



# Bedfordshire

## Fire & Rescue Authority

11 January 2023

Members of Audit and Standards Committee.

Bedford Borough Councillors: C Atkins and J Gambold

Central Bedfordshire Councillors: R Berry, D McVicar and I Shingler

Luton Borough Councillors: J Burnett and D Franks

Your attendance is requested at a meeting of the **Audit and Standards Committee** to be held at **virtually via MS Teams** [Click here to join the meeting](#) on **Thursday, 12 January 2023** starting at **10.00 am**, for the transaction of the following business:

Graham Britten  
Monitoring Officer

Public Document Pack

### A G E N D A

Item	Subject	Lead	Purpose of Discussion
1.	Apologies	Democratic and Regulatory Services Supervisor	

<b>Item</b>	<b>Subject</b>	<b>Lead</b>	<b>Purpose of Discussion</b>
2.	Declarations of Disclosable Pecuniary and Other Interests	Chair	Members are requested to disclose the existence and nature of any disclosable pecuniary interest and any other interests as required by the Fire Authority's Code of Conduct (see note below).
3.	Communications	Chair	(Pages 5 - 12)
4.	Minutes	Chair	To confirm minutes of the meeting held on 29 September 2022 (Pages 13 - 20)
5.	Public Participation		To receive any questions put to the Authority under the Public Participation Scheme
6.	Internal Audit Progress Report (RSM)	RSM	To consider a report (Pages 21 - 42)
7.	Internal Audit Follow Up Report	BSM/RSM	To consider a report (Pages 43 - 62)
8.	Internal Audit Actions Update	HSSA/BSM	To consider a report (Pages 63 - 76)
9.	Review of the Effectiveness of the Fire & Rescue Authority's Internal Auditors	HSSA	To consider a report (Pages 77 - 82)
10.	Review of Monitored Policies	Monitoring Officer	To consider a report (Pages 83 - 88)
11.	Report on Registration of Interests and Gifts/Hospitality	Monitoring Officer	To consider a report (Pages 89 - 92)
12.	Work Programme	ACO	To consider a report (Pages 93 - 96)

**Local Government Act 1972: Schedule 12A (as amended) - Exclusion of the Public**

**Chair**

To consider whether to pass a resolution under Section 100 (A) of the Local Government Act 1972 to exclude the public from the remainder of the meeting on the grounds that consideration of the following items of business is likely to involve the disclosure of exempt information as defined in Paragraphs 3 of Part 1 of Schedule 12A to the Act as amended.

<b>Item</b>	<b>Subject</b>	<b>Lead</b>	<b>Purpose of Discussion</b>
13.	Corporate Risk Register - Exception Report	HSSA	To consider a report (Pages 97 - 110)
	Next Meeting	10.00 am on 2 March 2023 to be held virtually	

### **DECLARATIONS OF INTEREST**

From 1 July 2012 new regulations were introduced on Disclosable Pecuniary Interests (DPIs). The interests are set out in the Schedule to the Code of Conduct adopted by the Fire Authority on 28 June 2012. Members are statutorily required to notify the Monitoring Officer (MO) of any such interest which they, or a spouse or civil partner or a person they live with as such, have where they know of the interest.

A Member must make a verbal declaration of the existence and nature of any Disclosable Pecuniary Interest and any other interest as defined in paragraph 7 of the Fire Authority's Code of Conduct at any meeting of the Fire Authority, a Committee (or Sub-Committee) at which the Member is present and, in the case of a DPI, withdraw from participating in the meeting where an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.

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In this edition of our news briefing, we draw attention to some of the key developments and publications in the sector, with particular focus on the latest reports from His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and the Fire Standards Board new Data Management Standard

## Police

### Police dismissals to be reviewed

The Home Office will launch a targeted review of police dismissals to raise standards and confidence in policing across England and Wales. The Home Office review will consider:

- the effectiveness of the current system to “dismiss those who fall seriously short of the standards” required by policing and the public;
- the effect of the introduction of changes to misconduct panels, including legally qualified chairs; and
- whether forces are using their powers to discharge officers while they are on probation.

[Read more](#)

### Over 50,000 female police officers now in forces

The Home Office has highlighted that women now make up over 50,000 police officers in forces in England and Wales. With 15,343 more police hired so far (77% of the target), the government is on course to meet its manifesto commitment to recruit 20,000 additional officers by March 2023. To ensure that forces are able to hire the additional officers needed to keep communities safe, the government has worked with chief constables and the College of Policing to modernise, standardise, and strengthen the recruitment process. All recruits must fulfil the requirements established by the College of Policing.

[Read more](#)

### Force management statement template and guidance

His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) has published its latest template for forces to populate alongside updated guidance to support forces. The information required helps HMICFRS inform its inspections of forces' efficiency, effectiveness and legitimacy, thematic inspections and supplements its monitoring of forces' performance.

[Read more](#)

## An inspection of vetting, misconduct, and misogyny in the police service

HMICFRS has published a report following a review of 725 police vetting files and 264 complaint and misconduct investigations. Key findings include:

- there were too many cases where people should not have been allowed to join the police, including officers with criminal records or links to organised crime;
- there were cases where evidence that a prospective officer may present a risk to the public was ignored;
- in some instances, forces consistently failed to implement recommendations contained in inspection reports;
- examples of police officers transferring between forces despite a history of concerning intelligence, complaints or misconduct allegations;
- there were incidents which should have been assessed as gross misconduct that were assessed as misconduct only, or not treated as misconduct at all;
- vetting interviews are used infrequently. Instances had arisen where vetting enquiries revealed concerning information, but forces hadn't interviewed applicants to clarify the issues; and
- HMICFRS found that misogyny, sexism and predatory behaviour towards female police officers and staff and members of the public still exists.

HMICFRS has made 43 recommendations which include:

- updating minimum standards for pre-employment checks;
- establishing better processes for managing risks relating to vetting decisions, corruption investigations and information security;
- improving the quality and consistency of vetting decision-making, and improving the recording of the rationale for some decisions;
- extending the scope of the law on police complaint and misconduct procedures;
- strengthening guidance for forces on vetting processes and relationships and behaviours in the workplace;
- understanding and defining what constitutes misogynistic and predatory behaviour;
- improving how the police collect corruption-related intelligence; and
- improving how the police assess and investigate allegations of misconduct.

[Read more](#)





# Fire

## Economic and Social Value of the UK Fire and Rescue Services Methodology

The National Fire Chiefs Council (NFCC) has launched the Economic and Social Value of Fire and Rescue Services (FRS) Methodology. The methodology has been developed by the Community Risk Programme at NFCC which commissioned Nottingham Trent University to carry out the research. The research was informed by subject matter experts from across the UK FRS and by the Home Office. The methodology includes a report which sets out the value of FRS activities using evidence-based methodologies to calculate the social return on investment and a tool which FRS can input their own data into. A digital version of the tool, using the base methodologies, will be developed for release during 2023.

The methodology will allow fire and rescue services to evaluate and understand the benefit and the financial impact of their response, prevention and protection activities. This will support FRS in their community risk management planning and help to inform their resource allocation.

