

**BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY
BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE**



Director of Legal & Governance, Graham Britten
Buckinghamshire Fire & Rescue Service
Brigade HQ, Stocklake, Aylesbury, Bucks HP20 1BD
Tel: 01296 744441

Chief Fire Officer and Chief Executive
Jason Thelwell

To: The Members of the Overview and Audit Committee

11 July 2022

**MEMBERS OF THE PRESS
AND PUBLIC**

Please note the content of
Page 2 of this Agenda Pack

Dear Councillor

Your attendance is requested at a meeting of the **OVERVIEW AND AUDIT COMMITTEE** of the **BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY** to be held in **MEETING ROOM 1, BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE HEADQUARTERS, STOCKLAKE, AYLESBURY, BUCKS, HP20 1BD** on **WEDNESDAY 20 JULY 2022 at 10.00 AM** when the business set out overleaf will be transacted.

Yours faithfully

A handwritten signature in black ink that reads 'Graham Britten'.

Graham Britten
Director of Legal and Governance

Health and Safety

There will be extremely limited facilities for members of the public to observe the meeting in person, therefore a recording of the meeting will be available after the meeting at the web address provided overleaf.

Councillors Bagge, Carroll, Chapple OBE, Darlington, Exon, Hussain, Irwin, Stuchbury and Waite



MAKING YOU SAFER



To observe the meeting as a member of the Press and Public

The Authority supports the principles of openness and transparency. To enable members of the press and public to see or hear the meeting this meeting will be livestreamed. Please visit: <https://www.youtube.com/channel/UCWmIXPWAscxpL3vIiv7bh1Q>

The Authority also allows the use of social networking websites and blogging to communicate with people about what is happening, as it happens.

Adjournment and Rights to Speak – Public

The Authority may adjourn a Meeting to hear a member of the public on a particular agenda item. The proposal to adjourn must be moved by a Member, seconded and agreed by a majority of the Members present and voting.

A request to speak on a specified agenda item should be submitted by email to gbritten@bucksfire.gov.uk by 4pm on the Monday prior to the meeting. Please state if you would like the Director of Legal and Governance to read out the statement on your behalf, or if you would like to be sent a 'teams' meeting invitation to join the meeting at the specified agenda item.

If the meeting is then adjourned, prior to inviting a member of the public to speak, the Chairman should advise that they:

- (a) speak for no more than four minutes,
- (b) should only speak once unless the Chairman agrees otherwise.

The Chairman should resume the Meeting as soon as possible, with the agreement of the other Members present. Adjournments do not form part of the Meeting.

Rights to Speak - Members

A Member of the constituent Councils who is not a Member of the Authority may attend Meetings of the Authority or its Committees to make a statement on behalf of the Member's constituents in the case of any item under discussion which directly affects the Member's division, with the prior consent of the Chairman of the Meeting which will not be unreasonably withheld. The Member's statement will not last longer than four minutes. Such attendance will be facilitated if requests are made to enquiries@bucksfire.gov.uk at least two clear working days before the meeting. Statements can be read out on behalf of the Member by the Director of Legal and Governance, or the Member may request a 'teams' meeting invitation to join the meeting at the specified agenda item.

Where the Chairman of a Committee has agreed to extend an invitation to all Members of the Authority to attend when major matters of policy are being considered, a Member who is not a member of the Committee may attend and speak at such Meetings at the invitation of the Chairman of that Committee.

Questions

Members of the Authority, or its constituent councils, District, or Parish Councils may submit written questions prior to the Meeting to allow their full and proper consideration. Such questions shall be received by the Monitoring Officer to the Authority, *in writing*, at least two clear working days before the day of the Meeting of the Authority or the Committee.

OVERVIEW AND AUDIT COMMITTEE

TERMS OF REFERENCE

Overview

1. To review current and emerging organisational issues and make recommendations to the Executive Committee as appropriate.
2. To comment upon proposed new policies and make recommendations to the Executive Committee as appropriate.
3. To review issues referred by the Authority and its other bodies and make recommendations to those bodies as appropriate.
4. To make recommendations to the Executive Committee on:
 - (a) the Electronic Services Delivery Plan;
 - (b) the Brigade Personnel Strategy;
 - (c) Levels of Incident Response;
 - (d) the Corporate Risk Management Policy;
 - (e) the Authority's Information Policy; andother such policies and procedures as are required from time to time
5. To consider and make recommendations to the Authority on the Annual Treasury Management Strategy.

Audit

1. To determine the internal and external audit plans and the Internal Audit Strategy
2. To determine the Internal Audit Annual Plan and Annual Report (including a summary of internal audit activity and the level of assurance it can give over the Authority's governance arrangements).
3. To consider and make recommendations on action plans arising from internal and external audit reports, including arrangements to ensure that processes which deliver value for money are maintained and developed.
4. To consider and make recommendations to the Executive Committee on reports dealing with the management and performance of the providers of internal audit services.
5. To consider and make recommendations on the external auditor's Annual Audit Letter and Action Plan, relevant reports and the report to those charged with governance.
6. To consider specific reports as agreed with the Treasurer, Internal Audit, Monitoring Officer, Chief Fire Officer, or external audit and to make decisions as appropriate.
7. To comment on the scope and depth of external audit work and to ensure it gives value for money.
8. To oversee investigations arising out of fraud and corruption allegations.

9. To determine Insurance matters not delegated to officers, or another committee.
10. To consider and determine as appropriate such other matters as are required in legislation or guidance to be within the proper remit of this Committee.

Governance

1. To:
 - (a) make recommendations to the Authority in respect of:
 - (i) variations to Financial Regulations; and
 - (ii) variations to Contract Standing Orders.
 - (b) receive a report from the Chief Finance Officer/Treasurer when there has been any variation to the Financial Instructions in the preceding twelve month period.
2. To determine the following issues:
 - (a) the Authority's Anti-Money Laundering Policy;
 - (b) the Authority's Whistleblowing Policy; and
 - (c) the Authority's Anti Fraud and Corruption Policy.
3. To determine the Statement of Accounts and the Authority's Annual Governance Statement. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Authority.
4. To consider the Authority's arrangements for corporate governance and make recommendations to ensure compliance with best practice.
5. To monitor the Authority's compliance with its own and other published standards and controls.
6. To maintain and promote high standards of conduct by the Members and co-opted members of the Authority.
7. To assist Members and co-opted members of the Authority to observe the Authority's Code of Conduct.
8. To advise the Authority on the adoption or revision of a code of conduct.
9. To monitor the operation of the Authority's Code of Conduct
10. To deal with cases referred by the Monitoring Officer.
11. To advise on training, or arranging to train Members and co-opted members of the Authority on matters relating to the Authority's Code of Conduct.
12. To monitor the operation of any registers of interest, of disclosures of interests and disclosures of gifts and hospitality in respect of officers or Members

Risk

1. To monitor the effective development and operation of risk management and corporate governance within the Authority.

2. To consider reports dealing with the management of risk across the organisation, identifying the key risks facing the Authority and seeking assurance of appropriate management action.

Employees

1. To be a sounding board to help the Authority promote and maintain high standards of conduct by employees of the Authority.
2. To advise the Executive Committee on the adoption or revision of any policies, codes or guidance:
 - (a) regulating working relationships between members and co-opted members of the Authority and the employees of the Authority;
 - (b) governing the conduct of employees of the Authority; or
 - (c) relating to complaints; andother such policies and procedures as are required from time to time.
3. To monitor the operation of any such policies, codes or guidance mentioned at 2 above.
4. To comment on the training arrangements in connection with any of the above.

General

1. To make such other recommendations to the Executive Committee on the issues within the remit of the Overview and Audit Committee as required.
2. To review any issue referred to it by the Chief Fire Officer, Treasurer, or Monitoring Officer, or any Authority body within the remit of these terms of reference.
3. To consider such other matters as are required in legislation or guidance to be within the proper remit of this Committee.
4. To commission reports from the Chief Fire Officer, the Internal Audit Service, the Monitoring Officer, or such other officer as is appropriate, when the Committee agrees that such reports are necessary.
5. To support the Monitoring Officer and the Treasurer in their statutory roles and in the issue of any guidance by them.
6. To receiving reports from the Monitoring Officer in his/her statutory role or otherwise relating to ethical standards and deciding action as appropriate.
7. To respond to consultation on probity and the ethical standards of public authorities.

AGENDA

Item No:

1. Election of Chairman

To elect a Chairman for 2022/23

2. Appointment of Vice-Chairman

To appoint a Vice-Chairman for 2022/23

3. Apologies

4. Minutes

To approve, and sign as a correct record the Minutes of the meeting of the Overview and Audit Committee held on 16 March 2022 (Item 4) **(Pages 9 - 22)**

5. Matters Arising from the Previous Meeting

The Chairman to invite officers to provide verbal updates on any actions noted in the Minutes from the previous meeting.

6. Disclosure of Interests

Members to declare any disclosable pecuniary interests they may have in any matter being considered which are not entered onto the Authority's Register, and officers to disclose any interests they may have in any contract to be considered.

7. Questions

To receive questions in accordance with Standing Order SOA7.

8. RIPA Policy (Minute OA39 - 090316) - To note that there has been no covert surveillance conducted by officers since the last meeting of the Committee.

9. Internal Audit Reports

(a) Final Audit Reports

To consider Item 9a **(Pages 23 - 44)**

(b) 2021/22 Annual Audit Report

To consider Item 9b **(Pages 45 - 78)**

10. Annual Governance Statement 2021/22

To consider item 10 **(Pages 79 - 112)**

11. Corporate Risk Management

To consider item 11 **(Pages 113 - 130)**

12. Treasury Management Performance 2021/22

To consider item 12 **(Pages 131 - 138)**

13. Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) - Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update: May 2022

To consider item 13 **(Pages 139 - 154)**

14. Prevention Improvement Plan - Update One

To consider item 14 **(Pages 155 - 162)**

15. Forward Plan

To note Item 15 **(Pages 163 - 164)**

16. Exclusion of Press and Public

To consider excluding the public and press representatives from the meeting by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as the Minutes contain information relating to the financial or business affairs of a person (including the Authority); and on these grounds it is considered the need to keep information exempt outweighs the public interest in disclosing the information.

17. Exempt Draft Minutes

To approve, and sign as a correct record the Exempt Minutes of the meeting of the Overview and Audit Committee held on 16 March 2022 (Item 17).

18. Date of next meeting

To note that the next meeting of the Overview and Audit Committee will be held on Wednesday 9 November 2022 at 10 am.

If you have any enquiries about this agenda please contact: Katie Nellist (Democratic Services Officer) – Tel: (01296) 744633 email: knellist@bucksfire.gov.uk



Buckinghamshire & Milton Keynes Fire Authority

Minutes of the Meeting of the OVERVIEW AND AUDIT COMMITTEE of the BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY held on WEDNESDAY 16 MARCH 2022 at 10.00 AM.

Present: Councillors Bagge, Carroll, Chapple OBE, Darlington, Exon, Hussain, Rankine, Stuchbury and Waite

Officers: M Osborne (Deputy Chief Fire Officer), G Britten (Director of Legal and Governance), A Hussain (Deputy Director of Finance and Assets), M Hussey (Principal Accountant), S Tuffley (Head of Covid-19 Preparedness and Response), S Wells (Head of Prevention, Response and Resilience), A Carter (Head of Technology, Transformation and PMO), K Nellist (Democratic Services Officer)

Remotely: S Harlock (Internal Audit Manager, Buckinghamshire Council), A Prestige (Internal Audit, Buckinghamshire Council), N Harris (External Auditor Ernst & Young), A Kennett (Assistant Manager Ernst & Young)

Apologies: None.

The Director of Legal and Governance welcomed Members to the Overview and Audit Committee Meeting of the Buckinghamshire & Milton Keynes Fire Authority and advised that although members of the public were allowed to attend and observe in limited numbers, the meeting was being recorded and a copy would be uploaded onto the Authority's YouTube channel. Some of the presenters were contributing to the meeting remotely, Neil Harris and Alison Kennet from Ernst & Young and Selina Harlock and Alex Prestige from Internal Audit. To facilitate a diary clash of Neil Harris, the Chairman had agreed to take items 8, 9, and 10 before the Internal Audit Reports.

The Director of Legal and Governance advised Members that they would also be aware that, on the basis of legal advice received, the internal audit report on the Blue Light Hub - Post Project Evaluation would need to be considered in exempt session. The Chairman had therefore agreed with the internal auditors that this report would be taken as the last item of business.

<https://www.youtube.com/channel/UCWmIXPWAscxpL3vIiv7bh1Q>

OA36 MINUTES

RESOLVED –

That the Minutes of the meeting of the Overview and Audit Committee held on Wednesday 10 November 2021, be approved, and signed by the Chairman as a correct record.

OA37 MATTERS ARISING FROM THE PREVIOUS MEETING

In respect of Minute OA23 – the Deputy Director of Finance and Assets advised that at the last meeting, Members had requested an information sheet regarding the asset management system Red Kite. The Director of Finance and Assets had been planning to present it today, on the basis that the Red Kite audit would have been completed. The field work had been finished, but the report was still to be finalised, so it was requested that this action be reviewed at the next meeting.

In respect of Minute OA27 – the Director of Legal and Governance advised that a question had been asked at the last meeting regarding whether the spike in complaints had been attributed to the Covid lockdown. A response had been sent to Members on 16 December 2021. There were only two complaints that appeared to be directly attributable to Covid-19 and these were two allegations against individual employees for alleged breaches of Covid regulations, in their personal capacity, neither were found to have any grounds whatsoever.

OA38 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

OA39 RIPA POLICY (MINUTE OA39 – 090316)

The Director of Legal and Governance advised Members that the Authority was the enforcing authority under the Regulation Investigatory Powers Act 2000 and confirmed that in the last reporting period no covert surveillance had been undertaken.

RESOLVED –

To note that there had been no covert surveillance conducted by officers since the last meeting of the Committee.

OA40 AUDIT RESULTS REPORT

The External Auditor advised Members that they were now in the final logistics of concluding the audit, subject to Member's considerations of the final set of accounts today. The External Auditor would be in a position, once he had received the final signed accounts and the signed letter of management representation, to issue the audit report, and the audit report would be an unqualified opinion on the Authority's financial statements.

The External Auditor also advised Members that he had not identified any significant weaknesses, in the arrangements for economy, efficiency and effectiveness in the use of resources. Within three months of issuing the audit report, the Authority would receive an annual audit report which would summarise its understanding of the Authority's arrangements across the three criteria set by the National Audit Office. As part of looking at the Authority's value for money

arrangements, External Audit had looked at financial resilience, the current budget, the medium term financial plan and strategy, the final position of the project for the Blue Light Hub, how the Authority had responded to the Inspectorates findings and recommendations, and taking all of those matters into account, there had been no significant weaknesses identified. The External Auditor was pleased with the way the Authority's Finance team had responded to the audit process, by quality of work, explanations, and responsiveness to audit queries.

The External Auditor advised Members that he was anticipating issuing the audit report on Monday 21 March 2022.

RESOLVED –

That the content of the report be noted.

OA41

LETTER OF MANAGEMENT REPRESENTATION 2020/21

The Principal Accountant presented Members with an updated Letter of Management Representation for the financial year 2020-21 which captured an amendment made since the reports for this meeting were produced. This amendment was within Section A 5, which required a reason for not adjusting the identified audit differences. The reason for not making the adjustments was due to the values presented being immaterial to the account as a whole. Furthermore, an Internal Audit on Core Financial Controls was carried out annually which audits the adequacy and effectiveness of the system of internal controls. The consistent substantive audit rating gave confidence and reassurance that the systems of controls in place to manage and mitigate financial and non-financial risks to the system did not warrant adjusting the immaterial differences identified by the Auditors. These differences can be seen within the Audit Results report.

The Letter of Management Representation was a legislative requirement and a self-explanatory report. Information contained within this letter contributes towards the auditors being able to form their final opinion as to whether the financial statements give a true and fair view of the Authority's financial position. This letter would be signed off by the Director of Finance & Assets and the Chairman of the Overview and Audit Committee following the meeting.

Resolved –

That the Letter of Representation be approved for signature by the Chief Finance Officer and the Chairman of the Overview and Audit Committee.

OA42

ADOPTION OF THE AUDITED STATEMENT OF ACCOUNTS – YEAR ENDED 31 MARCH 2021

The Principal Accountant presented to Members the Statement of Accounts for the year ended 31 March 2021. These show the financial detail of the services the Authority had provided, together with

explanatory notes, the resources consumed and the financial position at the end of the year compared with the previous year. When putting together the Accounts, the Authority had followed the CIPFA Code of Practice on Local Authority Accounting in the UK 2020/21: Based on IFRS, the Code. The Accounts were drawn up in accordance with the accounting policies which were set out in detail within the Statement of Accounting Policies section.

The responsibility for the proper administration of the Authority's financial affairs was vested in the Director of Finance and Assets who was required by law to confirm that the Authority's system of internal controls could be relied upon to produce an accurate Statement of Accounts. The Accounts contain four main statements. Each of the four main statements were supported by disclosure notes providing additional detail to figures presented. The four main statements were; Movement in Reserves Statement - this statement showed the changes in the financial resources over the year; Comprehensive Income and Expenditure Statement - this statement showed the gains and losses that contributed towards the changes in resources shown in the Movement in Reserves Statement; Balance Sheet - this statement showed how the resources available were held in the form of assets and liabilities and the Cash Flow Statement - this statement showed how the movement in resources had been reflected in cash flows.

The Principal Accountant advised Members that the Accounts also contained information regarding the Firefighters' Pension Fund Account. Along with a Narrative Statement which provided information about the Authority including Key Facts about the Authority, Financial Performance in 2020/21, Corporate Risks, the Pandemic, and a Going Concern Review. The auditor's report would be added to the document before publication.

The Principal Accountant advised Members that there was a 16 percent decrease in the total of non-current assets, the reason for the reduction was Bletchley Fire Station being sold during the financial year, which included an investment property on this site, and reporting Great Holm Fire Station as an asset held for sale, which was not shown separately in the Accounts due to details surrounding the sale being commercially sensitive. Assets under construction related to the build of the Blue Light Hub that was completed during 2020/21 and following an independent valuation, the value of the property was now seen within Land and Buildings. The valuation of all other property had fallen slightly following the independent valuations and the market position at the time.

The Principal Accountant advised Members that there was a 22 percent decrease overall in the current liabilities compared to the previous year. The main reason for the difference was a decrease seen in short term creditors on business rates relief grant seen in 2019-20, but not 2020-21

and more noticeably a large decrease in provisions of £1.08m, which included a reduction in the NNDR appeals provision and fully utilising the injury pensions provision.

The Principal Accountant advised that non-current / long term liabilities had increase by 25 percent in the long-term liabilities compared to the previous year. The majority of this increase was due to the liability relating to the defined benefit pension scheme. There was a change to the financial assumptions used by the Actuary, which included a significant change on the 'discount rate' Inflation expectations, which resulted in a higher value being placed on the defined benefit obligation. This increase was offset by the pension reserve. Usable Reserves had increase by 27 percent and the Unusable Reserves had increased by 34 percent.

A Member asked how much of the reserves had been used to fund day-to-day activity.

The Deputy Director of Finance and Assets responded by saying that in terms of the day-to-day activity for this coming year, the Authority had set aside £1.1m use of reserves to balance the budget for 2021/22. In reality, the Authority would not be using it, as there had been some underspend within existing budgets, additional government funding and additional funding from a rate review that had been carried out. Setting the budget for next year, a balanced budget had been set without the use of reserves from the revenue expenditure. In terms of the capital expenditure, the Authority does not receive any capital funding from government, so the Authority allocates revenue budget to transfer in the region of £1.4-£1.9m to fund capital projects.

A Member asked with regard to Human Resources why the amount had dropped by £96k, was it a recruitment issue, or were there less people than at the beginning of the year.

The Deputy Director of Finance and Assets confirmed that the budget for Human Resources was £542k and the Authority spent £446k, so there was an underspend of £96k. This was due to some vacancies within Human Resources. The Deputy Director of Finance and Assets confirmed that the vacancies had now been filled and Human Resources was back to full establishment.

Resolved –

1. That the matters raised by the external auditors be considered.
2. That the Statement of Accounts for the financial year ended 31 March 2021 be approved for signing by the Chairman of the Overview and Audit Committee.

OA43 INTERNAL AUDIT REPORT - FINAL AUDIT REPORTS

The Internal Audit Manager advised that the purpose of this paper was to update Members on the progress of the annual Internal Audit Plan

since the last meeting. Work had progressed according to the 2021/22 plan, and regular discussions had been held with the Director of Finance and Assets to monitor progress. The following 2021/22 internal audits have been finalised: Core Financial Controls (Substantial Opinion), HR People Management (Reasonable Opinion), Procurement Governance and Compliance (Reasonable Opinion), Portfolio Management Office Assurance (Reasonable Opinion), Blue Light Hub – Post Project Evaluations (Limited Opinion). Fieldwork for the Asset Management System Process Mapping was currently in progress and the final report for this review would be presented to Members at the next Overview and Audit Committee meeting.

The Internal Audit Manager took Members through the first four final audit reports. The Blue Light Hub – Post Project Evaluation, would be discussed at the end of the meeting in the exempt session.

RESOLVED –

That Members note the final audit reports, Core Financial Controls, HR People Management, Procurement Governance and Compliance and Portfolio Management Office Assurance for FY 2021/22.

OA44

INTERNAL AUDIT REPORT – UPDATE ON PROGRESS OF AUDIT RECOMMENDATIONS

The Internal Audit Manager advised that the purpose of this paper was to update Members on the progress of the implementation of audit recommendations made as at 14 February 2022. In total there were 63 recommendations to report on the status of which were classified as follows: implemented – 49/63 (78%), in-progress - 2/63 (3%) and past due date (In-progress) – 12/63 (19%). Internal Audit continued to actively monitor implementation of all outstanding recommendations throughout the year.

A Member asked if one of the ‘high priority’ risks was an inability to account for some of the equipment or that the equipment had worn out.

The Head of Covid-19 Preparedness and Response advised that as Members could see, the project work following the audit had moved into Q1 of this year, the reason for this was because the scanners the Service purchased to make the process improvement were ordered and arrived October. Due to the Omicron wave, face to face training had to be delayed. The work was ongoing and would be completed in Q1 this year.

RESOLVED –

That the progress on implementation of recommendations be noted.

OA45

INTERNAL AUDIT REPORT – UPDATE ON THE 2021/22 ANNUAL AUDIT PLAN

The Internal Audit Manager advised that the purpose of this paper was to update Members on the progress of the annual Internal Audit Plan since the last meeting. Work had progressed according to the 2021/22 plan, and regular discussions have been held with the Director of Finance and Assets to monitor progress. The following 2021/22 internal audits had been finalised, Core Financial Controls (Substantial Opinion), HR People Management (Reasonable Opinion), Procurement Governance and Compliance (Reasonable Opinion), Portfolio Management Office Assurance (Reasonable Opinion) and the Blue Light Hub – Post Project Evaluations (Limited Opinion).

Fieldwork for the Asset Management System Process Mapping was currently in progress. The HR/Payroll Process mapping audit had been deferred to quarter one to allow the new officers to settle into their roles. The final reports would be presented to Members at the next Overview and Audit Committee meeting.

RESOLVED –

That Members note the progress on the Annual Internal Audit Plan.

OA46

INTERNAL AUDIT REPORT – INTERNAL AUDIT STRATEGY AND ANNUAL INTERNAL AUDIT PLAN 2022/23

The Internal Audit Manager advised that the paper sets out the Internal Audit Strategy and the proposed Internal Audit Plan for 2021/22 for the approval of the Committee. Buckinghamshire Council's Business Assurance Team were responsible for implementing the Authority's internal audit standard strategy through delivery of work programmes in accordance with an agreed service level agreement. This report details the internal audit strategy for the year and the proposed internal audit plan for approval. The Authority must undertake an effective internal audit to evaluate the effectiveness of its risk management control and governance processes taking into account Public Sector Internal Audit standards and guidance. Proper internal audit practices were defined in the Public Sector Internal Audit Standards 2017.

The Internal Audit Manager advised Members that this strategy sets out Internal Audit's approach for the delivery of the internal audit plan and how they would approach each order assignment. Internal Audit had a partnership with the Apex Audit Framework hosted by the London Borough of Croydon. This partnership arrangement included an element of a call off contract should it be necessary to outsource specific technical audits such as IT and/or complex contract audits that may be on the plan. The key part of the strategy was to ensure right skill mixes and resource exist to deliver an effective service. For 2022/23 Internal Audit would aim to continue with the resource

allocated for each assignment and oversee the program of work, ensuring work was delivered on time and to the correct quality.

The Internal Audit Manager advised Members that Internal Audit would continue to present the quarterly plans and progress to this Committee and subsequently qualified and experienced auditors would be allocated to each assignment. The draft internal audit plan had been developed in consultation with the Strategic Management Board and consideration of the Authority's Corporate Plan, strategic risk and previous audit activity.

A Member asked what the contingency days were used for.

The Internal Audit Manager advised that contingency was the number of days that were allocated against the audit plan should a new risk area be identified. Internal Audit held regular meetings with the Director of Finance and Assets and through those discussions, would identify any new key risks or emerging areas that might want to be considered for inclusion in the plan during the year. So essentially, a number of days were set aside should they be needed for a particular piece of work.

RESOLVED –

That Members note the Internal Audit Strategy and approve the Annual Internal Audit Plan

OA47

CORPORATE RISK MANAGEMENT

The Corporate Planning Manager advised Members that this was the regular report on the status of corporate risks which was presented to every meeting of the Committee. This report reflected any changes and updates made since the last meeting in November 2021. Since then, the risk register had been subject to regular review by officers at the Performance Monitoring and Strategic Management Boards, and also by Lead Members where individual risks fall within their areas of reference. As Members would see, there had been some changes to the probability and impact scores and also, RAG statuses of some of the risks since the last report.

Firstly, in relation to the staff availability risk, 18 new wholetime firefighter recruits had joined the Service on 1 March 2022 and commenced training at the Fire Service College. However, it was decided to maintain the current risk score and red RAG status for this risk in light of the potential impact of London Fire Brigade's current firefighter recruitment campaign.

The Deputy Chief Fire Officer advised Members that officers were monitoring the situation very closely around the London Fire Brigade recruitment campaign, as with the London weighting, it was quite an attractive proposition for firefighters to transfer across. The Service was in dialogue with London Fire Brigade to ensure they didn't take everybody all at once, as there was some anecdotal evidence that a

number of people had applied. Officers were also in dialogue with the training provider around additional recruit courses later in the year. There was also a Recruitment Board being set up to maintain the recruitment momentum moving forward to cover any gaps that may appear.

The Corporate Planning Manager advised that in relation to the funding and savings risk, Members would see that the risk score and RAG status had been lowered in light of the Authority's decision in February to raise the Council Tax Precept by £5. However, it had only been reduced from red to the top end of the amber spectrum, as there were still some uncertainties in relation to central government funding and there was, of course, the impact of growing inflationary pressures to consider which were already manifesting themselves in terms of increasing costs for energy, fuel and other consumables.

In relation to the information security risk, viruses and malware remain a very live and potent risk to information, communication and operating systems, and ever more so, in light of current events. The latest advice from GCHQ's National Cyber Security Centre in relation to the potential for Russia to use this medium to hit back at countries that have deployed economic sanctions and other trade related measures in response to its invasion of Ukraine. Officers continued to do everything possible to protect the Authority's systems and Members would see from the risk update that the Authority was now a subscriber to the South-East Employers (SEE) sub-group South-East Government Warning, Advisory and Reporting Point (SEGWARP), which shared knowledge, resources and benchmarking amongst participating IT Security Specialists and IT Managers.

The Corporate Planning Manager advised Members that regarding the Covid resurgence, the Authority had been progressively restoring services that were paused or restricted due to Covid, subject to maintenance of appropriate controls to avoid risk of transmission to the public or amongst its own staff. Given the government's relaxation of the various legal control measures and reducing absence levels, the impact score had been lowered for this risk putting it at the lower end of the amber RAG spectrum.

With regard to the impact in changes to the Firefighter Pension Scheme and the latest position in relation to the McCloud Sargeant pensions risk. Here Members would see that the risk score and RAG status had been reduced from red to amber, given a reduced potential for significant, immediate losses of staff compared with when the remedy was introduced. Though obviously the potential for increased financial liabilities remained.

A Member asked that if some firefighters were leaving to join London Fire Brigade, and the Service was currently recruiting trainees, was monitoring in place to ensure that current firefighters were not

overburdened with their daily work rate, with what they can physically do, and how many hours they can physically work.

The Deputy Chief Fire Officer advised that there were safeguards in place to ensure that all employees comply with working time regulations, and it was monitored very closely. With the additional funding that was being made available this year, the whole-time establishment figures were being increased, which would mean there would be a lesser need to use the bank system.

A Member asked with the additional funding, what was the optimum number of firefighters in order to ensure both the safety of the staff, but also the safety of its residents.

The Deputy Chief Fire Officer advised that the establishment was increased two years ago with an additional ten firefighters. He also advised that all overtime was voluntary, and the service did not require anybody to do any additional hours, over their contracted hours.

A Member asked what the restriction on recruitment was, was it the number of firefighters that could actually be trained, or a restriction on the budget.

The Deputy Chief Fire Officer confirmed it was a mixture of both. In the past it was always around budgets, with not having a longer-term financial settlement, it had always been difficult to plan when to recruit. This year, with the additional funding, the Service could plan its recruitment. A new recruitment board had been established to help drive the recruitment forward.

A Member asked if staff should attend work if they had Covid-19 and was advised that the Authority had followed the government guidance from the beginning of the pandemic, and the advice was not to go into work if they had tested positive with Covid-19.

A Member asked if staff were paid sick pay if they were absent with Covid-19 and was advised that yes they were, and also Covid-19 absence would not contribute to their overall absence monitoring.

RESOLVED –

1. That the status on identified corporate risks at Annex C be reviewed and approved.
2. That comments be provided to officers for consideration and attention in future updates / reports.

OA48 2020/21 STATEMENT OF ASSURANCE

The Corporate Planning Manager advised Members that the requirement to produce an annual Statement of Assurance was introduced by the 2012 Fire and Rescue National Framework for England and re-confirmed most recently in the 2018 Framework.

The format and content of the statement was based on government guidance published in 2013. The guidance had not been updated since then and therefore remains extant.

As Members would see, the Statement covered the period April 2020 – March 2021. The Round 2 HMICFRS inspection and outcome thereof which was reported to the Authority in February would be included in the 2021/22 Statement. However, the outcome of the HMICFRS Covid inspection, which was undertaken in November 2020 and reported to the Committee in March 2021, was included.

Usually, this Statement would be presented to Members at the November meeting of the Committee, however, due to the timing of the completion of the external audit of the financial statements, the Statement of Assurance was the last link in the governance chain and could not be finalised until all the other inputs were completed.

The Statement of Assurance serves as a precis and overview of the outcomes of the more detailed underlying assurance activities ranging across the financial, governance and operational functions and processes and that were reported to the Committee during the course of the 2020/21 financial year.

RESOLVED –

That the 2020/21 Statement of Assurance be approved for signature by the Chairman of the Overview and Audit Committee and the Chief Fire Officer.

OA49

TREASURY MANAGEMENT PERFORMANCE 2021/22 – QUARTER 3

The Principal Accountant presented to Members the Treasury Management Performance report 2021/22 Quarter 3. The accrued interest earned for 2021/22 Quarter 3 was £30k, which was £7.5k higher than the budget set for the same period. The Authority had achieved the budget set for the full financial year 2021/22 by Quarter 3 and was projected to achieve in the region of £38k interest in total by the end of the financial year.

In terms of investments, as at 30 December 2021, the Authority had £16.5m invested in various counterparties including, banks, buildings societies, money market funds and current accounts. It was anticipated by 31 March 2022 funds invested would be in the region of £14m plus the current account balance, approximately totalling £15m. The reason for the reductions in Quarter 4 was due to two deals maturing in February and March 2022 and not being re-invested, to ensure the Authority could meet its short-term expenditure requirements.

As Members would see from the Investment Chart, the Authority had deals maturing on frequent bases, again to ensure it could meet its short term expenditure requirements. In May 2022 the Authority had a PWLB loan due to be repaid. The value of this loan was £620k and cash

had been made available to repay this loan when due. The repayment does not impact the revenue budget.

In terms of the next financial year, at the Authority meeting on 16 February 2022, Members approved the Treasury Strategy for 2022/23. This strategy had no significant changes compared to the strategy for this financial year. The Bank of England's Monetary Policy Committee (MPC) had increased the base rate in February 2022 to 0.50%. However, the investment income budget set for 2022/23 would remain at £30k. The next review date on interest base rate was 17 March 2022. The reason for this was because the Authority had a number of investments that were made prior to the last two base rate increases and were maturing during 2022/23. Therefore, the Authority would not see the benefit of the base rate increases for the full year and it was also not prudent to rush into increasing the budget without knowing if the interest rates were going to continue at a stable rate. Any additional income above the set budget would be welcome and if the investment income was sustainable for future years, this would be reflected as part of the next MTFP.

Finally, the cashflow position would continue to be monitored on a regular basis to ensure the Authority could meet the short-term expenditure requirements and be able to maintain adequate liquidity.

A Member asked why a loan was being paid off this year.

The Deputy Director of Finance and Assets advised that the loan was actually coming to its maturity and needed to be paid back.

A Member asked for some clarity on the investment strategy and all the counterparties being low risk, should the Authority look at better performers to invest in although they may be higher risk.

The Principal Accountant advised that with regard to counterparties, the Authority can only invest a maximum of £5m or 30% of its total portfolio with one counterparty. Officers speak to various brokers who give the Authority good rates and information on who was performing better etc. Also, officers meet with treasury advisers on a regular basis to discuss what rates were available and what's happening in the market.

The Principal Accountant advised that when he produced the next report he would add ratings.

RESOLVED –

That the Treasury Management Performance 2021/22 – Quarter 3 report be noted.

OA50 HER MAJESTY'S INSPECTORATE OF CONSTABULARY AND FIRE AND RESCUE SERVICES (HMICFRS) – BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE (BFRS) IMPROVEMENT PLAN UPDATE

The Head of Covid-19 Response and Preparedness introduced the revised HMICFRS action plan, following the round two full inspection report which went to the February Authority meeting. The format had been refreshed, to align to the Portfolio Management Office Programme Register. Member's would see that improvement findings had been linked to existing projects and programmes wherever possible and the vast majority of HMI findings did already fit into existing work, or BAU improvements. In future, the progress updates would draw directly from the PMO register which would be more efficient for reporting.

The Head of Covid-19 Response and Preparedness advised Members that a dashboard had been included to give a top level view of progress, and Members would see it was already demonstrating progress against many of the findings, with three areas completed and 19 on track. The plan had been split into the three tabs to reflect the inspection pillars of effectiveness, efficiency and people. There was also a column as to whether the finding had been accepted by the Authority. Also included was a good practice tab, which was extracted from the narrative of the report. Officers felt it was important not to lose sight of all the good work that had been done since the round 1 inspection. This idea had been shared with HMICFRS and they were very enthused by this approach.

RESOLVED –

That the Committee note the revised HMICFRS - BFRS improvement plan.

OA51 GRENELL INFRASTRUCTURE UPDATE (FEBRUARY 2022)

The Head of Covid-19 Preparedness and Response advised Members that following the conclusion of Phase 1 of the Inquiry, there were 46 recommendations made that the Service had incorporated into an improvement plan. This plan was coordinated through the Technical Team and sponsored by the Head of Protection and Assurance. Of the 46 recommendations there were 45 actions identified. To date, the Service had been able to complete 17 and made significant progress on 27. There was now only one recommendation waiting to be implemented; 'Responsible persons of high-rise residential building be required by law to include up-to-date information about persons with reduced mobility and their associated PEEPs in the premises information box'. The working group had been waiting for results on formal consultation from the Home Office on legislative requirements for PEEPs before progress was made against the recommendation. This was finally received in January and progress against this action would commence shortly.

The Phase 2 part of the Inquiry was currently ongoing. Many of the agreed modules had now concluded with module five and module six (firefighting) closing statements taking place on 24 January 2022. Module 6 (testing & government) was currently underway. It was anticipated that there would be additional recommendations for fire and rescue services to review and action once the Phase 2 report was published.

The Service continued to be proactive in implementing the learning from the Grenfell Tower Inquiry. This had been recognised in the HMICFRS report published in December 2021. The inspectorate team found that the Service had responded positively and proactively to the lessons learned from this tragedy. Highlighting that the Service delivered the high-rise audit programme ahead of schedule and suggested it was well positioned to improve its information about high-rise risk.

RESOLVED –

That the report is noted.

OA52

FORWARD PLAN

The Chairman brought the Forward Plan for future Overview and Audit Committee meetings to the attention of Members.

RESOLVED –

That the Forward Plan be noted.

OA53

EXCLUSION OF PRESS AND PUBLIC

To consider excluding the public and press representatives from the meeting by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as the Appendix contains information relating to the financial or business affairs of a person (including the Authority); and on these grounds it is considered the need to keep information exempt outweighs the public interest in disclosing the information.

