

ESSEX FIRE AUTHORITY

Essex County Fire & Rescue Service



MEETING	Audit, Governance & Review Committee	AGENDA ITEM	5
MEETING DATE	12 July 2017	REPORT NUMBER	EFA/087/17
SUBJECT	Audit Recommendation – Report on Progress Against Action Plans		
REPORT BY	The Finance Director & Treasurer, Mike Clayton		
PRESENTED BY	The Finance Director & Treasurer, Mike Clayton		

SUMMARY

This paper reports on the progress against the action plans developed by the Service in response to audit reports. Items reported as completed in the previous quarter's report have been deleted from the table.

RECOMMENDATION

Members of the Committee are asked to review the progress.

BACKGROUND

This report brings forward the progress made by the Service in response to Audit recommendations.

RISK MANAGEMENT, LEGAL, FINANCIAL, ENVIRONMENTAL & EQUALITY IMPLICATIONS

There are no risk management, legal, financial, environmental or equality implications from this report.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985	
List of appendices attached to this paper: Table of Recommendations	
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Source	Finding from Audit report	Original (or amended) Service Action Plan	Responsibility and Timescales	Progress
Purchase of New Appliances	The Procurement Strategy requires formal approval	The Strategy will be presented for formal approval by the Policy & Strategy Committee	Purchase and Supply Manager Amended date June 2017 – National strategy under review	On Track
HR Training & Development	Training needs for general support staff are identified according to their person specifications. In two cases the person specifications had not been reviewed since March and June 2015.	All person specifications will be updated to include the date of next review and will be reviewed annually.	Assistant Director HR Dec 2017	On Track
HR Training & Development	We have been unable to test whether key training for general staff has been undertaken as we were unable to confirm what training should have been undertaken as part of their roles.	Key training requirements will be identified by employee for all staff/ officer roles. In addition the procurement and implementation of a new learning management system to effectively record workforce training will continue.	Director of Transformation Sep 2017	On Track
HR Training & Development	The Service has not documented the core training requirements through the ranks	The Service will implement a document outlining the key training requirements through the ranks and the regular mandatory training which must be completed.	Director of Transformation Sep 2017	On Track

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HR Training & Development	Command is creating a manual central spreadsheet of all firefighters, their individual training requirements and record of current training. This spreadsheet is a work in progress. This exercise has highlighted training data on TEM and the manual excel spreadsheets does not reconcile.	The central command training record spreadsheet will be reviewed by an independent officer to ensure the input is accurate. On completion, the spreadsheet will be signed off by management as complete and accurate.	Director of Transformation April 2017	Completed
HR Training & Development	In three of 10 cases sample tested, supporting documentation had not been retained to evidence the completion of the Phase one firefighter training.	Comprehensive records will be maintained detailing the qualifications and training records of all staff.	Assistant Director – HR Dec 2017	On Track
HR Training & Development	There is no reporting on training compliance.	Once the new system is introduced and base line data can be relied upon, a process of monthly reporting will be implemented on training compliance for Firefighters and general staff. Management will also review the new systems capacity to be linked to TASK.	Director of Transformation Sep 2017	On Track
HR Training & Development	There are different methods of feedback for firefighters used depending on the core course.	A standardised process for feedback on key courses for firefighters will be implemented to ensure feedback is delivered and can be monitored effectively.	Director of Transformation Jun 2017	Completed

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Communication and Engagement	We reviewed the Your Voice forum used to deliver face to face communication to employees via workshops held throughout the district. A review of the effectiveness of the Your Voice forum would benefit the organisation	The Director of Transformation will analyse the effectiveness, to include a review of lessons learnt, of the Your Voice forum and advise on improvement if necessary	Director of Transformation Sep 2017	On Track
Risk Management	We reviewed the Risk Management Framework and identified it did not include the Authority's risk appetite, reporting lines for the escalation of risk, and did not include version number, date of approval, delegated authority to approve the framework and scheduled review date.	The Corporate Risk and Business Continuity Manager will ensure that the Risk Management Framework is updated to include all Annexes, and states the version number, date of approval, delegated authority to approve and scheduled review date.	Corporate Risk and Business Continuity Manger Sep 2017	On Track
Risk Management	The reporting structure recorded in the Risk Management Strategy was not reflective of current practice and did not include the frequency of review by the Authority and its Committees.	The reporting structure in the Risk Management Strategy will be reviewed once the governance of the Authority is resolved.	Corporate Risk and Business Continuity Manger Dec 2017	On Track