[Read more](#)

## Early Intervention Implementation Framework launched

The National Fire Chiefs Council (NFCC) has launched a new Early Intervention Implementation Framework, which is a suite of guidance and tools to assist fire and rescue services in delivering effective early intervention programmes that meet the needs of young people, communities and key stakeholders. The framework includes tools for strategic direction, implementation, monitoring and evaluation and a new strategic Theory of Change which sets out a national core approach for interventions. Within the Theory of Change are seven key steps that NFCC will support FRSs to take. To assist fire and rescue services to use the new framework, a series of virtual sessions are being hosted by the NFCC Implementation Support Team and the Early Intervention workstream.

[Read more](#)

## Fire Standards Board launches new standard

The Fire Standards Board (FSB) has announced the launch of the 12<sup>th</sup> professional Fire Standard. Covering data management, it focuses on ensuring that fire and rescue services can deliver excellence to the public by maximising the value of good quality and reliable data. The aim of the Data Management Fire Standard is that services will use data to inform their community risk management planning and other key activities which will contribute to a reduction in risk and improvements in community safety. It is expected that the Standard will deliver an improved quality of service to the public because of their effective use of high quality and robust local, regional and national data to evidence their considerations and decision-making. As with all Fire Standards, there is a corresponding Fire Standards Implementation Tool, designed to support services in assessing how well they already meet the standard and what they may need to consider and act on in terms of their working practices.



# Police and Fire

## Being 'scam savvy' in the cyber world

Cyber crime is a serious threat to police forces and fire and rescue services. With many of us working online, to protect yourself and your organisation, it is more important than ever that you, as the first line of defence, are aware of scams.

Our Cyber Security 2021 survey found that 20 per cent of organisations had experienced a cyber attack in the last 12 months, and 71 per cent of respondents said the attack was a direct result of the coronavirus pandemic.

95 per cent of cyber security breaches are due to human error, so user behaviour and education is the best way to protect your organisation against many of the most common scams.

To assist providers, we detail some key considerations for securing your IT systems, digital infrastructure, and organisational assets.

### Securing your IT environment: Key considerations

#### Network configuration

- Firewalls are imperative for monitoring, permitting and blocking data. You should have a firewall security policy, detailing the types of rules used and what each rule set does. Firewall rules should be reviewed frequently (in line with policy). The policy should also state how logging and alerts are configured and monitored.

#### Access controls and passwords

- Strong passwords should be required from all users. Review 'password history' controls frequently, to prevent individuals from cycling the same passwords, and consider implementing a lockout threshold of three to five attempts.
- Where possible, implement Multi Factor Authentication (MFA), as without MFA there is an increased risk of compromised accounts.

#### Security patches and antivirus software

- Antivirus and software updates should routinely be applied and supported by underlying policies and procedures. It's also important to ensure that all devices have the latest security patches installed and that they are encrypted to ensure confidential data is protected in the event of a cyber-security breach.

#### Data backup and business continuity

- Backups are essential to ensuring that key data can be recovered in the event of an operational failure or cyber-attack. A backup procedure and policy should already be in place that includes the backup schedule, retention periods, and backup restoration testing schedule.

#### Has your IT incident response plan been tested recently?

A comprehensive incident response plan is essential, as it will guide a provider's response to an attack. At a minimum, a formal incident management policy and related processes should be in place, including:

- roles;
- responsibilities;
- accountabilities;
- references to related regulation;
- reporting requirements; and
- explicit examples of what constitutes an incident or security breach.

Once documented, a walk-through and other tests of scenarios should be undertaken and extended to relevant third party service providers. The incident management policy should be tested at least every 12 months, and any lessons learnt captured and fed back into the process.

### Further information

For more information about how we can help you to protect your organisation, please get in touch with your usual RSM contact.

## RSM's Public Procurement Training Level 1

We are pleased to announce that our Public Procurement Training Session will be taking place Friday 3 February 2023. These events have been specifically developed to support practitioners who are starting their procurement careers or for those who need to refresh their knowledge.

Delegates will gain a comprehensive coverage of all key procurement provisions, best practice, and skills to ensure they can confidently manage tender processes. There will be plenty of opportunities to ask questions and also take part in practical exercises, online polls and follow-up surgery.

To book your place on our training session please use the link below:

[Register here, Friday 3 February 2023.](#)

## Emergency Services Risk Register analysis.

We have begun our latest review of emergency services strategic risk registers. Our latest research aims to identify those key risk areas across police and fire, identifying persistent challenges, together with new and emerging risk areas.

Watch out for our analysis report which will be published in 2023.





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**MINUTES OF AUDIT AND STANDARDS COMMITTEE  
MEETING HELD ON 29 SEPTEMBER 2022**

Present: Councillors C Atkins (Chair), J Burnett, D Franks, J Gambold and I Shingler  
Mr G Britten, Mr J Atkinson, ACO G Chambers, Ms S Fecondi and Mr S Frank  
Mrs D Hanson, Ernst & Young  
Mrs S Rowlett, RSM

22-23/ASC/17 Apologies

Please note: any decisions made by the Committee at this meeting need to be ratified by the Fire and Rescue Authority to take effect as the meeting was held informally.

17.1 Cllr Berry sent apologies.

17.2 The Chair welcomed Mr G Britten to the meeting. Mr Britten had recently been appointed as the Authority's new Monitoring Officer to replace Mr Atkinson, who had held this role for seven years, upon Mr Atkinson's forthcoming retirement.

22-23/ASC/18 Declarations of Disclosable Pecuniary and Other Interests

18.1 There were no declarations of interest.

22-23/ASC/19 Communications

19.1 The Assistant Chief Officer and Treasurer reported that a letter had been received from Ernst & Young. This would be discussed under the External Audit Update.

## 22-23/ASC/20 Minutes

### **RESOLVED:**

That the Minutes of the meeting held on 14 July 2022 be confirmed as a true record.

## 22-23/ASC/21 Public Participation

21.1 There were no members of the public present.

## 22-23/ASC/22 External Audit Update

22.1 Mrs D Hanson of Ernst & Young (EY) introduced herself as the new Audit Manager for the Authority following the departure of Mr N Harris. She would be supported by Mr O Randall, who was replacing Ms J Kriek. A number of handover meetings had taken place, both internally at EY and with the Assistant Chief Officer and Treasurer, to ensure a smooth transition for the new external audit team.

22.2 Mrs Hanson explained that, due to ongoing resourcing issues, the timetable for completion of the audit of the Authority's Statement of Accounts had been delayed and it was anticipated that this would now commence in March 2023, rather than December 2022 as previously reported. Recognising the impact on the Authority, EY would be working closely with the Finance Team to minimise any further delay and had resourced the team with staff members with appropriate levels of experience.

22.3 In response to a question on the impact of resources on the completion of audits for future years, Mrs Hanson advised that all 2021/22 and 2022/23 audits to be undertaken under the PSAA arrangements were currently in the process of being timetabled, as the PSAA contract ended on 31 March 2023. The 2022/23 audit had originally been planned for completion by December 2023 and had now been delayed to conclude by March 2024. As the Authority was one of EY's smaller and less complex audits, it was unlikely that the audit would be in the final tranche, and EY would endeavour to ensure the Authority was notified of any potential delays to the completion of the audit of the 2022/23 Statement of Accounts.

22.4 In response to a question from the Chair, the Assistant Chief Officer and Treasurer detailed the impact of the delay in the completion of the audit on the workload of the Finance Team, confirming that he was working closely with EY to avoid busier periods, such as January/February when the budget was being produced.

### **RESOLVED:**

That the external audit updated be received.