OA54

INTERNAL AUDIT REPORT – FINAL AUDIT REPORT – BLUE LIGHT HUB POST EVALUATION PROJECT

The Committee considered the report, details of which were noted in the confidential/exempt minutes.

OA55

DATE OF NEXT MEETING

The Committee noted that the date of the next Overview and Audit Committee meeting would be held on Wednesday 20 July 2022 at 10.00am.

THE CHAIRMAN CLOSED THE MEETING AT 11:49 AM.



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Internal Audit Report – Final Audit Reports

Lead Member: Councillor David Carroll

Report sponsor: Mark Hemming – Director of Finance and Assets

Author and contact: Maggie Gibb – Chief Internal Auditor,
Maggie.Gibb@buckinghamshire.gov.uk, 01296 387327

Action: Noting

Recommendations: That Members note the final audit reports for FY 2021/22

Executive summary: The purpose of this paper is to update Members on the findings of the finalised Internal Audit reports issued since the last Overview and Audit Committee meeting.

The Asset Management System Process Mapping Review has been finalised and based on the work undertaken the Internal Audit Team have made eight new recommendations to help further improve the control framework.

Work is being progressed to ensure that the approved 2022/23 plan is being delivered, and regular discussions are held with the Director of Finance and Assets to monitor progress.

Financial implications: The audit work is contained within the 2021/22 budget.

Risk management: There are no risk implications arising from this report.

Legal implications: There are no legal implications arising from this report.

Privacy and security implications: There are no privacy and security implications arising from this report.

Duty to collaborate: Not applicable.

Health and safety implications: There are no health and safety implications arising from this report.

Environmental implications: There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications: There are no equality and diversity implications arising from this report.

Consultation and communication: Not applicable.

Background papers:

| Appendix | Title | Protective Marking |
|-----------------|---|---------------------------|
| A | Asset Management Process Mapping Report | Not applicable |



Appendix A - Asset Management Process Mapping

May 2022



Introduction

This report provides a summary of the Asset Management System Process Review, which evaluated the processes relating to data held on the RedKite Asset Management System and also included an understanding and mapping of the manual Asset Management processes completed outside of RedKite. We conducted walkthroughs with relevant personnel who work with the systems to understand the current processes in place, which has allowed us to map the systems in a “swim-lane” format, highlighting individual responsibilities.

Reviews were conducted for each process that results in a data entry on RedKite, roles and responsibilities, as well as the governance arrangements in place to provide adequate oversight of; the asset management system, related manual processes, reconciliations and reporting procedures in place.

The slides for each process provide an overview of the control gaps that we observed. Comprehensive process maps are linked to each process summary and through these links the detailed process maps can be viewed.

In our review of the Asset Management System control framework, we have also considered the findings raised in previous internal audit reviews the Asset Management System. We have evaluated the progress made to implement these actions.

| Process | Slide |
|--------------------------------------|-------|
| Asset Additions | 5 |
| Defects (Operational equipment) | 7 |
| Disposals | 8 |
| Inventory | 9 |
| Tests | 10 |
| Uniforms and Badges | 11 |
| RedKite Users | 12 |
| Follow-Up of Previous Audit Findings | 32 |

RedKite Purpose and Key Functions

The RedKite Asset Management System is an electronic asset management system that tracks assets and automates the management of scheduled and unscheduled preventative maintenance and safety checks. It aims to save time and money by reducing asset downtime, prolonging the operational life of assets and ensuring assets are safe to use.

Asset register

- Hierarchical structure allows 'classes' of assets to be defined, with types of asset belonging to each class and then details of every asset of a specific type.
- An asset can be a location for other assets providing a parent / child relationship. Assets can be assigned to locations, other assets or people and can either be fixed or floating.

The screenshot shows the 'Tests' page in the RedKite system. At the top, it displays 'User No.: 9999', 'Central System', and 'Current Location: All Locations'. Below this is a search bar for 'User No. of person who tested equipment: 9999' with a 'Find' button. There are also buttons for 'Equipment code', 'Barcode No.', and 'Serial No.', along with 'Enter', 'Close', 'Test History', 'Data Sheet', and 'Select Due Test'. The main part of the page is a table with the following data:

| Equipment | Description | Test Type | Due date | Barcode No. |
|------------|----------------------------------|-----------|------------|-------------|
| 0800216072 | HOSE DELIVERY 64MM | ANNUAL | 29/06/2022 | H1010 |
| 0800216071 | HOSE DELIVERY 64MM | ANNUAL | 24/06/2022 | H1009 |
| 0800217040 | HOSE DELIVERY 64MM | ANNUAL | 24/06/2022 | H1204 |
| 0800250694 | HOSE DELIVERY 64MM | ANNUAL | 24/06/2022 | H0679 |
| FW00150030 | FIRE ALARM | WEEKLY | 15/06/2022 | P01621 |
| 0C00921002 | IEC KIT BAG | WEEKLY | 14/06/2022 | 0103883 |
| 0C00918005 | IEC KIT BAG | WEEKLY | 13/06/2022 | 0100635 |
| 0C00918006 | IEC KIT BAG | WEEKLY | 13/06/2022 | 0100636 |
| 0C00918016 | IEC KIT BAG | WEEKLY | 13/06/2022 | 0100606 |
| 0C00918021 | IEC KIT BAG | WEEKLY | 13/06/2022 | 0101187 |
| 0A03920017 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0101055 |
| 0A03920018 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0101054 |
| 0A03920022 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0101059 |
| 0A03920039 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102043 |
| 0A03920040 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102059 |
| 0A03920071 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102050 |
| 0A03920072 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102086 |
| 0A03920078 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102060 |
| 0A03920082 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102099 |
| 0A03920086 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102522 |
| 0A03920089 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102513 |
| 0A03920091 | FIRE ESCAPE HOOD | WEEKLY | 12/06/2022 | 0102590 |
| 0830420006 | STANDARD KEYS BOX | WEEKLY | 11/06/2022 | 0797594 |
| 0830420009 | STANDARD KEYS BOX | WEEKLY | 11/06/2022 | 0797597 |
| 0830420016 | STANDARD KEYS BOX | WEEKLY | 11/06/2022 | 0797604 |
| 0830420019 | STANDARD KEYS BOX | WEEKLY | 11/06/2022 | 0797607 |
| 0702118002 | APPLIANCE TANK FLUSHING (WEEKLY) | WEEKLY | 11/06/2022 | 0794109 |
| VB00117002 | LIGHTS | WEEKLY | 11/06/2022 | V0028 |
| VB00217002 | HORN | WEEKLY | 11/06/2022 | V0029 |

A horizontal row of six buttons: Test, Move, Find, Defects, Status, Reports.

The 'Equipment Search' dialog box contains an 'Equipment code' field with four input boxes. Below it is a 'Search:' dropdown menu set to 'Barcode No.' and a 'Text to search for:' text input field. At the bottom are 'Find' and 'Close' buttons.

The 'Report Selection' dialog box shows a 'Category' dropdown menu with options: User Reports, Supervisory Reports, Property Reports. Below it is a 'Reports' dropdown menu with options: Test Schedule, System Inventory, Tests Undertaken, Inventories undertaken, Tests due, Equipment moved from location, Equipment moved to location, Missing / Not Found Equipment, Current Missing / Not Found Equipment, Personnel Competence Level, Uninitialised Tests, Life Expiry, Equipment allocated to people, Off The Run Report, Locked move attempts, Inventories completed. There are also 'Location' and 'Sub Location' dropdowns, a 'Group:' dropdown, an 'Item:' dropdown, 'Date From:' and 'Date To:' date pickers (both set to 9 June 2022), and a 'Test Type:' dropdown. At the bottom are 'Select' and 'Back' buttons.

RedKite Purpose and Key Functions cntd.

Defect management

- Keeps track of where assets that need repairing or replacing are and be kept informed of progress.
- When a defect is reported on the system, responsible personnel are notified automatically by e-mail.
- The status of defects can be readily viewed – a link on the side bar takes you through to all areas of defect management.
- Colour codes show the priority of each defect.

Record of maintenance and safety checks

- Each type of asset will carry its own set of preventative maintenance and safety checks.
- Tests can be recorded either manually or electronically via barcode and RFID readers used to scan the barcodes on labelled assets.

Bulk tasks

- Allows assets to be 'Bulk added' to the asset register, 'bulk allocated' to one or more locations or individuals and the activity cycle for maintenance or safety activities can be 'bulk initiated'.
- The results of safety tests or maintenance activities from an external contractor can also be 'bulk imported'.

Custom access rights

- Provides senior management with a centralised overview of the status of assets across all or part of the organisation.
- Provides line management with a local overview of the status of assets
- Provides front line personnel with tools to undertake tasks efficiently.

Management reports

- Reports, with both local and centralised views, provide a wide range of useful management information on data held in different parts of the system.
- Reports can be customised.

Executive Summary

The purpose of this assurance review was to gain oversight of Redkite, including the manual systems and processes that feed into it, to enable a complete understanding of the system architecture and further ensure that the asset management processes are adequate.

The 2020/21 Asset Management System Audit and 2018/19 Stores Audit both identified weaknesses in the system of internal control. The 2020/21 Asset Management System Audit highlighted that the Asset Team would benefit from mapping the process end-to-end to; better understand their processes, highlight where improvements can be made, and help build resilience.

The Asset Management Process Mapping Exercise follows on from the following previous internal audit reviews :

- **2020/21 Asset Management System audit** – six high and four medium priority findings were raised. The overall audit opinion was **Partial** *(Please note that the assurance opinions were changed in 2020/21 where we introduced 'Partial' as a new conclusion on the system of internal control. However, effective 2022/23 these were revised to be in line with the CIPFA recommended opinions).*
- **2018/19 Stores audit** – four high, two medium and one low priority findings were raised. The overall audit opinion was **Limited**.
- **2015/16 Asset Management audit** – four high, three medium and one low priority findings were raised. The overall audit opinion was **Reasonable**.

The table below provides a summary of all the findings raised and their implementation status:

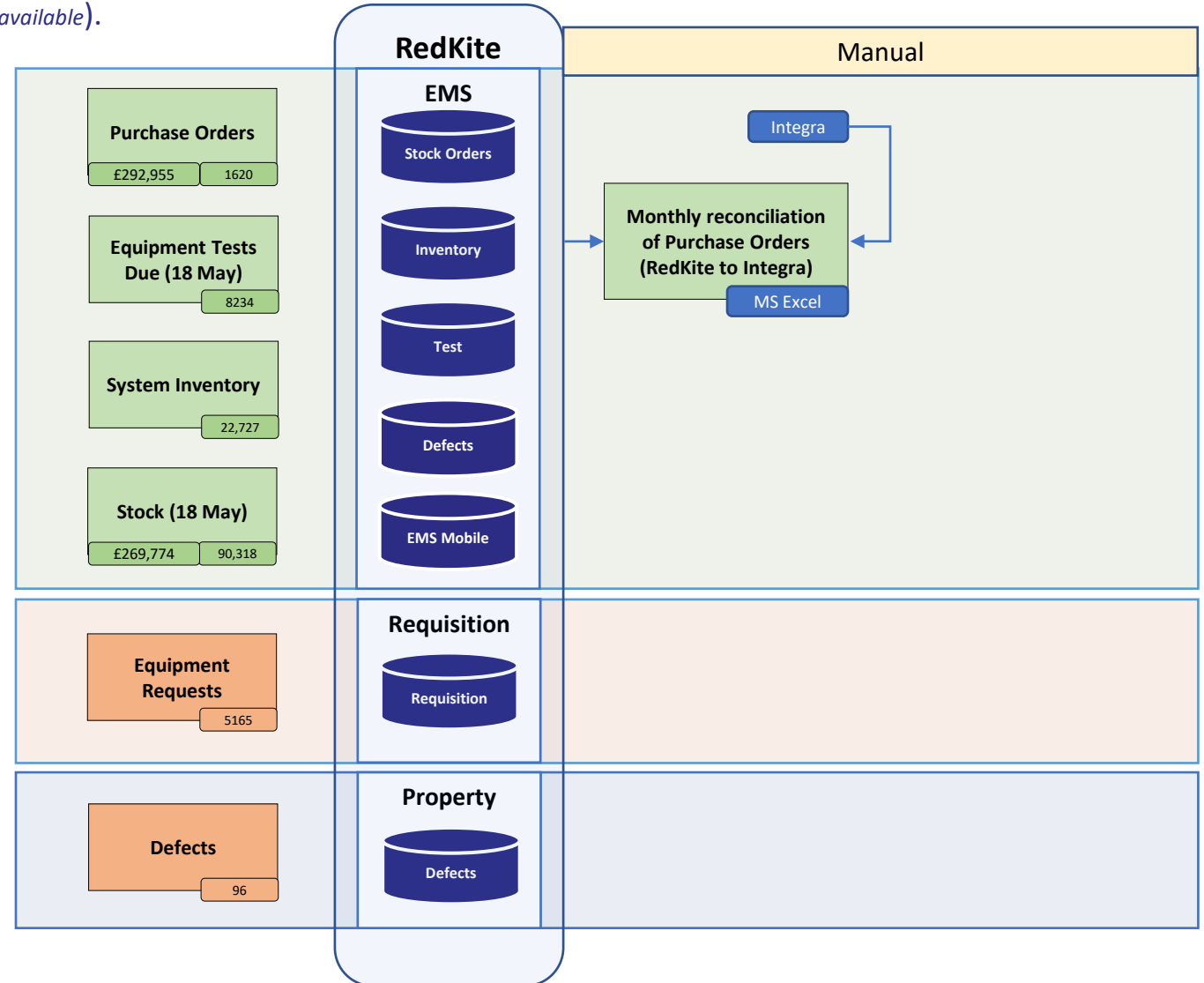
| Internal Audit Title and Year | Number of Findings | High Priority | | | Medium Priority | | | Low Priority | | |
|---------------------------------|--------------------|---------------|-----------------------|-----------------|-----------------|-----------------------|-----------------|--------------|-----------------------|-----------------|
| | | Implemented | Partially Implemented | Not Implemented | Implemented | Partially Implemented | Not Implemented | Implemented | Partially Implemented | Not Implemented |
| Asset Management System 2020/21 | 10 | 1 | 5 | - | 3 | 1 | - | - | - | - |
| Stores 2018/19 | 7 | 4 | - | - | 2 | - | - | 1 | - | - |
| Asset Management 2015/16 | 8 | 4 | - | - | 3 | - | - | 1 | - | - |
| Total | 25 | 9 | 5 | - | 8 | 1 | - | 2 | - | - |

System Process Overview

The below diagram provides an overview of the different RedKite modules, the data sets and the associated volumes and values for FY21-22 displayed underneath each key data type held on RedKite (*where available*).

Comments / Limitations on data:

- Figures were retrieved from reports generated from RedKite.
- Data for Equipment Tests Due and Stock was not available for the Financial Year, so a snapshot of volumes and values (where available) as per RedKite on 18 May has been provided.
- The January 2021 internal audit report of the Asset Management System noted that the record of tests due as per RedKite is unreliable and may not be accurate. This issue is expounded on as part of the Tests Process review (*see slide 12*).
- The review noted that records of stock held on RedKite were also likely to be inaccurate/ unreliable. System reports extracted from RedKite on stock levels were not correctly aligned and did not display minimum stock levels. This issue is highlighted as part of the Asset Additions Process review (*see slide 7*).
- We can therefore not be certain that the volumes and values data provided for these equipment Tests and Stock level are accurate.
- We observed general limitations regarding the management information that can be produced from the RedKite system. For some data sets we were unable to obtain the total financial value, with only the volume of activities being available.
- It is our recommendation that the service should make improvements on the reporting capabilities of the system and ensure that key management information that can enable complete oversight of all assets and support decision making in the management of the assets should be available.



Asset Additions

Summary – Assets are purchased on Integra, in line with the corporate ordering process. When they are received, they are barcoded and the barcode number is recorded on RedKite.

Interview List – Maria Darrell (Asset Management and Equipment Manager), Tony Hart (Asset Management Technician), Chris Cook (Asset Management Technician), Carl Hayward (Station Commander Research & Development)

Control Risk Observations and Recommendations

| Area | Observations | Previously raised? | Risk Rating | Recommendation |
|----------------------------|--|--------------------------------|-------------|---|
| System Stock Levels | <p>(1) Walkthrough of the stock re-order process and discussion with the Asset Management Team established that stock is not re-ordered when stock levels fall below the 're-order' level set within the system. In some cases stock levels are also allowed to fall below the 'minimum' level. Discussion with the Asset Management and Equipment Manager established that the system parameters for stock levels of assets recorded within the system were set when the RedKite system was introduced in 2014. The 're-order' and 'minimum' levels were set as arbitrary figures in many cases and are not based on usage or equipment requirements. They have also not been edited since they were introduced.</p> <p>Review of the Re-order Levels Report, run on 18 May 2022, found that 524 of the 1016 items listed were below the re-order level. Of these, 452 were also below the minimum stock level for that item.</p> | No | H | <p>Parameters for stock levels set within the RedKite system should be revisited and changed so that these can be relied upon for monitoring and reordering stock. This function should then be used to decide whether stock should be re-ordered, this will limit the reliance on internal knowledge.</p> <p>Additionally, management information produced from the RedKite system should be reviewed to ensure that key data is accurately and completely captured for reporting purposes..</p> |
| Recording of assets | <p>(19) As part of the 2020/21 Asset Management System audit, a sample of 25 items was selected from the report of current assets generated from RedKite to check whether the assets could be found in the Stores and Workshops area. Of the 25 assets:</p> <ul style="list-style-type: none"> Sixteen assets could not be found. In one of these 16 cases, the asset had a system-assigned equipment number but no barcode number or serial number, which are the numbers used by the Authority to identify assets uniquely. If the asset was present in Stores, there would be no unique identifier in RedKite to identify the asset. Values were listed for six of the 16 items that were not located. The highest of these was £345. The total value of items not found for which the value was listed was £687.69. <p>A further sample of 25 items was selected at random from the Stores area to check whether the assets could be identified on the Asset Management System. Of the 25 assets selected:</p> <ul style="list-style-type: none"> Seven did not have a label or tag with the barcode number. Of the seven that were not marked or labelled, three had a serial number. However, the serial number could not be found in RedKite. In the 18 cases where the asset had a barcode label, nine assets could not be identified on RedKite. | January 2021; February 2019 | H | <p>Equipment should be checked to ensure that it has an asset/barcode tag and that this is recorded against the serial number of the equipment item and recorded on RedKite. This check should be carried out as part of the annual Stock Check.</p> |

(**) – shows the process step in question – see map for further details

Asset Additions cntd.

Control Risk Observations and Recommendations

| Area | Observations | Previously raised? | Risk Rating | Recommendation |
|---------------------------------|---|--------------------|-------------|---|
| Categorisation of assets | <p>(20) Review of RedKite and discussion with the Asset Management Technicians and Asset Management & Equipment Manager established that there is not a risk-based system in place for categorising assets. RedKite categorises equipment by the type of activity the equipment is used for (e.g. working at height) and there is informal knowledge amongst staff of critical equipment to maintain in stock. However, a formal categorisation of assets by operational risk (e.g. risk to firefighters safety) is not in place.</p> <p>Internal Audit has previously raised findings around inaccurate recording of assets within the RedKite system, partially due to assets not being assigned a barcode number or serial numbers not being recorded on RedKite. Establishing a criteria whereby assets within a certain risk category or above a certain value are prioritised for recording would ensure that the most critical assets are recorded and can therefore be adequately monitored and maintained.</p> | No | H | Introduce a categorisation of assets based on the risk of not having the asset available for use. This could either be included as part of the categorisation on RedKite, or could sit alongside RedKite to assist with marking and recording assets and maintaining adequate stock levels of critical equipment. |

(**) – shows the process step in question – see map for further details

Defects (Operational equipment)

Summary – Defects for operational equipment are recorded on RedKite by Fire Crews when carrying out equipment tests and during day-to-day operations. Equipment is either repaired in-house or sent to the equipment supplier, depending on the defect. There is a ‘Parcel-2-Go’ subprocess for sending assets to suppliers.

Interview List – Maria Darrell (Asset Management and Equipment Manager), Tony Hart (Asset Management Technician), Chris Cook (Asset Management Technician)

Control Risk Observations and Recommendations

| Area | Observations | Previously raised? | Risk Rating | Recommendation |
|---------------------------------|---|--------------------|-------------|--|
| Categorisation of Assets | <p>(6) Review of RedKite and discussion with the Asset Management Technicians and Asset Management and Equipment Manager established that there is not a risk-based system in place for categorising assets. RedKite categorises equipment by the type of activity the equipment is used for (e.g. working at height) and there is informal knowledge amongst staff of critical equipment to maintain in stock. However, a formal categorisation of assets by operational risk (e.g. risk to firefighters’ lives) is not in place.</p> <p>An effective categorisation of assets would mean defected equipment is prioritised for repair based on the risk of not having the asset available for use, with additional equipment purchased where necessary.</p> | No | H | Introduce a categorisation of assets based on the risk of not having the asset available for use and of the asset not being adequately maintained. |

(**) – shows the process step in question – see map for further details

Disposals

Summary – Operational assets are considered for disposal when they become obsolete, unserviceable or surplus to requirements. The Executive Committee reviews and approves the disposal of Capital assets with a Net Book Value (NBV) over £10k.

Interview List – Mark Hemming (Director of Finance and Assets), Carl Hayward (Station Commander Research & Development), Marcus Hussey (Principal Accountant), Tony Hart (Asset Management Technician), Chris Cook (Asset Management Technician)

Control Risk Observations and Recommendations

No control risk issues were noted in respect of the disposals process. See process map for controls identified as part of the process review.

Inventory

Summary – Regular inventory checks are also carried out by Fire Crews and the Asset Management team. These can be either ad-hoc or as per a schedule loaded onto RedKite and can either be recorded using a computer or by scanning assets using a mobile scanner with RedKite Mobile EMS installed. There is a RedKite user guide in place that covers most of this process.

Interview List – Carl Hayward (Station Commander Research & Development), Maria Darrell (Asset Management and Equipment Manager), Tony Hart (Asset Management Technician), Chris Cook (Asset Management Technician)

Control Risk Observations and Recommendations

| Area | Observations | Previously raised? | Risk Rating | Recommendation |
|------------------------------------|---|--------------------|-------------|--|
| Inaccurate records of stock | <p>(2) As part of the 2020/21 Asset Management System audit, testing was carried out at Beaconsfield Fire Station. A sample of ten assets was selected from the report of current assets listed on RedKite. Of the ten assets selected:</p> <ul style="list-style-type: none"> Two assets were not found at the fire station. One of these assets was a battery for a handheld radio. Discussion with the Station Commander established that these are always listed as auxiliary equipment linked to the station and are not scanned when moved to an appliance or someone takes it with them. However, during the audit visit, the fire crews searched the station appliances (vehicles) for the asset, and it could not be found. Of the eight assets found, one was not marked with a barcode label, tag or number. <p>Whilst periodic inventory checks are carried out at Fire Stations and centrally within Stores, this observation indicates that they do not guarantee that all items are present.</p> | January 2021 | M | <p>The Asset Management and Equipment Manager now reviews reports of inventory checks and where they are outstanding, follows this up with Station Commanders.</p> <p>A review of the system parameters should also be carried out to ascertain whether inventory checks are carried out with an appropriate frequency for all assets.</p> |
| Stock checks | <p>Review of stock checks recorded on RedKite as part of the 2020/21 Asset Management System audit found that the most recent stock check was the Mezzanine Stock Take 2018/19 completed on 1 April 2019. No stock checks were recorded on RedKite for 2020/21 as of November 2020.</p> <p>Discussion with the Asset Management Team and review of RedKite found that the annual independent stock check was due to be carried out in March 2020. However, as a result of the Government's measures to combat Covid-19, this was cancelled, and no new date was set. The most recent independent stock check recorded in RedKite was completed on 1 April 2019.</p> | January 2021 | M | <p>Stock checks should be carried out on an annual basis.</p> <p>In line with the recommendation made on slide 5; equipment should be checked to ensure that it has an asset/barcode tag and that this is recorded against the serial number of the equipment item and recorded on RedKite.</p> |

(**) – shows the process step in question – see map for further details

Tests

Summary – Equipment tests are carried out in line with the frequency input into RedKite for each asset.

Interview List – Carl Hayward (Station Commander Research & Development), Maria Darrell (Asset Management and Equipment Manager), Tony Hart (Asset Management Technician), Chris Cook (Asset Management Technician)

Control Risk Observations and Recommendations

| Area | Observations | Previously raised? | Risk Rating | Recommendation |
|--|--|--------------------|-------------|--|
| Inaccurate records of tests due | <p>(2) During a visit to Beaconsfield Fire Station as part of the 2020/21 Asset Management System audit, it was noted that there was a discrepancy between the number of tests due as seen on the report generated by the Station Commander and those listed for crew users. For example, 87 due tests were listed for the Station Commander for appliance 51P1, but only three listed on the same report viewed by a crew user account.</p> <p>Further discussion with the Station Commander and Asset and Equipment Manager established that the due tests identified are not carried out by fire crews, but by outside contractors and workshops staff and are therefore not visible to operational crews. This indicates that contractor and workshop tests are not always recorded on RedKite.</p> | January 2021 | H | <p>Ensure Firefighters and the Asset Management Team are recording tests completed in RedKite. Where tests are not completed/ are overdue the Asset Management Team should follow-up with applicable Station Commander.</p> <p>Where tests are carried out by Workshops staff, ensure that these are recorded and that assurance is obtained via periodic reports that these tests are carried out. As Workshops staff do not use RedKite to record their tests, remove these from RedKite so that RedKite provides an accurate record of tests due.</p> |
| Overdue tests | <p>(2) As part of the 2020/21 Asset Management System audit, a review of the report of tests due at Beaconsfield Fire Station run from Redkite found that 286 of the 288 tests listed had passed the due date as of 12 November, with one due date listed as being 13 February 2014 and 118 listed as having due dates of 2019 or earlier.</p> <p>A similarly high number of overdue tests were noted for Aylesbury Fire Station as of 3 November 2020. All 179 tests were overdue when viewed against the listed due date. Through discussion with the Station Commander, we were unable to establish whether these tests had been carried out or whether this was a system issue or data quality issue.</p> <p>A sample of 20 assets listed on Redkite was examined to confirm whether equipment tests and inventory checks were carried out promptly and accurately recorded on Redkite. The period covered was from November 2019 to November 2020. Of the 20 assets tested:</p> <ul style="list-style-type: none"> In 11 cases, assets were not tested in line with the frequency required by tests loaded onto Redkite. In four cases, the most recent test was not carried out within a timely manner of the previous test. | January 2021 | H | <p>Testing frequencies and recording of equipment on RedKite should be reviewed.</p> <p>The accuracy and completeness of the reports that are produced from RedKite should be evaluated to ensure that the information being captured by the reports is accurate.</p> |

(**) – shows the process step in question – see map for further details

Uniforms and Badges

Summary – Uniform is issued from Stock following a number of checks. Uniform stock is re-ordered when it sinks below a given level. Badges are ordered in bulk and issued by the supplier with the employee's name when a new badge is required.

Interview List – Tony Hart (Asset Management Technician)

Control Risk Observations and Recommendations

No control risk issues were noted in respect of the process for issuing uniforms and badges. See process map for controls identified as part of the process review.

RedKite Users

Summary – The RedKite system has a total of 375 users.

Finding 1 (System Transactions and Records – Leaver access not removed) from the 2020/21 internal audit of the Asset Management System found that from a sample of five former employees who left between April and November 2020:

- Four were listed as current users in RedKite, with all four having Requisition access.
- Four leavers were listed on a RedKite system report of users with 'Equipment change location access', meaning they have access to move an asset's location on RedKite.

A check of RedKite in May 2022 found:

- Three of the four leavers have now been removed from RedKite. However, one was found to still have access.
- Four potential duplicate users and ten definite duplicate users were found (*see Appendix A, attached*).

Recommendation - Users and access rights should be reviewed to ensure segregation of duties, integrity of the Asset Management system and security of assets.

Appendix B - Follow-Up Findings

Implementation status of findings raised and management actions agreed during the 2020/21 internal audit of the Asset Management System and the 2018/19 internal audit of Stores.

Stores 2018/19

| Report Ref No. 2 | Title: Asset Review | Priority of finding: H | Status: Implemented |
|---|---------------------|---|-------------------------------|
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>Staff are required to undertake regular asset checks. The frequency of these inventory checks are dependent on the type of items, with this being determined by the PIT Number each asset is assigned. For example, the 48b PIT Number would be checked once a month at the start of each month. When the staff check the assets, a device would be used to scan the tag label of each asset to show that the asset has been located and checked. Once the staff have scanned the item, evidence of this scan is registered automatically on Red Kite. During these inventory checks the staff will declare if they have found the asset and if it is inadequate or faulty.</p> <p>A sample of ten items was selected randomly from the Red Kite system. These were tested to see if the items had been checked in accordance with the frequency required. In two cases the location of the items was not found and the item had not been checked as a result.</p> | | <p>Inventory checks should be reviewed by the Asset Management Systems Officer. Where the inventory checks have not been undertaken on a consistent basis, this will be followed up with staff.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| <p>The Asset Management and Equipment Manager now carries out a monthly check and emails Station Managers with the dates and amount of equipment inventoried by crews.</p> | | N/A | |

Follow-Up Findings

Asset Management System 2020/21

| | | | |
|--|--|---|---|
| Report Ref No. 1 | Title: System Transactions and Records – Leaver access not removed | Priority of finding: H | Status: Partially Implemented |
| Original Audit Finding <p>A sample of five former employees who left between April and November 2020 was examined. Of these five leavers:</p> <ul style="list-style-type: none"> • Four were listed as current users in RedKite, with all four having Requisition access. • Four leavers were listed on a Redkite system report of users with 'Equipment change location access', meaning they have access to move an asset's location on Redkite. <p>Redkite is not anchored to the Fire Authority's IP address. This means it can be accessed from a personal computer and accessed by leavers listed as active users who no longer have physical access to the Fire Authority's buildings and computers.</p> <p>Discussion with the Asset Management Team and review of Leaver emails also found that removing leavers from the Redkite system is not included on the Leaver checklist listed within the email.</p> | | Management Comments & Action Plan <p>Changes will be made to Leaver notification information to include removal of Red Kite access. An exercise will be undertaken to assess whether there was any activity for users identified as not having been removed after they left.</p> | |
| Follow Up Evaluation <p>A process is now in place to ensure leavers are removed when the leaver notification email is received. However, changes have not been made to the checklist on the Leaver notification email. Staff were also found on the user list who are no longer employed at the Fire Authority.</p> | | Further Recommendation <p>Update the Leaver checklist to include removal of system access. Carry out a data cleanse of users who are no longer employed at the Fire Authority or who no longer require access to RedKite.</p> | |
| Report Ref No. 2 | Title: System Transactions and Records – Resilience in the Asset Management Team | Priority of finding: H | Status: Implemented |
| Original Audit Finding <p>The Asset Management Team established that the Asset and Equipment Manager had been absent for three months. As a result, the Asset Management Technician had picked up the majority of her responsibilities regarding the Asset Management System.</p> <p>Also, telephone calls still had to be made to the absent Manager in certain situations. The Technician stated that he was still learning what she used to do. Many of the processes, other than the Redkite user processes, were found not to be documented. The Manager appeared to be the only staff member trained in carrying out many of these tasks. This demonstrates a resilience issue in the team.</p> | | Management Comments & Action Plan <p>There are user guides available on the Red Kite software programme and a Red Kite Asset Management user guide on the intranet. These are accessible to all staff. The Asset Management Technician has been made aware of these documents. Access rights have been checked to ensure the suitable persons have access and can download Red Kite user guides from the login screen.</p> <p>Documentation to be reviewed for any gaps and process notes to be updated where required.</p> | |
| Follow Up Evaluation <p>Documents have been reviewed. The user guides on Redkite are updated each time a new Redkite feature is brought in.</p> | | Management Comments & Action Plan <p>N/A</p> | |

Follow-Up Findings

Asset Management System 2020/21

| | | | |
|--|--|---|---|
| Report Ref No. 3 | Title: Asset Management Planning, Policies and Procedures – Processes not documented | Priority of finding: H | Status: Partially Implemented |
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>Many processes were found not to be documented. This included tasks carried out by the Asset Management and Equipment Manager, Asset Management Technician and in the Stores/Mezzanine area that feed into RedKite.</p> <p>It was apparent that there was little awareness between team members and by the Station Commander Research & Development, of what other team members do. Especially of the tasks carried out in the Mezzanine, which are mostly manual and completed outside of RedKite.</p> <p>The team would benefit from mapping the process end to end to better understand their processes and where improvements can be made and help build resilience.</p> | | <p>We have ensured that all staff have access to the relevant user manuals.</p> <p>We will review the roles and responsibilities of the Asset Team and ensure that Manager, deputy and SC R&D are aware of work practices and procedures of the whole team. Create a series of flowcharts showing workflow that could be picked up by "new" staff in the event of staff leaving/prolonged sickness or secondment out of current position.</p> <p>This will be supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| End-to-end process mapping has been carried out by internal audit and staff have access to relevant user manuals. Once the process maps have been reviewed and handed over to the Fire Authority, this action will be completed. | | Internal audit to complete process mapping exercise and process review. Following this, the Asset Management Team should maintain the process maps, updating them whenever a change is made to the process, | |
| Report Ref No. 4 | Title: Recording of Assets – Inaccurate record of tests due | Priority of finding: H | Status: Partially Implemented |
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>During a visit to Beaconsfield Fire Station, it was noted that there was a discrepancy between the number of tests due as seen on the report generated by the Station Commander and those listed for crew users. For example, 87 due tests were listed for the Station Commander for appliance 51P1, but only three listed on the same report viewed by a crew user account.</p> <p>Further discussion with the Station Commander and Asset and Equipment Manager established that the due tests identified are not carried out by fire crews, but by outside contractors and workshops staff and are therefore not visible to operational crews. This indicates that contractor and workshop tests are not always recorded on Redkite.</p> | | <p>Review of the testing frequency of equipment listed on Red Kite.</p> <p>Ensure workshops staff are testing, recording, and accessing the required testing information.</p> <p>Set a regular review of outstanding tests for all equipment and who would carry out the test and who would have access to view these records. This will be supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| Workshops are still using the Tranman system to record their testing and they are unlikely to duplicate records of this testing on Redkite. The annual testing carried out by workshops has been removed from Redkite. However, assurance isn't obtained from Workshops that their tests are carried out in line with the schedule. | | Obtain periodic reports of tests recorded on the Tranman system as assurance that annual tests are carried out by Workshops. | |

Follow-Up Findings

Asset Management System 2020/21

| Report Ref No. 5 | Title: Asset Management Planning, Policies and Procedures – Processes not documented | Priority of finding: H | Status: Partially Implemented |
|---|--|---|---|
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>Review of the report of tests due at Beaconsfield Fire Station run from Redkite found that 286 of the 288 tests listed had passed the due date as of 12 November, with one due date listed as being 13 February 2014 and 118 listed as having due dates of 2019 or earlier.</p> <p>A similarly high number of overdue tests were noted for Aylesbury Fire Station as of 3 November 2020. All 179 tests were overdue when viewed against the listed due date. Through discussion with the Station Commander, we were unable to establish whether these tests had been carried out or whether this was a system issue or data quality issue.</p> <p>A sample of 20 assets listed on Redkite was examined to confirm whether equipment tests and inventory checks were carried out promptly and accurately recorded on Redkite. The period covered was from November 2019 to November 2020. Of the 20 assets tested:</p> <ul style="list-style-type: none"> • In 11 cases, assets were not tested in line with the frequency required by tests loaded onto Redkite. • In four cases, the most recent test was not carried out within a timely manner of the previous test. • In one case, no inventory checks or tests had been carried out since March 2018. In two other cases, an inventory was carried out promptly. However, no tests were carried out on the equipment since 2018 or earlier. In one of these cases, the most recent test was listed as being carried out in October 2014. • One asset was not found during an inventory check. | | <p>Review of testing frequencies and recording of all equipment on Red Kite.</p> <p>Additional training for the operational crew in the recording of tests.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| <p>The testing frequencies are under constant review at the moment as the equipment manuals that are being created by the Thames Valley Collaboration may have differing testing schedules to the ones we have at the moment. Each piece of equipment is updated as necessary.</p> <p>Time and workload constraints have not allowed any time to go to stations for training.</p> | | <p>Complete the review of testing frequencies.</p> <p>Plan and complete additional training for operational crews.</p> | |

Follow-Up Findings

Asset Management System 2020/21

| Report Ref No. 6 | Title: Recording of Assets – Inaccurate records of stock | Priority of finding: H | Status: Partially Implemented |
|--|--|--|---|
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>A sample of 25 items was selected from the report of current assets generated from Redkite to check whether the assets could be found in the Stores and Workshops area. Of the 25 assets:</p> <ul style="list-style-type: none"> • Sixteen assets could not be found. In one of these 16 cases, the asset had a system-assigned equipment number but no barcode number or serial number, which are the numbers used by the Authority to identify assets uniquely. If the asset was present in Stores, there would be no unique identifier in Redkite to identify the asset. Values were listed for six of the 16 items that were not located. The highest of these was £345. The total value of items not found for which the value was listed was £687.69. <p>A further sample of 25 items was selected at random from the Stores area to check whether the assets could be identified on the Asset Management System. Of the 25 assets selected:</p> <ul style="list-style-type: none"> • Seven did not have a label or tag with the barcode number. Of the seven that were not marked or labelled, three had a serial number. However, the serial number could not be found in Redkite. • In the 18 cases where the asset had a barcode label, nine assets could not be identified on Redkite. • In the nine cases where the asset was identified on Redkite, one asset was found in Stores. However, it was listed on the system as being in Stokenchurch. <p>Further testing was carried at Beaconsfield Fire Station. A sample of ten assets was selected from the report of current assets listed on Redkite. Of the ten assets selected:</p> <ul style="list-style-type: none"> • Two assets were not found at the fire station. One of these assets was a battery for a handheld radio. Discussion with the Station Commander established that these are always listed as auxiliary equipment linked to the station and are not scanned when moved to an appliance or someone takes it with them. However, during the audit visit, the fire crews searched the station appliances (vehicles) for the asset, and it could not be found. • Of the eight assets found, one was not marked with a barcode label, tag or number. <p>Testing of a different sample of ten items selected at random from the Fire Station found no exceptions. All assets could be identified in the Asset Management System.</p> | | <p>As part of the stock check of equipment within stores and on mezzanine equipment will be checked to ensure that it has an asset/barcode tag and that this is recorded against the serial number of the equipment item and recorded on Red Kite.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| <p>As of the review, an independent stock check had been planned for the end of March 2022. Discussion with the Asset Management Technician and review of assets held within Stores and the mezzanine found that a review of assets held on the mezzanine was underway, with previously unmarked assets being marked and recorded on RedKite. However, due to time constraints and workloads, this process was not yet completed.</p> | | <p>Ensure that the independent stock check has been undertaken and recorded on RedKite and that a stock check is scheduled for 2022/23.</p> <p>Complete the process for reviewing, recording and marking unmarked assets. Use a risk-based categorisation of assets to prioritise this work and decide whether there are any assets that do not need to be marked.</p> | |

Follow-Up Findings

Asset Management System 2020/21

| | | | |
|--|---|--|---|
| Report Ref No. 9 | Title: System Transactions and Records – Scanners no longer supported | Priority of finding: M | Status: Implemented |
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>Through a walkthrough of the handheld scanner process with fire crews, it was noted that a security alert appears every time the scanner is switched on. The alert states that the security certificate has expired or is not yet valid.</p> <p>Further discussion with the Station Commander and Asset Management Technician noted that Microsoft no longer supports the operating system's version on the scanners. This presents a vulnerability to external attacks wishing to access the system's data.</p> | | <p>We have started a review of Red Kite and the equipment associated with RedKite. We have now received new scanners. The software has been tested and is compatible with the current existing scanners. We are just waiting for some additional protective cases then will be starting a trial of the scanners.</p> <p>Check security of the system with Asset Management provider and see if additional security measures should be implemented immediately before new hardware.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| <p>The new scanners are in place. ICT have confirmed that these offer a lot more security. The scanners are in kiosk mode which only allows users to get to the Redkite website and nothing else/ They have Microsoft Defender anti-virus to protect the devices. ICT have no concerns regarding security.</p> | | N/A | |
| Report Ref No. 10 | Title: Recording of Assets – Inaccurate record of tests due | Priority of finding: M | Status: Partially Implemented |
| Original Audit Finding | | Management Comments & Action Plan | |
| <p>During a visit to Beaconsfield Fire Station, it was noted that there was a discrepancy between the number of tests due as seen on the report generated by the Station Commander and those listed for crew users. For example, 87 due tests were listed for the Station Commander for appliance 51P1, but only three listed on the same report viewed by a crew user account.</p> <p>Further discussion with the Station Commander and Asset and Equipment Manager established that the due tests identified are not carried out by fire crews, but by outside contractors and workshops staff and are therefore not visible to operational crews. This indicates that contractor and workshop tests are not always recorded on Redkite.</p> | | <p>A stock level report was sent to finance when it was identified that a formal stock check wouldn't be achievable due to Covid-19.</p> <p>Arrange for internal audit/stock check to be carried out of stores and mezzanine area.</p> | |
| Follow Up Evaluation | | Further Recommendation | |
| <p>As of the review, an independent stock check had been planned for the end of March 2022.</p> | | <p>The planned independent stock check should be undertaken and recorded on RedKite and a stock check should be scheduled for 2022/23.</p> | |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: 2021/22 Annual Audit Report

Lead Member: Councillor David Carroll

Report sponsor: Mark Hemming – Director of Finance and Assets

Author and contact: Maggie Gibb – Chief Internal Auditor,
Maggie.Gibb@buckinghamshire.gov.uk, 01296 387327

Action: Noting

Recommendations: That Members note the progress on the Annual Internal Audit Plan

Executive summary:

The Account and Audit Regulations require the Fire Authority to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The CIPFA Public Sector Internal Audit Standards (PSIAS), which sets out proper practice for Internal Audit, requires the Chief Internal Auditor (CIA) to provide a written report to those charged with governance, to support the Annual Governance Statement (AGS), which should include an opinion on the overall adequacy and effectiveness of the Fire Authority's control environment.