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Risk Management	<p>We reviewed a sample of three strategic risks and discussed the reporting and monitoring of the existence and appropriateness of controls with the Executive leads.</p> <p>We found:</p> <ul style="list-style-type: none"> • there were risk triggers that did not have documented controls in place to mitigate the risk; and • the sub control details for the control measures were not specific or time based. 	The Executive leads will be asked to confirm on a quarterly basis that they have reviewed their strategic risks, including the existence and appropriateness of controls	Service Leadership Team Sep 2017	On Track
Risk Management	The Service Leadership Team is developing a Risk Management Chart to identify linkage between the Authority's objectives and risks. Currently the Project Departmental and Strategic Risks are not linked in the JCAD system.	The Service Leadership Team will complete the Risk Management Chart detailing linkage of Authority's objective to risks.	Service Leadership Team Jun 2017	Completed

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Risk Management	We identified from our review of the JCAD system high and extreme risks that the Risk Management Guidance is not being applied. We found that high and extreme risks were not referred to the Corporate Risk and Business Continuity Manager. We further noted that the Risk Management Guidance does not include the reporting structure for the escalation of high and extreme risks.	The Corporate Risk and Business Continuity Manager will review all Departmental Risks recorded with a score of eight and above for accuracy and refer all overdue risks greater than one month to the Heads of Department.	Corporate Risk and Business Continuity Manager Sep 2017	On Track
Risk Management	Outstanding Management Action 1.3 from Internal audit report dated 1 April 2016 We confirmed that approximately 30 percent of projects do not record risks associated risk in the JCAD system and are using alternative systems to record risk.	The Risk and Business Continuity Manager will remind Project Managers of their responsibility to use JCAD to record project risks.	Corporate Risk and Business Continuity Manager Jun 2017	Completed
Risk Management	Outstanding Management Action 1.8 from Internal audit report dated 1 April 2016 We identified that there is no risk appetite included in the Risk Management Strategy pending update by the Service Leadership Team and approval from the Authority for the revised objectives of Programme 2020.	The Authority will review its risk appetite to ensure it can be used to consistently assess whether a given risk level is acceptable or if further action is required. The Risk and Business Continuity Manager will review the link between the risk appetite and risk scoring.	Service Leadership Team Sep 2017	On Track

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Procurement	We were advised that the Low priority management action agreed in our Purchase of New Appliances 3.15/16 had not been implemented. This was due for implementation by March 2016. We have therefore restated the management action.	The Service will draw up a procurement procedure document to demonstrate key stages of the tendering process and provide clear guidance to managers	Contracts Officer Jun 2017	Completed
Procurement	In our audit of Purchase of New Appliances 3.15/16 we agreed a Medium priority management action for the Authority to review, finalise and approve the draft Procurement Strategy. This action was due for implementation by August 2016. However, through review of the Purchasing & Supply Department Strategy 2014/15 to 2018/19 we found the document was still in draft. We have therefore restated the management action	Action restated from 3.15/16 The Service will ensure that the draft Procurement Strategy is reviewed to ensure content is sufficient and up to date to reflect and support the Service's objectives. As the objectives and requirements of the 2020 programme become clearer, these will be incorporated into any new Procurement Strategy. The Strategy will then be presented and formally approved at the Policy and Strategy Committee.	Purchasing Manager Jul 2017	On Track
Procurement	The Confirmation of Contract document for the SAC project did not have a service specification. However, we found this was included in the evaluation form as part of the initial service requirements document.	We will ensure that all contracts (including framework agreements) have a service specification within the contract or as an appendix to the contract	Contracts Officer April 2017	Completed