## 22-23/ASC/23 Internal Audit Progress Report

- 23.1 Mrs S Rowlett of RSM submitted a report on progress made against the internal audit plan for 2021/22 and 2022/23. The 2021/22 internal audit programme had now been concluded with the follow up audit being finalised. Of the 27 management actions identified throughout the year, evidence had only been provided in relation to 11 of these, with 5 having been completed and 6 still in progress. RSM had met with management to discuss the lack of evidence provided to the internal audit team and to agree a new process going forward.
- 23.2 The Assistant Chief Officer and Treasurer confirmed that further evidence had been provided and that the completion of the majority of actions should be reported to the next meeting of the Committee.
- 23.3 The 2022/23 audit programme had commenced with one audit completed, one in progress and the remainder scheduled throughout the year.

### **RESOLVED:**

That the report be received.

## 22-23/ASC/24 Internal Audit Actions Update

- 24.1 Mr S Frank, the Head of Strategic Support and Assurance, introduced the report which provided a summary statistical analysis of actions arising from internal audit reports over the last three financial years to date and from the Fire and Rescue Authority's current Annual Governance Statement; together with any exception report on those actions currently in progress, progress to date on current action plans and proposals to extend the original timing for completion.
- 24.2 Extension requests were being sought in relation to the following two areas:
- Human Resources – Grey Book Recruitment: the policy was in the process of being updated and should be completed by the end of Quarter 3, therefore an extension was being requested to December 2022.
  - Asset Management – Asset Tracking: the asset tracking for equipment was proceeding well; however a three month delay was experienced due to a shortage of personnel and an extension was being requested accordingly.
- 24.3 The Assistant Chief Officer and Treasurer updated the Committee on the action relating to asset management. He had spoken with the relevant Area Commander and had ascertained that the action had been completed. Work remained ongoing to log additional

assets located in the Training Centre and Stores, but the original action to log 18,000 assets had been completed and therefore an extension was no longer required.

- 24.4 The Assistant Chief Officer and Treasurer advised that the Human Resources - Grey Book recruitment action to update the On-Call Recruitment Policy had not yet been completed as the Human Resources Team had been running various recruitment campaigns and had to prioritise the work associated with this process. There was also an issue related to the current employment market, with individuals agreeing offers of employment, then deciding to take other offers that subsequently had been made available to them.
- 24.5 The view was expressed that, given the current economic climate and the recent Government announcements in the mini-budget, recruitment and retention of suitable candidates would only become more difficult.
- 24.6 Ms S Fecondi, Head of Human Resources highlighted the substantial assurance audit opinion that had been awarded to this area of Human Resources by the internal auditors and expressed the view that the outstanding work required on the On Call Recruitment Policy would be completed by the end of the third Quarter, December 2022, in line with the extension request.

**RESOLVED:**

1. That progress made to date against action plans be acknowledged.
2. That the extension request for Human Resources – Grey Book Recruitment to the end of December 2022 be approved.

22-23/ASC/25 Abatement Policy

- 25.1 Ms S Fecondi, Head of Human Resources, presented a report on the Abatement and Re-engagement Policy that had been updated in accordance with the recently issued Local Government Association guidance. The changes made were to Paragraphs 3-5 in Section 4.2 (Abatement Rules),
- 25.2 Under the abatement policy, if a member of staff retired and was then subsequently re-engaged, the level of pay, when combined with the amount of pension payment being received, could not exceed the level of salary received prior to retirement. The Service had discretion not to abate; however, it would then be liable for the additional pension costs.
- 25.3 The Committee was advised that this did not apply to the 2015 Firefighter Pension Scheme.
- 25.4 As the guidance did not include a definition of “material change”, it was being proposed within the Policy that calculations be taken at the point of re-engagement and henceforth on an annual basis, or upon a material change or a request from the affected employee. This should identify any changes resulting from pay awards, pension changes or additional allowances.



- 25.5 In response to a question referring to previous discussions of abatement and whether the updated Policy was in accordance with regulations, the Head of Human Resources confirmed that this was the case and that this had been verified by the Service's independent pension administrators, Local Pensions Partnership Administration (LPPA).
- 25.6 The Chair requested that Paragraph 61 of the LGA guidance, which stated that *"informal guidance issued by CLG in 2009 references the "level of earnings directly prior to...retirement" and goes on to say: "The substantive pay at the last day of service comprised of all permanent elements of pensionable pay, expressed as an annual rate, should be the level of earnings used for the comparison"*, be included in the Policy so that it was clear which pay figure was to be used for the initial abatement calculation.

**RESOLVED:**

That the proposed amendments to the Abatement and Re-engagement Policy be approved, subject to the inclusion of Paragraph 61 of the Local Government Association guidance, as this clarified which pay figure should be used in the initial abatement calculation.

22-23/ASC/26 Review of Work Programme 2022/23

- 26.1 The Committee considered the proposed work programme for 2022/23.
- 26.2 The Assistant Chief Officer and Treasurer advised that, as a result of the delays to the audit of the Statement of Accounts as discussed earlier in the meeting, the Audit Results report would need to be deferred from the Committee's meeting on 12 January 2023 to sometime after the audit had been concluded in March 2023.
- 26.3 The Committee was advised that the Internal Audit Actions Update report would include information on the 16 management actions that had not been evidenced through RSM's follow-up audit.

**RESOLVED:**

That the Committee's Work Programme for 2022/23 be received.

22-23/ASC/27 Corporate Risk Register - Exception Report

**RESOLVED:**

That, pursuant to Sections 100A(2) and 100A(4) of the Local Government Act 1972, the public be excluded from the discussion of the following item on the grounds that the matters to be discussed involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Act (as amended):

Item

Corporate Risk Register

The meeting finished at 10.51am

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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For Publication

Bedfordshire Fire and Rescue Authority  
Audit and Standards Committee  
12 January 2023

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**REPORT AUTHOR:** ASSISTANT CHIEF OFFICER/FRA TREASURER

**SUBJECT:** INTERNAL AUDIT PROGRESS REPORT 2022/23

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For further information  
on this report contact: Lauren Fair  
Business Support Manager

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Background Papers: RSM Strategy for Internal Audit  
Bedfordshire Fire Authority 2021/22 to 2022/23

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**PURPOSE:**

To receive and consider a report on progress made against the internal audit plan for 2022/23

**RECOMMENDATION:**

That the submitted report be received.

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1. Introduction

1.1 An internal audit plan for 2022/23 was agreed by this Committee at its meeting on 3 March 2022.

1.2 A report by RSM on progress made against the internal audit plan for 2022/23 is appended for Members' consideration.

**GAVIN CHAMBERS**  
**ASSISTANT CHIEF OFFICER/FRA TREASURER**

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# BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

## Internal Audit Progress Report

12 January 2023

This report is solely for the use of the persons to whom it is addressed.  
To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP  
will accept no responsibility or liability in respect of this report to any other party.

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## Progress against the internal audit plan 2022/23

The Internal Audit Plan for 2022/23 was approved by the Audit & Standards Committee March 2022. Two audits have been finalised since the last meeting, highlighted in bold below. A copy of the executive summary and action plan is included as an appendix to this report.