The Chief Internal Auditor's opinion is that the Fire Authority's system of internal control and risk management facilitates the effective exercise of the Authority's functions. This provides **Reasonable** assurance regarding the effective efficient and economic exercise of the Authority's functions.

This opinion is reflected in the Annual Governance Statement.

Financial implications: The audit work is contained within the 2021/22 budget.

Risk management: There are no risk implications arising from this report.

Legal implications: There are no legal implications arising from this report.

Privacy and security implications: There are no privacy and security implications arising from this report.

Duty to collaborate: Not applicable.

Health and safety implications: There are no health and safety implications arising from this report.

Environmental implications: There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications: There are no equality and diversity implications arising from this report.

Consultation and communication: Not applicable.

Background papers:

| Appendix | Title | Protective Marking |
|----------|---------------------|--------------------|
| 1 | Annual Audit Report | Not applicable |

Buckinghamshire & Milton Keynes Fire Authority



**Internal Audit Service
Annual Report of the Chief Internal Auditor 2021/22**

July 2022

Introduction

- 1.1 This report outlines the Internal Audit work undertaken by the Internal Audit Service for the year ending 31 March 2022 and seeks to provide an opinion on the adequacy and effectiveness of the control environment detailing the incidences of any significant control failings or weaknesses.
- 1.2 The Account and Audit Regulations require the Fire Authority to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The CIPFA Public Sector Internal Audit Standards (PSIAS), which sets out proper practice for Internal Audit, requires the Chief Internal Auditor (CIA) to provide a written report to those charged with governance, to support the Annual Governance Statement (AGS), which should include an opinion on the overall adequacy and effectiveness of the Fire Authority's control environment.
- 1.3 This is achieved through a risk-based plan of work, agreed with management, and approved by the Overview and Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described in this report. The updated CIPFA Statement on the role of the Chief Internal Auditor (CIA) in Local Government issued in April 2019 notes that the CIA in a local authority plays a critical role in delivering the authority's strategic objectives by:
 - objectively assessing the adequacy and effectiveness of governance and management of risks, giving an evidence-based opinion on all aspects of governance, risk management and internal control; and
 - championing best practice in governance and commenting on responses to emerging risks and proposed developments.

The updated CIPFA Statement notes that the CIA may look to the work of other assurance providers as evidence for their assurance.

2. Responsibilities

- 2.1 Section 151 of the 1972 Local Government Act and the Accounts and Audit Regulations 2015 sets out the requirement for all Authorities to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The PSIAS define internal auditing as "an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management,

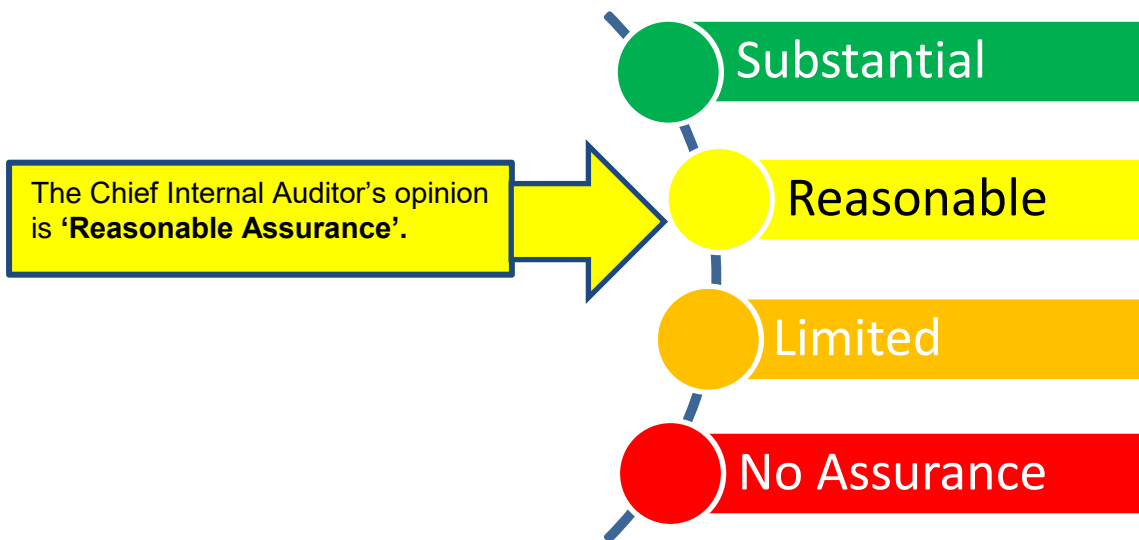
control and governance processes.”

2.2 Internal Audit is not responsible for the control system. This responsibility sits with management who are accountable for maintaining a sound system of internal control and is responsible for ensuring that adequate arrangements are in place for gaining assurance about the effectiveness of the overall system of control. Management should ensure that the Authority operates in accordance with the law and proper standards, that public funds are safeguarded, properly accounted for, and used economically, efficiently, and effectively.

2.3 The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of the Authority’s internal control system because it measures and evaluates the adequacy and effectiveness of other controls so that:

- The Fire Authority can establish the extent to which they can rely on the whole system; and
- Individual managers can establish how reliable the systems and controls for which they are responsible are.

3. Chief Internal Auditor Opinion



** See Appendix 3 for definitions of the assurance opinions.*

3.1 The results of the audit work undertaken, when combined with our experience and knowledge of previous years’ performance and the current climate in which the Authority is operating, form the

basis for the overall opinion. As such, in my opinion the system of internal control provides **reasonable assurance** regarding the effective, efficient and economic exercise of the Authority’s functions. However, the work undertaken during 2021/22 has identified further improvements that are required to ensure that the internal control framework remains adequate and effective. Findings raised from the 2021/22 internal audit reviews have not identified any material weaknesses. Overall, the Fire Authority has continued to demonstrate a robust and effective internal control and risk management environment.

3.2 The table below outlines the audit assurance opinions for the work delivered in 2021/22 for which the overall opinion is derived:

| Audit | Assurance Opinion | | | | Direction of Travel |
|---|--|---------|------------|-------------|---------------------|
| | No Assurance | Limited | Reasonable | Substantial | |
| Core Financial controls | | | | ✓ | ↔ |
| HR/Payroll – Process Mapping | Assurance review deferred due to recruitment of new officers and implement process changes. | | | | |
| HR People Management | | | ✓ | | ↔ |
| Asset Management System – Process Mapping | No opinion given for this review as an assurance mapping exercise was undertaken to assist the service in identifying the key control weaknesses in the current processes. This approach was taken due to the previous limited assurance reports in this area. | | | | ↔ |
| Procurement Governance and Compliance | | | ✓ | | ↔ |
| Portfolio Management Office Assurance | | | ✓ | | ↔ |
| Blue Light Hub – Post Project Evaluation | | ✓ | | | N/A |
| Number of Findings | - | 10 | 21 | 2 | |
| Percentage | - | 30% | 64% | 6% | |

3.3 Internal Audit did not undertake a specific review of Corporate Governance in 2021/22. However, a number of audits considered the management oversight and decision-making processes as part of each audit assignment, and no concerns were raised. We would like to acknowledge that whilst the inspection undertaken in May and June 2021 by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) concluded with ‘cause of concern’, the Authority has shown strong commitment in its response to the recommendations raised; and has put in place an improvement plan that is supported by strong governance and a substantial resource structure that is working to ensure that all areas of improvement are achieved. For the coming year Internal Audit will be working with the Authority to provide assurance on the improvement plans.

4. **Basis of Audit Opinion**

4.1 The Internal Audit Service operates in accordance with the Public Sector Internal Audit Standards (PSIAs). The Audit Strategy complies with the PSIAS and is summarised within the Service Level Agreement. This requires Internal Audit to objectively examine, evaluate and report on the adequacy of internal controls as a contribution to the proper, economic, efficient and effective use of resources.

4.2 The Internal Audit Plan was developed in consultation with the Director of Finance and Assets to focus specifically on financial management, corporate processes and key risk areas. There were no constraints placed on the scope of audit work in the year and there were sufficient resources to provide an adequate and effective audit coverage, however it should be recognised that due to the pandemic the majority of the audit plan was delivered through remote auditing with an increased reliance on officers providing the documentation to auditors electronically and demonstrating processes via screen-sharing.

4.3 The strategy for delivery of the Internal Audit Service is reviewed triennially and subject to the approval of the Overview and Audit Committee.

4.4 In reaching the overall opinion, the follow was taken into account:

- The results of all audits undertaken as part of the 2021/22 Internal Audit Plan. **Appendix 1** provides a detailed summary of the findings raised for each internal audit review undertaken.

- The results of follow-up action taken in respect of audits from previous years. **Appendix 2** provides a detailed summary of the implementation progress. It is management's responsibility for monitoring the implementation of the agreed actions following each audit review.
- Whether or not any 'high' priority recommendations have not been accepted by management and the consequent risks. It should be noted that all findings raised from the audit work undertaken were accepted by management and implementation of agreed actions is being progressed.
- The effects of any material changes in the Authority's objectives or activities.
- Whether or not any limitations have been placed on the scope of internal audit.
- Findings of work performed by other assurance providers (e.g. the External Auditors who we have liaised with throughout the year in order to share information and reduce any duplication of audit activity).
- The scope of the internal control environment - which comprises the whole framework of systems and controls established to manage BFRS to ensure that its objectives are met.
- Consideration of third-party assurances.

4.5 It should be noted that the Chief Internal Auditor opinion does not imply that Internal Audit has reviewed **all** risks relating to the Fire Authority. The most that the Internal Audit Service can provide to the Accountable Officers and Overview and Audit Committee is a **reasonable** assurance that there are no major weaknesses in control processes. The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

5. Anti-Fraud

5.1 There have been no suspected frauds or financial irregularity brought to the attention of the Chief Internal Auditor during 2021/22. Throughout the year we continued to work closely with the Director of Finance and Assets on fraud awareness and our work on the core financial systems included a review of the key anti-fraud controls.

6. The Internal Audit Team

- 6.1 The Internal Audit Service is provided by the Business Assurance Team at Buckinghamshire Council. All staff are qualified or part-qualified with either ACCA, CIIA, QICA or AAT qualifications, and all audit work is subject to a rigorous quality assurance process.
- 6.2 The quality of work is assured through the close supervision of staff and the subsequent review of reports, audit files and working papers by an Audit Manager. Exit meetings are held with the relevant officers to ensure factual accuracy of findings and subsequent reporting, and to agree appropriate action where additional risk mitigation is required.

7. Our Performance

7.1 With effect from 1 April 2013, the Public Sector Internal Audit Standards were introduced as mandatory guidance that constitutes the principles of the fundamental requirements for the professional practice of internal auditing within the public sector. All public sector internal audit services are required to measure how well they are conforming to the standards. This can be achieved through undertaking periodic self-assessments, external quality assessments, or a combination of both methods. However, the standards state that an external reviewer must undertake a full assessment or validate the internal audit service's own self-assessment at least once in a five-year period.

7.2 The Buckinghamshire Council Internal Audit Service was subject to its first external quality assessment of conformance to the PSIAS in quarter three/four of 2021/22. The assessment was conducted by CIPFA and the review concluded that:

*'It is our opinion that Buckinghamshire Internal Audit Service's self-assessment is accurate and as such we conclude that they **FULLY CONFORM** to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note.'*

7.2 The table below shows Buckinghamshire Internal Audit Service's level of conformance to the individual standards assessed during this external quality assessment:

| Standard/ Area Assessed | Level of Conformance |
|---|----------------------|
| <p>Mission Statement</p> <p>The Mission of Internal Audit articulates what internal audit aspires to accomplish within an organisation. Its place in the IPPF is deliberate, demonstrating how practitioners should leverage the entire framework to facilitate their ability to achieve the Mission.</p> | Fully Conforms |
| <p>Core principles</p> <p>The Core Principles, taken as a whole, articulate internal audit effectiveness. For an internal audit function to be considered effective, all Principles should be present and operating effectively. How an internal auditor, as well as an internal audit activity, demonstrates achievement of the Core Principles may be quite different from organisation to organisation, but failure to achieve any of the Principles would imply that an internal audit activity was not as effective as it could be in achieving internal audit’s mission (see Mission of Internal Audit).</p> | Fully Conforms |
| <p>Code of ethics</p> <p>The purpose of The Institute’s Code of Ethics is to promote an ethical culture in the profession of internal auditing. A code of ethics is necessary and appropriate for the profession of internal auditing, founded as it is on the trust placed in its objective assurance about risk management, control and governance.</p> | Fully Conforms |
| <p>Attribute standard 1000: Purpose, Authority and Responsibility</p> <p>The purpose, authority and responsibility of the internal audit activity must be formally defined in an internal audit charter, consistent with the Mission of Internal Audit and the mandatory elements of the International Professional Practices Framework (the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and the Definition of Internal Auditing). The chief audit executive must periodically review the internal audit charter and present it to senior management and the board for approval.</p> | Fully Conforms |
| <p>Attribute standard 1100: Independence and Objectivity</p> <p>The internal audit activity must be independent and internal auditors must be objective in performing their work.</p> | Fully Conforms |
| <p>Attribute standard 1200: Proficiency and Due Professional Care</p> <p>Engagements must be performed with proficiency and due professional care.</p> | Fully Conforms |
| <p>Attribute standard 1300: Quality Assurance and Improvement Programme</p> <p>The chief audit executive must develop and maintain a quality assurance and improvement programme that covers all aspects of the internal audit activity.</p> | Fully Conforms |

| | |
|--|------------------------------|
| <p>Performance standard 2000: Managing the Internal Audit Activity</p> <p>The chief audit executive must effectively manage the internal audit activity to ensure it adds value to the organisation.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2100: Nature of Work</p> <p>The internal audit activity must evaluate and contribute to the improvement of the organisation’s governance, risk management, and control processes using a systematic, disciplined, and risk-based approach. Internal audit credibility and value are enhanced when auditors are proactive and their evaluations offer new insights and consider future impact.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2200: Engagement Planning</p> <p>Internal auditors must develop and document a plan for each engagement, including the engagement’s objectives, scope, timing and resource allocations. The plan must consider the organisation’s strategies, objectives and risks relevant to the engagement.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2300: Performing the Engagement</p> <p>Internal auditors must identify, analyse, evaluate and document sufficient information to achieve the engagement’s objectives.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2400: Communicating Results</p> <p>Communications must include the engagement’s objectives, scope and results.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2500: Monitoring Progress</p> <p>The chief audit executive must establish and maintain a system to monitor the disposition of results communicated to management.</p> | <p>Fully Conforms</p> |
| <p>Performance standard 2600: Communicating the Acceptance of Risks</p> <p>When the chief audit executive concludes that management has accepted a level of risk that may be unacceptable to the organisation, the chief audit executive must discuss the matter with senior management. If the chief audit executive determines that the matter has not been resolved, the chief audit executive must communicate the matter to the board.</p> | <p>Fully Conforms</p> |

7.3 We continue to monitor our performance standards as outlined in the service level agreement. This includes ensuring requests for assistance with suspected cases of fraud (% of responses made within 24 working hours) as appropriate and monitor relationship management issues in the areas of:

- Timeliness
- Willingness to cooperate/helpfulness
- Responsiveness
- Methodical approach to dealing with requests
- Quality of work/service provided

7.4 The 2021/22 Internal Audit Strategy set out six performance indicators that the Internal Audit Service was measured against. Below is a summary of our performance against the set indicators:

| Performance Measure | Target | Method | 2020/21 Results |
|---|---|--|---|
| Elapsed time between start of the audit (opening meeting) and Exit Meeting. | Target date agreed for each assignment by the Audit manager, stated on Terms of Reference, but should be no more than 3 X the total audit assignment days (excepting annual leave etc.) | Internal Audit Performance Monitoring System | 90% |
| Elapsed Time for completion of audit work (exit meeting) to issue of draft report. | 15 Days | Internal Audit Performance Monitoring System | 90% |
| Elapsed Time between issue of Draft report and issue of Final Report | 15 Days | Internal Audit Performance Monitoring System | *100% |
| % of Internal Audit Planned Activity delivered by 30 April 2019 | 100% of Plan by End of April 2019 | Internal Audit Performance Monitoring System | 100% |
| % of High and Medium priority recommendations followed up after implementation date | All High and Medium recommendations followed up within three months of the date of expected implementation | Internal Audit Performance Monitoring System | 100% |
| Customer satisfaction questionnaire (Audit Assignments) | Overall customer satisfaction 95% | Questionnaire | **Nil – questionnaires not utilised for this year |

* Please note that measure looks at the timeliness of reporting by the team, and delays caused by the auditees are not factored in.

** Whilst questionnaires were not utilised this year, feedback was provided on completion of each audit and is also discussed as part of the regular meetings with the Director of Finance & Assets.

Maggie Gibb

Chief Internal Auditor

July 2022

Appendix 1: Summary of 2021/22 Audits Performed Informing the Annual Opinion

| Audit Assignment (No. Days) | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|--------------------------------------|---------------|-----------------------------------|---|
| Core Financial Controls (10 Days) | Substantial | High = 0 Medium = 0 Low = 2 | <p><u>1. Financial Control Framework – User training (Low)</u></p> <p>Finding: Whilst the process for providing and recording training was identified as an example of best practice, in the case of one training record, the initial user training for the required Integra transactions was not recorded on the form.</p> <p>Risk: If user training records are not completed when training is completed, there is a risk that training records are not accurate or up to date and that users are not aware that they have received the relevant training.</p> <p><u>2. Debtors – Payment plans (Low)</u></p> <p>Finding: A walkthrough of the process for recovering aged debts was carried out for a £2,161.37 debt owed by Encompass Select Ltd, of which £1,330.25 was outstanding. The walkthrough found that the debt was chased in line with the Fire Authority’s debt recovery process. A payment plan was subsequently agreed upon.</p> <p>Whilst emails were found chasing payment against a payment plan, there was no record that the payment plan was agreed by the debtor. The Finance Assistant and Principal Accountant (Technical Accounting) confirmed that emails are deleted after a year due to data storage capacity limitations, meaning the original email agreeing the payment plan could not be found. Review of the Aged Debt report and Aged Analysis report found no other debts that were being repaid by way of a payment plan.</p> <p>Risk: If an agreed payment plan is not held on file, there is a risk that the Fire Authority does not have recourse to continue the collection of the debt and that payment is further delayed or not collected, leading to financial loss to the Fire Authority.</p> |
| HR People Management (10 Days) | Reasonable | High = 0 Medium = 3 Low = 2 | <p><u>1. Starters, Leavers and Movers – New starters (Medium)</u></p> <p>Finding: Examination of a sample of 20 new starters at the Fire Authority between January 2021 and July 2021 found:</p> <ul style="list-style-type: none"> • One case where no contract, offer letter, checklist, references, or ID were provided. • Five cases where no references were provided. In all five cases references were requested but either not received or not available on the personnel file as of the audit. In seven further cases, only one reference was provided. Discussion noted that one was an apprentice, with apprentices only having one reference due to a lack of prior experience, and one was an agency employee for which a different process is in place. Therefore, five of the seven cases were exceptions. • Two cases where no medical questionnaire was held on file. • Two cases where the starter checklist was not fully completed. <p>Risk: If a starter checklist is not completed and held on the employee’s personnel file, and the required documentation is not received and reviewed, there is a risk that the new starter has not been correctly set up on iTrent and that the employee has not been adequately vetted. This will increase the risk of overpayments, underpayments and the risk that new starters are not suitable candidates for the role, leading to financial and reputational damage.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|-------------------|--|---|
| <p>HR People Management (10 Days)</p> | <p>Reasonable</p> | <p>High = 0 Medium = 3 Low = 2</p> | <p><u>2. System Access, Data Security and Information Integrity – BCP testing log blank (Medium)</u></p> <p>Finding: Whilst parts of the Business Continuity Plan (BCP) have been tested during the Covid-19 pandemic, which affected business as usual operations, and there are specific points in the BCP that address pandemic risk, the BCP testing log is blank meaning there is no record of a test having been carried out. There is also no detail of the tests in place for the HR BCP on the Authority’s Resilience Direct system but discussion with the Head of Human Resources established that these are due to be updated next time the plans are reviewed.</p> <p>Risk: If there is no record of the BCP having been tested, there is a risk that the business continuity processes for people management have not been adequately tested and that key organisational activities cannot be carried out should a risk event occur, leading to the Authority being unable maintain its obligation as a CAT1 responder.</p> <p><u>3. System Access, Data Security and Information Integrity – Open personal data actions (Medium)</u></p> <p>Finding: The HR Personal data and permissions mapping document includes an issue and action log around personal data and GDPR compliance for HR files, data processing and communications which was last updated in 2018 and lists 16 open actions. Issues listed in the document, for which open actions were identified, include Privacy Notices not being GDPR compliant and issues around unauthorised access to information and inaccurate or duplicated data being held by HR. It was unclear if this document was superseded and if these actions were now closed or if they were still open as recorded.</p> <p>Risk: If progress on personal data actions is not updated and recorded appropriately and if the actions are not closed when completed, there is a risk that issues around personal data compliance have not been addressed, resulting in non-compliance with GDPR and putting the Fire Authority at risk of data breaches and penalties.</p> <p><u>4. Starters, Leavers and Movers – Changes (Low)</u></p> <p>Finding: Examination of a sample of 20 employees whose information changed between January and July 2021 found:</p> <ul style="list-style-type: none"> In one case, the instruction to make the change was received on the effective date. In this case it was entered on iTrent four days later. Whilst the other five changes applied retrospectively were deemed to be outside the control of HR, in this case HR was deemed to be partially responsible for the delay. Two cases where there was no Change Control Form. Discussion established that these roles were both from a recruitment process. A Change Control Form is not a requirement for these as HR are involved in the interview processes and therefore know the details of the transfers. Some managers do provide Change Control Forms, but they are not required as approval is already received. However, there is another similar example where a Change Control Form was provided. Discussion with the Senior Administrator established that some operational roles have allowances that require the Appointments Board to provide additional approval on a change control form. However, where there are such variations in the process, they should be identified in the process notes. <p>Risk: If changes are not processed accurately, in a timely manner and with the correct documentation, there is a risk that the pay implications of role changes are not actioned on iTrent before Payroll being run, leading to the creation of an overpayment and financial loss to the Fire Authority.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|--|---------------|-----------------------------------|--|
| HR People Management (10 Days) | Reasonable | High = 0 Medium = 3 Low = 2 | <p><u>5. Performance and Monitoring – Monitoring of performance indicators (Low)</u></p> <p>Finding: Concerns about staff performance are raised in employee appraisals, processing times are recorded in process notes for new starters and there is a Service Level Agreement in place for the HR Operations and Organisational Development service desks that includes delivery times for common requests and actions. However, there is no evidence to show that processing times are measured and monitored periodically.</p> <p>Risk: If performance indicators are not in place there is a risk that instances of poor performance are not identified and rectified in a timely manner, leading to increased instances of key HR tasks not being performed accurately and/or in a timely manner.</p> |
| Blue Light Hub – Post Project Evaluation (10 Days) | Limited | High = 4 Medium = 3 Low = 3 | <p><u>1. Governance Framework - Amount of Contingency (High)</u></p> <p>Finding: The Executive Committee report from 15 September 2021 states, <i>“The West Ashland build is now complete. The final account, including retention fees, is yet to be finalised. The Authority will also be looking to recover some of the increased costs from the professional design team. The forecast variance for West Ashland total project costs is expected to be offset by additional capital receipts and contributions which will result in a net variance of circa £1m against the forecast expenditure and risks previously reported to Committee”</i>.</p> <p>As stated on 19 September 2018 Executive Committee meeting minutes, <i>“There was no contingency originally as the planned BIM process would not have required any. This is now allocated at £100k given that a number of the adverse variance issues have already presented themselves in the period since construction began and are therefore accounted for elsewhere in this document.”</i> The contingency allocated of £100k is <1% of the initial £13.1145m budget. The January 2020 Learning Points created by the former Director of Finance and Assets indicates that <i>“Every major public sector construction project overspends. Include a general contingency of at least 15%”</i>.</p> <p>Risk: If the contingency is not adequate, there is a risk that insufficient funds are available for the project delivery. This could result in reputational damage and/or financial loss.</p> <p><u>2. Implementation Strategy and Project Delivery – Shared Risk (High)</u></p> <p>Finding: The Director of Finance and Assets indicated that the percentage contributions from the TVP and SCAS were fixed, with no scope for BMFKA to negotiate further contributions from either service. As a result, BMFKA has borne most the of additional costs.</p> <p>Risk: If risks are not shared, there is a risk that all additional costs will be absorbed by one party within the contract, resulting in financial loss and inability to deliver the project.</p> <p><u>3. Implementation Strategy and Project Delivery – Storage of Information – Shared Risk (High)</u></p> <p>Finding: We could not obtain evidence of the HUB’s procurement, establish how the procurement occurred, or provide assurance that the procurement of the HUB followed best practices. The Director of Finance and Assets at the time of the procurement of the HUB has since left. Discussion with the current Director of Finance and Assets, the Property Manager, the Procurement Manager, and the Programme Manager established there is no centralised folder where all project information and evidence is stored.</p> <p>Risk: If there is no centralised location where all project related documents are stored, there is a risk that documentation cannot be located, for instance, after a staff member leaves the organisation.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|--|---------------|-----------------------------------|--|
| Blue Light Hub – Post Project Evaluation (10 Days) | Limited | High = 4 Medium = 3 Low = 3 | <p><u>4. 2018/19 Follow Up Recommendations – Risk Registers (High)</u></p> <p>Finding: Additionally, risk registers should include all present risks. We reviewed each risk in the Project Risk Registers and Transition Activities Risk Register obtained and did not identify any specific risks relating to poor performance of the HUB.</p> <p>Risk: If all relevant risks are not included within a risk register, there is a risk that further preventative actions are not identified to mitigate the risk in a timely manner, leading to an increased likelihood of the event occurring/escalating.</p> <p><u>5. Governance Framework (Medium)</u></p> <p>Finding: The agenda and papers from the Fire Authority meeting held on 7 June 2017 outline the delivery plan for the Blue Light Hub project. It also details who the project will be managed by. A Governance Arrangements document was developed, which provides a basis to manage and control the project implementation.</p> <p>However, we established that key tasks for the project team were not defined in a schedule of activities. Besides the 7 June 2017 paper delivery plan, there was no formalised project governance framework.</p> <p>Risk: If a formalised project governance framework is not in place, there is a risk that project objects, including time scales and budgets, are not met, leading to financial loss to the Fire Authority.</p> <p><u>6. Implementation Strategy and Project Delivery - Project Implementation Process (Medium)</u></p> <p>Finding: Examination of the BMKFA Delivery Plan found that it included:</p> <ul style="list-style-type: none"> • an initial project plan; • use of resources; • project management; • a design release schedule and • an Indicative Procurement Timetable. <p>However, from a review of the design release schedule, we found that there were 18 activities that did not have the actual release dates recorded, of which 12 activities did not have a supplementary note to give a clear indication as to why the target design release date was not met and what the related construction issue may be</p> <p>Risk: If a clear project implementation process is not documented, there is a risk that project objectives, including time scales and budgets, are not met, leading to financial loss to the Fire Authority.</p> <p><u>7. Lessons Learnt (Medium)</u></p> <p>Finding: Examination of documentation found that the former Director of Finance and Assets produced a ‘Blue Light Hub – Learning Points’ document. This details project learning points from its initiation to February 2020. Following the completion of the Blue Light Hub build and transition of BMKFA, SCAS and TVP staff members, no formal lessons learned activity has occurred at the time of testing.</p> <p>Risk: If a formal lessons learnt activity is not undertaken and reported on, there is a risk that insights and learning from the project are lost.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|--|---------------|-----------------------------------|---|
| Blue Light Hub – Post Project Evaluation (10 Days) | Limited | High = 4 Medium = 3 Low = 3 | <p><u>8. Implementation Strategy and Project Delivery- Resources (Low)</u></p> <p>Finding: Through discussion with the Director of Finance and Assets and the Property Manager, it was highlighted that the Property Manager was not provided additional resource to manage the relationships between the HUB, Kingerlee and BMKFA. The initial budget did not allow for additional resources to support the Property Manager during the construction phase.</p> <p>Additionally, there was a change of the Director of Finance and Assets in 2020. Ideally, this individual would have been present throughout the project to provide continuity from the top level. We were informed that the resources available to the Property Manager did not impact the project’s outcomes. However, it made an impact on the individual’s workload. Prior to occupation of the building, additional resources were allocated to the project from across the organisation to ensure a successful transition to the new station.</p> <p>Risk: There is a risk that those who manage project deliverables in an operational setting do not have the necessary resources and training to manage them.</p> <p><u>9. Monitoring of Project Benefits (Low)</u></p> <p>Finding: The Director of Finance and Assets and the Property Manager established that there are no formal processes to monitor the continued benefits of the project since the transition of the three services. The Director of Finance and Assets informed us that the Portfolio Management Office will assess strategic level views.</p> <p>Risk: If project benefits are not monitored there is a risk that stakeholders are not aware of the improvements resulting from the project, and additionally whether, or not, the expected project benefits have been met.</p> <p><u>10. 2018/19 Follow Up Recommendations – Budget Monitoring Meetings (Low)</u></p> <p>Finding: We reviewed meeting minutes available on the Buckinghamshire Fire Authority website. We confirmed that there are quarterly monitoring report minutes available. However, no monthly monitoring budget meetings were held in April 2020, May 2020, August 2020, January 2021, April 2021, May 2021, or August 2021.</p> <p>Risk: If budgets are not monitored on a regular basis, there is a risk that overspend is occurring, which could lead to financial and reputational damage.</p> |
| Portfolio Management Office Assurance | Reasonable | High = 0 Medium = 4 Low = 2 | <p><u>1. PMO Key Performance Indicators (Medium)</u></p> <p>Finding: The Head of Transformation, Technology and PMO confirmed that the Authority does not currently have KPIs in place to report against concerning the PMO but confirmed that this was something they would be interested in implementing.</p> <p>Risk: If there are no KPIs in place, the authority could miss identifying instances of poor performance and fail to address problems leading to repeated mistakes in future projects.</p> |