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Partnerships	A review of the Guide to Managing Partnerships had not been undertaken since 2013. Moreover, the Guide did not encompass the process for notifying the Partnerships Manager when there is the termination of a partnership agreement.	The Guide to Managing Partnership will be reviewed and updated to take into account the findings of this report, including: <input type="checkbox"/> The requirement for the Guide to be reviewed annually; and <input type="checkbox"/> The process for notifying the Partnerships Manager where a partnership agreement is terminated	Partnerships Manager Feb 2017	Completed
Partnerships	We identified a partnership that had been in place since 2012, however we found that it was had not been supported by a formal Partnership Agreement until January 2017.	The Authority will ensure signed Partnership Agreements are in place at the commencement of all partnerships. Senior Managers will remind relevant staff of the need to draw up partnership agreements.	Service Leadership Team Mar 2017	Completed
Partnerships	Our review of five Partnership Agreements found that one had not been signed by the partner, and one had not been dated by the partner.	The Authority will ensure that all Partnership Agreements are signed and dated by partners.	Partnership Manager Mar 2017	Completed

Source	Finding from Audit report	Original (or amended) Service Action Plan	Responsibility and Timescales	Progress
Partnerships	We noted a varied level of quality with respect to performance management arrangements detailed within agreements. We also noted that an inconsistent approach was being undertaken when reviewing the performance of agreements	Partnership Managers will ensure that Partnership Agreements have sufficiently detailed performance review arrangements to enable effective monitoring of the partnership. This will include the stipulation of a performance review frequency. A consistent approach will also be adopted in relation to documenting outputs from performance reviews. A performance review template will be used which captures details such as: <input type="checkbox"/> Whether partnership objectives are on target to be met; <input type="checkbox"/> If the partner is consistently providing the required performance information; and <input type="checkbox"/> Whether any actions are required to address shortcomings in the arrangement.	Partnership Manager Mar 2017	Completed

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Partnerships	We noted that there was ambiguity in the 'experience' risk factor in terms of what constitutes experience when referring to partnerships. In terms of due diligence for non-public sector partners, we noted that this had not been included in the partnership agreement template.	The 'experience' risk factor in the risk framework of the Partnership Agreement template will be revised to include more clarity as to what constitutes experience in the context of partnerships. Furthermore, the risk framework will also include guidance on due diligence that should be undertaken.	Partnership Manager Mar 2017	Completed
Partnerships	We found that partnership risk had not been included on departmental risk registers	Partnership risk, where appropriate, will be included on the relevant Authority area risk registers to ensure that this risk is subject to on-going monitoring.	Partnership Manager Mar 2017	Completed
Partnerships	The review frequency for fixed term partnership agreements was not detailed within the Partnership Agreement template. We also found that a pilot partnership agreement had ended in December 2015, however it had not been subject to review until February 2016.	The Partnership Agreement template will be updated to require a partnership effectiveness review frequency to be detailed for all types of agreements. In addition, the completion of partnership reviews will be monitored through the Partnership Register and escalated accordingly to ensure timely completion of reviews	Partnership Manager Mar 2017	Completed

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Partnerships	The Authority did not have a formal approach to identifying whether there are any emerging partnerships the Authority should explore.	A review will be undertaken periodically to determine whether there are any potential emerging partnerships the Authority should explore to ensure partnerships are identified, follow the standard procedures, and benefits are identified and realised.	Service Leadership Team Apr 2017	Completed
Partnerships	The Authority did not have an overarching review process for partnerships to be collectively considered in terms of their effectiveness by Senior Management or the Authority.	An annual overarching review of partnerships will be performed by the Authority and presented to the Authority to determine the success of partnerships. This will include a link to costs and benefits realisation	Partnership Manager Apr 2017	Completed