Assignment and Executive Lead	Status / Opinion issued	Actions agreed			Planned Timing (as per ANA)
		L	M	H	
<b>2022/23</b>					
Follow Up 1.22/23	Final – Advisory Review	0	6	1	Q1
<b>ICT – Digitalised Systems User Proficiency 2.22/23</b>	<b>Final – Reasonable Assurance</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>Q1</b>
<b>Follow Up Part Two 3.22/23</b>	<b>Final – Advisory Review</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>Q4</b>
Data Quality – Information Management and Governance Arrangements including GDPR	In Progress				Q1
Implementation of Actions from HMICFRS – Engagement with Local Community	In Progress				Q3
Key Financial Controls	To commence 8 February 2023				Q3
Follow Up	To commence 6 March 2023				Q4

## Other matters

### Head of Internal Audit Opinion

The Audit and Standards Committee should note that the assurances given in our audit assignments are included within our Annual Assurance report. The Committee should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion.

### Changes to the audit plan

There has been one further change to the audit plan since the last meeting. We have been asked to postpone our review of Key Financial Controls until Q4 due to staff unavailability, this is now planned to commence on 8 February 2023.

#### Changes reported previously

The organisation is commissioning the LGA to conduct an independent review of governance and as such was agreed to proposed that the days allocated for the review of governance, alongside some of the time allocated to risk management are utilised to review how the service engages with its local community to build a comprehensive profile of risk in its service areas following on from the issues identified in the HMICFRS report. The remaining time will be allocated to increase the follow up budget to include a more detailed follow up of risk management.

### Information and briefings

Since the last Audit and Standards Committee, we have issued our Quarterly Emergency Services client briefing.

### Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

## Appendix A – Executive summaries and action plans from finalised reports (High and Medium priority actions only)

# EXECUTIVE SUMMARY – ICT DIGITALISED SYSTEMS USER PROFICIENCY

## Why we completed this audit

We have undertaken a review of ICT Digitalised Systems User Proficiency as part of the approved 2022/23 Internal Audit Plan to allow the Authority to take assurance over the design and robustness of processes in place to support staff competence and proficiency in key digitalised systems. The objective of the review was to consider user competence and proficiency in respect of six key systems (SharePoint, Gartan, I Trent, PDR Pro, 3TC IRS Plus system and Microsoft Office 365 (O365)) to ensure that the Authority is achieving the value and benefits of these systems.

The Authority has a Digital and Data Strategy which outlines the Authority's overall strategy to integrate digital technology into all the areas, improving how the Authority works and interact with partners and the public. Additionally, the Service has several guide documents in place to provide guidance to using the key systems. The Service also has a New Ways of Working - Digital Champions Programme which aims to establish a team of 'super users' whose role is to share MS O365 knowledge and skills with colleagues and mentor staff.

As part of the review, we conducted a survey to ascertain staff members perceived competence in ICT digitalised system as well as staff perceptions on barriers to using key systems, sufficiency of training in place for key systems and their awareness of digital champions for the key systems. A summary of the results from the 139 respondents that participated in the survey has been presented in Appendix A of this report.

## Conclusion

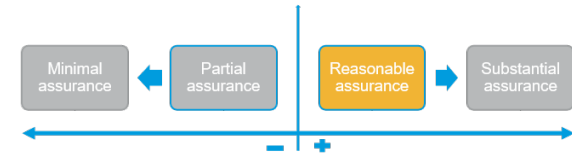
We confirmed that the Digital and Data Strategy, and key systems guide documents were available for each of the six key systems reviewed. We also identified that the Authority has a help centre on SharePoint and an ICT service desk to raise ICT systems related queries or issues and a FAQs section on MS Teams sharing common issues and answers. Additionally, we identified consistent discussion and scrutiny of issues relating to digital support and assistive technologies for neurodiverse staff by the Neurodiversity Working Group.

However, we noted some weaknesses in the control framework including lack of training for staff regarding ICT- Digitalised systems, and the Service have e-learning training in place for O365 and SharePoint, we were advised that staff received face to face training on the other systems on induction however we were not provided with evidence to confirm this. In addition, we identified areas for improvement regarding addressing ICT systems issues/concerns from station visits. In addition, we noted that the Authority does not carry any analysis of utilisation of key digital systems by staff.

**Internal audit opinion:**

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).

**Key findings**

**We identified the following weaknesses resulting in the agreement of two medium priority actions:**

**Training - Gartan, iTrent and 3TC IRS Plus Systems**

We confirmed through review of LearnPro (e-learning solution) that the Service does not have e-learning, or similar formal training in place for Gartan, iTrent and 3TC IRS Plus systems.

Without training in place for key digitalised systems there is a risk that staff may not be competent or proficient in using the key systems hence affecting effective collaboration working. Lack of training for key digitalised systems also impacts the achievement of the Authority's Digital and Data Strategy to maximise use of data and digital solutions to drive improvements. **(Medium)**

**Staff Feedback**

We noted through review of the seven ICT systems related actions and concerns raised by staff from station visits between March 2022 and June 2022 that in two instances, no responses or comments had been recorded against the issues. We also noted through review of the Station Visit Action Log that target dates had not been assigned against all seven of the actions nor had the dates in which actions were addressed been recorded against three of the five actions marked as complete.

If ICT issues are not appropriately addressed there is a risk that effective service response might be affected. Additionally, if action target completion dates are not assigned there is a risk action owners may not be held to account for addressing actions and ICT systems issues or concerns raised by staff may not be resolved within a timely manner. **(Medium)**

**We also agreed a further two low priority management actions, details of which can be found in section 2 of this report.**

We noted the following controls to be adequately designed and operating effectively:



### Key System Guide Documents

Through observation of SharePoint, we noted procedural guide documents are in place for each of the key systems (SharePoint, Gartan, I Trent, PDR Pro, 3TC IRS Plus & O365). Through review of a sample of guide documents (SharePoint, Gartan and O365), we confirmed they outlined the guidance to using the key digitalised systems. We confirmed that all user guides and video guides for the key systems had been made available to staff on SharePoint and the guidance document for O365 had also been shared on MS Teams.



### Roles and Responsibilities

We noted through review of the sampled guide documents for the key systems that roles and responsibilities for relevant staff had been defined. Through review of the Roles and Responsibilities of a Digital Champion document, we noted that it clearly outlined the roles and responsibilities of digital champions in respect to O365 including mentoring and providing introductory training for new staff, ensuring all users are kept up to date with relevant information and supporting user adoption to updates, upgrades, fixes, and changes applied. We also confirmed through review of a SharePoint screenshot that the document had been shared and made available to Digital Champions.



### Training - Microsoft O365 and SharePoint Systems

We observed MS Teams and noted that staff had access to two folders: O365 Induction and New Ways of Working, both of which had training modules and learning resources relating to O365 applications including Word, PowerPoint, Outlook, and SharePoint. We also noted that the learning resources included pre-recorded webinars and videos to support staff to understand and adopt O365 and staff had to evidence understanding of the training with a follow up scenario challenge. We were informed by the Business Support Manager that staff were given three attempts to pass the test and had to attain a 100 per cent score to pass and receive a digital credential badge to display on their Outlook signature. We were advised by the Business Support Manager that the New Ways of Working- Digital Champions Programme on O365 was not mandatory but recommended to promote continuous personal development and allow for staff collaboration.



### Process for Escalation and Rectification of ICT Systems Issues

Through review of SharePoint, we noted that the Authority has a Help Centre where staff can ask for help on SharePoint or any other system they might need help with. We also noted that the Authority has an ICT Systems Support page which outlines details of how to contact the ICT Service Desk if you have any queries or problems.