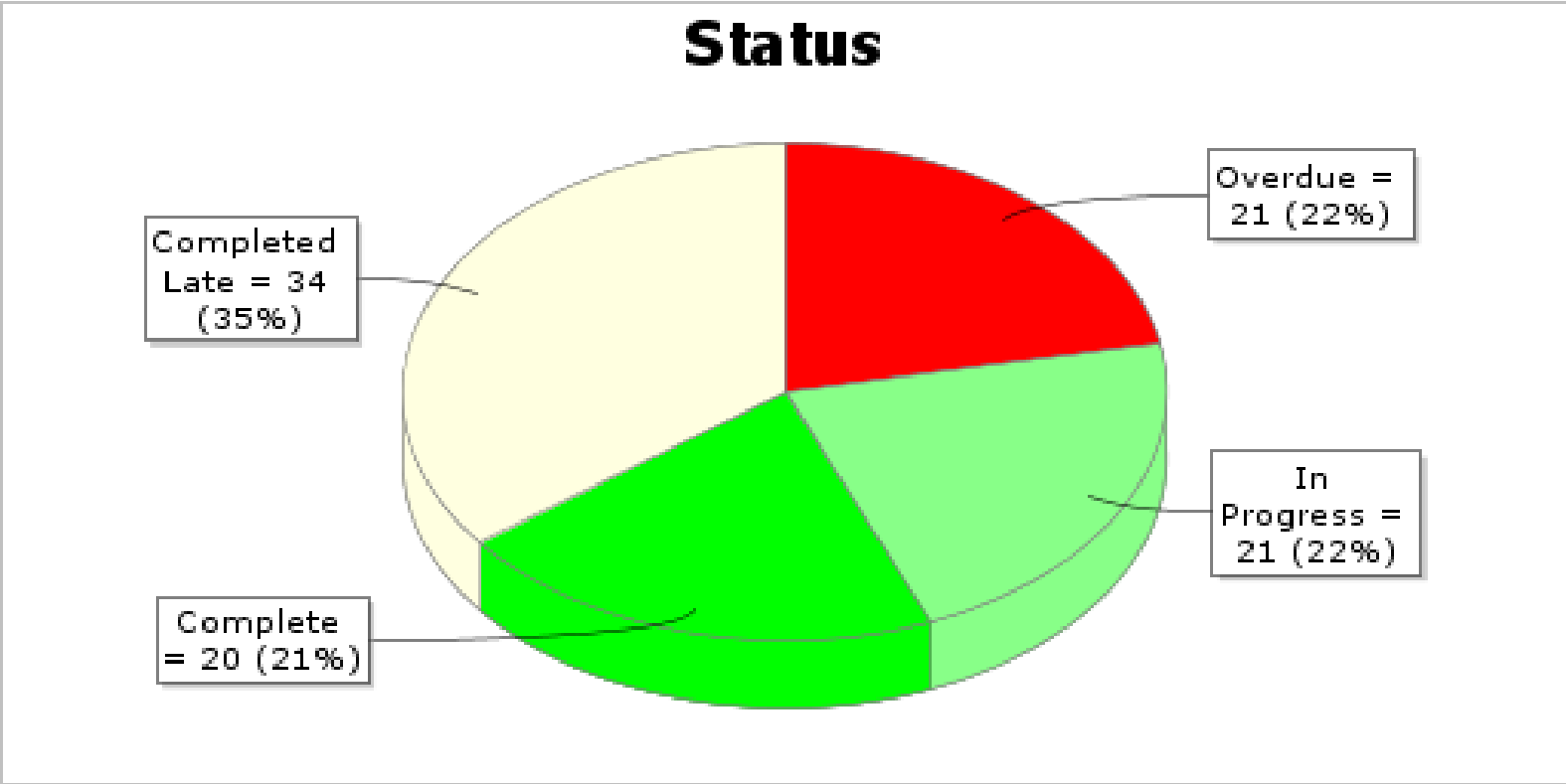
| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|---------------|-----------------------------------|--|
| Portfolio Management Office Assurance | Reasonable | High = 0 Medium = 4 Low = 2 | <p><u>2. The PMO's Standardisation of Project Processes (Medium)</u></p> <p>Finding: The Head of Transformation, Technology, and PMO provided the Authority's guidelines around a project's process to ensure consistent and effective delivery. This included a detailed PMO presentation, a project life-cycle and various templated documents available for project managers. Furthermore, evidence was provided of an eLearning package and a page on the Fire Authority's intranet for PMs to review, explaining the process. In its design, the PMO's outlined a clear framework for consistency and successful delivery of projects. However, testing a sample of projects commencing after the PMO's creation outlined inconsistencies in the process they should follow and discrepancies regarding which documentation was completed for each project. The findings are as follows:</p> <ul style="list-style-type: none"> • 1/3 projects is without a completed project mandate; • 2/3 projects are without a completed business case; • 1/3 project is without a completed PID; • 3/3 projects are without a completed risk register which is key to reviewing the risks and controls in place within a project; • 3/3 projects are without a completed project plan, resulting in a lack of progress monitoring during the life of a project; • 3/3 projects are without a highlight report that updates management on key areas such as managing risks and their impact; and • 3/3 projects are without evidence of stakeholder communication for any of the projects that have commenced after creating the Authorities PMO function, despite stakeholders being outlined within the early project documentation. <p>Furthermore, we were informed that Property capital projects do not follow the process outlined within the PMO's lifecycle document. Consequently, they did not have evidence of the key documentation such as mandates, PID, business case and risk registers. These are key documents for successful project delivery and should be evident across all types of projects.</p> <p>Risk: If project managers fail to follow the standardised process set out by the PMO and neglect certain documentation which should be completed, best practice will not be consistently followed throughout the Authority. This could result in the failure to deliver projects to the standard expected.</p> <p><u>3. Projects Over Budget/Time Request Approval (Medium)</u></p> <p>Finding: The Head of Transformation, Technology and PMO confirmed that the Authority does not currently have an official process for extensions and instead held informal conversations with project managers. They encourage RAG ratings for updates within a project regarding budgets and timescales. However, going beyond estimated figures does not require approval. We were informed that this was due to the PMO being in its infancy.</p> <p>Risk: If there is no formal process to request additional budget requirements and timescale extensions, the budget may be exceeded without the Authority's notice and approval, putting unnecessary pressure on the Authority's overall budget.</p> <p><u>4. Expenditure records (Medium)</u></p> <p>Finding: From reviewing the document templates and project lifecycle we were provided with it was clear that there was no formal documentation where in which project managers should be recording expenditure. We were also informed this was a responsibility of the project managers and a consistent approach from the PMO was not evident.</p> <p>Risk: Where project expenditure is not formally recorded in documentation, the risk arises that projects will go over budget more frequently as spending may not be sufficiently tracked. This could have severe financial implications to the Authority.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|---------------|-----------------------------------|---|
| Portfolio Management Office Assurance | Reasonable | High = 0 Medium = 4 Low = 2 | <p><u>5. Centralised System (Low)</u></p> <p>Finding: The Head of Transformation, Technology and PMO confirmed there was no centralised system for the storage of project documentation. There was evidence of a project dashboard, presented on an excel spreadsheet, which summarised the progress of all projects underway and in the review stage. This stated some key dates, the names of PMs and progress updates.</p> <p>However, there is no evidence of a system where documents can be accessed for each project. This would be beneficial from an audit trail perspective and allow PMs to follow previous projects' processes and learn from their mistakes.</p> <p>Risk: Without a centralised system to store and access project documentation, there are missed opportunities to share important lessons learned across the organisation and avoid re-occurrences.</p> <p><u>6. Quarterly Review Meetings (Low)</u></p> <p>Finding: SMT meet to prioritise projects and make decisions about projects based on their alignment with Authority objectives. However, this is on an ad-hoc basis, and there was no formal timeline for the task.</p> <p>Risk: Where projects are not reviewed regularly, there is a risk that projects will be continued, where there is no business requirement, and they do not align with authority objectives. This could result in financial implications.</p> |
| Procurement Governance and Compliance | Reasonable | High = 0 Medium = 5 Low = 5 | <p><u>1. Strategy, Policy, and Procedures (Medium)</u></p> <p>Finding: The new Strategy should also be version controlled, so it includes the following information:</p> <ul style="list-style-type: none"> • Date of the last review; • Which officer/board conducted the review; and • The date of the following review. <p>The current Procurement Strategy (2015 – 2020) has now expired. It does not contain a version control. There is a draft copy of the new procurement strategy set to be approved in 2022, but this has not been formalised. We noted that the Authority operated throughout 2021 without an effective Strategy.</p> <p>The 2015 – 2020 Strategy did not include any procedural guidance related to procurement, including information for contractor resilience which could be disseminated to other departments. It is the department's responsibility to conduct these checks.</p> <p>An up to date set of procedural guidance should be drafted covering the entire procurement process, including key points such as contractor resilience checks and approval; this could be added to the Authority's Finance Policy.</p> <p>Risk: If key strategies and procedural guidance relating to procurement are not kept up to date, there is a risk that an ineffective and/or consistent approach could be taken, resulting in significant financial loss for the Authority.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|---------------|-----------------------------------|---|
| Procurement Governance and Compliance | Reasonable | High = 0 Medium = 5 Low = 5 | <p><u>2. Financial Approval Limits (Medium)</u></p> <p>Finding: The Authority should ensure it formalises financial approval limits within its Financial Instructions at the earliest opportunity, including the identification of individual roles and their respective financial limits.</p> <p>Risk: A lack of formalised, up to date financial approval limits can increase the risk that financial activity will not be appropriately managed and be subject to fraudulent activity/financial loss.</p> <p><u>3. Contract Performance Monitoring (Medium)</u></p> <p>Finding: We tested a sample of five procurements and noted that in two cases where procurements were conducted in partnership, the contracts required performance monitoring meetings no less than every six months. However, we found that in one case (TW Pumping Appliances), no such meetings had taken place since the procurement team of the lead authority, Oxfordshire County Council was no longer extant. In the remaining case (Water Hygiene Monitoring & Related Services), we were provided with certificates showing the performance of the contract by the supplier, but no formal meetings were taking place.</p> <p>Risk: If predetermined meetings are not adhered to, the Authority will have limited oversight regarding the performance of a contract. Subsequently, it may be exposed to non-compliant suppliers/service providers, meaning the Authority does not achieve value for money.</p> <p><u>4. Procurement Key Performance Indicators (Medium)</u></p> <p>Finding: The Procurement Manager confirmed that the Authority does not currently have KPIs to report against concerning procurements. A savings tracker is in place, but this is not actively used to monitor performance and was not reported to a governance meeting or the SLT.</p> <p>Risk: If there are no KPIs in place, the Authority may fail to identify instances of poor performance and fail to address extant problems, which may lead to repeated mistakes in future projects.</p> <p><u>5. Compliance Monitoring (Medium)</u></p> <p>Finding: Standing Order 2.2 (f) states that it is the responsibility of the Chief Fire Officer and Chief Executive to "ensure that his or her staff complies with these standing orders relating to Contracts". However, we note that the Authority does not conduct compliance-based monitoring activities. The Integra finance system includes predetermined steps requiring differing authority levels and illustrating clear segregation of duties through the procurement process from requisition to buyer approval. However, this does not ensure more broadly compliance with the CSOs or procurement and contract management requirements.</p> <p>Risk: If compliance against CSOs is not monitored, the Authority may become non-compliant with its responsibilities regarding procurement. This could lead to financial loss and/or reputational damage.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|---------------|-----------------------------------|--|
| Procurement Governance and Compliance | Reasonable | High = 0 Medium = 5 Low = 5 | <p><u>6. CSOs - Version Control (Low)</u></p> <p>Finding: BMKFA should ensure that the CSOs are version controlled, including:</p> <ul style="list-style-type: none"> • Date of the last review; • Which officer/board conducted the review; and • The date of the following review. <p>The Authority has a set of Contract Standing Orders (CSOs). An updated version is being drafted with a provisional submission date and approval in February 2022. However, the current set of CSOs does not contain a version control, so we could not ascertain if they were up to date or when the last review occurred.</p> <p>Risk: If the CSOs are not version controlled, there is a risk that an outdated or wrong approach may be taken during the procurement process leading to substantial financial loss and non-compliance.</p> <p><u>7. Strategic Outline Case - Version Control (Low)</u></p> <p>Finding: Two of the samples we selected were over the threshold requiring strategic outline cases. We confirmed that both had provisions for version control. However, none of the cases had its version control information input.</p> <p>Risk: If strategic outline cases for projects involving significant expenditure are not version controlled, there is a risk that key projects are approved in error which could lead to financial loss and financial mismanagement.</p> <p><u>8. Contract Register (Low)</u></p> <p>Finding: We noted that the register did not include the name of the officer responsible for the contract in the register of contracts over £5,000, as required by Standing Order 2.2(g). As per regulation 31 of the Local Government Transparency Code 2015, it is only legally required for the Authority to state the local authority department instead of the officer responsible. We found that the department was included in the Authority’s contract register. The Procurement Manager suggested that listing the officer was unfeasible given that officers in the authority often change departments.</p> <p>Risk: If CSOs relating to the ownership of contracts is unclear, the responsibilities associated with the performance of a contract may be unclear, resulting in improper management of the agreement, and queries regarding specific agreements may be ineffectively communicated.</p> <p><u>9. Compliance with CSO 8.1 (c) (Low)</u></p> <p>Finding: In two cases where the procurement was conducted under a partnership, a comparative assessment was made for the applicants regarding technical competence and financial health. However, no evaluation was made of the health and safety record of the potential service providers as per Standing Order 8.1(c) “Where the total value of the contract is more than £50,000, Officers must ensure that potential candidates are asked to provide sufficient detail to check their health and safety record”.</p> <p>Risk: If CSOs related to the assessment of a contractor’s health and safety standards are ignored, The Authority may procure services from suppliers with health and safety standards below that expected or required by the Authority, potentially leading to non-compliance with standards that the Authority is required to adhere to.</p> |

| Audit Assignment | Audit Opinion | No. of Audit Actions by Priority | Summary of Audit Findings |
|---------------------------------------|---------------|--|---|
| Procurement Governance and Compliance | Reasonable | <p>High = 0 Medium = 5 Low = 5</p> | <p><u>10. Compliance with Contract Standing Orders (Low)</u></p> <p>Finding: CSO 6.1(l) states that an officer must “retain evidence that the above steps (6.1(a)-(l)) have been carried out for examination by internal or external auditors;”. In all three cases tested that were not conducted in partnership, evidence had not been retained regarding various steps required before letting a contract as per CSO 6.1, including estimation of the value of the contract, ensuring there is sufficient budgetary provision, and taking into account the outcome from any strategic service review.</p> <p>Risk: Where a clear audit trail is not maintained, the Authority may be in non-compliance with document/evidence retention regulations, and effective review and lessons learned exercises related to the suitability of the procurement, as well as the performance of the procurement team more generally is not possible.</p> |



** This is a summary status of all audit recommendations raised from 2017/18 to date.*

Detailed Description of Overdue Audit Actions as at 10 June 2022

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|--|--|-------------|---------------|--|
| BMKFA 2021 2110 Asset Management System (5) Recording of Assets – Overdue tests | <p>Finding: Fire crews must undertake regular stock checks and tests of equipment at fire stations and on appliances (vehicles). The frequency of these tests and inventory checks depends on the individual asset's testing schedule, usually dictated by the PIT number assigned to the asset. Results of tests and inventory checks should be recorded on Redkite by crews using either a handheld scanner or computer.</p> <p>Review of the report of tests due at Beaconsfield Fire Station run from Redkite found that 286 of the 288 tests listed had passed the due date as of 12 November, with one due date listed as being 13 February 2014 and 118 listed as having due dates of 2019 or earlier.</p> <p>A similarly high number of overdue tests were noted for Aylesbury Fire Station as of 3 November 2020. All 179 tests were overdue when viewed against the listed due date. Through discussion with the Station Commander, we were unable to establish whether these tests had been carried out or whether this was a system issue or data quality issue.</p> <p>A sample of 20 assets listed on Redkite was examined to confirm whether equipment tests and inventory checks were carried out promptly and accurately recorded on Redkite. The period covered was from November 2019 to November 2020. Of the 20 assets tested:</p> <ul style="list-style-type: none"> • In 11 cases, assets were not tested in line with the frequency required by tests loaded onto Redkite. • In four cases, the most recent test was not carried out within a timely manner of the previous test. • In one case, no inventory checks or tests had been carried out since March 2018. In two other cases, an inventory was carried out promptly. However, no tests were carried out on the equipment since 2018 or earlier. In one of these cases, the most recent test was listed as being carried out in October 2014. • One asset was not found during an inventory check. <p>Risk: If tests are not carried out periodically and promptly in line with the testing schedule loaded into Redkite for the asset, there is a risk that defective or missing equipment is not detected, increasing the risk that equipment is obsolete or unsafe or that stock levels are not sufficient.</p> <p>Action: Review of testing frequencies and recording of all equipment on Red Kite. Additional training for the operational crew in the recording of tests.</p> | 30-Jul-2021 | High Priority | <p>Testing frequencies are continually reviewed in line with new equipment procurement and joined up collaboration work with Thames Valley partner services.</p> <p>Review of equipment manuals is ongoing and will continue with close liaison with Thames Valley partners, this is in conjunction with a planned review of the current stowage of all equipment on the Thames Valley appliance and review equipment carried.</p> <p>A self assessment was carried out by all “watch” groups on stations as part of station preparedness and improvement earlier this year. This has been followed up by in person visits by a team of Station Commanders and Group Commanders. Assessable areas include testing of equipment, cleaning of equipment, recording of equipment on Asset Managements system (including moving, defecting, inventories of equipment). Where required additional training has been provided and following completion, further actions, notes and training, where required will be issued These follow up visits are nearing completion.</p> |
| BMKFA 2021 2110 Asset Management System (3) Asset Management Planning, Policies and Procedures – | <p>Finding: Up to date asset management procedures should be in place. The procedures should be compliant with Financial Regulations and Financial Instructions and help deliver the asset management plan.</p> <p>Many processes were found not to be documented. This included tasks carried out by the Asset Management and Equipment Manager, Asset Management Technician and in the Stores/Mezzanine area that feed into RedKite.</p> <p>It was apparent that there was little awareness between team members and by the Station Commander Research & Development, of what other team members do. Especially of the tasks carried out in the Mezzanine, which are mostly manual and completed outside of Redkite.</p> | 30-Sep-2021 | High Priority | <p>All staff have access to the relevant user manuals.</p> <p>The flowcharts showing the process for tasks concerning assets from ordering, registering, issuing, defecting, testing etc. have now been produced. These detail the</p> |

| | | | | |
|--|--|-------------|---------------|---|
| Processes not documented | <p>The team would benefit from mapping the process end to end to better understand their processes and where improvements can be made and help build resilience.</p> <p>Risk: If processes are not sufficiently documented there is a risk that staff are unaware of their roles and responsibilities. This could lead to inefficient and inconsistent use of the Asset Management System and reducing the reliability of the data it holds.</p> <p>Action: We have ensured that all staff have access to the relevant user manuals. We will review the roles and responsibilities of the Asset Team and ensure that Manager, deputy and SC R&D are aware of work practices and procedures of the whole team. Create a series of flowcharts showing workflow that could be picked up by "new" staff in the event of staff leaving/prolonged sickness or secondment out of current position. This will be supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22.</p> | | | <p>responsible person / department at each stage.</p> <p>This action can be closed.</p> |
| <p>BMKFA 2021 2110 Asset Management System (6) Recording of Assets – Inaccurate records of stock</p> | <p>Finding: Stock records should enable identification of assets owned and determine those in use or not in use. The location of the asset should also be recorded accurately on the asset management system. A sample of 25 items was selected from the report of current assets generated from Redkite to check whether the assets could be found in the Stores and Workshops area. Of the 25 assets:</p> <ul style="list-style-type: none"> • Sixteen assets could not be found. In one of these 16 cases, the asset had a system-assigned equipment number but no barcode number or serial number, which are the numbers used by the Authority to identify assets uniquely. If the asset was present in Stores, there would be no unique identifier in Redkite to identify the asset. Values were listed for six of the 16 items that were not located. The highest of these was £345. The total value of items not found for which the value was listed was £687.69. A further sample of 25 items was selected at random from the Stores area to check whether the assets could be identified on the Asset Management System. Of the 25 assets selected: • Seven did not have a label or tag with the barcode number. Of the seven that were not marked or labelled, three had a serial number. However, the serial number could not be found in Redkite. • In the 18 cases where the asset had a barcode label, nine assets could not be identified on Redkite. • In the nine cases where the asset was identified on Redkite, one asset was found in Stores. However, it was listed on the system as being in Stokenchurch. <p>Further testing was carried at Beaconsfield Fire Station. A sample of ten assets was selected from the report of current assets listed on Redkite. Of the ten assets selected:</p> <ul style="list-style-type: none"> • Two assets were not found at the fire station. One of these assets was a battery for a handheld radio. Discussion with the Station Commander established that these are always listed as auxiliary equipment linked to the station and are not scanned when moved to an appliance or someone takes it with them. However, during the audit visit, the fire crews searched the station appliances (vehicles) for the asset, and it could not be found. • Of the eight assets found, one was not marked with a barcode label, tag or number. <p>Testing of a different sample of ten items selected at random from the Fire Station found no exceptions. All assets could be identified in the Asset Management System.</p> <p>Risk: If a complete and accurate record of assets and their location is not held on the Asset Management System, there is a risk that the value of the assets on the accounts will be misstated and that assets are not readily available to meet service requirements.</p> <p>Action: As part of the stock check of equipment within stores and on mezzanine equipment will be checked to ensure that it has an asset/barcode tag and that this is recorded against the serial number of the equipment item and recorded on Red Kite.</p> | 31-Aug-2021 | High Priority | <p>Stock checks and internal audits of equipment have been completed and good progress is being made in this area with adding legacy items to the asset management programme.</p> |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|--|-------------|-----------------|--|
| BMKFA 1819 1947 Project Management BLH (2) The Hub Performance | <p>Finding</p> <p>During the Audit it was confirmed that the HUB have had difficulties with technical support; which has had an impact of the timeliness of design work, changes or updates and which in turn has led to delays in providing information that is required by Kingerlee – the construction firm. The Quantity Surveyor maintains a schedule of delays caused by the HUB and the associated costs. It was confirmed that any financial implications that arise as a result of the HUB's poor performance could potentially be recoverable. However, Audit found that whilst these potentially recoverable costs are reflected in the Budget Monitoring Financial Statements, they are not separately identified as attributable to any party as this will be the subject of negotiation between all parties depending on final outcomes at the conclusion of construction. The risk of HUB poor performance has been recorded in the risk register.</p> <p>It was confirmed that the Director for the HUB Professional Services has been made aware of potentially recoverable costs and the issues that were causing poor performance have been addressed.</p> <p>Risk</p> <p>Where the impact of poor performance is not completely and accurately reflected in the budget and/or risk register, this may lead to project overspend as the budget will not be forecasting all expected costs.</p> <p>Action</p> <p>The necessary actions to deal with potential financial loss arising from delays on the part of HUB have already been addressed during 2018 and a significant improvement has been seen. The current delay in the construction programme (5-6 weeks) has not altered for some months. Both the HUB and Kingerlee have a responsibility to mitigate any delay as much as possible and with some 8 months of construction still to take place at the time of writing (Feb 2019) they must both maintain the opportunity to do so.</p> <p>Only at post construction and during the period when the final account will be negotiated and agreed, will any financial loss due to delays or failures be attributed.</p> <p>The Director of HUB's parent company (Integral UK Ltd) has been in discussions with both DFA and Property Manager and he is well aware of the potential claim the Authority may have in due course.</p> <p>The financial statements produced by the QS do show all costs (i.e. worst case) but do not at this stage set out which potentially claimable costs are attributable to which parties.</p> <p>The Authority's officers will continue to maintain dialogue with senior representatives at both the HUB and Kingerlee over any potential situation (either worsening or improving) that may lead to a claim.</p> | 31-Oct-2019 | Medium Priority | <p>Update from Director of Finance & Assets:</p> <p>The Service has commissioned Blake Morgan LLP to produce a scope of work in order to engage a claims specialist. The claims specialist will collate and assess the evidence required to support our claim against the professional team.</p> |
| BMKFA 2021 2110 Asset Management System (2) System Transactions and Records – Resilience in the Asset Management Team | <p>Finding:</p> <p>There should be a sufficient provisions and service resilience within the team to ensure business continuity should a risk event occur.</p> <p>The Asset Management Team established that the Asset and Equipment Manager had been absent for three months. As a result, the Asset Management Technician had picked up the majority of her responsibilities regarding the Asset Management System. Also, telephone calls still had to be made to the absent Manager in certain situations. The Technician stated that he was still learning what she used to do. Many of the processes, other than the Redkite user processes, were found not to be documented. The Manager appeared to be the only staff member trained in carrying out many of these tasks. This demonstrates a resilience issue in the team.</p> <p>Risk:</p> <p>If adequate measures are not in place to build resilience and mitigate single points of failure within the team, there is a risk that in the event of a prolonged team absence or a team member leaving the Fire Authority, the Asset Management Team cannot continue business as usual operations.</p> <p>Action:</p> <p>There are user guides available on the Red Kite software programme and a Red Kite Asset Management user guide on the intranet. These are accessible to all staff. The Asset Management Technician has been made aware of these documents. Access rights have been checked to ensure the suitable persons have access and can download Red Kite user guides from the login screen. Documentation to be reviewed for any gaps and process notes to be updated where required.</p> | 30-Jul-2021 | Medium Priority | <p>This action can be closed, as stated in description all staff have access to the user guide / manual. When notified of any changes within the supplier user guide these will be reflected with the service guides.</p> |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|--|-------------|-----------------|--|
| BMKFA 2021 2115 Core Financial Controls (2) Payroll – Flow of information from HR to Payroll during Leaver and Change of Role processes | <p>Finding: Following a leaver's notification receipt, HR enter leaver data on iTrent, with a Leaver notification email then sent to the Payroll mailbox. This process should be completed swiftly and before the Payroll cut-off date to ensure that recurring payments to the leaver are promptly removed.</p> <p>Examination of a sample of 10 employees who left the Fire Authority's employment between April and November 2020 found that four leaver notifications were received by Payroll after the leave date. Three of these were received after the payroll cut off for that month. In one case this led to the creation of an overpayment.</p> <p>Discussion with the Payroll and Benefits Manager established that the Leaver process changed during 2019-20. Line managers no longer advised Payroll directly of Leavers. The amended process involves line managers advising HR and HR passing Leaver information on to Payroll. Following iTrent permission changes, Payroll can no longer process Leavers if HR does not have the capacity to or in the event of late leavers after the Payroll cut-off.</p> <p>The result of these process changes is that information reaches Payroll last, sometimes after the employee has already left the organisation, reducing Payroll's ability to address the risk of overpayments. To mitigate overpayments, Payroll manually adjusts pay within the record whilst it is still live. Payroll is more reliant on manual intervention and affects their timeliness in reporting to HMRC.</p> <p>Examination of a sample of ten On-Call and Overtime payments made to staff between April and November 2020 found one case where a request was submitted via email. This was due to a discrepancy with a change in role and a change in Terms and Conditions for the employee.</p> <p>Not all of the necessary managers were involved in this process, and contractual changes were not communicated effectively. This resulted in an overpayment. Corrective action was taken by the employee's line manager and Payroll.</p> <p>Risk: If Payroll is not provided with complete and timely information to process Leavers and role changes, there is a risk that Leavers and pay implications of role changes are not actioned on iTrent before Payroll being run, leading to the creation of an overpayment and financial loss to the Fire Authority.</p> <p>Action: End to end process mapping will be undertaken across HR, Payroll and the Resource Management Team in order to identify areas where processes can be streamlined, and all control weaknesses can be addressed.</p> | 31-May-2022 | Medium Priority | Payroll/HR Process Review postponed until 2022/23 Q1 due to capacity constraints within the service. |
| BMKFA 2021 2119 GDPR (4) Retention and Destruction | <p>Finding: The Records Retention and Disposal Information Asset Register procedure states that information stewards are responsible for ensuring the timely archiving and/or destruction of records and advising the Information Owners where it is believed a retention timescale should be amended following legislation or business needs.</p> <p>The Information Governance and Compliance Manager is responsible for maintaining and reviewing records management processes. The retention schedules for departments and stations are defined within the ROPA.</p> <p>The Authority relies on stewards to ensure that electronic data is disposed of per the retention schedule. However, there is no mechanism in place to ensure this takes place.</p> <p>Risk: If no adequate processes are in place to ensure lawful retention schedules and/or destruction of electronic records, there is a risk of accidental and/or unlawful alteration, destruction, or authorised personal data disclosure.</p> <p>Action: Agreed. A mechanism to review data disposals in line with the retention schedules will be formalised and monitored.</p> | 31-Dec-2021 | Medium Priority | Update from Graham Britten, Director of Legal & Governance, 09/06/2022: Awaiting for confirmation from the preferred provider before other sources of expertise are considered. |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|---|-------------|-----------------|---|
| BMKFA 2021 2120 Resource Management System (2) Joiners, Movers and Leavers Policy/Procedure | <p>Finding: The Authority does not have a formalised user access management process outlining the processes/controls when a user joins, moves or leaves the organisation and the relevant user access requirements. We noted that:</p> <ul style="list-style-type: none"> • When a joiner or mover requires new access or a change in access, a ticket is raised in the Vivantio service desk. Within this ticket, a 'child ticket' is sent to the Resource Management Team (RMT) to create/amend the user's access. • This ticket does not capture sufficient information for the RMT operator to provide access. • Often users will be provided access and then request further access as this has not been initially provided. Therefore, access being granted is an iterative process. • The lack of information on the ticket reduces the effectiveness of the audit trail. • Previously, when a user left the organisation, residual access could be left on the account, this is due to there being no formal procedure when revoking access. • The process has slightly changed whereby an operator will look at the user account to check what access they have before removing it. <p>Risk: Unauthorised access to company resources may lead to loss and compromise of data.</p> <p>Action: A review of the processes will be undertaken, supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22.</p> | 31-Dec-2021 | Medium Priority | Update from Group Commander Resourcing & Projects: I have been the new Group Commander within resourcing since May 2021. All processes and procedures have been developed over the past year with existing staff and an array of new staff. To be marked as complete pending evidence of updates processes. |
| BMKFA 2021 2120 Resource Management System (3) Generic Accounts | <p>Finding: We inspected the user account list on FSR and noted that seven generic accounts exist on the FSR application as follows:</p> <ul style="list-style-type: none"> • Five of these accounts have the username 'bucks_demoffX' where X is a number between 1-5. The use and rationale of these accounts was not provided by management; • One account with the username 'rmtcrashtestdummy' which, similarly, was not rationalised; • One account has the username 'usardog'. It was noted that this account is created for the canine unit that the Urban Search and Rescue (USAR) team utilise. • It was further noted that the 5 'demoffX' accounts had never logged into FSR, the 'crashtestdummy' account was last accessed in May 2020. <p>Risk: There could be a loss of accountability of user performed actions. Unauthorised access to company resources may lead to loss and compromise of data.</p> <p>Action: A review of user accounts to be undertaken and redundant generic accounts to be removed.</p> | 31-Dec-2021 | Medium Priority | Update from Group Commander Resourcing & Projects: An internal Bucks Fire project gets underway in Jan 2022, this project will work closely with FSR reference permissions within FSR. Current and required permissions will be both reviewed and created. As part of this work redundant generic accounts will be reviewed along with a change management process. Once it's been established what user permissions we require these permissions will be reviewed as appropriate or highlighted through change control. |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|---|-------------|-----------------|--|
| BMKFA 2021 2120 Resource Management System (4) Change Management - Testing | <p>Finding: The vast majority of change controls are operated by the Vendor. Irrespective, an internal change control process exists at the Authority. Changes are to be raised through the Vivantio service desk by a change initiator and must include key information. However, we noted that:</p> <ul style="list-style-type: none"> • The Authority does not have access to a test environment for FSR; • Changes are developed and tested by the Vendor; • Functional requirements and subsequent tender review for the application highlighted a question over access to a test environment to perform user acceptance testing (UAT) when a change is being made to the application; • Changes pass through over 1000 automated tests that are ran on the application to ensure that the change does not impact anything on the application, the change then has specific testing to ensure it is performing the functionality as per the design. • The Authority does not obtain any assurance from the vendor surrounding the change management process and is thus wholly reliant on the vendor for this. <p>Risk: There is a risk that implementation of changes which are not aligned with business requirements and/or impact on the continued operation of the production application. Implementation of developments containing bugs or not matching the business' requirements.</p> <p>Action: Change management process to be reviewed and fully documented (see also Finding 5).</p> | 31-Dec-2021 | Medium Priority | Update from Group Commander Resourcing & Projects: Action to be closed following receipt of Managing Business Change procedure. |
| BMKFA 2021 2120 Resource Management System (5) Change Management – Internal Tracking and Assessment | <p>Finding: All changes are required to pass through the change management process with a request for change (RfC) document completed for each change. The Authority was unable to provide any documentation around the selected changes for inspection. Therefore, we were unable to determine if the change management process had been followed for the selected changes. This included cost benefit analysis and CAB minutes of discussion.</p> <p>Risk: There is a risk of implementation of changes that contain bugs, misaligned with business requirements or impact on the continued operation of the production application. Development changes are misclassified, create unforeseen cost and/or are not assessed for business need and risk.</p> <p>Action: Change management process to be reviewed and fully documented (see also Finding 6).</p> | 31-Dec-2021 | Medium Priority | Update from Group Commander Resourcing & Projects: Action to be closed following receipt of Managing Business Change procedure. |
| BMKFA 2021 2120 Resource Management System (6) Backups – Disaster Recovery Testing | <p>Finding: Backups and the associated disaster recovery procedures are controlled and operated by the Vendor. Although it was determined that backups are being conducted on the FSR application and that the Vendor are trained to conduct disaster recovery tests, no evidence was available to inspect to demonstrate a disaster recovery test had been performed. We recognise that this is often an annual exercise and FSR has only been in effect at the Authority since April 2020.</p> <p>Risk: There is a risk of partial or complete loss of data. Unavailability of systems and lack of business continuity.</p> <p>Action: A disaster recovery will be undertaken to test business continuity in this area.</p> | 31-Dec-2021 | Medium Priority | Update from Group Commander Resourcing & Projects: Action to be closed following receipt of evidence of a recent disaster recovery test. |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|---|-------------|------------------------|--|
| BMKFA 2122 2203 HR People Management (1) Starters, Leavers and Movers - New Starters | <p>Finding Examination of a sample of 20 new starters at the Fire Authority between January 2021 and July 2021 found:</p> <ul style="list-style-type: none"> • One case where no contract, offer letter, checklist, references or ID were provided. • Five cases where no references were provided. In all five cases references were requested but either not received or not available on the personnel file as of the audit. In seven further cases, only one reference was provided. Discussion noted that one was an apprentice, with apprentices only having one reference due to a lack of prior experience, and one was an agency employee for which a different process is in place. Therefore, five of the seven cases were exceptions. • Two cases where no medical questionnaire was held on file. • Two cases where the starter checklist was not fully completed. <p>Risk If a starter checklist is not completed and held on the employee’s personnel file, and the required documentation is not received and reviewed, there is a risk that the new starter has not been correctly set up on iTrent and that the employee has not been adequately vetted. This will increase the risk of overpayments, underpayments and the risk that new starters are not suitable candidates for the role, leading to financial and reputational damage.</p> <p>Action HR to communicate to the organisation what is expected from them in order to process new starters according to the agreed process. HR to review the process notes and ensure completion of new starter checklist.</p> | 31-Mar-2022 | Medium Priority | Complete. HR coach managers through the processes as part of the support they provide on recruitment and selection. The process notes have been and are reviewed on an ongoing basis, in line with legislation and best practice. The checklist is used for every new starter and stored on the employees personal file once complete, as per the agreed process. |
| BMKFA 2122 2203 HR People Management (2) System Access, Data Security and Information Integrity – BCP testing log blank | <p>Finding Whilst parts of the Business Continuity Plan (BCP) have been tested during the Covid-19 pandemic, which affected business as usual operations, and there are specific points in the BCP that address pandemic risk, the BCP testing log is blank meaning there is no record of a test having been carried out. There is also no detail of the tests in place for the HR BCP on the Authority’s Resilience Direct system but discussion with the Head of Human Resources established that these are due to be updated next time the plans are reviewed.</p> <p>Risk If there is no record of the BCP having been tested, there is a risk that the business continuity processes for people management have not been adequately tested and that key organisational activities cannot be carried out should a risk event occur, leading to the Authority being unable to maintain its obligation as a CAT1 responder.</p> <p>Action Business continuity plan to be reviewed, updated and tested in line with organisational requirements.</p> | 31-Mar-2022 | Medium Priority | Complete. Business continuity plan reviewed, updated and resubmitted. Discussion undertaken with SC Resilience and Business Continuity. Review on a regular basis. |
| BMKFA 2122 2203 HR People Management (3) System Access, Data Security and Information Integrity – Open personal data actions | <p>Finding The HR Personal data and permissions mapping document includes an issue and action log around personal data and GDPR compliance for HR files, data processing and communications which was last updated in 2018 and lists 16 open actions. Issues listed in the document, for which open actions were identified, include Privacy Notices not being GDPR compliant and issues around unauthorised access to information and inaccurate or duplicated data being held by HR. It was unclear if this document was superseded and if these actions were now closed or if they were still open as recorded.</p> <p>Risk If progress on personal data actions is not updated and recorded appropriately and if the actions are not closed when completed, there is a risk that issues around personal data compliance have not been addressed, resulting in non-compliance with GDPR and putting the Fire Authority at risk of data breaches and penalties.</p> <p>Action HR personal data and permissions mapping to be reviewed and actions closed or implemented as appropriate.</p> | 31-Mar-2022 | Medium Priority | Complete. Personal Data and permissions mapping reviewed and updated, actions implemented and closed as appropriate. Discussion undertaken with Director of Legal and Governance. Review on a regular basis. |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|---|-------------|---------------------|--|
| BMKFA 2021 2120 Resource Management System (7) User Access Reviews | <p>Finding: We noted that periodic user access reviews are not undertaken by the Resource Management Team at the authority when managing users access. Although a review of user access was completed in July 2020, there are no plans for this to continue.</p> <p>Risk: There is a risk of inappropriate access to the Authority's resources.</p> <p>Action: User access to be reviewed every six months.</p> | 31-Dec-2021 | Low Priority | User access is to be reviewed once the permissions / role profile project has been completed – March 2022. I don't require all user access to be reviewed every 6 months, only when/if a staff member changes their role within the service which may include additional or less access. Due to be completed in April 2022. |
| BMKFA 2021 2120 Resource Management System (8) Password Configuration | <p>Finding: Fire service rota does not use traditional password configuration to manage passwords at a group level. FSR uses an 'entropy plugin' to set password configurations for all users which are set at 40 bits. Although 40 bits of entropy is considered 'reasonable' in regard to network and company passwords, full control over password parameters cannot be implemented as FSR (the application) does not allow for editing of password configuration.</p> <p>Risk: There is a risk of unauthorised access to company resources due to weak password configuration, which increases the likelihood of a brute force attack.</p> <p>Action: Potential updating of the password configuration to be discussed with the supplier.</p> | 31-Mar-2022 | Low Priority | Update from Group Commander Resourcing & Projects: This action is still outstanding. |
| BMKFA 2122 2203 HR People Management (4) Starters, Leavers and Movers – Changes | <p>Finding Examination of a sample of 20 employees whose information changed between January and July 2021 found:</p> <ul style="list-style-type: none"> • In one case, the instruction to make the change was received on the effective date. In this case it was entered on iTrent four days later. Whilst the other five changes applied retrospectively were deemed to be outside the control of HR, in this case HR was deemed to be partially responsible for the delay. • Two cases where there was no Change Control Form. Discussion established that these roles were both from a recruitment process. A Change Control Form is not a requirement for these as HR are involved in the interview processes and therefore know the details of the transfers. Some managers do provide Change Control Forms, but they are not required as approval is already received. However, there is another similar example where a Change Control Form was provided. Discussion with the Senior Administrator established that some operational roles have allowances that require the Appointments Board to provide additional approval on a change control form. However, where there are such variations in the process, they should be identified in the process notes. <p>Risk If changes are not processed accurately, in a timely manner and with the correct documentation, there is a risk that the pay implications of role changes are not actioned on iTrent before Payroll being run, leading to the creation of an overpayment and financial loss to the Fire Authority.</p> <p>Action HR to communicate to the organisation what is expected from them in order to process changes according to the agreed process. HR to review the process notes and conclude the new change control form consultation and relaunch the form.</p> | 31-Mar-2022 | Low Priority | Complete. HR coach managers through the processes as part of the support they provide on changes and leavers. The process notes have been and are reviewed on an ongoing basis, in line with legislation and best practice. Change control form consultation undertaken and new electronic form launched, utilised by 95% of people, the others have used a business case as an alternative or the old form and told about the process for the future. HR welcome ongoing feedback on the form, and continue to make amendments as necessary. |

| Audit Title & Management Action | Description | Due Date | Priority | Latest Note |
|---|---|-------------|---------------------|--|
| BMKFA 2122 2228 PMO Assurance (6) Quarterly review meetings | <p>Finding SMT meet to prioritise projects and make decisions about projects based on their alignment with Authority objectives. However, this is on an ad-hoc basis, and there was no formal timeline for the task.</p> <p>Risk Where projects are not reviewed regularly, there is a risk that projects will be continued, where there is no business requirement, and they do not align with authority objectives. This could result in financial implications.</p> <p>Action Hold quarterly and annual review meetings with SMT and the Leadership team. All meetings to be documented. A 22/23 planning workshop took place on 31st January 2022.</p> | 31-Mar-2022 | Low Priority | These meetings have now been scheduled and the first quarterly review meeting took place on 14 June 2022. This action can now be closed. |
| BMKFA 2122 2203 HR People Management (3) Performance and Monitoring – Monitoring of performance indicators | <p>Finding Concerns about staff performance are raised in employee appraisals, processing times are recorded in process notes for new starters and there is a Service Level Agreement in place for the HR Operations and Organisational Development service desks that includes delivery times for common requests and actions. However, there is no evidence to show that processing times are measured and monitored periodically.</p> <p>Risk If performance indicators are not in place there is a risk that instances of poor performance are not identified and rectified in a timely manner, leading to increased instances of key HR tasks not being performed accurately and/or in a timely manner.</p> <p>Action HR service level agreements (SLA) to be reviewed and reports run on a quarterly basis to monitor improvements and lead to efficiencies. Any areas where SLA's not met to be addressed in a timely manner.</p> | 31-May-2022 | Low Priority | <p>Part completed. HR Operations Manager reviews the HR service desk on a daily basis to ensure service levels are adhered to. The HR Operations team action and close the tickets in a timely manner.</p> <p>Any areas of concern are addressed between the HR Operations Manager and the HR Operations team member.</p> <p>Improvements in customer service and processes are implemented on an ongoing basis, in consultation with service users.</p> |
| BMKFA 2122 2234 Procurement Governance and Compliance (3) Strategic Outline Case - Version Control | <p>Finding Two of the samples we selected were over the threshold requiring strategic outline cases. We confirmed that both had provisions for version control. However, none of the cases had its version control information input.</p> <p>Risk If strategic outline cases for projects involving significant expenditure are not version controlled, there is a risk that key projects are approved in error which could lead to financial loss and financial mismanagement.</p> <p>Action Version control information to be checked and completed on business cases.</p> | 30-Apr-2022 | Low Priority | Version control is now being checked on business cases. Action can be closed. |

