles have been set up within the Accounts Receivable system and were launched at the beginning of March. This ensures that there is both segregation and approval of invoices within the system.  IA testing in the quarter has shown that the system now has segregated roles in place and utilised.

External Audit 20- 21 accounts 24/11/2021	Medium	Audit Finding: No disaster recovery test had been performed by the organisation within the period.  Management Action: We will consider the GMCA approach to disaster recovery testing alongside the creation of a backup policy and EBS.	March 2022	Digital Solutions Manager	Outstandin g	IA View: The disaster recovery procedures were also picked up as part of the recent Cyber Security audit, as part of this management provided a detailed plan of action with a target date of Mar
External Audit 20- 21 accounts 24/11/2021	Low	Audit Finding: Testing of journals identified a write off processed to clear an imbalance between petty cash records and the financial systems, this could not be matched to supporting documents. Amount written off was of low value (£311)  Management Action: We will ensure petty cash policies and procedures reflect this as well as commencing a review of the requirement for petty cash to be held by the CA.	March 2022	Head of Finance Capital and Treasury Manageme nt	Outstandin g	2023.

External Audit 20- 21 accounts 24/11/2021	Low	Audit Finding: No formal back up policy in effect at the Authority  Management Action: GMCA will produce a formal back-up policy and is currently developing proposals for an Enterprise Back Up Solution (EBS) to be implemented in early 2022 if agreed.	March 2022	Digital Solutions Manager	Implement ed (subject to EA verification )	IA View: This was also picked up as part of the recent Cyber Security audit and action has now been completed. A policy has been put in place and has been published to the organisation.
External Audit 20- 21 accounts 24/11/2021	Low	Audit Finding: No formal change management policy in effect at the organisation.  Management Action: Whilst there is no formal change management policy in place the external auditor acknowledged that the GMCA change management controls are very strong. We will consolidate the process into a formal policy.	March 2022	Digital Solutions Manager	Outstandin g	IA View: The recent Cyber Security audit identified the need to update several corporate policies in this area. Management had also recognised the need to do this and had set a target date of March 2023 for completion of all required policy updates.