Through review of the ICT Shared Service Portal, we noted that staff could raise tickets or log any identified system challenges or barriers to the ICT Service Desk for rectification. The Business Support Manager advised that they receive regular reports on IT tickets and incidents logged and the report was used to identify further training or guidance material that might be needed. We reviewed MS Teams and confirmed that common issues and FAQs on O365 had been shared and made available to all staff.



### **Equality, Diversity, and Inclusion - Digital Literacy**

Through review of the Neurodiversity Working Group minutes for February, March, and May 2022, we noted the Group had consistently discussed issues relating to digital support and assistive technologies for neurodiverse staff. Particularly, through review of the minutes we noted the discussion of the introduction of texthelp, MindGenius, ReadWrite, Quicksan and Dragon software packages to assist staff who are neurodiverse and have other disabilities.

The Authority also has a People Impact Assessment or Equality Impact Assessment Form that is completed for each project. Through review of the People Impact Assessment Form template, we noted that it assesses how implementation of each project would affect staff who share characteristics protected by The Equality Act of 2010. Through review of MS Teams, we noted that there is training in place on accessibility, the training offers information on the accessibility features on O365 and how to use them.

## DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

ICT Systems Training		Assessment:		
<b>Control</b>	<p>Training is completed for new starters at the induction stage, training delivered is role based except for Cyber Security and O365 training, which must be completed by all staff. Training is delivered face-to-face and online via CMS and PDR Pro/ Learn Pro an online learning portal.</p> <p>To gauge competence and understanding of the training, at the end of each training course, staff are required to complete a formal evaluation of their skills. This feedback is collated by the Learning and Development team who use the results to inform future training modules.</p> <p>The Training Centre also maintains training logs and cases of non-completion of training modules are communicated to line managers to chase.</p>	<b>Design</b>	✓	
		<b>Compliance</b>	✗	
<b>Findings / Implications</b>	<p><b>Gartan, iTrent and 3TC IRS Plus System</b></p> <p>We confirmed through review of LearnPro that the Authority does not have e-learning training in place for Gartan, iTrent and 3TC IRS Plus system. This is supported by the survey results (Appendix B of this report), where 69 per cent of the survey participants responded “Disagree” or “Strongly Disagree” to the question “Have you been provided with sufficient training to use IT systems”. The Learning and Development Manager advised that staff received one-to-one training on the systems at induction however we were not provided with evidence to confirm staff received training on ICT systems at induction.</p> <p>Without the appropriate training in place for key digitalised systems there is a risk that staff may lack the competence and knowledge to use the ICT systems hence affecting effective collaboration working and efficient working.</p> <p>Lack of training for key digitalised systems also impacts the achievement of the Authority’s Digital and Data Strategy to maximise use of data and digital solutions to drive improvements.</p>			
<b>Management Action 3</b>	<p>The Service will implement a process to measure digital system utilisation and undertake an ICT digitalised systems training needs analysis to identify the usage of digital systems and any training needs. This will include consideration of our survey results. Following this digital literacy e-learning modules will be created on LearnPro to increase staff skills and awareness of system capabilities and functionalities.</p>	<b>Responsible Owner</b>	<b>Date:</b>	<b>Priority:</b>
		Head of ICT and Programmes and Training Centre Commander	31 March 2023	Medium



In cases of underutilisation of systems, the Service will implement training to increase staff confidence and awareness of system capabilities and functionalities.

In addition to this, the Service will monitor completion of mandatory courses and staff logged as having incomplete training will be chased and followed up by line managers.

Staff Feedback		Assessment:	
<b>Control</b>	The Authority undertakes station visits periodically to obtain feedback and complaints from staff. These visits are a forum for Greybook staff to provide feedback on all functions within the Service, including digital systems, training materials and operational issues.	<b>Design</b>	✓
	Feedback and complaints collated from staff are recorded on a central action log, this is maintained by the Personal Assistant to the Executive Team. Actions are then forwarded to respective members of staff; all ICT systems related actions are sent over to the Head of ICT and programmes for actioning.	<b>Compliance</b>	✗
<b>Findings / Implications</b>	<p>We confirmed through review of the Station Visit Action Log that it included digital systems feedback/complaints from station visits. We noted that it detailed name of station, date of station visits, issues raised, responsible owner and response. Between March 2022 and June 2022, we noted seven ICT systems related actions/ concerns had been raised from station visits.</p> <p>Through review of the seven actions, all of which had not been assigned a target date for completion, we confirmed that:</p> <ul style="list-style-type: none"> <li>in five instances the issue/action raised had been marked as addressed and the responses or comments had been recorded against the issue/action, however dates for completion of the issue/action had not been recorded for three of the five; and</li> <li>in the remaining two instances for issues raised in March and June 2022, no responses/comments had yet been recorded against the issues.</li> </ul> <p>If ICT issues are not appropriately addressed there is a risk that effective service response might be affected.</p> <p>Additionally, if action target completion dates are not assigned there is a risk action owners may not be held to account for addressing actions and ICT systems issues/concerns raised by staff may not be resolved within a timely manner.</p>		
<b>Management Action 4</b>	We will ensure that actions are assigned a target completion date and completion dates are formally recorded on the Station Visit Action Log to ensure that action owners are held to account for the completion of actions.	<b>Responsible Owner</b>	<b>Date:</b> 31 March 2023
		Head of ICT and Programmes	<b>Priority:</b> Medium

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The Service will also ensure issues/ concerns raised from station visits are addressed in a timely manner.

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## EXECUTIVE SUMMARY – FOLLOW UP PART TWO

### Why we completed this audit

As part of the approved Internal Audit Plan for 2022/23, we have undertaken a second follow up review to assess the progress made by Bedfordshire Fire and Rescue Authority (BFRA) to implement previously agreed management actions reported to the Audit & Standards Committee as complete but for which we had not received evidence. The focus of this review was to allow the Authority to take assurance that previously agreed actions have been adequately implemented. The audits considered as part of the follow up review were:

- Use of Risk Information (1.20/21)
- Risk Management (2.20/21)
- Procurement - Proactive Processes and Remedial Action (3.20/21)
- Human Resources – Support Staff Recruitment (5.20/21)
- Key Financial Controls (6.20/21)
- Human Resources – Wellbeing (7.20/21)
- Service Governance (8.20/21)
- Follow Up (9.20/21)

A total of 21 medium priority management actions have been considered during this follow-up review. In agreement with management, we have not followed up the actions raised within the Cyber Essentials (4.20/21) review following BRFA obtaining Cyber Essentials Plus accreditation.

### Conclusion

Considering the actions completed within Appendix A of this report, in our opinion, Bedfordshire Fire and Rescue Authority has demonstrated **reasonable progress** in implementing the agreed management actions.

We confirmed that out of the 21 medium actions reviewed, 14 have been completed, five are in progress, one action has been superseded, and in one instance we were not provided with sufficient evidence to confirm implementation, therefore the action has been recorded as not implemented and repeated. For one action originally with a medium priority rating, we have downgraded to a low priority rating due to the action being partly implemented.