Appendix 3 Definition of Assurance Opinions

For each audit an opinion was determined firstly on the framework of controls that exist for that operational area and secondly on compliance with the controls. From this an overall audit opinion is given for each audit. An opinion on the quality of risk management in place is also provided. Work has been planned and performed so as to obtain all the information and explanations which were considered necessary to provide sufficient evidence in forming an audit opinion. The range of audit opinions is:-

No Assurance

“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.”

Limited Assurance

“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.”

Reasonable Assurance

“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 Assurance

“A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.”



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Annual Governance Statement 2021/22

Lead Member: Chairman of the Overview and Audit Committee

Report sponsor: Graham Britten, Director of Legal and Governance
Mark Hemming, Director of Finance and Assets

Author and contact: Graham Britten, gbritten@bucksfire.gov.uk

Action: Decision

Recommendations:

1. That the Annual Governance Statement 2021/22 be approved.
 2. That the progress on the implementation of recommendations of the previous Annual Governance Statement (Appendix A to the Annual Governance Statement) be noted.
 3. That the priorities for 2022/23 (Appendix B to the Annual Governance Statement) be agreed.
-

Executive summary:

The purpose of this report is to present the 2021/22 Annual Governance Statement (appended as Appendices to the report) for approval. It contains the progress on the implementation of the recommendations of the 2020/21 Annual Governance Statement and recommendations for 2022/2023.

CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives and Senior Managers) published a revised framework document on governance: Delivering Good Governance in Local Government Framework 2016 (2016 Guidance). This was a significantly revised version of the previous 2012 guidance. The new framework is taken from the International Framework: Good Governance in the Public Sector (CIPFA/International Federation of Accountants 2014).

The framework envisages that delivering good governance will be a continuous process of seven principles with a core of principles A and B permeating principles C to G.

The Annual Governance Statement 2021/22 has been formatted to reflect those principles.

The seven principles are:

Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

Principle B - Ensuring openness and comprehensive stakeholder engagement.

Principle C - Defining outcomes in terms of sustainable economic, social, and environmental benefits.

Principle D - Determining the interventions necessary to optimise the achievement of the intended outcomes.

Principle E - Developing the Authority's capacity, including the capability of its leadership and the individuals within it.

Principle F - Managing risks and performance through robust internal control and strong public financial management.

Principle G - Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Financial implications: There are no direct financial implications arising from the report. The proposed areas for improvement can be accommodated within existing budgets.

Risk management: One of the principles of the CIPFA/SOLACE framework is the management of risk through robust internal control and strong public financial management. The Annual Governance Statement details the management arrangements in place, as well as highlighting recent improvements and plans for future areas of development.

Legal implications: Regulations 6(1)(b) and 6(4)(b) of the Accounts and Audit Regulations 2015 require the Committee to approve an annual governance statement which must accompany the statement of accounts and be approved in advance of the approval of the statement of accounts.

While the 2016 Guidance is the product of CIPFA and SOLACE, it amounts to statutory guidance as Regulation 6(4)(b) of the Accounts and Audit Regulations 2015 requires the Annual Governance Statement to be prepared in accordance with proper practices in relation to accounts.

Privacy and security implications: There are no privacy issues or security implications that need to be considered and assessed.

Duty to collaborate: No direct impact. Each public body is required to approve its own Annual Governance Statement.

Health and safety implications:

There are no direct health and safety implications arising from the report.

Environmental implications: Following a review undertaken by CIPFA and SOLACE, in 2016, the 'Delivering Good Governance in Local Government: Framework' was reissued. The document was based on the 'International Framework: Good Governance in the Public Sector (2014)' which included sustainable economic, societal and environmental outcomes as a key focus for governance processes and structure. CIPFA/SOLACE therefore revised its 6 principles to create 7 new principles which included specifically 'Defining outcomes in terms of sustainable economic, social, and environmental benefits'.

Equality, diversity, and inclusion implications:

There are no direct equality and diversity implications arising from this report.

Consultation and communication:

The officers with responsibility for functions across Buckinghamshire Fire & Rescue Service have been responsible for supplying the information and responses necessary to compile the Annual Governance Statement.

The draft Annual Governance Statement was considered at the Performance Monitoring Board on 16 June 2022 for recommendation to the Chief Fire Officer at the Strategic Management Board on 21 June 2022.

Progress monitoring

Progress against the areas identified to be addressed in 2022/23 will be monitored through the internal boards and the Overview and Audit Committee.

Background papers:

CIPFA / SOLACE 'Delivering Good Governance in Local Government - Guidance Notes for English Authorities' 2016 Edition, copyrighted document is accessible by this [link](#)

| Appendix | Title | Protective Marking |
|----------|--|--------------------|
| 1 | Annual Governance Statement 2021/22. | None |
| 1A | Progress against recommendations from the Annual Governance Statement 2020/21. | None |
| 1B | Recommendations for Priorities for 2022/23. | None |

This page is intentionally left blank

Appendix 1

Annual Governance Statement 2021/22

Scope of Responsibility

Buckinghamshire & Milton Keynes Fire Authority ('the Authority') is responsible for maintaining a sound system of internal control that supports the achievement of its policies, aims and objectives whilst safeguarding the public funds and organisational assets. There is also a responsibility for ensuring that the Authority is administered prudently and economically and that resources are applied efficiently and effectively, which includes arrangements for the management of risk.

This statement explains how the Authority has complied with the principles of the CIPFA/SOLACE 'Delivering Good Governance in Local Government Framework' (2016 Edition) and meets the requirements of regulation 6(1) of the Accounts and Audit Regulations 2015 in relation to the review of its systems of internal control and the publication of an annual statement on its governance.

Under the Accounts and Audit Regulations 2015, the Authority must ensure that it has a sound system of internal control which—

- (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;
- (b) ensures that the financial and operational management of the Authority is effective; and
- (c) includes effective arrangements for the management of risk.

The Purpose of the Governance Framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievements of the strategic objectives of the Authority, to evaluate the likelihood of those risks being realised and the impact should they occur, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2022 and up to the date of approval of the Statement of Accounts.

The Governance Framework

The governance measures in place reflect the seven principles of good governance set out in the CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework (2016)'.

The Covid-19 pandemic and adaptations to the Authority's governance arrangements

Mindful of the [Prime Minister's statement on 23 March 2020](#) Executive Committee Members were unable to physically attend the Executive Committee meeting on 25 March 2020 to make it quorate (the only Authority meeting that did not convene during any periods during 2020/21).

One of the appointing authorities, Buckinghamshire County Council, was dissolved on 1 April 2020 as a result of the government mandate to move from a two tier (County and District Council) model to a unitary one.

Also, elections to the new council were postponed from May 2020 to May 2021. However, [The Local Government \(Coronavirus\) \(Structural Changes\) \(Consequential Amendments\) \(England\) Regulations 2020](#) made special provision for Buckinghamshire Council so that, although the elections to it were postponed, the shadow executive could continue as the executive of the new council of c.200 members.

As a result, at its meeting on 30 April 2020, the Executive of the new Buckinghamshire Council appointed six brand new Members and one returning Member onto the Authority – a turnover of one third of the Authority's membership. This presented officers with a new member induction challenge given constraints on travel and physical meetings.

The introduction of [the Local Authorities and Police and Crime Panels \(Coronavirus\) \(Flexibility of Local Authority and Police and Crime Panel Meetings\) \(England and Wales\) Regulations 2020](#), which came into effect from 4 April 2020, enabled local authorities to convene quorate meetings and facilitate public access via means other than physical attendance. This was something that the Authority was not equipped to do at that point.

Officers quickly utilised virtual meeting technology to deliver an initial induction briefing for new Authority Members on 1 June 2020. This ensured that they were adequately prepared ahead of the Authority's annual meeting on 10 June 2020.

Interim arrangements were then rapidly made with Buckinghamshire Council to facilitate virtual public access to the 10 June 2020 annual meeting and subsequent [Executive Committee](#) and [Overview and Audit Committee](#) meetings held in July, using tried and tested technology that Buckinghamshire Council already had in place.

A permanent, 'in-house', solution was subsequently introduced, enabled by Government Covid grant funding, to ensure continuity of virtual access to future Authority and Committee meetings for members, officers, and the public. As a result of these measures, a full programme of scheduled Authority meetings was maintained with minimal disruption to the Authority's normal functioning.

A mix of virtual and socially distanced arrangements ensured continuity of officers' internal meetings. In particular, its board structure (consisting of the Strategic Management, Business Transformation, and Performance Monitoring Boards) enabled the flow of business through to the Authority as well as enabling Service decision-making under delegated powers.

Covid-19 pandemic and changes to governance priorities and programmes

As will be seen in Appendix A, some areas were reprioritised due to the effects of 'lockdown' and its consequential working from home arrangements.

Coronavirus was added to our Corporate Risk Register on 30 January 2020 as a potential risk to staff availability. The risk of resurgence of Covid-19 and / or seasonal influenza in Autumn / Winter 2020 was added to the risk register as a discrete risk in its own right on 11 June 2020. The Corporate Risk Register is a standing item on the Overview and Audit Committee's agenda, presenting officers with an opportunity to brief Members on BFRS' response to the pandemic and for Members to scrutinise and ask questions about this.

In addition:

- the Chief Fire Officer scheduled fortnightly meetings with the leaders of the political parties represented on the Authority to give updates on Covid-19 as well as financial and other related matters and, also, had diarised weekly 'catch-ups' with the Fire Authority Chairman to keep her informed of developments given the fast-evolving situation with Covid; and
- the Chairman was the Authority's representative on the Thames Valley Fire Control Service Joint Committee (together with a Lead Member) – which would often consider broader resilience issues in the meetings. There were also Joint Committee workshops and briefings in relation to specific issues.
- within this Annual Governance Statement (under Core Principle B) is set out how Buckinghamshire Fire and Rescue Service undertook activities beyond the Authority's statutory duties to support other local blue light services and other public service providers that were experiencing high levels of demand, and to offer other support to its communities.

DRAFT

Core Principle A: Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.

Members' Code of Conduct and Register of Interests. A local [Code of Conduct](#) for all Members has been agreed by the Authority and a Register of disclosable pecuniary interests for each Member is reviewed annually and [published on the Authority's website](#). To ensure legal compliance and to avoid a conflict of interest arising, there is a panel of four "Independent Persons" appointed by the Authority in December 2020 until 30 September 2024 for the purposes of assisting both an individual Member and the Authority itself in the event of an allegation being made that a member has breached the Authority's Code of Conduct.

In 2020 an audit was undertaken by officers to compare the Authority's procedures against the 15 best practice recommendations contained in the [Review by the Committee on Standards in Public Life - Local Government Ethical Standards](#) ('the CSPL Report'). The CSPL Report published January 2019 "represent a benchmark for ethical practice, and which we expect any local authority to implement."

The findings of the audit were considered by the Overview and Audit Committee on 11 November 2020 which made recommendations to the Authority at its meeting on 9 December 2020. In light of those recommendations the [complaints procedure](#) was revised and updated to reflect the recommendations in the CSPL Report.

Member Officer Protocol. [The Protocol on Member and Officer Relations](#) sets out the respective obligations and expectations and contains a reminder of the Authority's core values. This was subject to a quadrennial review and approved by the Overview and Audit Committee at its meeting on 17 July 2019 for recommendation to the Authority whereupon it was adopted on 18 September 2019.

Leadership. There are nominated [Lead Members](#) for various work streams and departments. This collaborative approach ensures levels of trust, confidence and awareness improve for the benefit of the public and the service. Following a recommendation from the Overview and Audit Committee meeting on 10 November 2021, at the Authority meeting on 8 December 2021 it was agreed that the Lead Member for Finance and Assets, Information Security and IT be appointed as Lead Member for Finance and Assets, Information Security, IT and Climate Change.

Ethical Framework. The Authority's objective is to embed Equality, Diversity and Inclusion (EDI) into everything it does, both internally and externally. The EDI objectives are set out and published against the Authority's core values: Diversity; Service to the Community; Improvement and People. The Authority has published its EDI [Policy Statement](#) and [Vision and Values Policy](#). An annual update on the EDI objectives is provided to the Fire Authority, this includes headlines and workforce data.

Code of Conduct for Staff. The Code provides individuals with an understanding of the standards expected when performing duties as an employee and guides behaviour, placing an obligation on all employees to take responsibility for their own conduct.

Register of Gifts and Hospitality. In accordance with the Code of Conduct, staff are required to register offers and acceptances of gifts or hospitality in the [Register](#), summaries of the entries are publicly available.

Whistleblowing Policy. A procedure is in place and published for employees or contractors to raise concerns about a dangerous or illegal activity that they are aware of through their work.

Complaints process. The [procedure](#) is published explaining how complaints from the public will be handled and investigated. All concerns and complaints are treated seriously, and people asked what resolution they are seeking. We keep them up to date with progress and check that they are satisfied when the issue is resolved. We take any learning from the investigation and incorporate it in our processes. We are a learning organisation.

Counter-Fraud and Corruption Policy. The Authority has a zero tolerance approach to fraud, bribery and corruption, whether it is attempted from inside or outside the organisation. A copy of the policy is available on our [website](#).

Statutory Officers. The Monitoring Officer provides advice on the scope of the powers and responsibilities of the Authority and has a statutory duty to ensure lawfulness and fairness of decision making and also to receive allegations of breaches of the Code of Conduct by Authority Members. The Director of Legal & Governance acts as the Authority's Monitoring Officer and is governed by the professional standards set by the Solicitors' Regulation Authority.

The Monitoring Officer acted as the Authority's Data Protection Officer (DPO) for 2021/22 following an interim designation by the Chief Fire Officer/Chief Executive while, in accordance with the Authority's succession plan opportunities for options were explored for GDPR compliance including via an appointed external DPO on a service contract or a single DPO to act for more than one authority.

The Chief Finance Officer and Monitoring Officer are both members of the Strategic Management Board (SMB), helping to develop and implement strategy and to resource and deliver the Authority's strategic objectives.

DRAFT

Core Principle B: Ensuring openness and comprehensive stakeholder engagement.

The Public Safety Plan 2020-25. This is the Authority's Integrated Risk Management Plan that sets out future improvements to the services provided by the Authority to the community within the constraints that it faces whilst managing risk. The community was consulted and encouraged to engage in debating the issues and priorities set out in the plan, allowing the public to hold the Authority accountable for its decisions and actions in an open and transparent manner.

A fundamental element of the [Public Safety Plan 2020-25](#) is ensuring service delivery is linked closely to local requirements. The strategies for Prevention and Response cover the Milton Keynes and Buckinghamshire Area, supported by individual Station Plans. Operational staff work closely with their protection and prevention colleagues leading to a more joined up approach.

The Public Safety Plan 2020-25 was approved by the Authority on 12 February 2020 following the outcomes of a [public consultation](#) which took place between 23 September and 18 November 2019. This plan superseded the previous 2015-2020 plan and took effect from April 2020.

Public engagement. As stated above (Core Principle A) our complaints [procedure](#) is published explaining how complaints from the public will be handled and investigated. To encourage communications with us, our privacy statement aims to reassure people how we will protect their privacy. It explains their rights to personal information we hold about them and how to access this. We have a [Subject Access Request](#) form on our website which people may choose to use to contact us although they may contact us in other ways if they prefer. Due to **Covid-19** access to stations by community groups and the general public was suspended or restricted for much of the year. Whilst on site station community safety activity and engagement in settings such as schools was limited for part of the year in line with guidance, engagement with youth groups resumed when restrictions were lifted. However, the guidance issued by the National Fire Chiefs Council (NFCC), detailing how prevention activities could be continued during the COVID-19 pandemic, was understandably adopted by the Service. National coronavirus restrictions continued to impact upon the provision of fire and wellness visits. All referrals received by the Service were triaged to ensure that those with an increased risk of fire were offered a fire and wellness visit in a timely manner. Where

some members of the public chose to defer the visit offered, a process was instigated to contact them at a later date, providing an additional opportunity to reduce identified risks. Engagement with the business community was rechannelled through articles placed on the BFRS website, through social media posts, and through mail-shots to specific premises types such as educational establishments and care homes.

Engagement with partners. The Authority fulfils its role as a statutory community safety partner on the Safer Buckinghamshire Partnership Board; the Safer MK Partnership and as a specified partner on the Buckinghamshire Serious Violence Task Force. The Service also has representation on the MK Together Management Board; Buckinghamshire Anti-slavery & Exploitation Network and the Strategic MARAC (Multi-Agency Risk Assessment Conference). Service personnel are also engaged and involved in a number of Community Boards, practitioner groups and fora where appropriate, ensuring public engagement and safety initiatives are focussed, effective and measured, whilst working with partner organisations with similar goals and objectives.

Due to **Covid-19**, in an approach agreed with our partner fire and rescue authorities across the Thames Valley, some aspects of our service delivery were altered, for example: We adopted a risk-based approach to protection activities. This meant limiting our access to some non-residential premises where there may be potential risk to the occupancy. However operational crews and protection staff were asked to avoid visiting hospitals, care homes and nursing homes without express permission (a specific request).

In August 2020, HMICFRS was commissioned by the Home Secretary to inspect how fire and rescue services in England were responding to the Covid-19 pandemic. This [letter from HMI Matt Parr to Buckinghamshire Fire and Rescue Service](#) sets out its assessment of the effectiveness of the service's response to the pandemic which included fire and rescue staff including firefighters carrying out extra roles beyond their core duties.

Authority meetings. The [meetings](#) of the Authority and its committee meetings are accessible to the public and the dates are published on the website as are the agendas and committee papers, minutes and decisions for those meetings and those of the [Thames Valley Fire Control Service Joint Committee](#) to which the Authority appoints two Members.

Internal Boards. To improve the effectiveness and transparency of decision making within the Authority there are internal, officer 'boards' aligned to the Authority committee structure. These comprise:

- A Strategic Management Board, which focuses on strategic direction, strategic risk and acts as a gateway to the Authority;
- A Performance Monitoring Board which focuses on in year performance against agreed performance indicators and budgets;
- A Business Transformation Board which focuses on strategic change and project portfolio management.

During the year, the membership and Terms of Reference of the boards were reviewed and refreshed to align with changes to the Service's management structure and improved controls for the management of our project control framework, including the creation of a 'Portfolio Management Office'. The updated arrangements took effect from 1 January 2021. A further review of Terms of reference was undertaken, to ensure alignment.

The Joint Consultation Forum. The objective of the Joint Consultation Forum is to continuously improve organisational performance by developing greater trust and increased job satisfaction through employee engagement. Its current membership comprises a senior management representative, the Head of HR, the HR Advisory and Development Manager and up to two representatives from each of the recognised Representative Bodies namely Fire Brigades Union, Fire Officers' Association, and UNISON. The Forum facilitates joint examination and discussion of issues of mutual interest with the aim of seeking acceptable solutions to problems through a genuine exchange of views and information. Consultation does not remove the right of managers to manage – they must still make the final decision – but it does require that the views of employees will be sought and considered before significant decisions are taken. The Forum membership has the ability to extend its membership to representatives of other recognised Representative Bodies, such as the Fire and Rescue Services Association, and non-affiliated staff representatives, should the request for employee representation arise.

Core Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits.

Authority Corporate Plan. The 2020-25 Corporate Plan sets out how the Authority intends to equip and develop the Service and its people to meet the challenges that we face over the next five years, in particular the need to:

- develop the Service to address the strategic context and priorities set out in our 2020-25 Public Safety Plan;
- address the 'Areas for Improvement' identified by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in their report on the findings from their first inspection of the Service undertaken in 2019. Recommendations and Areas for Improvement from the 2021 HMICFRS inspection of the Service are addressed in an HMICFRS Action Plan which was presented to the Overview and Audit Committee in March 2021

The new plan became effective following approval by the Authority at its 10 June 2020 meeting, succeeding the previous [2015-20 Corporate Plan](#). In the last quarter of the 2020/21 financial year, a review and refresh of the Corporate Plan was undertaken in order to address the impact of the Covid-19 pandemic on the timing and scope of the projects and workstreams specified within the plan. The updated plan was submitted to the Authority for approval at its 16 June 2021 meeting.

Environment and Climate Action Plan. The Authority approved the adoption of its [Environment and Climate Action Plan](#) at its meeting on 8 December 2021. At the same meeting, the Authority also approved that the Lead Member for Finance and Assets, Information Security and IT be appointed as Lead Member for Finance and Assets, Information Security, IT and Climate Change.

Partnership Register. The Authority has identified and recorded all partnership arrangements. All partnerships are the subject of formal agreements ensuring that these articulate their legal status; respective liabilities and obligations; governance and audit; dispute resolutions and exit provisions. A review of partnership arrangements is undertaken regularly and reported to the Executive Committee in order to provide assurance on risks associated with delivering services through third parties. Other key services provided through third parties are overseen by specific governance arrangements, namely:

- The Thames Valley Fire Control Service (hosted by Royal Berkshire Fire and Rescue Service) is overseen by a joint committee with Member representatives appointed by the three participating fire and rescue services, supported by Officers from the three services.
- The Authority is represented at Officer and Member level on the three levels of decision-making bodies of the [Thames Valley Emergency Services Collaboration Programme](#).
- Firefighters Pension Administration is overseen by the Local Pension Board. The administrators (West Yorkshire Pension Fund) attend the Board on a quarterly basis to discuss emerging risks, issues and performance against key performance indicators. An annual report from the Local Pension Board is received by the Overview & Audit Committee and pensions issues are flagged in the corporate risk register which is regularly reviewed by the Overview & Audit Committee.

DRAFT

Core Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes.

Performance Management Framework. All employees are required to have an annual appraisal, where their commitment to their behaviours linked to the Authority's values is an essential element. Quality assurance of appraisal returns is undertaken to identify themes, and to assist with training requirements. Performance Management and the revised process is to be included as part of the learning outcomes of the middle manager leadership programme. This forms part of the Leadership and Management Development Framework and will support and assist with the development of existing and newly recruited or promoted managers.

Medium Term Financial Plan. This is approved annually by the Authority and sets out the resources needed to deliver services.

[Financial Strategy 2020-21 to 24-25](#) The financial strategy is the link between the organisation's long-term service objectives and its financial capacity. The long-term service objectives for the Authority are set out in the Public Safety Plan and Corporate Plan.

[Capital Strategy](#) The strategy outlines the Authority's approach to capital investment ensuring it is in line with its corporate priorities and objectives set out in the Public Safety Plan. It provides a strategic overview of how capital expenditure; capital financing and treasury management activity contribute to the delivery of outcomes, as well as overview of the management of risk and future financial sustainability.

[Corporate Risk Register](#) This identifies controls to mitigate identified risks and is monitored on an on-going basis with reporting to every Strategic Management Board and to the Overview & Audit Committee.

Departmental Risk Registers. Each Directorate maintains its own risk register. These are reviewed on a quarterly basis by the Performance Monitoring Board which considers whether there are any risks which require escalation to the Strategic Management Board for potential inclusion in the Corporate Risk Register. Corporate risks are also scrutinised by the Authority's [Overview and Audit Committee](#) at each of its meetings.

Safeguarding. The Service works in partnership with local safeguarding, anti-slavery and exploitation, and domestic violence networks to support and improve the lives of the most vulnerable people in its community. Assurance of safeguarding processes is provided

through participation in the annual Section 11 audits conducted under Section 11 of the Children Act 2004 and contributing to the formation of the safeguarding board Annual Report required under the Care Act 2014.

In line with the Prevent Duty introduced under the Counter-Terrorism and Security Act 2015, the Service also has representation on the Prevent Boards working in partnership to safeguard people and the community from the threat of terrorism and radicalisation, disseminating the information shared in the annual Counter Terrorism Local Profile to appropriate staff groups. Where safeguarding needs are identified, referrals are made in line with the safeguarding procedure, and escalation is used where an agency response is not in line with service expectations. Complex cases and those at heightened risk of fire through self-neglect or arson are supported through interaction between relevant agencies and the provision of an enhanced level of safety equipment. The Service participates in Safeguarding Adult Reviews and Domestic Homicide Reviews as required by the Care Act 2014 and the Domestic Violence, Crime and Victims Act 2004, ensuring multi-agency learning is acted upon.

DRAFT

Core Principle E: Developing the Authority's capacity, including the capability of its leadership and the individuals within it.

Authority Constitutional Documents. The Authority's [Standing Orders](#) define the roles and responsibilities of the Authority, Committees, Members and Officers and the protocols to be followed. The respective roles and responsibilities for members and officers are set out in the [Combination Order](#) (the statutory instrument that formed the Authority in 1997). Members of the Authority are also members of either Buckinghamshire Council or Milton Keynes Council. Some members may also be members of other agencies with which we may be working. Members are reminded of their responsibility to declare interests at each meeting. There is a [scheme of delegation](#) from the Authority to the Chief Fire Officer and statutory officers. The Chief Fire Officer is also the Chief Executive of the Authority.

There are two ordinary committees of the Authority: the [Executive Committee](#), and the [Overview & Audit Committee](#).

Member Development. In 2021/22 six new members were appointed onto the Authority. Members are given an induction welcome pack, which includes information on the Service's vision and values, Members' Allowances, Code of Conduct, Protocol on Member and Officer Relations, principal officers and a general overview of the Service. Members have a training and development programme with regular workshops and a dedicated Member Support Officer. The Members' Induction workshop took place virtually, with officers giving presentations online followed by a Q&A. In addition to the above documents, Members were also sent links to the 2020-2025 Public Safety Plan, the 2020-25 Corporate Plan, the Terms of Reference for the Authority and its Committees, Procedural Standing Orders, Scheme of Delegation to Officers and the updated Corporate Risk Management Policy, all of which were considered at the Induction workshop.

[People Strategy](#). The People Strategy's purpose, which is approved and endorsed by the Authority's Members, is to deliver the Authority's goals by linking strategic aims to service-wide initiatives and projects. This approach aims to develop the organisation through the promotion of a culture of employee involvement, ownership, responsibility and trust. It also ensures our employees,

alongside our partners and key stakeholders, can see how strategic aims are translated into day-to-day business, highlighting the importance of every person's contribution to achieving the Authority's vision.

The strategic framework highlights the five key areas supporting our overarching People Strategy; Equality, Diversity and Inclusion, Employee Engagement, Organisational Development and Resourcing, Training, Learning and Development and Employee Health and Wellbeing. Within each area there are a number of strategic outcomes which are aligned with the direction of the Service.

Staff Development Process. The Authority's succession planning processes continue to ensure replenished development pools at each level, resulting in staff with the required skills to fulfil the roles as and when needed.

Following the successful pilot of a scheme used to identify and develop future leaders in the Service, we have embedded this into our recently refreshed appointment and promotion procedures and are progressing a new Leadership and Management Development Framework to support and assist with the development of newly recruited or promoted managers.

Succession planning. Regular systematic and rigorous Strategic Workforce and Succession Planning processes are in place, which incorporate current Public Safety Plan requirements and horizon scanning of likely future external and internal challenges. Outcomes from these processes are subsequently translated into timely interventions to ensure the Authority continues to meet workforce capacity requirements and build capability. In addition, it provides opportunity to refresh the workforce through the identification of people; internal and where required external to fill identified key positions.

Health and wellbeing. The Wellbeing group is made up of employees from across the Service, who support employees using a range of initiatives. The Wellbeing strategy '*Start well, Work well and Age well*' was implemented in 2018 and has regularly been communicated to employees through various means such as the intranet; wellbeing roadshows and the Health and Safety department update programme.

In addition to the internal and external physical and mental wellbeing support networks available to staff, there are 37 trained Mental Health First Aiders across the organisation. In Spring 2022, refresher training was undertaken for First Aiders, Champions were trained to First Aider level and the establishment strengthened with new representatives added to the mental wellbeing support network. Trauma Support was relaunched during 2021 and the trauma support debriefing team undertake sessions as requested.

Training Needs Analysis. The 'TNA' process assesses the need for staff training at least annually. This TNA is translated into prioritised learning programmes, approved by the Training Strategy Group and scrutinised to ensure alignment with business priorities, business continuity succession plans and approved budgets.

Fire Service College. The current contract the Service has with the Fire Service College (the FSC), which commenced in 2017, is due to continue until the end of May 2022. A new contract will commence from 1 June 2022 until end of May 2025. A feature of the arrangement is that our instructors can take the lead and run the FSC instructor courses. This ensures that our instructors are kept up to date with best practice within other fire and rescue services, rather than becoming insular.

The FSC facilities are used to assess and maintain the competence of operational staff for Breathing Apparatus and 'Incident Command Level 1 and to deliver training on fire behaviour and road traffic collisions.

Refresher training and assessment for Incident Command Levels 2 and 3 is also covered in the arrangement with the FSC. This covers Station and Group Commanders.

The facilities at the FSC enable large scale exercises to be run which helps us to test operational capability under the Joint Emergency Services Interoperability Principles (JESIP), further developing relationships with partner agencies, such as South Central Ambulance Service and Thames Valley Police, who are keen to remain involved in these exercises.

Core Principle F: Managing risks and performance through robust internal control and strong public financial management.

Managing Data. The Authority has a data management framework which includes a programme of auditing the quality and accuracy of data used in decision making and performance monitoring; a training programme; data quality policy; and procedures for identifying personal and other sensitive information, assessing the impact of systems, processes and procedures, and for sharing information with other agencies and members of the public. The Performance Monitoring Board (PMB) reviews and challenges performance against targets and objectives.

The Authority uses encrypted email for the transmission of information outside of its Virtual Private Network (VPN) and has resilient back-up arrangements to assist in compliance and accountability to the confidentiality, integrity and availability of information.

Overview & Audit Committee. This committee reviews arrangements for identifying and managing the Authority's business risks and the approval or recommendation of policies in respect of the Authority's governance framework.

Chief Finance Officer. The Director of Finance & Assets ensures the sound administration of the financial affairs of the Authority, as required by the statutory duties associated with section 112 of the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015. The Chief Financial Officer is required to adhere to professional and ethical standards set by CIPFA.

Risk Management Strategy. This ensures that the Authority identifies strategic risks and applies the most cost-effective control mechanisms to manage those risks and reduce impact on the service provided to the public. The Authority's [Risk Management Policy and Guidance](#) is reviewed and approved by the Executive Committee.

Business Continuity Management. This is to ensure the Authority is resilient to interruptions which have the potential to adversely affect the delivery of core functions. The Authority's business continuity management processes include specific guidance for the management of pandemics. Under these arrangements, a 'Pandemic Management Group' was formed to act as a focal point for contingency planning in relation to the emerging Covid-19 pandemic outbreak from 14 February 2020 and was active until 31 March

2022. The business continuity management process was invoked with effect from 17 March 2020 to comply with Government guidance relating to the management of the pandemic.

Governance Structure. All material business decisions are taken by the Chief Fire Officer in consultation with the Strategic Management Board (SMB) or by Members. Papers submitted for decision-making purposes must be referred to the Chief Finance Officer and the Monitoring Officer for financial and legal scrutiny prior to any decision being taken. The Chief Finance Officer, supported by the Chief Fire Officer leads the promotion and delivery of good financial management so that public money is safeguarded and used appropriately, economically, efficiently and effectively. This is achieved by a finance team that is suitably resourced, professionally qualified and suitably experienced. The Chief Finance Officer meets regularly with the Lead Member responsible for Finance, as well as with the leaders of the political groups represented on the Authority.

DRAFT

Core Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

Pay Policy Statement. This is reviewed at least annually (most recently approved by the Authority in February 2022) setting out its policies on the remuneration of its chief officers, the remuneration of its lowest paid employees and the relationship between the remuneration of its chief officers and the remuneration of its employees who are not chief officers.

Gender Pay Gap Reporting. This is reported annually to the Authority's Executive Committee (most recently approved in March 2022). The Authority publishes six pieces of prescribed data about the pay and bonuses of male and female workers within the organisation. The report is published annually on the <https://gender-pay-gap.service.gov.uk> website as well as the Authority's website.

Transparency Information. Data is published on the website in accordance with the [Local Government Transparency Code](#) (latest version published February 2015) to promote openness and accountability through reporting on local decision making, public spending and democratic processes.

Agendas, minutes and decisions. These are published on the website and include the rationale and considerations on which decisions are based.

Internal Audit. Buckinghamshire Council Internal Audit service provides the internal audit function for the Authority and reports to the Overview & Audit Committee. Regulation 5 of the Accounts and Audit Regulations 2015 states that the Authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. Proper internal audit practices are defined in the Public Sector Internal Audit Standards 2017. The Chief Internal Auditor provides this opinion in an annual report on the System of Internal Control, which is used to inform the Authority's Annual Governance Statement.

External Audit. Ernst & Young LLP provides the external audit services to the Authority and reports regularly to the Overview and Audit Committee. They provide an opinion on whether the financial statements of the Authority give a true and fair view of the financial

position and of the income and expenditure for the year. They also provide a conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness, as well as reporting to the National Audit Office on the Authority's Whole of Government Accounts return.

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. The 'HMICFRS' [published the findings](#) from its latest inspection of the Service on 15 December 2021. The report identified 22 areas for improvement and two causes of concern accompanied by eight recommendations. The Fire and Rescue Service National Framework requires fire and rescue services to give due regard to HMICFRS reports and recommendations. Where recommendations are made, the receiving Service is required to prepare, update and regularly publish an action plan detailing how such recommendations are actioned ([Fire and Rescue National Framework](#), section 7.5). The Service's latest inspection report was presented to the Fire Authority at its 16 February 2022 meeting and the revised Action Plan was published and approved by the Overview and Audit Committee at its 16 March 2022 meeting.

[Statement of Assurance.](#) This provides staff, partners and local communities with an assurance that the Authority is doing everything it can to keep them safe and that it is providing value for money.

Review of effectiveness

Buckinghamshire & Milton Keynes Fire Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the officers within the Authority who have responsibility for the development and maintenance of the governance environment.

In addition, the Chief Internal Auditor's annual report, comments made by the external auditors (Ernst & Young), the Operational Assessment, other review agencies and inspectorates (referred to earlier) and the Overview & Audit Committee are all sources providing scrutiny and recommendations upon which the management have drawn to compile the action plan set out in Appendix B.

It is a management responsibility to develop and maintain the internal control framework and to ensure compliance. It is the responsibility of Internal Audit to form an independent opinion on the adequacy of the system of internal control.

This opinion should be used as a key strand of the assurance framework which management use to develop their Annual Governance Statement.

The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of the Authority's internal control system because it measures and evaluates the adequacy and effectiveness of other controls so that:

- The Authority can establish the extent to which they can rely on the whole system; and
- Individual managers can establish the reliability of the systems and controls for which they are responsible.

DRAFT

This is presented as the Chief Internal Auditor's opinion:

The results of the audit work undertaken, when combined with our experience and knowledge of previous years' performance and the current climate in which the Authority is operating, form the basis for the overall opinion. As such, in my opinion the system of internal control provides **reasonable assurance** regarding the effective, efficient and economic exercise of the Authority's functions. However, the work undertaken during 2021/22 has identified further improvements that are required to ensure that the internal control framework remains adequate and effective. Findings raised from the 2021/22 internal audit reviews have not identified any material weaknesses. Overall, the Fire Authority has continued to demonstrate a robust and effective internal control and risk management environment.

Source: Internal Audit Service Annual Report of the Chief Internal Auditor 2021/22 July 2022

Conclusion

As a result of the extensive work undertaken by the management team in reviewing internal structures and reviewing roles and responsibilities as well as the introduction of new systems and processes, working together with the Chief Internal Auditor, the External Auditors and our own Overview & Audit Committee, a plan (see Appendix B) is in place to address the weaknesses identified and ensure continuous improvement of the governance system is in place. Appendix A sets out progress against the delivery of the 20/21 Annual Governance Statement action plan.

Further to the Chief Internal Auditor's comments, we propose over the coming year to take steps set out in Appendix B to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Signed

Date

Cllr Simon Rouse - Chairman of the Buckinghamshire & Milton Keynes Fire Authority

Signed

Date

Jason Thelwell – Chief Executive and Chief Fire Officer of the Buckinghamshire & Milton Keynes Fire Authority

DRAFT

Appendix A

Significant Governance Issues addressed in 2021/22

| | Issue | Action Plan (as per 2020/21 Statement – Appendix B) | Lead Officer | RAG Status | Comments | Target Date |
|----|---|---|--------------------------------|------------|--|-------------|
| 1. | Review of external partnership arrangements | <p>During the response and recovery phases of the COVID-19 pandemic, the Service has engaged with a large number of external partners across a range of activities. These, and other existing partnership arrangements, will be reviewed to ensure that:</p> <ul style="list-style-type: none"> • partners maintain the same high standards of conduct with regard to financial administration and corporate | Director of Finance and Assets | Green | A review of partnerships was undertaken, and a report presented to the Executive Committee at its meeting of 13 July 2022. | Completed |

| | | | | | | |
|----|--|---|----------------------------------|-------|--|-----------|
| | | governance that apply throughout the Authority they are evaluated and contribute to the achievement of the Authority's objectives | | | | |
| 2. | Following phase 1 of the internal governance review which focused on the top-level board structure (SMB / BTB / PMB) further work is planned to address other issues identified in the review of stakeholder requirements that informed the approach and terms of reference for the governance review. | Further planned work comprises: <ul style="list-style-type: none"> the review of other groups and meetings that sit below the board structure, such as, but not limited to, the Training Strategy Group (TSG), Public Safety Group (PSG), Operational Assurance Group (OAG) etc. with a view to identifying opportunities to streamline these and clarify their relationships to the boards; | Director of Legal and Governance | Green | Completed review of sub-board level Groups and Meetings. Chairs and Facilitators of Groups and Meetings identified for formal inclusion in Governance structure completed reviews and updates to membership and Terms of Reference (ToRs). Recommendations and updated ToRs finalised and subsequently submitted for a gateway review at 8 April 22 BTB pending submission to 17 May | Completed |

| | | | | | | |
|----|-----------------------|--|--------------------------------|-------|--|----------------------------------|
| | | <ul style="list-style-type: none"> • establishing a single point of access on the Intranet for information and guidance in relation to the workings of, and decisions made by the boards and other key decision-making bodies; and, • Integrating information about our governance structures and processes into planned training activities where appropriate such as the <u>Leadership and Management Development Framework</u>. | | | 22 SMB for final approval. Follow-on work will be undertaken in Q1/2 2022 to embed the updated structure and provide guidance to assist staff in engaging with the Boards and Groups to improve the efficiency and effectiveness of corporate decision-making. | |
| 3. | Performance Reporting | As noted within the Financial Strategy, the Authority should review | Director of Finance and Assets | Amber | Selected non-financial performance measures to be | New target date 31 December 2022 |

| | | | | | | |
|----|---------------------------|--|---|--------------|--|------------------|
| | | <p>its budget monitoring and reporting arrangements with a view to integrating performance</p> <ul style="list-style-type: none"> • and financial information to focus on monitoring and achieving continuous improvement. This will further improve compliance with the CIPFA Financial Management Code. | | | <p>incorporated into future budget monitoring reports once key performance indicators have been approved as part of the Performance Strategy (see Appendix B).</p> | |
| 4. | Corporate Risk Management | <p>Enhance Member scrutiny of Corporate Risks by engaging Lead Members in the risk evaluation process for risks identified within the remit of their portfolio</p> | <p>Director of Legal & Governance</p> | <p>Green</p> | <p>Agreed Lead Member accountabilities and ownerships of Corporate Risks and protocols for engaging them in the evaluation process. These were</p> | <p>Completed</p> |

| | | | | | | |
|----|--|---|--------------------------------|-------|--|-----------------------------------|
| | | | | | <p>implemented from Q1 of 2021/22.</p> <p>Also, Corporate Risk training was delivered to Authority Members in July 2021.</p> | |
| 5. | Review of the statutory Data Protection Officer (DPO) function | Explore opportunities for options for GDPR compliance including via an appointed external DPO on a service contract or a single DPO to act for more than one authority. | Director of Legal & Governance | Amber | If arrangements are not finalised by the new target date other options e.g inhouse, part time basis to be considered. A departure from the Succession Plan to do this would need political approval. | New target date 30 September 2022 |

Appendix B

Significant Governance Issues to be addressed in 2022/23

| | Issue | Action Plan | Lead Officer | Target Date |
|----|--|---|--|------------------|
| 1. | Integrated / Community Risk Management Planning Process. | Review of improvement opportunities identified by the HMICFRS in their 2nd inspection of the Service and the requirements of the new Community Risk Management Planning (CRMP) Fire Standard in readiness for preparation of the next Public Safety Plan (2025-30) which will begin in 2023/24. | Corporate Planning Manager | 31 March 2023 |
| 2. | To produce a performance strategy for BFRS | Review and agree Service wide performance measures and ongoing monitoring, to ensure the Service is meeting its Corporate Plan objectives. | Head of Technology, Transformation & PMO | 31 December 2022 |
| 3. | | | | |
| 4. | | | | |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Corporate Risk Management

Lead Member: Health, Safety and Corporate Risk

Report sponsor: Graham Britten, Director of Legal & Governance

Author and contact: Stuart Gowanlock, Corporate Planning Manager

sgowanlock@bucksfire.gov.uk

Action: Decision

Recommendations:

1. That the status on identified corporate risks at Annex C be reviewed and approved.
2. That comments be provided to officers for consideration and attention in future updates / reports.

Executive summary:

This report provides an update on the current status of identified corporate risks. Risk registers are maintained at project, departmental and directorate levels. Corporate risks are those that have been escalated from these levels for scrutiny by the Strategic Management Board (SMB) because of their magnitude, proximity or because the treatments and controls require significant development.

Officers draw on a range of sources to assist with the identification and evaluation of corporate risks. For example, membership of the Thames Valley Local Resilience Forum (TVLRF)'s Strategic Coordinating Group (SCG) facilitates active monitoring of a range of risks with the potential for impacts on local communities and services.

Involvement with the Local Resilience Forum directly links officers into national Government agencies and departments such as the UK Health Security Agency and the Department for Levelling Up, Housing and Communities. This allows the sharing of intelligence and information with those who are making decisions at the very highest levels.

The TVLRF SCG enables its partners to jointly develop combined responses to civil emergencies, and strategic consequence management. This multi-agency partnership approach helps target activity directly to the needs of the public.

The Corporate Risk Register was last reviewed by the Overview and Audit Committee at its 16 March 2022 meeting. Since then, it has been subject to review by the Performance Monitoring Board (PMB), at which all the directorate and departmental

risk registers are reviewed, and by SMB at its monthly meetings. Also, Lead Members have been consulted during the evaluation process for risks falling within their portfolios of responsibility.

Since the last Overview and Audit Committee review, the Corporate Risk Register has been updated to reflect:

- Progress with additional firefighter recruitment and potential risks to existing operational staffing levels arising from London Fire Brigade's firefighter recruitment campaign. Also, conditions in the wider employment market affecting the ability to recruit support service staff, particularly in areas such as ICT and vehicle workshops. A Recruitment Oversight Board was convened to provide strategic direction in relation to staff recruitment, retention and workforce planning.
- The risk of industrial action following the Fire Brigades Union's recommendation to their members that they reject the national employers' proposal for a 2% annual pay increase.
- The redesignation of the 'Funding and Savings' risk to 'financial sustainability', following the Fire Authority's agreement to use the flexibility granted by Government in relation to the Council Tax precept. The risk description has been updated to reference the impact of inflation, in particular energy, fuel and other costs and also the potential for higher than budgeted staff pay awards.
- Measures taken to enhance ICT security given National Cyber Security Centre guidance in relation to heightened risks in the wake of Russia's invasion of Ukraine.
- The relaxation of control measures in relation to Covid in line with Government guidance.
- Ongoing monitoring of staffing and financial risks associated with Court rulings in relation to firefighter pension schemes.

No changes to the impact and probability scores or consequent RAG status' have been made since the last Overview and Audit Committee meeting in March.

The current distribution of corporate risks relative to probability and potential impact is shown at Appendix 1.

Changes to the corporate risk ratings over the last year are shown at Appendix 2.

Detailed assessments of identified corporate risks are shown in the Corporate Risk Register at Appendix 3.

The next Overview and Audit Committee review is scheduled for 9 November 2022, preceded by review at the 18 October 2022 SMB meeting.

Financial implications:

No direct financial implications arising from the presentation of this report. It is envisaged that the further development of the Authority's corporate risk management framework will be undertaken from within agreed budgets.

Risk management:

The development, implementation and operation of effective corporate risk management structures, processes and procedures are considered critical to assure continuity of service to the public, compliance with relevant statutory and regulatory requirements and the successful delivery of the Authority's strategic aims, priorities and plans.

Legal implications:

None directly arising from this report. Any legal consequences associated with the crystallisation of individual risks are detailed in the Risk Register report at Appendix 3.

Within the role description of a Lead Member is a requirement 'to attend the Overview and Audit Committee, at its request, in connection with any issues associated with the portfolio which is the subject of scrutiny'

Privacy and security implications:

None directly arising from the presentation of this report. However, potential risks to privacy and security together with mitigating actions are captured within applicable risk evaluations.

Duty to collaborate:

The potential to share corporate risk intelligence with neighbouring fire and rescue services and other relevant agencies will be considered. Buckinghamshire and Milton Keynes Fire Authority already participates in the multi-agency Thames Valley Local Resilience Forum which produces a Community Risk Register which is among the sources used to identify potential risks to the Authority.

Health and safety implications:

Development of the framework does not impact directly on the legal compliance to health and safety, however if risks are not appropriately identified or evaluated then this may present Health and Safety risks.

Environmental implications:

None directly arising from the presentation of this report. However, potential environmental implications together with mitigating actions are captured within applicable risk evaluations.

Equality, diversity, and inclusion implications:

No direct implications from the presentation of this report. However, risks to achieving the Authority's equality, diversity and inclusion objectives or compliance with relevant statutes or regulations are identified assessed and managed via this process and are currently monitored within the HR Risk Register.

Consultation and communication:

Senior managers and principal officers are key stakeholders in the development of the corporate risk management framework and have an active role in this at every stage as well as in ongoing identification, evaluation and monitoring of corporate

risks. The Lead Member for Health, Safety and Corporate Risk is also be involved in the development of the framework with particular responsibility for determining the reporting arrangements for the Authority.

Background papers:

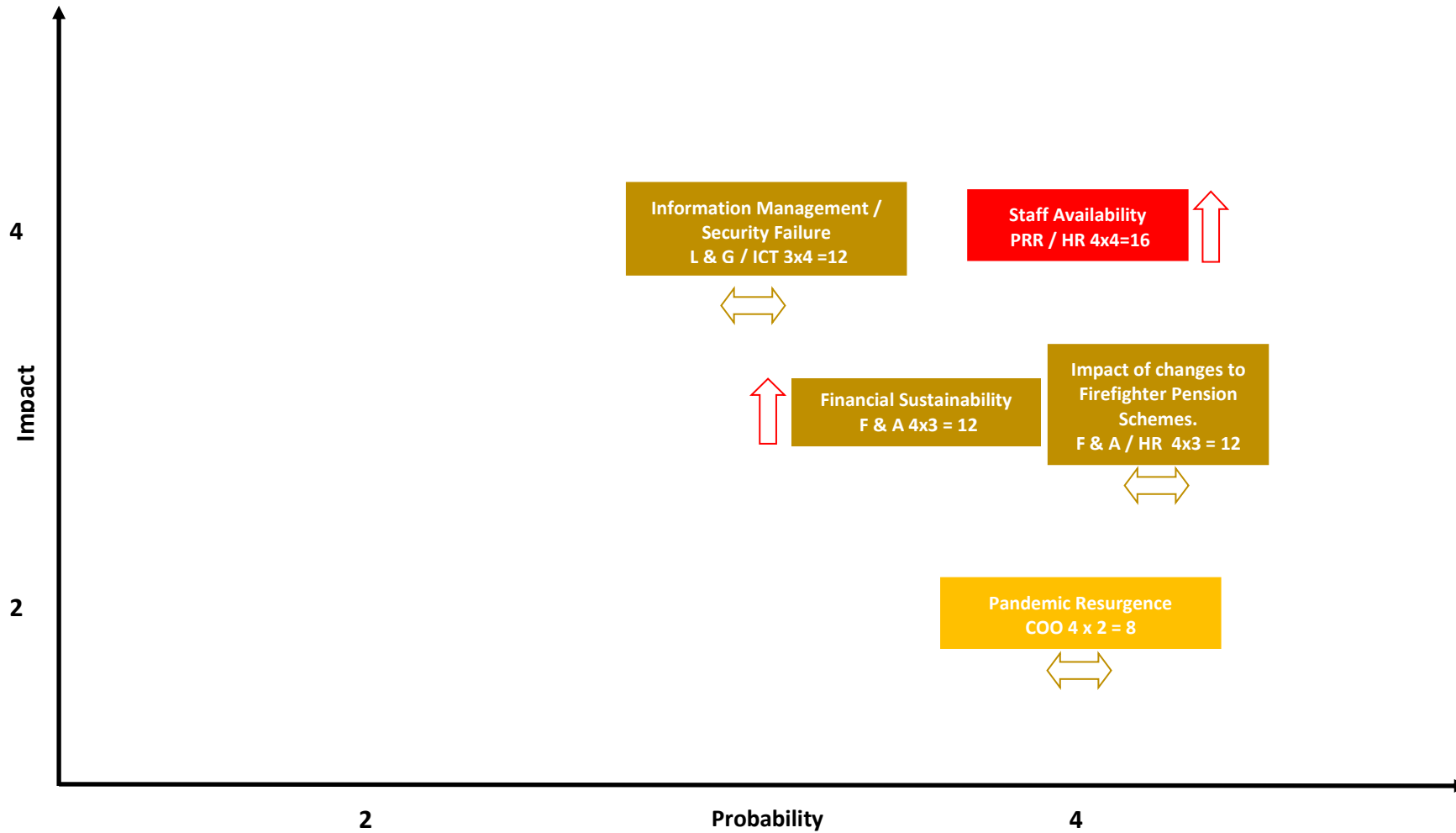
The current Corporate Risk Management Policy was approved at the 24th March 2021 Executive Committee:

<https://bucksfire.gov.uk/documents/2021/03/ec-240321-item-5.pdf/>

CFA Members were last updated on the status of the Authority’s Corporate Risks at the [16 March 2022](#) Overview & Audit Committee.

| Appendix | Title | Protective Marking |
|----------|--|--------------------|
| 1 | Distribution of Corporate Risks as at 6 July 2022. | None |
| 2 | 12 Month View of Changes to Corporate Risks | None |
| 3 | Corporate Risk Register Report | None |

Appendix 1: Corporate Risk Map – As at 6 July 2022



RAG

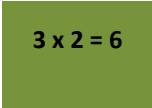
P x I = Score

Risk Trend Indicator
 Risk increasing = ↑
 No change = ↔
 Risk Reducing = ↓

This page is intentionally left blank

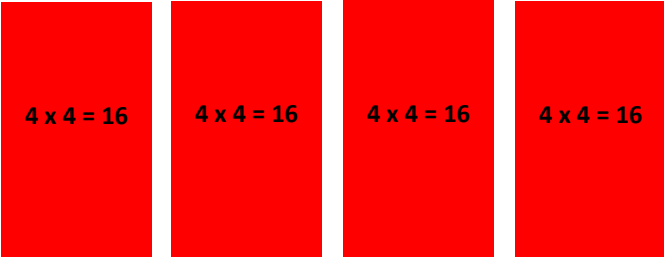
Appendix 2 – Risk Register Changes (12 Month View)

No UK – EU Trade Agreement



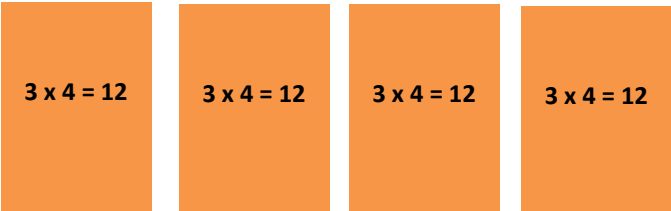
July 2021

Staff Availability



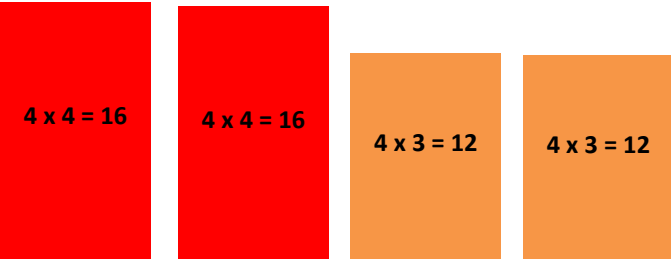
July 2021 Nov 2021 Feb 2022 June 2022

Information Management / Security Failure



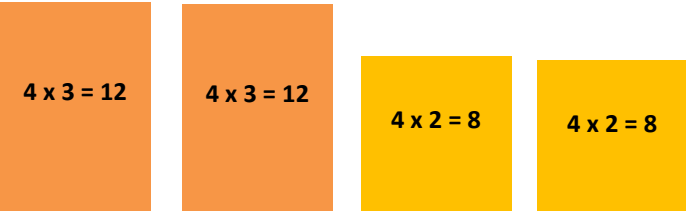
July 2021 Nov 2021 Feb 2022 June 2022

Financial Sustainability



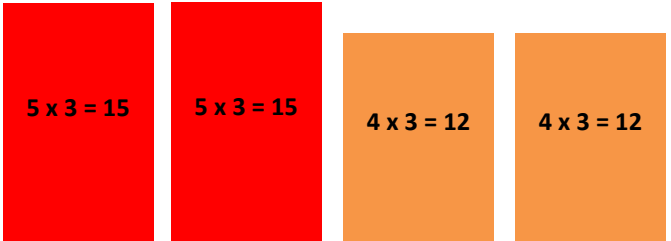
July 2021 Nov 2021 Feb 2022 June 2022

Risk of Covid-19 Resurgence / Pandemic Flu



July 2021 Nov 2021 Feb 2022 June 2022

Impact of Changes to Firefighter Pension Schemes



July 2021 Nov 2021 Feb 2022 June 2022

This page is intentionally left blank

Appendix 3 - Corporate Risk Register – as at 6 July 2022

Corporate Risks

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|---|--|--|---------------------------|----------|----------|------------|---|----------|--|
| | | | P | I | Σ | HML | | | |
| <p>CRR 014.4 Staff Availability: 1/ Staff inability or reduced ability to work due to disruption caused by factors such as Pandemic Flu, fuel supply issues, industrial action etc.</p> <p>2/Impact of employment market conditions on attraction of new staff, retention and overall workforce stability.</p> <p>3/ Simultaneous loss of Principal Officers /</p> | Lead Member for Service Delivery, Protection & Collaboration | Potential detrimental effects on service delivery to the community and the Service's reputation. | (2) | (5) | (10) | (M) | <ul style="list-style-type: none"> • Full business continuity plans in place & uploaded to Resilience Direct. • Succession Plans in place for key leadership and management personnel. • Contingency arrangements in place to mitigate risks to Principal Officer operational rota capacity. • Peer review of the business continuity arrangements • Bank System • Flexi-Duty System Pilot • Staff Transfer Procedure • Employee assistance and welfare support • Training Needs Assessment process • Monitoring of staff 'stability ratio' relative to best practice and sector norms • Review of Resourcing and Retention strategies • Wider range of contracts offering more flexible ways of working • A variety of approaches are being adopted to replenish the workforce. These include more operational apprentices, transferees, and re-engagement options • Workforce planning data is regularly reviewed with Prevention, Response & Resilience, HR and Finance. | R | <p><u>5 April 2022 SMB</u> 17 new Wholetime Firefighter recruits joined the Service on 1 March and have commenced training at the Fire Service College. Mitigation of staff retention risks is ongoing via dialogue with: LFB regarding transferee process; training provider re: supporting future new recruitment activities; and, establishment of a Recruitment Board to provide strategic oversight of recruitment process.</p> <p><u>17 May 2022 SMB</u> Current employment market conditions are also affecting the attraction of support services staff. The risk is particularly acute in areas such as ICT and Workshops. Consideration also needs to be given to the impact of national living wage (NLW) increases on other support services staff pay scales, as NLW increases are starting to erode the gap to the lower bandings. Leavers and workforce planning are being monitored on a regular basis, to ensure measures are in place. Wholetime recruitment is underway, with new recruits due to join in October 2022. Other employment options are also being reviewed, such as Transferees and Flexi Firefighters.</p> <p><u>21 June 2022 SMB</u> Wholetime recruitment has progressed to the interview stage, which will take place shortly. The On Call/Firefighter transferee advert is live and closes on 3 July.</p> |
| | | | (5) | (5) | (25) | (H) | | | |
| | | | (3) | (5) | (15) | (H) | | | |
| | | | (4) | (5) | (20) | (H) | | | |
| | | | (3) | (5) | (15) | (H) | | | |
| | | | (5) | (4) | (20) | (H) | | | |
| | Chief Operating Officer | Failure to discharge statutory duties. | (4) | (3) | (12) | (M) | | | |
| | | | (5) | (3) | (15) | (H) | | | |
| | | | (4) | (3) | (12) | (M) | | | |
| | | | (5) | (3) | (15) | (H) | | | |
| | | | (3) | (3) | (9) | (M) | | | |
| | | | (4) | (3) | (12) | (M) | | | |
| | Loss of critical knowledge / skills / capacity /competency levels. | | | 4 | 4 | 16 | | | |
| Disruption to integrity and continuity of the incident command structure and / or Service strategic leadership structure. | | | | | | | | | |

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| | | | | | | | | |
|---|--|--|--|--|--|--|--|---|
| <p>Senior Management Team members.</p> <p>This is a composite risk more detailed evaluations of individual risk components are contained in the HR Directorate Risk Register.</p> | | | | | | | <ul style="list-style-type: none"> • Growth bids to be considered to support future resourcing demands. • HR are reviewing the future promotion and career development options • Resourcing levels are constantly monitored to ensure coverage. • The Recruitment Oversight Board meets periodically to review resourcing and ensure a joined-up approach. • Pensions remedy consultation received, response to be drafted. Workforce planning to be reviewed for implications and plans put in place • GC/AC development centre held. • CC/WC/SC development centre held in September 2020. • On-call virtual awareness evenings held and recruitment continues ensuring compliance with government guidance. | <p>The advert for Promotion/Development Centres for Watch, Crew and Station Commanders is live, they take place w/c 17 September. Support Services and On Call recruitment continues.</p> <p>HR and the recruiting managers work closely with the Marketing Communication Team to attract diverse candidates with the right skills and experience.</p> <p>Meetings are taking place to discuss workforce planning/establishment.</p> <p>National pay negotiations for 'Grey Book' staff between employer representatives and the representative bodies are ongoing via the NJC. These are being closely monitored given the sensitivity of this issue across the public sector and the potential for industrial action in the event that an agreement cannot be reached.</p> <p><u>Post meeting Update:</u> On 27 June 2022, the Fire Brigades Union recommended that its members reject the employer's proposal for a 2% increase to firefighters' pay and indicated that it will consider all options, including strike action.</p> |
|---|--|--|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| Risk Description | Resp. | Consequence if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|--|---|---|---------------------------|----------|----------|------------|---|---|--|
| | | | P | I | Σ | | | | |
| Fin 14 – Financial Sustainability | Lead Member for Finance and Assets, Information Security & IT | The Medium-Term Financial Plan (MTFP) factors in several assumptions when forecasting the financial position. Future costs are significantly affected by the level of pay awards (which for most staff are determined nationally), general price inflation and changes to employer pension contributions. Future funding levels are affected by council tax referendum limits, growth in council tax and business rate bases, the level of general government funding and specific grants. If a number of these areas are significantly worse than forecast | (4) | (4) | (16) | H | Proactive management of the MTFP is in force and is very closely aligned to workforce planning. | A | <p><u>19 October 2021 SMB</u> It has been confirmed that the Comprehensive Spending Review 2021 will be a multi-year review covering the financial years 2022-23 to 2024-25. The review will conclude on 27 October 2021, alongside Autumn Budget 2021.</p> <p><u>16 November 2021 SMB</u> Inflationary pressures, particularly relating to energy and fuel prices, have the potential to have adverse impacts on revenue budget costs in the new financial year following expiry of existing contract prices.</p> <p><u>18 January 2022 SMB</u> The Provisional Local Government Finance Settlement was published on 16 December 2021. The draft principles for council tax increases allow fire and rescue services with Band D charges in the lower quartile (which includes this Service) to increase council tax by up to £5 in 2022-23 without the need for a referendum.</p> <p><u>22 February 2022 SMB</u> At its meeting on 16 February 2022 the Fire Authority resolved to increase the Band D council tax precept by £5. This will enable the Authority to address concerns raised by HMICFRS regarding the sustainability of funding and reserves.</p> <p>Inflation as of January 2022 was 5.5% (CPI) which increases the risk that pay awards and other costs may be higher than budgeted for. There is also further uncertainty caused by the potential for the formula used to allocate Government funding to be reviewed during 2022-23.</p> <p>Increasing the Band D precept by £5 generated c£1.15m more than if the precept referendum limit had remained at 2%. Therefore, despite the uncertainties noted above, it is proposed to reduce the impact score to three, giving a total risk score of twelve (medium risk).</p> |
| | | | (3) | (4) | (12) | M | | | |
| | | | (3) | (4) | (12) | M | | | |
| | | | (4) | (4) | (16) | (H) | | | |
| | Director Finance & Assets | | | 4 | 3 | 12 | M | As part of the budget setting process, Officers will seek to identify savings opportunities to address potential future cost pressures. | |
| | | | | | | | A risk-assessed General Fund reserve of £1.5m (circa 5% of the net budget requirement) is held to cover a range of potential financial risks. In addition, earmarked reserves are held to fund specific anticipated future costs. | | |

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| | | | | | | | | |
|--|--|--|--|--|--|--|--|---|
| | | <p>there is a risk the Authority will not meet its commitment to the PSP 2020 - 25 and that a fundamental re-think of service provision would be required.</p> | | | | | | <p>5 April 2022 SMB Recommended that risk score and RAG status remain at current level given current inflationary pressures particularly in relation to energy, fuel, other consumables, contract prices and also future staff pay settlements.</p> <p>17 May 2022 SMB The Service continues to monitor the impact of inflation on key contracts. Inflationary pressures will form a key part of the sector’s submission to the Government in relation to the financial settlement.</p> <p>21 June 2022 SMB The MTFP process has commenced for 2023/24 and consideration will be given to all inflationary pressures highlighted, to mitigate them as part of the MTFP process. Pay settlements for staff on ‘Grey Book’ contracts is negotiated nationally and therefore outside of the Authority’s control. The current budget provision for this is 2%. The incremental cost of an additional 1% is c. £200k. which could place the revenue budget under considerable pressure were any settlement to be significantly greater than the current provision. There is also uncertainty as to the continuity of some of the hypothecated grant funding that Fire and Rescue Services receive from central government – the USAR grant is of particular concern. The fire sector is working closely to highlight these financial pressures to the Government so they can be considered as part of the financial settlement.</p> <p>According to the Bank of England’s Monetary Policy Summary (June 2022) “CPI inflation was expected to average slightly over 10% at its peak in 2022 Q4”. For comparative purposes, a £5 increase in the Authority’s Band D precept would be equivalent to c.7%.</p> <p>At its meeting on 15 June 2022 the base rate was increased by 0.25 percentage points to 1.25%. As all the Authority’s borrowing is at a fixed rate of interest and there are no plans to borrow further, this on its own does not have a direct impact on the financial position.</p> |
|--|--|--|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|---|--|---|---------------------------|-----------------|-------------------|-----------------|--|----------|---|
| | | | P | I | Σ | | | | |
| <p>Information Management* / Security failure to -</p> <p>a) comply with statutory or regulatory requirements</p> <p>b) manage technology</p> <p>c) manage organisational resources</p> <p>Deliberate: unauthorised access and theft or encryption of data. Accidental: loss, damage or destruction of data</p> | <p>Lead Member for Finance and Assets, Information Security & IT</p> <p>Senior Information Risk Owner (SIRO) Director Legal & Governance</p> | <ul style="list-style-type: none"> Inability to access/use the e-information systems. Severe financial penalties from the Information Commissioner Lawsuits from the public whose sensitive personal information is accessed causing damage and distress. <p>*Information management is concerned with the acquisition, custodianship and the distribution of information to those who need it, and its ultimate disposition through archiving or deletion. Information security is the practice of protecting information by mitigating risks such as unauthorised access and its unlawful use, disclosure, disruption,</p> | (4) 3 | (4) 4 | (16) 12 | (H) M | <p>1. Appropriate roles:</p> <ul style="list-style-type: none"> SIRO has overall responsibility for the management of risk Information and information systems assigned to relevant Information Asset Owners (IAO's) Department Security Officer (DSO) the Information Governance & Compliance Manager has day-to-day responsibility for the identification of information risks and their treatments 'Stewards' assigned by IAO's with day-to-day responsibility for relevant information. <p>2. Virus detection/avoidance:</p> <p>Anti-Malware report – no significant adverse trends identified which indicates that improved security measures such as new email and web filters are being successful in intercepting infected emails and links.</p> <p>3. Policies / procedure:</p> <p>Comprehensive review and amendment of the retention and disposal schedules / Information Asset Registers,</p> <ul style="list-style-type: none"> current and tested business continuity plans / disaster recovery plans employee training/education tested data/systems protection clauses in contracts and data-sharing agreements Integrated Impact Assessments (IIA) disincentives to unauthorised access e.g. disciplinary action <p>4. Premises security:</p> <ul style="list-style-type: none"> Preventative maintenance schedule Frequent audits at Stations and inventory aligned to asset management system. Reduction in the number of CCTV requests following improved education and guidance in relation to the use of the same; | A | <p>24 August 2021 SMB</p> <p>Employees in the Leadership Group were written to reminding them of the need for them and their teams to complete two mandatory e-learning packages in a 2-year cycle: 'Responsible for information – General Users' and 'Stay Safe Online: Top Tips for Staff' to assist in protecting the cybersecurity of the organisation as well as protecting employees in their on-line activities outside of work.</p> <p>19 October 2021 SMB</p> <p>On 11 October the head of the National Cyber Security Centre (NCSC) stated at the Chatham House Cyber Conference that "ransomware presents the most immediate danger to the UK, UK businesses and most other organisations – from FTSE 100 companies to schools; from critical national infrastructure to local councils."; and that "... UK's response to these threats is resilience. We need the UK's public sector to be the best defended [from cyber-attack] in the world".</p> <p>18 January 2022 SMB</p> <p>The Service's ICT team were made aware of the national issues with the 'Log4j 2' vulnerability early due to their close ties with the UK National Cyber Security Centre, they took immediate action to scan internal resources and found that they were not affected. They then worked with suppliers to ensure any systems hosted externally which the Service utilises were checked, and where</p> |