## Progress on actions

Implementation status by review	Number of actions agreed	Status of management actions				
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Completed or no longer necessary
Use of Risk Information (1.20/21)	1	0	0	0	1	1
Risk Management (2.20/21)	4	3	1	0	0	3
Procurement – Proactive Processes and Remedial Action (3.20/21)	5	5	0	0	0	5
Human Resources – Support Staff Recruitment (5.20/21)	1	0	1	0	0	0
Key Financial Controls (6.20/21)	1	0	0	1	0	0
Human Resources – Wellbeing (7.20/21)	4	2	2	0	0	2
Service Governance (8.20/21)	3	2	1	0	0	2
Follow Up (9.20/21)	2	2	0	0	0	2
<b>Total</b>	<b>21</b>	<b>14</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>15</b>

# DETAILED FINDINGS AND ACTIONS

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.

## Risk Management (2.20/21)

**Original management action / priority** The Service Assurance Framework will be reviewed as part of the decision-making process in moving to a new risk management system, to ensure it reflects the policies and procedures established as part of that decision. Where local heads are required to maintain risk registers, this process will be complied with. **(Medium)**

**Audit finding / status** Through our risk management review, we confirmed a Risk Management System has been implemented. However, whilst monthly review of risks by risk owners was part of the revised approach to risk management in the organisation, these reviews had not yet commenced.

There is a greater chance of risks materialising if they are not regularly reviewed and updated by risk owners.

We noted that the Corporate Risk Service Order was currently on hold and had not been reviewed since 2012. Review of the draft Corporate Risk Management Policy found that it detailed how corporate risks are derived, the aims of risk management, the corporate risks themselves and high-level responsibilities. We noted that this Policy was not yet in use and had not been formally signed off by the Chief Fire Officer.

**The action has been partly though not yet fully implemented.**

<b>Management Action 1</b>	Risk owners will review their assigned risks monthly and ensure updates are recorded within BMIS.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
	The draft Corporate Risk Policy will be approved and made available to relevant staff. Further guidance on risk assessment, review, monitoring, and reporting will be established. The organisation's risk appetite will be formally documented in the Corporate Risk Policy and be subject to regular review for appropriateness.	Head of Governance, Assets, Procurement and Collaboration	31 March 2023	Medium

### Human Resources – Support Staff Recruitment (5.20/21)

<b>Original management action / priority</b>	The organisation will ensure that there is a clear record of Corporate Management Team (CMT) discussion and approval of new posts. The supporting evidence will then be supplied to the Recruitment Team. The Authorisation to Increase Base Establishment Form will also be updated to remove the HR approval section. Supporting evidence for the actioning of posts by HR will continue to be retained by email. <b>(Medium)</b>			
<b>Audit finding / status</b>	Through review of the Authorisation to Amend Base Establishment Form we confirmed HR approval had been removed. However, through review of the March 2021 meeting minutes of CMT we noted there was no record of CMT discussion and approval of new posts.  In the absence of CMT oversight and approval of new posts there is a risk that new posts may not be in line with post requirements and posts may be actioned without approval.  <b>The action has been partly though not yet fully implemented.</b>			
<b>Management Action 2</b>	The Authority will ensure that there is a clear record of CMT discussion and approval of new posts and supporting evidence is then supplied to the Recruitment Team and retained.	<b>Responsible Owner:</b> Deputy Chief Fire Officer	<b>Date:</b> 31 March 2023	<b>Priority:</b> Medium

### Key Financial Controls (6.20/21)

<b>Original management action / priority</b>	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure. <b>(Medium)</b>			
<b>Audit finding / status</b>	We have not been provided with sufficient evidence that the Chief Accountant reiterated the importance of compliance with the quotation process within the Procurement Policy and Contract Procedure.  If the Procurement Policy and Contract Procedure are not followed, there is a risk that the organisation may not be receiving best value for money.  <b>This action has not been implemented.</b>			
<b>Management Action 3</b>	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure and retain evidence to support this.	<b>Responsible Owner:</b> Chief Accountant	<b>Date:</b> 31 March 2023	<b>Priority:</b> Medium

**Human Resources – Wellbeing (7.20/21)**

**Original management action / priority** The Service will undertake regional benchmarking with Suffolk, Essex, Norfolk, Cambridgeshire, and Hertfordshire. Following this, the Service will review and identify any further action required. **(Medium)**

**Audit finding / status** We were provided with three regional benchmarking reports exported from PowerBI, categorised under Protection, Prevention and Efficiency.

Through a review of the reports, we were able to confirm that the Service was benchmarking itself against all services, not just the ones from Suffolk, Essex, Norfolk, Cambridgeshire, and Hertfordshire.

From a discussion with the Business Support Manager, we ascertained that currently the data is not presented or distributed in a formal manner to a committee/group meeting.

There is a risk that actions are not taken to improve areas where the Service falls behind, which in turn could result in a decrease in management input for improvement.

**The action has been partly though not yet fully implemented.**

<b>Management Action 4</b>	The Service will review the benchmarking data in a formal meeting and identify areas of improvement.	<b>Responsible Owner:</b> Occupational Health and Fitness Advisor	<b>Date:</b> 30 June 2023	<b>Priority:</b> Medium
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**Human Resources – Wellbeing (7.20/21)**

**Original management action / priority** The Service will devise a means by which the TRiM Contact Activity Log can be reconciled with the sources of contact, such as tip sheets, so to take assurance that all potentially affected staff and officers are engaged by the TRiM Team.

Further to this, the Service will also consider capturing and analysing TRiM statistics, such as response rate, to explore means to improve staff utilisation of TRiM support. **(Medium)**

**Audit finding / status** We obtained a copy of the TRiM activity log. Through review of the document, we confirmed that incident numbers were recorded which relates to the tip sheet. The activity tip sheet has a total number of personnel contacted which at the time of this follow-up was 412. The activity log also records all activities that have been completed.

From a discussion with the Business Services Manager, we ascertained that although there have been discussions to improve the staff utilisation of TRiM support, however this has not been formally documented within an action plan.

**The action has been partly though not yet fully implemented.**

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<b>Management Action 4</b>	The Service will document discussions and actions on the improvement of TRiM utilisation by staff.	<b>Responsible Owner:</b> Occupational Health and Fitness Advisor	<b>Date:</b> 31 March 2023	<b>Priority:</b> Medium
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## For more information contact

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

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**REPORT AUTHOR:** ASSISTANT CHIEF OFFICER/FRA TREASURER

**SUBJECT:** INTERNAL AUDIT FOLLOW UP REPORT

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For further information on this report contact: Lauren Fair  
Business Support Manager

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Background Papers: RSM Follow Up Part Two: Internal Audit Report 3.22.23

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**PURPOSE:**

To receive and consider a report on the Follow Up Report carried out by RSM.

**RECOMMENDATION:**

That the submitted report be received.

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1. Introduction

1.1 As part of the approved Internal Audit Plan for 2022/23, RSM have undertaken a second follow up review to assess the progress made by Bedfordshire Fire and Rescue Service (BFRS) to implement previously agreed management actions reported to the Audit & Standards Committee.

1.2 It was noted at the last meeting of the Audit and Standards Committee that there were a significant number of outstanding audit actions from previous years. This was due to vacancies in the Governance team that meant that there was a missing link between the Service and our internal auditors to provide the evidence required to sign off actions as they were

completed. The appointment of the new Business Support Manager meant that this follow up audit could be completed to show a more accurate position of where the Service sits against the recommendations made by the internal auditors.