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| | | | | | | | | |
|--|--|--|--|--|--|--|--|---|
| | | <p>deletion and corruption. As more and more information is held electronically risks have become systems, as well as process and people based and are therefore vulnerable to cyber-attacks. Cyber-crime is unrelenting and issues arise at a greater frequency than existing intrusion attempts can be resolved. As such, this is a constant on the CRR.</p> | | | | | <p>- Premises Security Group re-established to meet on a 3 monthly basis aligned to the PMB meeting schedule has been suspended during the internal governance review. The associated risks are being monitored.</p> <p>5. Training: The biennial “Responsible for Information” training will be supplemented by the National Cyber Security Centre’s new e-learning package 'Top Tips for Staff' which has been built into the Heat training platform as a mandatory biennial package. Cyber-security training, delivered by Thames Valley Police’s cyber security advisor, rolled out to members of the Leadership Group during September 2020. Further training planned for 21/22.</p> | <p>appropriate patched, to prevent any exposure.</p> <p>22 February 2022 SMB The mandatory staff cybersecurity training packages have been rolled out to Members. A Cabinet Office report published on 25 January 2022 advised that of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. The Authority is now a subscriber to the South-East Employers (SEE) sub-group South-East Government Warning, Advisory and Reporting Point (SEGWARP) -which shares knowledge, resources and benchmarking among participating IT Security Specialists & IT Managers https://www.seemp.co.uk/segwarp/</p> <p>5 April 2022 SMB Meeting Recommended that Risk Score and RAG status remain at present levels in light of National Cyber Security Centre guidance in relation to heightened virus and malware risks following measures taken by UK, EU, US and other countries in response to the Russian invasion of Ukraine. ICT Manager has been appointed as Single Point of Control for liaison with the Home Office in relation to related cyber risks in addition to other control measures already in place.</p> <p>21 June 2022 SMB Against South-East Government Warning, Advisory and Reporting Point (SEGWARP) criteria, due to interventions applied by ICT, BMKFA’s email security ranking has improved since last evaluated in March 2022.</p> |
|--|--|--|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| Risk Description | Resp. | Consequences if Untreated | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|--|--|--|---------------------------|-----|------|------------|--|-----|--|
| | | | P | I | Σ | HML | | | |
| Risk of resurgence of Covid-19 and / or seasonal influenza in 2022/23 | Lead Member for Health and Safety and Corporate Risk | Increased levels of sickness absence amongst staff. | (4) | (3) | (12) | M | <ul style="list-style-type: none"> Maintenance of current social distancing and sanitisation regimes in all Authority workplaces, including covid-secure monthly assessments. Hybrid working and gradual reintroduction to office environment Provision of appropriate PPE for staff required to work in close proximity with the public. Appliance / service availability degradation planning. Free seasonal flu jabs available to all staff. Covid-19 app rolled out to all sites, and pushed to all Authority phones Lateral flow testing available to all staff via workplace collect scheme. | A | <p>6 July 2021 Update The Parliamentary decision on whether to move to step four on 19 July will be taken on 12 July. The pandemic management group continue to monitor the risks to staff and will ensure the appropriate controls remain in place as wider social restrictions are lifted.</p> <p>24 August 2021 SMB On 2 August the Service’s strategy for ongoing mitigation of Covid risks was released following the Government’s move to ‘Step 4’ from 19 July.</p> <p>19 October 2021 SMB Throughout the different phases of the Covid pandemic the Service has taken a measured approach to reintroducing activities previously paused or restricted. Following the Government’s announcement in relation to its Autumn / Winter plan, we are now at the stage whereby all our business-as-usual activities can resume, so long as we continue to consider our own safety and that of the communities we serve, by accepting a well-embedded range of Covid-19 controls. Furthermore, despite the increase in the number of Covid cases across both Buckinghamshire and Milton Keynes, this has not seen in a rise in Covid related absence amongst staff.</p> <p>18 January 2022 SMB The progression of the highly transmissible Omicron variant is resulting in increased staff absence levels across departments. It is reassuring that the new variant appears less severe, thus reducing the health risks to staff, however, the bigger risk now is our ability to maintain effective service delivery should case</p> |
| | Chief Operating Officer | Potential degradation of capacity or capability to deliver key services to the public and / or sustain supporting functions. | 4 | 2 | 8 | M | | | |

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| | | | | | | | | |
|--|--|--|--|--|--|--|--|---|
| | | | | | | | | <p>numbers continue to rise. The Service has degradation plans in place to manage high staff absence levels and continues to mitigate risks through infection prevention control measures.</p> <p><u>22 February 2022 SMB</u></p> <p>Current control measures are keeping Covid absence to a tolerable level, resulting in reduced impact on staff resourcing. Decreasing case numbers, shorter isolation periods and less severe symptoms, owing to Omicron dominance and good vaccine availability and uptake, is leading to an improved picture across the Service. Short term absence spikes and the ongoing risk of emerging variants of concern, continue to be monitored. Impact score reduced from 3-2, probability to remain at 4 owing to turnover of covid absence (3%-6%) within the workforce and ongoing risk to service delivery.</p> <p><u>5 April 2022 SMB</u></p> <p>The effect of the vaccine programme and residual control measures continues to keep staff Covid related staff absence levels within manageable levels. The ability to provide staff with access to Lateral Flow Tests remains to assist with infection control. No change to risk score or RAG status recommended.</p> <p><u>21 June 2022 SMB</u></p> <p>Case rates are currently low across the country and whilst staff are still contracting coronavirus, absence levels are lower than experienced previously. We continue to monitor the situation, as the media is starting to suggest that there are early indications of cases starting to rise once again, especially in Scotland.</p> |
|--|--|--|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|--|--|---|---------------------------|-----|------|------------|--|----------|---|
| | | | P | I | Σ | HML | | | |
| Court of Appeal ruling on the McCloud / Sargeant cases: potential impact on staff retirement profile, resourcing to implement required changes and financial impacts thereof. | Lead Member for Finance and Assets, Information Security & IT Director Finance & Assets | Failure to discharge statutory duties. Failure to comply with legal requirements. Unknown / unquantified budgetary impacts. | (5) | (3) | (15) | H | <ul style="list-style-type: none"> Potential impacts on costs to be factored into future Medium-Term Financial Planning process. Recruitment of dedicated specialist resource to evaluate requirements arising from the Court of Appeal ruling and implement necessary administrative changes. | M | <p><u>13 April 2021 SMB</u> A recent Home Office ‘one-off’ allocation of funding to mitigate some of the cost of additional administrative burdens arising from Court / Tribunal decisions in relation to the Firefighters Pension Scheme (£32,301 being the pro rata share of the £3m allocated nationally) was noted. The potential risks to the schemes administration nationally as a result of provider consolidation were discussed and noted alongside potential cost sharing across fire authorities nationally to offset potential financial risks arising from further litigation in relation to schemes at individual authority level.</p> <p><u>22 June 2021 SMB</u> The Home Office and LGA issued version 2 of their immediate detriment guidance in June 2021. This will assist with the handling of immediate detriment payments.</p> <p><u>19 October 2021 SMB</u> The LGA and the FBU have identified a mutually acceptable framework for handling immediate detriment cases, to assist all parties prior to completion and implementation of the McCloud / Sargeant remedying legislation. A paper will be presented to the meeting of the Executive Committee on 17 November 2021 recommending that the Service adopts this framework. The framework will have internal resource implications for the Service, as well as resourcing implications for its pension administrator.</p> <p><u>18 January 2022 SMB</u> On 17 November 2021 the Executive Committee adopted the Framework with the proviso that the timescale for payments may be extended where it is beneficial to the recipient and the Service to do so.</p> |
| | | | 4 | 3 | 12 | M | | | |

Appendix 3 - Corporate Risk Register – as at 6 July 2022

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | <p>On 29 November 2021 the Home Office withdrew its informal and non-statutory guidance on processing certain kinds of immediate detriment case ahead of legislation, with immediate effect. However, the MoU and the accompanying Framework is separate from, and is not subject to or dependent on, any guidance issued in relation to immediate detriment before the legislation comes into force.</p> <p><u>22 February 2022 SMB</u> No changes to the risks identified since the meeting on 18 January 2022.</p> <p><u>5 April 2022 SMB</u> Staff retirement trends remain manageable with near term exits effected by 31 March 2022, following which remaining affected staff revert to the revised 2015 scheme. Potential financial risks arising from the 4 yearly revaluation of the scheme will be mitigated as part of the MTFP process. No change to risk score or RAG status recommended.</p> <p><u>21 June 2022 SMB</u> Claimants’ representatives have submitted schedules of test claimants for the purposes of the levels of financial awards to be paid by employers for ‘injury to feelings’. The LGA’s position is that employers should be recompensed by government for any awards.</p> |
|--|--|--|--|--|--|--|--|--|--|



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Treasury Management Performance 2021/22

Lead Member: Councillor Matthew Walsh

Report sponsor: Mark Hemming, Director of Finance & Assets

Author and contact: Marcus Hussey mhussey@bucksfire.gov.uk

Action: Noting.

Recommendations: That the Treasury Management Performance 2021/22 report be noted.

Executive summary:

This report is being presented to provide the treasury investment position as at the end of 2021/22. It is best practice to review on a regular basis how Treasury Management activity is performing.

The accrued interest earned for 2021/22 is £42k, which is £12k higher than the budget for 2021/22.

Financial implications:

The budget for 2021/22 relating to interest earned on balances invested is £30k. Performance against the budget is included within Appendix A.

Risk management:

Making investments in the Authority's own name means that the Authority bears the risk of any counterparty failure. This risk is managed in accordance with the strategy and with advice from external treasury management advisors.

The Director of Finance and Assets will act in accordance with the Authority's policy statement; Treasury Management Practices and CIPFA's Standard of Professional Practice on Treasury Management.

The risk of counterparty failure is monitored on the directorate level risk register within Finance and Assets.

There are no direct staffing implications.

Legal implications:

The Authority is required by section 15(1) of the Local Government Act 2003 to have regard to the Department for Communities and Local Government Guidance on Local Government Investments; and by regulation 24 of the Local Authorities (Finance and Accounting) (England) Regulations 2003 [SI 3146] to have regard to any prevailing CIPFA Treasury Management Code of Practice.

Privacy and security implications:

No direct impact.

Duty to collaborate:

No direct impact.

Health and safety implications:

No direct impact.

Environmental implications:

No direct impact.

Equality, diversity, and inclusion implications:

No direct impact.

Consultation and communication:

No direct impact.

Background papers:

Treasury Management Policy Statement, Treasury Management Strategy Statement and the Annual Investment Strategy

<https://bucksfire.gov.uk/documents/2021/02/item-8-treasury-management.pdf/>

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | Treasury Management Performance 2021/22 | |

Appendix 1 – Treasury Management Performance 2021/22**Background**

Up until 31 March 2013, the Authority's cash balances were managed by Buckinghamshire Council (BC) under a Service Level Agreement (SLA). From 2013/14 the Authority began investing in its own name. Since the treasury management function has been managed in-house, the Authority has achieved investment returns of £1.311m between 2013/14 and 2021/22. This is in comparison to the returns of £0.534m the Authority would have earned through BC and the SLA for the same period.

This report highlights the performance to date of the in-house treasury management function for as at the end of financial year 2021/22.

Security of Investments

The primary investment priority as set out in the Treasury Management Policy Statement is the security of capital. The Authority applies the creditworthiness service provided by Link. This determines whether or not a counterparty is suitable to invest with and if so, the maximum duration an investment could be placed with them. In the Annual Investment Strategy (AIS), the Authority resolved that the balances invested with any single counterparty at any point in time would be 30% of the total investment portfolio to a maximum of £5m (with the exception of Lloyds Bank, who as our banking provider that have a limit of £7.5m, of which at least £2.5m must be instant access). During 2021/22 Link made no relevant changes to the counterparty listing. The amount invested with each counterparty on the approved lending list as at 31 March 2022 is detailed below:

| Counterparty | Credit Ratings | | | | | | Amount (£000) |
|-----------------------------|----------------|------------|-----------|------------|-----------|------------|---------------|
| | Fitch | | Moody's | | S&P | | |
| | Long Term | Short Term | Long Term | Short Term | Long Term | Short Term | |
| Close Brothers Group Plc | A | F2 | Aa | P-1 | - | - | 4,000 |
| Leeds BS | A | F1 | A | P-2 | - | - | 2,000 |
| Newcastle BS | - | - | - | - | - | - | 1,000 |
| Goldman Sachs International | A | F1 | A | P-1 | A | A-1 | 1,000 |
| Principality BS | BBB | F2 | Baa | P-2 | - | - | 1,000 |
| Lloyds Bank plc | A | F1 | A | P-1 | A | A-1 | 1,000 |
| Santander UK plc | A | F1 | A | P-1 | A | A-2 | 1,000 |
| CCLA MMF | - | - | - | - | AAA | A-1 | 2,003 |
| Aberdeen MMF | AAA | F1 | Aaa | P-1 | AAA | A-1 | 1,002 |
| Lloyds Bank plc (CA) | A | F1 | A | P-1 | A | A-1 | 2,599 |
| Total | | | | | | | 16,604 |

BS = Building Society, MMF = Money Market Fund, CA = Current Account. Rating as at 15 May 2022.

During this period, no counterparty limits were breached.

Item 12 | Treasury Management Performance 2021/22

Credit Rating

Link monitor and supply the Authority a weekly credit rating list for all counterparties listed in the Treasury Strategy 2021/22. In addition to this Link will also supply the Authority with any changes to the counterparties credit ratings. The credit ratings are not set by Link, these are obtained through rating agencies (Fitch, Moody's and Standard & Poor's (S&P)). The Authority will not place sole reliance on the credit ratings supplied by Link. The Authority will also use market data and market information, information on government support for banks and the credit ratings of that supporting government.

There are some counterparties that are not rated by the rating agencies. These are mainly Building Societies. The Authority will review the counterparties market data, market information (asset portfolio) before committing to an investment deal with the counterparty.

Below are the rating definitions for each rating agency:

Fitch:

| Short Term | Long Term | Rating Definition |
|------------|------------|----------------------------|
| F1 | AAA, AA, A | Highest Credit Quality |
| F2 | A, BBB | Good Credit Quality |
| F3 | BBB | Fair Credit Quality |
| B | BB, B | Speculative Credit Quality |
| C | CCC, CC, C | High Default Risk |
| RD | RD | Restricted Default |
| D | D | Default |

Moody's:

| Short Term | Long Term | Rating Definition |
|------------|-------------------|---|
| P-1 | Aaa, Aa, A | Superior ability to repay debt obligation |
| P-2 | A, Baa | Strong ability to repay debt obligation |
| P-3 | Baa | Acceptable ability to repay debt obligation |
| NP | Ba, B, Caa, Ca, C | do not fall within any prime rating |

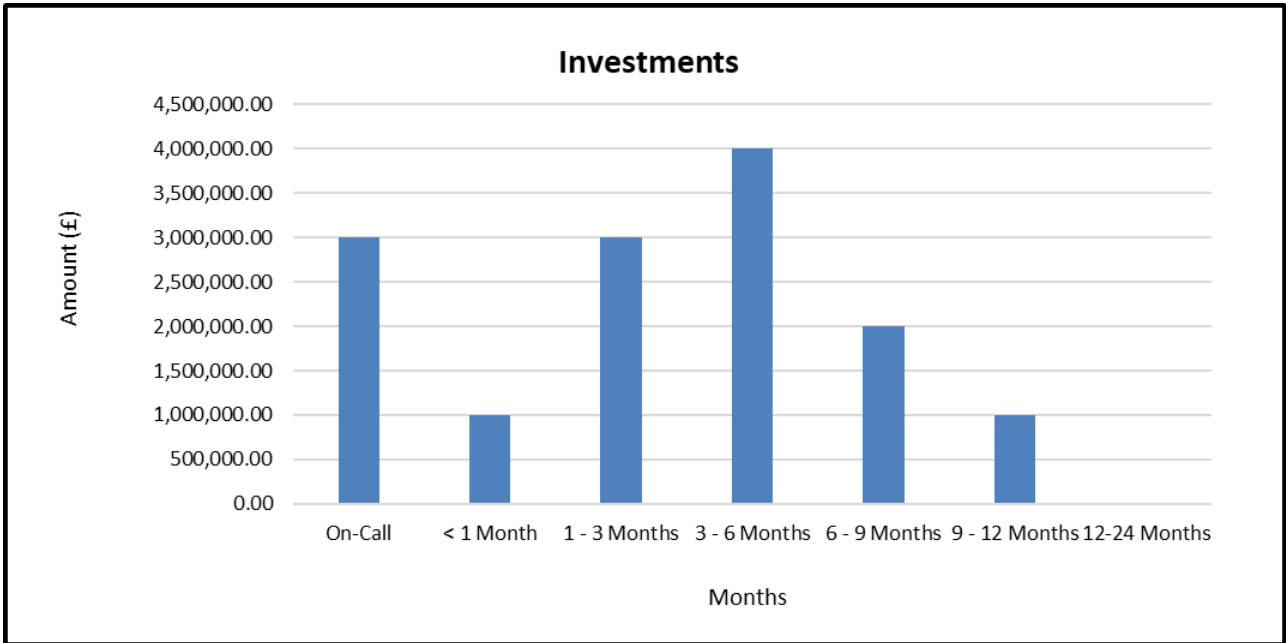
Standard & Poor's:

| Short Term | Long Term | Rating Definition |
|------------|------------|---|
| A1 | AAA, AA, A | Extremely Strong |
| A2 | A, BBB | Satisfactory |
| A3 | BBB | Adequate |
| B | BB, B | Vulnerable and has significant speculative characteristics. |
| C | CCC, CC, C | Vulnerable to non-payment |
| D | RD | Restricted Default |
| D | D | Default |

Liquidity

Investments

The second objective set out within the Treasury Management Policy Statement is the liquidity of investments (i.e., keeping the money readily available for expenditure when needed). Investments have been placed at a range of maturities, including having money on-call in order to maintain adequate liquidity. The current investment allocation by remaining duration can be seen on the chart below:

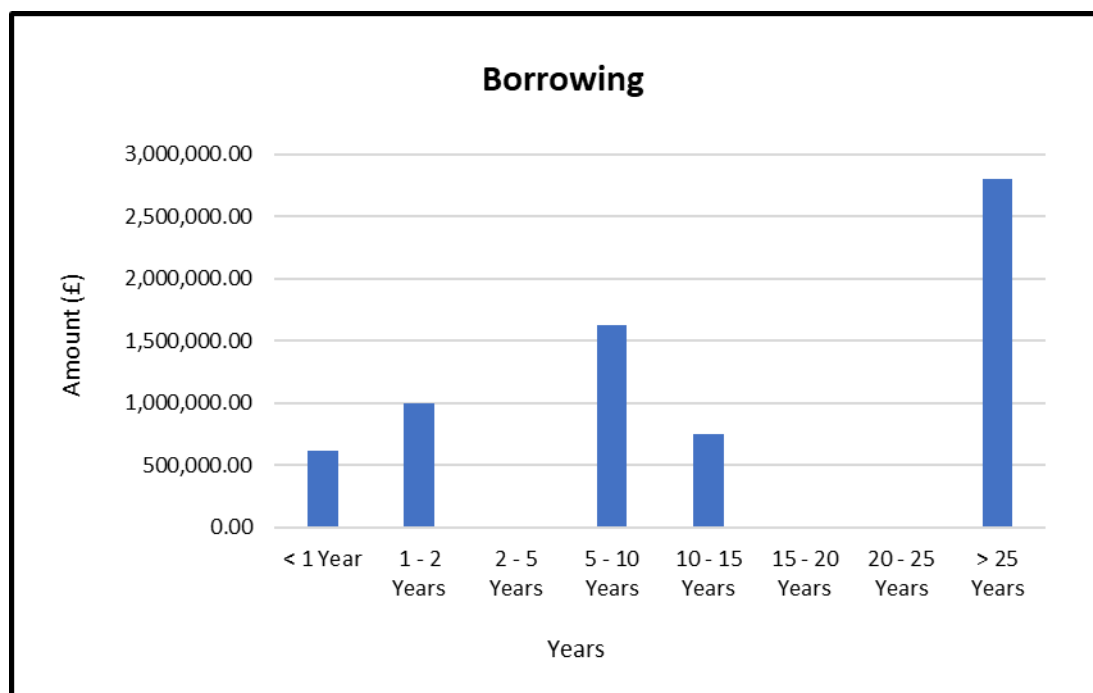


In order to cover expenditure such as salaries, pensions, creditor payments, and potential liabilities for which the Authority have made provisions within the Statement of Accounts, the balances are invested as short fixed-term deposits.

There are six investments currently falling in the 1-3 and 3-6 month periods. At least one deal matures each month for the next seven months and were all originally invested for different terms and will be re-invested for varying terms upon maturity in order to maintain liquidity and meet future commitments. The Authority continues to hold Money Market Funds to help improve the liquidity of the Authority’s balances. By investing collectively, the Authority benefits from liquidity contributed by others and from the knowledge they are all unlikely to need to call on that money at the same time.

Borrowing

As part of managing the liquidity of investments, it is important to have regard to the maturity structure of outstanding borrowing. This can be seen in the following chart:



The total borrowing outstanding as at 31 March 2022 is £6.797m. No further debt repayment is due until May 2022. These repayments do not directly affect the revenue budget, as they simply reflect the use of cash accumulated by setting aside the appropriate minimum revenue provision (MRP) to settle the outstanding liability.

Investment Yield

Having determined proper levels of security and liquidity, it is reasonable to consider the level of yield that could be obtained that is consistent with those priorities.

Performance Against Budget

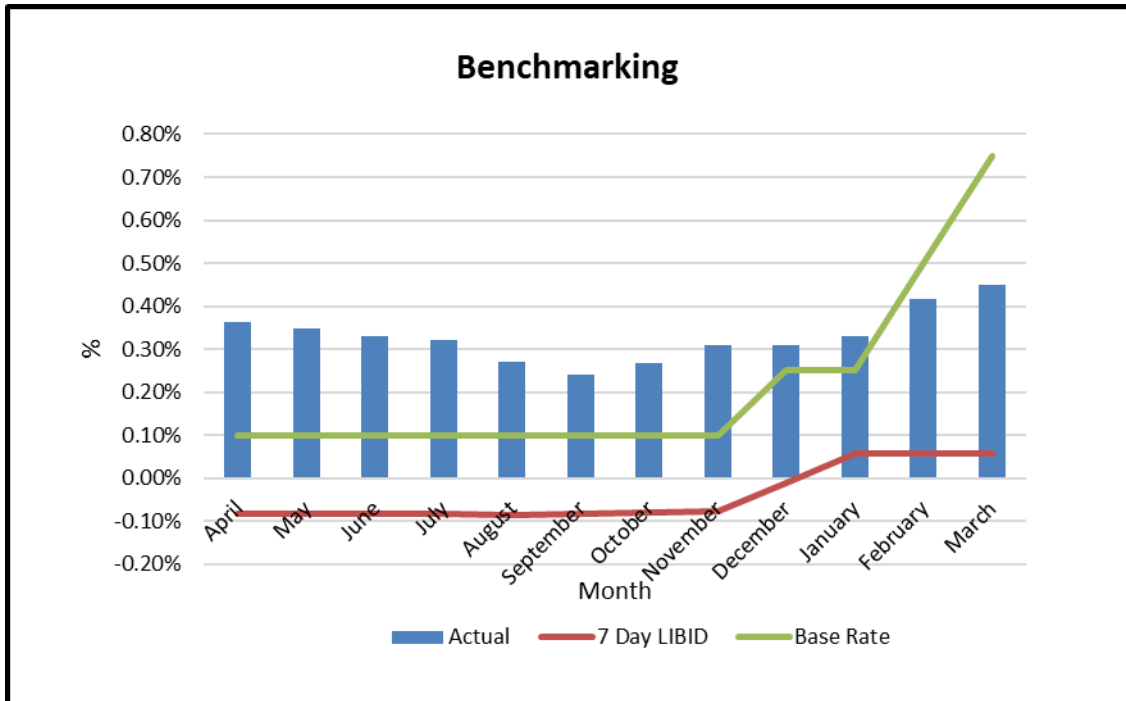
The Interest receivables budget was reviewed as part of the Medium-Term Financial Plan 2021/22 process and the budget was set at £30k. This is a reduction of £120k from 2020/21. The reason for the reduction is due to the coronavirus pandemic and the significant impact this has had on the global economic landscape and the world economy in general. Since the Bank of England's two unprecedented emergency interest rate cuts in March 2020 to a base rate record low of 0.10. The interest base rate has gradually increased with Monetary Policy Committee (MPC) voting for increases in December 2021 (0.25%), February 2022 (0.50%), March 2022 (0.75%) and May 2022 (1.00%). The Authority has now started to see some benefits in the interest base rate increase both in short term investment deals and Money Market Funds interest.

The accrued interest earned for financial year 2021/22 is £42k, against the planned budget of £30k for the same period. This is an over achievement of £12k and has resulted in the Authority being able to hit the budget target for financial year 2021/22.

Performance Against the Benchmark

The relative performance of the investments is measured against two benchmark figures:

- 7 day LIBID – this is the rate the Authority would have earned on all balances had the SLA with BCC continued into future years
- Link benchmark – this is the indicative rate that Link advised the Authority should be looking to achieve for 2021/22 at the start of the year
- The weighted average rate (%) is compared to the two benchmark figures in the following chart for each month:



The Authority up to January 2022 outperformed both benchmark figures. However, during February 2022, the base rate was raised by MPC for the second time in the same financial year. This resulted in the Authority not achieving this benchmark for February and March 2022. The Authority has invested into some short-term deals which has provided the Authority with interest returns above the current 1% interest base rate. However, the Authority still has several investment deals made prior to the base rate increases, therefore it will take the Authority a number of months before seeing the full financial benefit of the base rate increase. The Authority is still outperforming the LIBID benchmark.

It must also be noted that the level of funds available for investment have reduced as a result of the reduction in reserves. The Authority will continue to re-invest any surplus funds with varying maturity dates to ensure the Authority makes a return on investments and has sufficient liquidity to cover the day-to-day expenditure.

This page is intentionally left blank



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update: May 2022

Lead Member: Councillor David Hopkins

Report sponsor: Deputy Chief Fire Officer Mick Osborne

Author and contact: Anne-Marie Carter, Head of Technology, Transformation and PMO – Acarter@bucksfire.gov.uk

Action: For Noting

Recommendations: That the Committee note the updated HMICFRS - BFRS improvement plan: May 2022

Executive summary: BFRS's second round inspection took place between 24 May 2021 and 9 July 2021.

The latest report for this Service, was published on 15 December 2021, identified 22 areas for improvement, and two causes of concern accompanied by eight recommendations.

| | Effectiveness | Efficiency | People |
|-----------------------------|---------------|------------|--------|
| Cause of concern | 1 | | 1 |
| Recommendations | 3 | | 5 |
| Area for Improvement | 11 | 5 | 6 |

An improvement plan (Appendix 1) is in place to specifically progress the report recommendations and identified areas for improvement. The latest improvement plan has been revised and has been integrated into the Portfolio Management Office which was introduced after the first inspection to coordinate and manage any actions required.

The Service is making progress against the recommendations, aligning them to ongoing project work and improvement plans. Specifically, The Prevention recommendations are being progressed through a project initiated after the Prevention evaluation, which was presented to this committee on 10 November

2021, and the People recommendations are being progressed through the Authority's equality, diversity, and inclusion objectives 2020-2025, which are presented annually to the Fire Authority; the last update being 15 June 2022.

Our Service Liaison Lead, Kathryn Richardson, has indicated our approach to improvement, and addressing matters raised in the report, was sensible.

We feel the progress made will put BFRS in a good place for the reinspection due to take place in Autumn 2022

Financial implications: The prioritisation of improvements to address the specific recommendations raised within the causes of concern may introduce additional financial implications, either through reprioritisation of other projects, or through new workstreams.

Consideration will be given to ensure associated costs, both direct and indirect, are fully understood and managed effectively.

FRSs are not funded for the preparation for, HMICFRS inspections, nor is the Service charged. The inspections are funded directly by the Home Office. The Police are top sliced from their government grants to fund the HMICFRS inspections of Police Forces. There has been no indication yet that this might be a future funding model for the inspection of FRSs.

Risk management: There remain reputational corporate risks to the organisation should we be judged as inadequate. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, in addition to the HMICFRS inspections. The external audit plan for 22/23 can be found here: [Overview and Audit Committee - 16 March 2022 - Buckinghamshire Fire & Rescue Service \(bucksfire.gov.uk\)](https://www.bucksfire.gov.uk/audit-committee)

Legal implications: The current Fire and Rescue Service National Framework issued under section 21 of the Fire and Rescue Services Act 2004, to which the Authority must have regard when carrying out its functions, states as follows at paragraph 7.5:

'Fire and rescue authorities must give due regard to reports and recommendations made by HMICFRS and – if recommendations are made – prepare, update and regularly publish an action plan detailing how the recommendations are being actioned. If the fire and rescue authority does not propose to undertake any action as a result of a recommendation, reasons for this should be given.'

It continues: 'When forming an action plan, the fire and rescue authority could seek advice and support from other organisations, for example, the National Fire Chiefs Council and the Local Government Association'.

Privacy and security implications:

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan have undergone Data Protection Impact Screening and full impact assessments have been completed and reviewed where appropriate.

The report and its appendices are not protectively marked.

Duty to collaborate:

Each fire and rescue service is inspected individually. However, the latest report includes findings relating to the Service's ability to collaborate effectively with partners.

Health and safety implications:

There are no Health, Safety or Wellbeing implications arising from this report.

Environmental implications:

There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications:

Progress against our Equality, Diversity and Inclusion objectives are included within the updated improvement plan.

The Service has been judged as 'requires improvement' in the people pillar, along with a cause of concern and five recommendations relating to equality, diversity and inclusion. All the findings from the HMICFRS round two inspection report will be fully considered and prioritised to ensure continual improvement is established and maintained.

The Authority's equality, diversity, and inclusion objectives 2020-2025 – year 2 progress was presented to the Fire Authority on 15 June 2022.

Consultation and communication:

Specific areas identified for Service improvement are being captured in relevant plans and will be reported on in the usual way, ultimately to the Overview and Audit Committee.

Next steps -

- Report published on Intranet with update for staff
- Next update to Overview and Audit Committee on the 9 November 2022

Background papers:

HMICFRS Home Page: <https://www.justiceinspectorates.gov.uk/hmicfrs/>

10 November 2021 - Overview and Audit Committee: Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update

<https://bucksfire.gov.uk/documents/2021/10/oa-item-18-10-11-21.pdf/>

10 November 2021 - Overview and Audit Committee: Prevention Evaluation - Phase one report 2021 <https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/>

16 February 2022 – Fire Authority: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Report 2021

<https://bucksfire.gov.uk/documents/2022/02/fa-item-10-16022022.pdf/>

16 March 2022 – Overview and Audit Committee: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update

<https://bucksfire.gov.uk/documents/2022/03/oa-item-14-160322.pdf/>

15 June 2022 – Fire Authority – Equality, Diversity and Inclusion Objectives 2020-2025 – Year two update


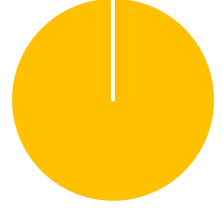
<https://bucksfire.gov.uk/documents/2022/05/fa-item-16.pdf/>

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | HMICFRS INSPECTION REPORT – IMPROVEMENT PLAN Updated May 2022 | |

HMICFRS 2021 Inspection Report Action Plan - Dashboard

Last Update:

May-22

| Recommendations | Total | Complete | On track | On hold/delayed | Not started | Overall RAG status |
|-----------------|-------|----------|----------|-----------------|-------------|---|
| Effectiveness | 3 | 0 | 2 | 1 | 0 |  |
| People | 5 | 0 | 5 | 0 | 0 |  |

| Areas For Improvement | Total | Complete | On track | On hold/delayed | Not started | RAG status |
|-----------------------|-------|----------|----------|-----------------|-------------|---|
| Effectiveness | 11 | 1 | 6 | 0 | 4 |  |
| Efficiency | 5 | 2 | 2 | 1 | 0 |  |
| People | 6 | 0 | 6 | 0 | 0 |  |

| Grand Totals | | | | | |
|--------------|---|----|---|---|--|
| 30 | 3 | 21 | 2 | 4 | |

This page is intentionally left blank

Last Update: May-22

| Pillar | Sub-category | HMICFRS inspection report finding | Finding type | Overall RAG Status | PMO Project link | Delivery Lead | SMT Sponsor | Delivery Date | Latest update | Project Status | Evidence to support completion |
|---------------|--|--|----------------------|--------------------|---|--|-------------------------------------|---------------|---|----------------|--------------------------------|
| Effectiveness | Understanding the risk of fire and other emergencies | The service, through regular engagement with its local community, needs to build a more comprehensive profile of risk in its service area. | Area for improvement | On track | Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP) | Corporate planning | COO | 24/25 | Comprehensive Service Delivery Area (SDA) profiles to inform station planning developed and launched to all nine SDAs. These comprise socio-demographic, geo-spatial, risk and demand related information. Station planning process now includes liaison and collaboration with external partners / agencies (for example, MK Council to address increase in fires in their housing stock). NHS 'Exeter' data now being leveraged to inform targeting at local level of higher risk groups such as the 80+ population. | On-Track | |
| Effectiveness | Understanding the risk of fire and other emergencies | The service should make sure its integrated risk management plan is informed by a comprehensive understanding of current and future risk. It should use a wide range of data to build the risk profile and use operational data to test that the risk profile is up-to-date. | Area for improvement | Not started | Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP) | Corporate planning | COO | 24/25 | Development of the 2025-30 PSP will conform to the 2021 Fire Standard for preparation of Community Risk Management Plans (CRMPs). This specifies best practice requirements for risk profiling. | Not started | |
| Effectiveness | Understanding the risk of fire and other emergencies | The service should make sure that the aims and objectives of prevention, protection and response activity are clearly outlined in its integrated risk management plan. | Area for improvement | Not started | Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP) | Corporate planning | COO | 24/25 | This will be addressed in the 2025-30 PSP. | Not started | |
| Effectiveness | Preventing fires and other risks | The service should have plans in place for an effective system to define the levels of risk in the community. | Recommendation | On-Track | Prevention Improvement Plan | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 01/11/2024 | The Prevention Improvement Plan has now been presented and agreed at PMB, SMB & O&A. Progress has been made on the actions, but due to staffing levels this has impacted on the estimated delivery times. | On-Track | |
| | | | | | Corporate plan SO1.3 - Develop partner agencies understanding of the risks from fire and other emergencies. Implement a collaborative community risk methodology and targeting approach, to achieve a reduction on risk and impact of fire. | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 01/04/2023 | This links to 1.1 on the Prevention Improvement Plan. We have representation at all boards where we have a statutory responsibility and selected boards where we can impact on risk in the community. All though this is complete on the Improvement Plan, this will remain under constant review. Initial work on refining and targeting 80+ has been completed through external data sources and is progressing to implementation at local service delivery areas. Station planning process includes local Service Delivery Area profiles and benchmarking reports, which are being used to set targets addressing risk at local level. | On-Track | |
| | | | | | Safety Centre evaluation | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 30/09/2022 | As previous update - paper scheduled to commence end of June | On-Track | |
| Effectiveness | Preventing fires and other risks | A revision of its prevention strategy that clearly prioritises the people most at risk of fire and other emergencies, giving focus and direction to specialist teams. | Recommendation | On-Track | Prevention Improvement Plan | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | Q3 22/23 | Prevention strategy drafted and initial round of consultation completed with staff groups primarily involved in delivering it. Feedback received and amendments made before wider organisational consultation. | On-Track | |
| Effectiveness | Preventing fires and other risks | The review of systems and processes for dealing with referrals from individuals and partner agencies. This is to make sure they are managed effectively and those referrals with highest identified risk are prioritised. | Recommendation | delayed | Prevention Improvement Plan | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 01/11/2024 | Staffing challenges have led to a focus on recruitment and onboarding. This element has been assessed as being delayed due to capacity within the Prevention team. Initial work has been completed to address scoring issues related to the 80+ targeting. The current screening process will require further amendments to PRMS to reflect revised scoring priorities for risk of fire fatality or serious injury. | delayed | |

| | | | | | | | | | | | |
|---------------|---|---|----------------------|-------------|-----------------------------|--|---------------------------------------|---------------------------------|---|-------------|--|
| Effectiveness | Preventing fires and other risks | The service should understand the reasons for its decreasing number of prevention visits and consider how it can better target those who are most at risk of fire. | Area for improvement | On-Track | Prevention Improvement Plan | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 01/11/2024 | Continued challenges regarding recruitment into vacant roles. Although utilised alternative business cases where skills matched required roles, the Prevention team has been operating under-capacity. This has impacted on prevention delivery. When recruitment is completed, there is a 4-6 month onboarding process to competence. Coupled with unusually high sickness levels, in 21/22 delivery staff capacity was 64% compared to 96% in 20/21 and 98% in 19/20. Difficulty in recruiting into admin vacancies has also impacted upon capacity to screen and book visits. Covid has reduced some people's willingness to engage with visits they have been referred for. It also impacted upon visit delivery for 4 weeks (1/12) of 19/20 which reduced delivery numbers by 6% from 18/19 (1892) Despite Covid impacting on the first part of 21/22, 1524 visits were delivered in 21/22 which is 7% less than 19/20. | On-Track | |
| Effectiveness | Preventing fires and other risks | The service should evaluate its prevention work, so it understands the benefits better. | Area for improvement | Complete | Prevention Improvement Plan | GC Territorial North and Community Safety & Safeguarding Manager | Prevention, Response and Resilience | 01/11/2024 | Action completed - Phase 1 evaluation report presented to Overview and Audit Committee 10/11/21 | Complete | 10 November 2021 - Prevention Evaluation - Phase one report 2021 |
| Effectiveness | Protecting the public through fire regulation | The service should make sure it aligns its increased resources to a prioritised and risk-based inspection programme. | Area for improvement | On-Track | Protection Uplift Programme | Head of Protection | Protection, Assurance and Development | 30/09/2022 | The risk-based inspection programme is coming online shortly following all of the recent restriction and a change in management of Protection. All staff have been trained to a level to complete these inspections independently to make best use of their time. A provisional target has been agreed within Protection and will be reviewed at the end of the year for the number of audits that are going to be undertaken. Training is continuing from a third party to deliver fire Safety input to operational crews and is expected to be complete by the end of the year. Work is continuing with the Communication team about developing areas of the website for Protection which will include self-assessment information that we are developing with the NFCC. | On-Track | |
| Effectiveness | Protecting the public through fire regulation | The service should make sure it has an effective quality assurance process, so staff carry out audits to an appropriate standard. | Area for improvement | On-Track | BAU | Head of Protection | Protection, Assurance and Development | TBC - Subject to NFCC programme | The Protection Department continue to work through the Fire Standards for protection and maintaining of CPD through training. The Service is looking at the process of complying with the Third Party Accreditation process developed by the NFCC. | On-Track | |
| Effectiveness | Protecting the public through fire regulation | The service should review its response to false alarms (called 'unwanted fire signals') to ensure operational resources are used effectively. | Area for improvement | On-Track | UwFS Review | Head of Protection | Protection, Assurance and Development | 30/09/2022 | UwFS - The protection Department is looking at the resources we are expending on UwFS and how best to make use of the information without the existing resources we expend on this. | On-Track | |
| | | | | | AFA review | TBC | Prevention, Response and Resilience | TBC | Review is being managed separately to this by Prevention, Response and Resilience and scheduled to start in Q4 22/23 | Not started | |
| Effectiveness | Protecting the public through fire regulation | The service should make sure it plans its work with local businesses and large organisations to share information and expectations on how they can comply with fire safety regulations. | Area for improvement | On-Track | Protection Uplift Programme | Head of Protection | Protection, Assurance and Development | 30/09/2022 | The Service has been looking into how we can best make use of the NFCC self-assessment toolkit and how we can implement this within our website. We have created a SPOC of our Business Safety officer to engage with businesses. This is also integral to the risk based inspection programme so that less at risk businesses will be engaging with the business safety officer to undertake self-assessment. | On-Track | |
| Effectiveness | Responding to fires and other emergencies | The service should assure itself that it understands what resources it reasonably requires to meet its foreseeable risk; it should make sure that all of its fire engines can be sufficiently resourced, if required. | Area for improvement | Not started | Not a current project | TBC | TBC | | | Not started | |
| Effectiveness | Responding to fires and other emergencies | The service should make sure it consistently gives relevant information to the public to help keep them safe during and after all incidents. | Area for improvement | Not started | Not a current project | Communication, Marketing and Engagement Manager | Technology, transformation and PMO | Q3 22/23 | | Not started | |