1.3 A report by RSM on progress made against agreed management actions from previous audit reports is appended for Members' consideration.

1.4 A total of 21 actions were considered in the review; 14 were considered completed, 5 in progress, 1 superseded and 1 not yet completed. BFRS are working to implement the last 6 management action and to complete the remaining actions in a timely fashion.

2. Actions outstanding:

2.1 The 1 action outstanding originates from the 2020/21 Key Financial Controls Internal Audit that states that the Procurement Manager will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure and retain evidence to support this.

2.2 Whilst the team concerned were in agreement that this had been completed, there had been no evidence retained in order to sign off this action. As this is a continuing action that supports noteworthy practice within the Service, it was agreed that this would be carried forward until such written evidence can be presented to our Internal Auditors.

3. Actions in progress:

3.1 The action in progress that emanates from the 2020/21 Risk Management Audit is awaiting the completion of the Risk Management workshop that is being carried out to the Corporate Management Team by RSM. This was due to be carried out on 14 December 2022 but was postponed due to severe weather. Upon completion of this workshop, further guidance on risk assessment, review, monitoring, and reporting will be established.

3.2 The next action agrees that in relation to support staff recruitment, the Authority will ensure that there is a clear record of CMT discussion and approval of new posts and supporting evidence is then supplied to the Recruitment Team and retained. Similarly, to the outstanding action above, there was less concern that this was being carried out in practice, but the issue lied with a lack of evidence retained for Audit purposes.

- 3.3 Likewise, the Internal Auditors had also not been provided with sufficient evidence that the Chief Accountant had reiterated the importance of compliance with the quotation process within the Procurement Policy and Contract Procedure. It was agreed that this action is better suited to the Procurement Manager and subsequently this evidence should be readily available.
- 3.4 With regards to the 2020/21 Wellbeing Audit, it was agreed that the Service will review the benchmarking data in a formal meeting and identify areas of improvement and that the Service will document discussions and actions on the improvement of TRiM (Trauma Risk Management<sup>1</sup>) utilisation by staff. Whilst these areas were used frequently in decision making and informal discussion, there were no reports to formal meetings to evidence that this work had been carried out.
- 3.5 Finally, in relation to Service Governance, there is an outstanding action to amend the Terms of Reference to the Information Management Assurance Board to include meeting frequency. This is an additional comment from the previous management action which asked for this document to be drafted in full and presented to the Board. The Draft Terms of Reference have been considered at the December 2022 meeting of the board. They have been amended to reflect this point raised and have been re-presented to our Internal Auditors.

**GAVIN CHAMBERS**  
**ASSISTANT CHIEF OFFICER/FRA TREASURER**

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<sup>1</sup> TRiM will be used following a 'Critical incident'. This is defined as 'an event out of the range of normal experience – one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss'

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# BEDFORDSHIRE

## Follow Up Part Two

22.23

...e of the persons to whom it is addressed.

...by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other

# 1. EXECUTIVE SUMMARY

## Why we completed this audit

As part of the approved Internal Audit Plan for 2022/23, we have undertaken a second follow up review to assess the progress made by Bedfordshire Fire and Rescue Authority (BFRA) to implement previously agreed management actions reported to the Audit & Standards Committee as complete but for which we had not received evidence. The focus of this review was to allow the Authority to take assurance that previously agreed actions have been adequately implemented. The audits considered as part of the follow up review were:

- Use of Risk Information (1.20/21)
- Risk Management (2.20/21)
- Procurement - Proactive Processes and Remedial Action (3.20/21)
- Human Resources – Support Staff Recruitment (5.20/21)
- Key Financial Controls (6.20/21)
- Human Resources – Wellbeing (7.20/21)
- Service Governance (8.20/21)
- Follow Up (9.20/21)

A total of 21 medium priority management actions have been considered during this follow-up review. In agreement with management, we have not followed up the actions raised within the Cyber Essentials (4.20/21) review following BRFA obtaining Cyber Essentials Plus accreditation.

## Conclusion

Considering the actions completed within Appendix A of this report, in our opinion, Bedfordshire Fire and Rescue Authority has demonstrated **reasonable progress** in implementing the agreed management actions.

We confirmed that out of the 21 medium actions reviewed, 14 have been completed, five are in progress, one action has been superseded, and in one instance we were not provided with sufficient evidence to confirm implementation, therefore the action has been recorded as not implemented and repeated. For one action originally with a medium priority rating, we have downgraded to a low priority rating due to the action being partly implemented.



## Progress on actions

Implementation status by review	Number of actions agreed	Status of management actions				
		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Completed or no longer necessary
Use of Risk Information (1.20/21)	1	0	0	0	1	1
Risk Management (2.20/21)	4	3	1	0	0	3
Procurement – Proactive Processes and Remedial Action (3.20/21)	5	5	0	0	0	5
Human Resources – Support Staff Recruitment (5.20/21)	1	0	1	0	0	0
Key Financial Controls (6.20/21)	1	0	0	1	0	0
Human Resources – Wellbeing (7.20/21)	4	2	2	0	0	2
Service Governance (8.20/21)	3	2	1	0	0	2
Follow Up (9.20/21)	2	2	0	0	0	2
<b>Total</b>	<b>21</b>	<b>14</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>15</b>

## 2. DETAILED FINDINGS AND ACTIONS

Status	Detail
1	The entire action has been fully implemented.
2	The action has been partly though not yet fully implemented.
3	The action has not been implemented.
4	The action has been superseded and is no longer applicable.

### Risk Management (2.20/21)

**Original management action / priority** The Service Assurance Framework will be reviewed as part of the decision-making process in moving to a new risk management system, to ensure it reflects the policies and procedures established as part of that decision. Where local heads are required to maintain risk registers, this process will be complied with. **(Medium)**

**Audit finding / status** Through our risk management review, we confirmed a Risk Management System has been implemented. However, whilst monthly review of risks by risk owners was part of the revised approach to risk management in the organisation, these reviews had not yet commenced.

There is a greater chance of risks materialising if they are not regularly reviewed and updated by risk owners.

We noted that the Corporate Risk Service Order was currently on hold and had not been reviewed since 2012. Review of the draft Corporate Risk Management Policy found that it detailed how corporate risks are derived, the aims of risk management, the corporate risks themselves and high-level responsibilities. We noted that this Policy was not yet in use and had not been formally signed off by the Chief Fire Officer.