Last Update: May-22

| Pillar | Sub-category | HMICFRS inspection report finding | Finding type | Overall RAG Status | PMO Project link | Delivery Lead | SMT Sponsor | Delivery Date | Latest update | Project Status | Evidence to support completion |
|------------|---|---|----------------------|--------------------|--|---|---------------------------------------|---|---|----------------|--------------------------------|
| Efficiency | Making best use of resources | The service should have effective measures in place to assure itself that its workforce is productive, that their time is used as efficiently and effectively as possible and in a more joined up way to meet the priorities in the IRMP. | Area for Improvement | On Track | Portfolio Management Office Project | Head of Technology, Transformation, and PMO | Head of Finance and Assets | Q4 22/23 | Projects continue to be reviewed on a monthly basis by BTB and then SMB. Qtrly planning sessions are now scheduled in with the wider leadership team to review progress against plans, review capacity issues and celebrate success. | on-track | |
| | | | | | Performance Management framework | Data Intelligence Team Manager | Technology, transformation and PMO | Q3 22/23 | A new BFRS performance strategy is currently being built/written. The hope is to have this completed before Q2 22/23. Once published, service KPIs will be published, with lower level KPIs following in Q2. | on-track | |
| Efficiency | Making best use of resources | The service should actively seek further collaboration opportunities with other Thames Valley fire services, to achieve value for money and better outcomes for the public. | Area for Improvement | Complete | Thames Valley Breathing Apparatus procurement | GC Technical | Protection, Assurance and Development | 01/04/2023 | The Thames Valley Breathing Apparatus Project is running to the identified schedule, leading up to the staggered 'go-live' dates within each Service. The entire project has adopted a collaborative approach, each Service agreeing to ensure operational alignment throughout, including procedures and training, which will support the recognised goal of a 'Thames Valley BA wearer'. Significant cost savings have been achieved through collaborative purchase with Thames Valley partners including: <ul style="list-style-type: none"> •Cylinders - 60% reduction in cost per unit •Personal issue face masks - 65% reduction in cost per unit •Incurve-E Breathing Apparatus (BA) Set - 6.8% reduction in cost per unit The initial equipment allocation is expected to be delivered in July 2022 inline to support the training delivery programme that will commence in RBFRS, delivered by BA trainers from all three FRS. | on-track | |
| | | | | | Emergency Service Mobile Communications Programme | Programme Manager | Technology, transformation and PMO | 2025/26 | Coverage Assure 1.1 activities are 50% complete - slightly delayed due to loss of survey resource. Work underway to find alternate resource. Strong engagement from SC region with Programme to participate in Fire Funding 'deep dive' work. Business case submitted to engage SC PM following the loss of RPM role. Region still remains engaged with ESMCP work despite slow down from the Centre | delayed | |
| | | | | | Thames Valley National Operational Guidance | GC Technical | Protection, Assurance and Development | Mar'22:Phase 1 Sept '22: gap analysis - implemented NOG | The collaborative approach to implementing NOG remains ongoing, though we are planning to complete phase 1 by the end of the financial year. As part of the project, a strategic gap analysis of how we have implemented NOG is required which we anticipated would be complete by September 2022. However, due to an ongoing vacancy in the technical department this time frame has been extended to January 23. | on-track | |
| | | | | | Thames Valley Fire Investigation | GC Protection | Protection, Assurance and Development | 01/10/2023 | Personnel have been identified and are working towards ISO 17020. The infrastructure and monies have been agreed upon. there is a business case for the creation of another full time role as Thames Valley Fire Safety Investigation officer in order to keep on track with the delivery timescales. OFRS have become the single entity for the collaboration team and a clear structure has been put in place. BFRS have identified a location in which the team will work from. | on-track | |
| | | | | | 2022/23 reset of the collaboration framework for Thames Valley | pan-directorate | Technology, Transformation and PMO | | A Thames Valley emergency services business plan for 2022-2027 has been drafted. It highlights the works done during the previous business plan and what the areas of focus are for the following 5 years. Collaboration now sits under the PMO to ensure work is reviewed and the correct resources are allocated. | on-track | |
| Efficiency | Making the fire and rescue service affordable now and in the future | The service needs to assure itself that it is maximising opportunities to improve workforce productivity and develop future capacity through use of innovation, including the use of appropriate and up-to-date technology. | Area for Improvement | on-track | Various | pan-directorate | Technology, Transformation and PMO | TBC | We have invested in replacing our Wide and Local area networks in collaboration with Buckinghamshire council. This will provide a more resilient network to build our technology on. The ICT strategy is in place and following a budget challenge last year is funded until 2025 | on-track | |

| | | | | | | | | | | | |
|------------|---|--|----------------------|----------|-----|--------------------------------|--------------------|------------|---|----------|--|
| Efficiency | Making the fire and rescue service affordable now and in the future | The service should have a clear and sustainable strategic plan for the use of its reserves which promotes new ways of working. | Area for Improvement | Complete | BAU | Director of Finance and Assets | Finance and Assets | 18/11/2020 | The Fire Authority approved increasing the Band D precept by £5, which has addressed the issues of unsustainable capital funding. Projects to improve ways of working are already included in the capital programme (e.g. funding the ICT Strategy) | Complete | https://bucksfire.gov.uk/documents/2020/11/item-7-executive-committee-financial-strategy.pdf/ https://bucksfire.gov.uk/documents/2020/03/reserves_strategy_2018-19_web.pdf/ |
| Efficiency | Making the fire and rescue service affordable now and in the future | The service needs to make sure that its fleet and estate strategies are regularly reviewed and evaluated to maximise potential efficiencies. | Area for Improvement | Delayed | BAU | Property Manager/Fleet Manager | Finance and Assets | 23/24 | The Property strategy is current and in date. A review is scheduled to ensure it remains in date after 2023 | Complete | https://bucksfire.gov.uk/documents/2020/03/property_strategy_2018_-_2023.pdf/ |
| | | | | | BAU | Fleet Manager | Finance and Assets | 01/04/2022 | The Fleet Strategy update has been delayed to allow the Service Delivery team to review and forecast the service's future operational requirement | Delayed | |

HMICFRS 2021 Inspection Report Action Plan - People



Last Update: May-22

| Pillar | Sub-category | HMICFRS inspection report finding | Finding type | Overall RAG status | PMO Project link | Delivery lead | SMT Sponsor | Delivery Date | Latest update | Project Status | Evidence to support completion |
|--------|--|---|----------------------|--------------------|------------------------------------|--|---------------------------------------|---|--|----------------|---|
| People | Promoting the right values and culture | The service should assure itself that senior managers are visible and demonstrate service values through their behaviours. | Area for Improvement | On Track | BAU improvement | SMT | CFO | Ongoing | SMT continue to visit stations and meet with Support Services employees. They are actively ensuring visibility by attendance at events, such as the recent Apprentice Pass Out parade. SMT work at HQ and stations across the county. New Response Area Manager is meeting with all Watches. Proactive work to engage with staff through station and team visits. An SMT member has attended the majority of the Culture Survey listening workshops. | On Track | |
| People | Promoting the right values and culture | The service should make sure that it effectively communicates its absence/attendance procedures for consistent application. | Area for Improvement | On Track | BAU improvement | Head of Human Resources | Head of Human Resources | Monitoring | As per previous update. Covid reports are run on a weekly basis and reviewed against Fire Service Rota, any anomalies are followed up with managers. Absence stats are reported to HSWC. Case management meetings are ongoing. | On Track | |
| People | Getting the right people with the right skills | The service should review its succession planning to make sure that it has effective arrangements in place to manage staff turnover while continuing to provide its core service to the public. | Area for Improvement | On Track | Internal Governance review | Corporate planning | Legal and Governance | Phase 1 January 2021 Phase 2 October 2021 - May 2022 | The approved Phase 2 recommendations included the formation of a new Workforce Planning Group to take on a more holistic approach to workforce planning embracing all aspects of the employee lifecycle. This will focus on planning and evaluation of measures to recruit, develop and retain the right staff addressing, in particular, current and future skills gaps. | Complete | SMB approval of Phase 2 recommendations on 17 May 2022. |
| | | | | | Workforce Planning Group | Head of Human Resources | COO | | Workforce planning group now in place. Work ongoing to confirm new establishment number following the increase in funding. Recruitment plan and dashboard built for review and signoff at next meeting (8th July 2022) | On Track | |
| People | Getting the right people with the right skills | The service should assure itself that all staff are appropriately trained for their role. | Area for Improvement | On Track | Active Monitoring System project | GC Training and Assurance | Protection, Assurance and Development | 05/03/2022 | Active monitoring system now embedded. | complete | |
| | | | | | Operational Training Provider | GC Training and Assurance | Protection, Assurance and Development | 01/05/2022 | New contract awarded to FSC > 2025 | Complete | |
| | | | | | Internal Governance review / BTB | Organisational Development Manager / GC Training and Assurance | Protection, Assurance and Development | 22/04/2022 | Training Strategy Group - Terms of reference, including group membership and reporting mechanisms of outputs reviewed as part of phase 2 governance review. All complete and initial meeting held May 2022. | Complete | |
| | | | | | Quality Assurance training records | Organisational Development Manager / GC Training and Assurance | Protection, Assurance and Development | | Not Started | Not started | |
| People | Ensuring fairness and promoting diversity | Give greater priority to how it increases awareness of equality, diversity and inclusion across the organisation | Recommendation | On Track | EDI objectives | Head of Human Resources and EDI group | COO | 01/04/2025 | 2020 - 2025 EDI objectives refreshed and due to be presented to June Fire Authority, along with workforce data, headlines. EDI objectives - Change 100 internship - in progress, EDI champions training - budget agreed, meetings in place with prospective providers and RBFRS, Equality Impact assessments - in place, progress on training, HEAT package and communications, Individual toolkits - published and in progress, interest groups - work ongoing internally and with other FRS, EDI calendar - in place and articles published, events attended, community engagement - work ongoing as per Recruitment oversight Board/Workforce planning group, ENEI TIDE survey submitted, awaiting results, due at the end of June, current employees focus - meetings and work continues in regards to uniform, facilities, EIA, welfare | On Track | |
| People | Ensuring fairness and promoting diversity | The service should make sure it has appropriate ways to engage with and seek feedback from all staff, including those from underrepresented groups | Recommendation | On Track | EDI objectives | Head of Human Resources and EDI group | COO | 01/04/2025 | Following the Culture Survey earlier in the Jan 2022, the working group committed to completing listening workshops across stations and office teams. Station sessions are 90% complete and 50% in the office. The session introduces the feedback loop that is made up of 4 stages, 1) Listen to feedback, 2) Share ideas, 3) Review & feedback, 4) Celebrate success. The feedback from these sessions is collated and fed back | On Track | |

| | | | | | | | | | | | |
|--------|---|--|----------------------|----------|--|---|---|------------|--|-------------|---|
| | | | | | People Networks | Head of technology, Transformation and PMO UPDATE | Head of technology, Transformation and PMO UPDATE | TBC | Work has started to understand how we set up people networks in the Service either on our own or as part of collaboration. | On Track | |
| People | Ensuring fairness and promoting diversity | The service should make improvements to the way it collects equality data to better understand its workforce demographics and needs | Recommendation | On Track | EDI objectives | Head of Human Resources and EDI group | COO | 01/04/2025 | Meetings undertaken between HR and Data Intelligence team. Addressing Inequalities group to work on what EDI data they collect, share and how we can work more collaboratively | On Track | |
| People | Ensuring fairness and promoting diversity | The service should ensure it has robust processes in place to undertake equality impact assessments, implement and review any actions required | Recommendation | On Track | EDI objectives | Head of Human Resources and EDI group | COO | 01/04/2025 | EIA in place, Head of HR reminds colleagues at PMB, BTB, SMB etc. the importance of carrying them out. Meeting taking place at start of June to build HEAT package, put training plan together. Extra resource sought to assist | On Track | |
| People | Ensuring fairness and promoting diversity | The service should be more ambitious in its efforts to attract a more diverse workforce which better reflects the community it serves | Recommendation | on Track | Engagement, Attraction, Recruitment and Selection Framework (EARSF) -Delayed | HR Operations Manager | COO | 01/04/2025 | Cohort 6 had their Pass out parade on Friday 20 May. Cohort 7 recruitment is underway, due to start in service in October. Assessment of role related testing carried out to ensure it is in line with other FRS and equalities considered. Transferee advert due to go live by end of May. On call and Support Services recruitment continues. Recruitment Oversight Board/Workforce Planning Group terms of reference agreed, work is focused on Asian community engagement. MarComms and HR working closely on the advertising, attraction of prospective candidates. | Delayed | |
| | | | | | EDI objectives | Head of Human Resources and EDI group | COO | 01/04/2025 | 2020 - 2025 EDI objectives refreshed and due to be presented to June Fire Authority, along with workforce data, headlines. EDI objectives - Change 100 internship - in progress, EDI champions training - budget agreed, meetings in place with prospective providers and RBFRS, Equality Impact assessments - in place, progress on training, HEAT package and communications, Individual toolkits - published and in progress, interest groups - work ongoing internally and with other FRS, EDI calendar - in place and articles published, events attended, community engagement - work ongoing as per Recruitment oversight Board/Workforce planning group, ENEI TIDE survey submitted, awaiting results, due at the end of June, current employees focus - meetings and work continues in regards to uniform, facilities, EIA, welfare | On Track | |
| People | Managing performance and developing leaders | The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders | Area for Improvement | On Track | BAU improvement - Talent management | Organisational Development Manager | Protection, Assurance and Development | 01/04/2023 | The NFCC has highlighted staff engagement, people development and leadership and management as a priority for the sector and a number of national workstreams have been developing resources to help services improve in these areas, these include the coaching and mentoring portal and talent management toolkit launched May 2022, the Supervisory Leadership Development Programme - due to be launched in the Summer 2022. - OD will begin to review these resources to establish the benefit of utilising these within the organisation. | on Track | |
| | | | | | Leadership and Management framework | Organisational Development Manager | Protection, Assurance and Development | 01/03/2023 | Growth bid submitted as part of in-year process to secure additional resource to bring back into the Service the Operational Support Manager (OSM) role as part of the Supervisory Managers Programme (SMP). Leadership & Management Development Programme - Cohorts 3 and 4 of phase 1 completed April 2022. Phase 2 roll out and funding approved by Members at Exec on 23rd March. Scoping of phase 2 started with provider and RMT has commenced to secure dates from September onwards to run the programme. Development centres planned for September 2022 - both internal and external and engagement session will be held in the run up to these. In addition, an On-call specific weekend development centre has been planned. | On Track | |
| | | | | | Apprenticeship programme | Organisational Development Manager | Protection, Assurance and Development | Complete | A review of FF apprenticeship delivery model was undertaken and options scoped for a different approach. Agreement received to continue with current model, utilising partnership with FSC/Capita. | Complete | https://bucksfire.gov.uk/documents/2021/07/oa-item-15-210721.pdf/ |
| People | Managing performance and developing leaders | The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders | Area for Improvement | on track | Appraisal Process | Organisational Development Manager | Protection, Assurance and Development | Complete | Complete - work on going on reporting to provide managers with regular data outstanding appraisals. | Complete | Internal file - Performance Monitoring Board meeting 30/09/21, item 11(ii) update on appraisal returns (official sensitive personal) |
| | | | | | Direct Entry | | | | Awaiting NFCC project completion and White paper consultation | Not started | |

HMICFRS 2021 Inspection Report - Identified Good Practice (narrative)



Last Update: 01 May 2022

| Pillar | Sub-category | HMICFRS inspection report finding | Finding type | Accepted Y/N | Rationale, if finding not accepted | PMO Project link | Delivery lead | Lead Department |
|---------------|--|--|---------------------------|--------------|------------------------------------|--------------------------------------|---|---------------------------------------|
| Effectiveness | Understanding the risk of fire and other emergencies | The service gathers information about the risks its firefighters face in response to incidents | Narrative - Good Practice | yes | | SSRI Project | Technical | Protection, Assurance and Development |
| Effectiveness | Understanding the risk of fire and other emergencies | The service is good at using information from operational incidents attended to improve its understanding of current and past risk | Narrative - Good Practice | yes | | BAU | Training and Assurance | Protection, Assurance and Development |
| Effectiveness | Understanding the risk of fire and other emergencies | The service is ahead of schedule to improve its information about high-rise risk following the Grenfell Tower fire inquiry | Narrative - Good Practice | yes | | Grenfell project (GTI 1) | Technical/Protection | protection, Assurance and Development |
| Effectiveness | Preventing fires and other risks | The service is proactive in identifying and reporting safeguarding concerns | Narrative - Good Practice | yes | | BAU | Community Safety and Safeguarding Manager | COO |
| Effectiveness | Protecting the public through fire regulation | The service has done a good job of increasing its number of qualified staff | Narrative - Good Practice | yes | | Protection Uplift Programme | Protection | Protection, Assurance and Development |
| Effectiveness | Protecting the public through fire regulation | The service is ahead of schedule to audit all ACM-clad high-rise premises | Narrative - Good Practice | yes | | Building Risk Review (BRR) Programme | Protection | Protection, Assurance and Development |
| Effectiveness | Protecting the public through fire regulation | The service provides proportionate enforcement activity and works with others to support its capacity | Narrative - Good Practice | yes | | Protection Uplift Programme | Protection | Protection, Assurance and Development |
| Effectiveness | Protecting the public through fire regulation | The service is improving its response to building consultations | Narrative - Good Practice | yes | | Protection Uplift Programme | Protection | Protection, Assurance and Development |

| | | | | | | | | |
|---------------|--|--|---------------------------|------------------|---|---|-------------------------------------|---------------------------------------|
| Effectiveness | Protecting the public through fire regulation | The service has increased the ways in which it engages with businesses to help them understand and comply with fire safety legislation | Narrative - Good Practice | yes | | Protection Uplift Programme | Protection | Protection, Assurance and Development |
| Effectiveness | Responding to fires and other emergencies | The service's response strategy is a unique and innovative approach | Narrative - Good Practice | yes | | BAU | Resourcing and Projects | Prevention, Response and Resilience |
| Effectiveness | Responding to fires and other emergencies | The service meets its immediate availability standard | Narrative - Good Practice | Partially accept | The round 2 inspection covered the pandemic timeframe when resourcing improved considerably due various lockdowns and furloughed on-call employees. Further work is required to ensure the availability standard is resilient | Links to AFI in resourcing. Not currently a project | Resourcing and Projects | Resourcing and Projects |
| Effectiveness | Responding to fires and other emergencies | The service meets national response standards of performance | Narrative - Good Practice | yes | | BAU | Resourcing and Projects | Prevention, Response and Resilience |
| Effectiveness | Responding to fires and other emergencies | The service has good command of incidents | Narrative - Good Practice | yes | | BAU | Training and Assurance | Protection, Assurance and Development |
| Effectiveness | Responding to fires and other emergencies | The service has a positive relationship with Thames Valley Fire Control | Narrative - Good Practice | yes | | BAU | Pan organisation | Prevention, Response and Resilience |
| Effectiveness | Responding to fires and other emergencies | Thames Valley Fire Control is developing its ability to handle fire survival guidance calls | Narrative - Good Practice | yes | | Grenfell project | TVFCS | Prevention, Response and Resilience |
| Effectiveness | Responding to fires and other emergencies | The service maintains and regularly updates information about risk to firefighters | Narrative - Good Practice | yes | | BAU | Prevention, Response and Resilience | Prevention, Response and Resilience |
| Effectiveness | Responding to fires and other emergencies | The service is good at evaluating its operational performance and is aligning to national operational guidance | Narrative - Good Practice | yes | | NOG project | Technical | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service is well prepared for major and multi-agency incidents | Narrative - Good Practice | yes | | NOG project | Technical | Protection, Assurance and Development |

| | | | | | | | | |
|---------------|---|--|---------------------------|-----|--|---------------|------------------------|---------------------------------------|
| Effectiveness | Responding to major and multi-agency incidents | The service has a good ability to respond to major and multi-agency incidents | Narrative - Good Practice | yes | | NOG project | Technical | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service works well with other fire services | Narrative - Good Practice | yes | | Collaboration | Technical | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service works well with other partners | Narrative - Good Practice | yes | | Collaboration | Technical | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service has a well-established cross-border exercise plan | Narrative - Good Practice | yes | | BAU | Training and Assurance | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service has adopted JESIP | Narrative - Good Practice | yes | | BAU | Training and Assurance | Protection, Assurance and Development |
| Effectiveness | Responding to major and multi-agency incidents | The service listens to and applies learning from national incidents and practices | Narrative - Good Practice | yes | | BAU | Training and Assurance | Protection, Assurance and Development |
| Efficiency | Making best use of resources | The service plans to deal flexibly with its immediate financial difficulty | Narrative - Good Practice | yes | | BAU | Finance and Assets | Finance and Assets |
| Efficiency | Making best use of resources | The service collaborates when possible | Narrative - Good Practice | yes | | BAU | Pan organisation | Pan organisation |
| Efficiency | Making best use of resources | The service has good continuity arrangements | Narrative - Good Practice | yes | | BAU | Business Continuity | Legal and Governance |
| Efficiency | Making best use of resources | The service shows sound financial management, but it could make improvement in its resource allocation | Narrative - Good Practice | yes | | BAU | Finance and Assets | Finance and Assets |
| Efficiency | Making the fire and rescue service affordable now and in the future | The service works hard to continually improve value for money and do more with less | Narrative - Good Practice | yes | | BAU | Finance and Assets | Finance and Assets |
| Efficiency | Making the fire and rescue service affordable now and in the future | Reserves are reducing significantly | Narrative - Good Practice | yes | | BAU | Finance and Assets | Finance and Assets |
| People | Promoting the right values and culture | There is a positive health and safety culture within the service | Narrative - Good Practice | yes | | BAU | Health and Safety | Protection, Assurance and Development |

| | | | | | | | | |
|--------|---|--|---------------------------|-----|--|-------------------------------------|----------------------------|---------------------------------------|
| People | Ensuring fairness and promoting diversity | The service has made some progress to promote fairness in its internal promotion and progression processes | Narrative - Good Practice | Yes | | Leadership and Management Framework | Organisational Development | Protection, Assurance and Development |
| People | Managing performance and developing leaders | The service has introduced a good process for managing individuals' performance | Narrative - Good Practice | Yes | | Appraisal Process | Organisational Development | Protection, Assurance and Development |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 20 July 2022

Report title: Prevention Improvement Plan – Update One

Lead Member: Councillor Simon Rouse (Chairman)

Report sponsor: Area Commander Simon Tuffley

Author and contact: Group Commander Paul Scanes pscanes@bucksfire.gov.uk
07765041960

Action: Noting

Recommendations:

That the Committee note the Prevention Improvement Plan highlight report May 2022, attached as Appendix 1.

Executive summary:

The Prevention Improvement Plan was presented to the Overview and Audit Committee in November 2021, along with the finalised Phase One Prevention Evaluation Report, which had commenced in July 2020 but was paused due to revised priorities during the Covid 19 pandemic.

The Prevention Improvement Plan contains 60 recommendations which were drawn from the Prevention Evaluation, the findings of Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and the recently published Prevention Fire Standard and associated National Operational Guidance.

Work to address the HMICFRS Prevention cause of concern is prioritised over other areas within the Prevention Improvement Plan, although the highlight report and dashboard demonstrate that work is also progressing in most other areas.

The highlight report demonstrates that seven recommendations have been completed within the six-month period, although significant recruitment initiatives to fill vacancies within the team and data access issues have affected progress against some of the delivery periods originally identified.

Financial implications:

Any requirement for growth will be submitted through the established internal governance arrangements for consideration.

Amending communication methods and referral mechanisms in response to some of the Prevention Improvement Plan recommendations may introduce additional financial implications, however where appropriate, work completed by the NFCC on developing online resources will be utilised.

Risk management:

This Prevention Improvement Plan is an effective way of ensuring continued improvement to ensure the best possible service is provided to the communities we serve.

The provision of regular highlight reports ensures that we are working more effectively to reduce risk in our communities and towards aligning to national best-practice.

There remain reputational risks to the Authority should we be judged as inadequate by HMICFRS. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, notably, elements of our operational activity have been subject to external independent assurance. The prevention evaluation is another example of applying constructive internal scrutiny to drive improvement and reduce risk.

Key risks are identified in the highlight report, of which the staffing issue has already been seen to impact upon delivery.

Legal implications:

The key legislation, regulation, and duties linked to a Fire and Rescue Service's prevention function can include (but is not limited to) the following:

- The Road Traffic Act, Section 39
- Home Safety Act
- Housing Act
- Children's Act
- Working Together to Safeguard Children
- Safeguarding Vulnerable Groups Act and the Protection of Freedoms Act
- United Nations Human Rights Convention on the Rights of the Child
- Mental Capacity Act and Mental Health Act
- Police & Crime Act
- Modern Slavery Act
- Crime and Disorder Act
- Counter Terrorism and Security Act
- The Care Act
- Homelessness Reduction Act
- Anti-social Behaviour Crime & Policing Act

Privacy and security implications:

Overview and Audit Committee 20 July 2022 | Item 14 – Prevention Improvement Plan – Update One

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan will ensure Data Protection Impact Screening and full impact assessments are completed and reviewed where appropriate.

The report and its appendices are not protectively marked.

Duty to collaborate:

Collaboration with partners to ensure a collective and shared approach to identify and mitigate community risk is critical to ensure Prevention activity is effective. The evaluation identifies a number of areas where collaboration and partnerships can be developed for the benefit of community safety.

Health and safety implications:

There are no Health, Safety or Wellbeing implications arising directly from this report.

Environmental implications:

There are no environmental implications arising directly from this report.

Equality, diversity, and inclusion implications:

There are no equality, diversity and inclusion implications arising directly from this report or its appendices.

The respective strands of the improvement plan will ensure impact screening and full impact assessments are completed and reviewed where appropriate.

Consultation and communication:

The Prevention evaluation involved extensive engagement with stakeholders to ensure an effective and thorough evaluation of all our activity.

Background papers:

23 January 2020 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Findings Report:

https://bucksfire.gov.uk/documents/2020/03/230120_item_7_hmicfrs_cover_report_23012020_appendix-min.pdf/

10 November 2021 – Prevention Evaluation – Phase One Report

<https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/>

| Appendix | Title | Protective Marking |
|----------|---|-------------------------|
| 1 | Prevention Improvement Plan highlight report – May 2022 | Not protectively marked |

This page is intentionally left blank

Project: Prevention Improvement Plan



| | | | | | | | | | |
|---|--|---|--|---|--|--|--|------------------------|--|
| Lead Member: Project Sponsor: Project Manager: | | Cllr Simon Rouse AC Simon Tuffley Joanne Cook | | Project Objectives: Following the Prevention Evaluation a three year plan is in place to develop Prevention within the service: Effective prevention strategy, processes and systems in place facilitating effective delivery of preventative information across the community | | | | Overall RAG | |
| Strategy, vision and leadership | | Intelligence | | Management of processes, systems and planning incl. audit | | Coordination & communication of operations | | Delivery of operations | |

Summary – Period dated: Nov 2021 – May 2022

Key Activities

- A revised Prevention Strategy has been drafted following liaison with FRS determined to be exemplars by the Prevention Central Program Office. Initial consultation within core teams has been completed and it will now progress through consultation processes with a target date of September for final approval.
- A new station planning process has been introduced which utilises the local risk information provided for service delivery areas in benchmarking reports and local area profiles. All stations have local objectives set. Development continues in this area to refine flows, add a service wide objective template and introduce a reporting dashboard.
- External board attendance has been reviewed ensuring that all external boards where the Service is listed as a statutory agency are attended along with those strategic boards relevant to the service’s sphere of influence. Affiliate multi-agency boards are attended where appropriate to ensure that information is accessed that is conducive to effective partnership working.
- Station level communication of prevention activity has improved as the use of prevention boards has been embedded, a standard format for prevention bulletins and briefings introduced and watch meetings held on alternate months to provide support and focus on delivery against prevention objectives watch meetings held on alternate months to provide support and focus on delivery against prevention objectives.

Priorities for Next Period: June 2022

Progress

- Prevention strategy through the next stages of the consultation process of the Joint Consultation Forum and service wide (pathway to approval)
- Review of referral processes to increase protection of sensitive information submitted by partner agencies, facilitate external reporting (Home Office/ HMICFRS) and uplift of information to the National Data Hub
- Prevention KPI identification and associated reporting enabling timely monitoring and intervention

Complete

- Work on incident pull through to ensure that all relevant incidents are being loaded from Vision into PRMS
- Firesetter Intervention Scheme (FIS) review of delivery model, scoring and supervision
- Scoring review for Home Fire Safety Visit assessment linked to research on risk of fire fatality or serious injury

Project: Prevention Improvement Plan



| | | | | | | | | | |
|---|--|---|--|---|--|--|--|------------------------|--|
| Lead Member: Project Sponsor: Project Manager: | | Cllr Simon Rouse AC Simon Tuffley Joanne Cook | | Project Objectives: Following the Prevention Evaluation a three year plan is in place to develop Prevention within the service: Effective prevention strategy, processes and systems in place facilitating effective delivery of preventative information across the community | | | | Overall RAG | |
| Strategy, vision and leadership | | Intelligence | | Management of processes, systems and planning incl. audit | | Coordination & communication of operations | | Delivery of operations | |

| Summary – Period dated: Nov 2021 – May 2022 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|---|----------------|------------------|-----|--|----------------|--|--|----------------|--|--|----------------|--|--|--------------|--|--|---------------------|--|--|----|----|----|
| Key Activities (continued) <ul style="list-style-type: none"> The Road Safety Officer role within the prevention head count was reviewed and reassigned to become an additional Community Safety Advisor. This increased capacity to deliver Home Fire Safety Visits whilst introducing more resilience in the staff group available to support in the provision of road safety activity in service delivery areas where local data identifies a need. | | <table border="1"> <thead> <tr> <th>Key Milestones</th> <th>Forecast/ Actual</th> <th>RAG</th> </tr> </thead> <tbody> <tr> <td>Effective system for dealing with referrals implemented, prioritising those with highest level of risk</td> <td>September 2022</td> <td></td> </tr> <tr> <td>Approval of revised Prevention Strategy (currently in draft)</td> <td>September 2022</td> <td></td> </tr> <tr> <td>An effective system defining levels of risk in the community</td> <td>September 2022</td> <td></td> </tr> <tr> <td>Evidence in place to support removal of Prevention Cause for Concern</td> <td>October 2022</td> <td></td> </tr> </tbody> </table> | Key Milestones | Forecast/ Actual | RAG | Effective system for dealing with referrals implemented, prioritising those with highest level of risk | September 2022 | | Approval of revised Prevention Strategy (currently in draft) | September 2022 | | An effective system defining levels of risk in the community | September 2022 | | Evidence in place to support removal of Prevention Cause for Concern | October 2022 | | <table border="1"> <thead> <tr> <th colspan="3">Change Request Log:</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table> | Change Request Log: | | | NA | NA | NA |
| Key Milestones | Forecast/ Actual | RAG | | | | | | | | | | | | | | | | | | | | | | |
| Effective system for dealing with referrals implemented, prioritising those with highest level of risk | September 2022 | | | | | | | | | | | | | | | | | | | | | | | |
| Approval of revised Prevention Strategy (currently in draft) | September 2022 | | | | | | | | | | | | | | | | | | | | | | | |
| An effective system defining levels of risk in the community | September 2022 | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence in place to support removal of Prevention Cause for Concern | October 2022 | | | | | | | | | | | | | | | | | | | | | | | |
| Change Request Log: | | | | | | | | | | | | | | | | | | | | | | | | |
| NA | NA | NA | | | | | | | | | | | | | | | | | | | | | | |

| Risk/ Issue | RAG | Description | Mitigating Action | Next Action |
|---|-----|--|---|--|
| Enter top three highest risks to the plan | | | | |
| | | Failure to recruit into vacant roles impacting on ability of Prevention team to conduct core day to day activity as well as progress actions within the Prevention Improvement Plan | Use of operational staff through alternate duties business cases to alleviate capacity issues | 3 roles awaiting confirmation of appointment, 1 role to be readvertised |
| | | Inability of 3 rd party company to make changes to the Prevention side of the Premises Risk Management System whilst the Site Specific Risk Information (SSRI) area is underway delays ability to progress areas of work required for prevention including the prioritisation of visits by risk level | If scoring within the system can be adjusted, threshold levels (bands) may have to be managed outside of the system Work on recording all visits in PRMS commenced whilst awaiting SSRI completion | Test scoring with high risk scenarios before passing scoring amendments to PRMS supplier |
| 160 | | Staff retention in key departments and conflicting priorities within the organisation impacting upon Prevention team's ability to deliver against the recommendations | Regular liaison with relevant department leads to ensure early warning of issues that may impact upon progress against the cause for concern areas or the wider prevention improvement plan | Continue regular liaison with other dept leads |



| | Total recommendations | Complete | On track | On hold/delayed | Not started |
|--|-----------------------|----------|----------|-----------------|-------------|
| Strategy, vision & leadership | 7 | 2 | 1 | 4 | 0 |
| Intelligence | 15 | 2 | 8 | 5 | 0 |
| Management of processes, systems and planning, including audit | 15 | 0 | 13 | 1 | 1 |
| Coordination and communication of operations | 13 | 0 | 11 | 1 | 1 |
| Delivery of operations | 10 | 3 | 6 | 1 | 0 |

| | | | | | |
|--------------|----|---|----|----|---|
| Grand totals | 60 | 7 | 39 | 12 | 2 |
|--------------|----|---|----|----|---|

This page is intentionally left blank

Overview and Audit Committee Forward Plan 2022/23

ITEM 15

| Item | Reporting Date | Recommended Action | Lead Officer |
|---|-----------------------|---------------------------|---|
| Internal Audit Reports (a) Final Audit Reports (b) Update on Progress of the Annual Audit Plan (c) Update on Progress of Audit Recommendations | November 2022 | Noting | Internal Audit Manager and Director of Finance and Assets |
| External Auditor Appointment | November 2022 | Noting | Director of Finance and Assets |
| HMICFRS Improvement Plan Update | November 2022 | Noting | Head of Technology, Transformation and PMO |
| 2021/22 Compliments, Concerns and Complaints | November 2022 | Noting | Director of Legal and Governance |
| Corporate Risk Management | November 2022 | Decision | Director of Legal and Governance |
| Prevention Improvement Plan | November 2022 | Noting | Head of Prevention, Response and Resillience |
| Local Pensions Board Update | November 2022 | Noting | Head of Prevention, Response and Resillience |
| Operational Assurance Improvement Plan Update | November 2022 | Noting | Head of Protection, Assurance and Development |
| Grenfell Infrastructure Update | November 2022 | Noting | Head of Protection, Assurance and Development |
| 2021-22 Annual Performance Monitoring Report | November 2022 | Noting | Head of Technology, Transformation and PMO |
| Treasury Management Performance (Q1 and Q2) | November 2022 | Noting | Deputy Director of Finance and Assets |
| Closing - Audit Results Report | November 2022 | Noting | Deputy Director of Finance and Assets |
| Closing - Audited Statement of Accounts | November 2022 | Decision | Deputy Director of Finance and Assets |
| Closing - Letter of Management Representation | November 2022 | Decision | Deputy Director of Finance and Assets |
| Annual Audit Letter | November 2022 | Noting | Deputy Director of Finance and Assets |

This page is intentionally left blank