**The action has been partly though not yet fully implemented.**

<b>Management Action 1</b>	Risk owners will review their assigned risks monthly and ensure updates are recorded within BMIS.	<b>Responsible Owner:</b>	<b>Date:</b>	<b>Priority:</b>
	The draft Corporate Risk Policy will be approved and made available to relevant staff. Further guidance on risk assessment, review, monitoring, and reporting will be established. The organisation's risk appetite will be formally documented in the Corporate Risk Policy and be subject to regular review for appropriateness.	Head of Governance, Assets, Procurement and Collaboration	31 March 2023	Medium

## Human Resources – Support Staff Recruitment (5.20/21)

<b>Original management action / priority</b>	The organisation will ensure that there is a clear record of Corporate Management Team (CMT) discussion and approval of new posts. The supporting evidence will then be supplied to the Recruitment Team. The Authorisation to Increase Base Establishment Form will also be updated to remove the HR approval section. Supporting evidence for the actioning of posts by HR will continue to be retained by email. <b>(Medium)</b>			
<b>Audit finding / status</b>	Through review of the Authorisation to Amend Base Establishment Form we confirmed HR approval had been removed. However, through review of the March 2021 meeting minutes of CMT we noted there was no record of CMT discussion and approval of new posts.  In the absence of CMT oversight and approval of new posts there is a risk that new posts may not be in line with post requirements and posts may be actioned without approval.  <b>The action has been partly though not yet fully implemented.</b>			
<b>Management Action 2</b>	The Authority will ensure that there is a clear record of CMT discussion and approval of new posts and supporting evidence is then supplied to the Recruitment Team and retained.	<b>Responsible Owner:</b> Deputy Chief Fire Officer	<b>Date:</b> 31 March 2023	<b>Priority:</b> Medium

## Key Financial Controls (6.20/21)

<b>Original management action / priority</b>	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure. <b>(Medium)</b>			
<b>Audit finding / status</b>	We have not been provided with sufficient evidence that the Chief Accountant reiterated the importance of compliance with the quotation process within the Procurement Policy and Contract Procedure.  If the Procurement Policy and Contract Procedure are not followed, there is a risk that the organisation may not be receiving best value for money.  <b>This action has not been implemented.</b>			
<b>Management Action 3</b>	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure and retain evidence to support this.	<b>Responsible Owner:</b> Chief Accountant	<b>Date:</b> TBC	<b>Priority:</b> Medium

## Human Resources – Wellbeing (7.20/21)

### Original management action / priority

The Service will undertake regional benchmarking with Suffolk, Essex, Norfolk, Cambridgeshire, and Hertfordshire. Following this, the Service will review and identify any further action required. **(Medium)**

### Audit finding / status

We were provided with three regional benchmarking reports exported from PowerBI, categorised under Protection, Prevention and Efficiency.

Through a review of the reports, we were able to confirm that the Service was benchmarking itself against all services, not just the ones from Suffolk, Essex, Norfolk, Cambridgeshire, and Hertfordshire.

From a discussion with the Business Support Manager, we ascertained that currently the data is not presented or distributed in a formal manner to a committee/group meeting.

There is a risk that actions are not taken to improve areas where the Service falls behind, which in turn could result in a decrease in management input for improvement.

**The action has been partly though not yet fully implemented.**

### Management Action 4

The Service will review the benchmarking data in a formal meeting and identify areas of improvement.

### Responsible Owner:

Occupational Health and Fitness Advisor

### Date:

TBC

### Priority:

Medium

## Human Resources – Wellbeing (7.20/21)

### Original management action / priority

The Service will devise a means by which the TRiM Contact Activity Log can be reconciled with the sources of contact, such as tip sheets, so to take assurance that all potentially affected staff and officers are engaged by the TRiM Team.

Further to this, the Service will also consider capturing and analysing TRiM statistics, such as response rate, to explore means to improve staff utilisation of TRiM support. **(Medium)**

### Audit finding / status

We obtained a copy of the TRiM activity log. Through review of the document, we confirmed that incident numbers were recorded which relates to the tip sheet. The activity tip sheet has a total number of personnel contacted which at the time of this follow-up was 412. The activity log also records all activities that have been completed.

From a discussion with the Business Services Manager, we ascertained that although there have been discussions to improve the staff utilisation of TRiM support, however this has not been formally documented within an action plan.

**The action has been partly though not yet fully implemented.**

<b>Management Action 4</b>	The Service will document discussions and actions on the improvement of TRiM utilisation by staff.	<b>Responsible Owner:</b> Occupational Health and Fitness Advisor	<b>Date:</b> 31 March 2023	<b>Priority:</b> Medium
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### Service Governance (8.20/21)

<b>Original management action / priority</b>	<p>The Service will ensure that a Terms of Reference (ToR) is in place for all formal meeting groups, including the Information Management and Assurance Board, and that they have:</p> <ul style="list-style-type: none"> <li>responsibilities.</li> <li>membership.</li> <li>meeting frequency.</li> <li>quorum requirements.</li> <li>reporting and accountability lines, frequency, and nature; and</li> <li>been recently reviewed, specify this date and a date of next review.</li> </ul> <p>As part of this, it will be considered whether a standard template could be used across each meeting group using, for example the Corporate Programme Board's ToR. <b>(Medium)</b></p>
----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Audit finding / status</b>	<p>We have been provided with the draft ToR for the Information Management Assurance Board. We were informed by the Business Support Manager that the ToR are currently being reviewed by the members, and it is expected to be approved during the next meeting in December 2022.</p> <p>Through a review of the document, we were able to confirm that it contains the following:</p> <ul style="list-style-type: none"> <li>statement and purpose,</li> <li>responsibilities,</li> <li>attendees,</li> <li>version history,</li> <li>distribution, and</li> <li>review period of the ToR.</li> </ul> <p>The document, however, did not contain meeting frequency.</p> <p>There is a risk that meetings are not held on a cyclical basis corresponding with the ToR.</p> <p><b>The action has been partly though not yet fully implemented.</b></p>
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**Management  
Action 5**

We will include a meeting frequency statement in the Term of Reference and ensure these are finalised and approved.

**Responsible Owner:**  
Head of Governance and  
Asset Management

**Date:**  
TBC

**Priority:**  
Low

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## APPENDIX A: DEFINITIONS FOR PROGRESS MADE

The following opinions are given on the progress made in implementing actions. This opinion relates solely to the implementation of those actions followed up and does not reflect an opinion on the entire control environment.

Progress in implementing actions	Overall number of actions fully implemented	Consideration of high priority actions	Consideration of medium priority actions
Good	75% +	None outstanding.	None outstanding.
Reasonable	51 – 75%	None outstanding.	75% of medium actions made are in the process of being implemented.
Little	30 – 50%	All high actions outstanding are in the process of being implemented.	50% of medium actions made are in the process of being implemented.
Poor	< 30%	Unsatisfactory progress has been made to implement high priority actions.	Unsatisfactory progress has been made to implement medium actions.

## APPENDIX B: ACTIONS COMPLETED OR SUPERSEDED

From the testing conducted during this review we have found the following actions to have been fully implemented and superseded.

Assignment title	Management actions
Human Resource Wellbeing	<p><b>Fully Implemented</b></p> <p>The Service will ensure that the Wellbeing Policy is reviewed, revised as appropriate and communicated to staff, following completion of the audit and HMICFRS's inspection. Areas for revision include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Policy statement signed by the Chief Fire Officer in 2021;</li> <li>• Additional wellbeing support, including Traumatic Risk Management (TRiM);</li> <li>• Current wellbeing governance structure, including the Mental Health and Wellbeing Steering Group; and</li> <li>• Version control of the Policy, including review frequency. <b>(Medium)</b></li> </ul> <p><b>Fully Implemented</b></p> <p>The Service will ensure that a Terms of Reference for the Mental Health and Wellbeing Steering Group is developed and approved by an appropriate forum, to include contents such as, but not limited to:</p> <ul style="list-style-type: none"> <li>• roles and responsibilities,</li> <li>• quorum,</li> <li>• meeting frequency,</li> <li>• membership, and;</li> <li>• reporting requirements to senior forums, if applicable. <b>(Medium)</b></li> </ul>
Service Governance	<p><b>Fully Implemented</b></p> <p>The Service will ensure that each formal meeting group within the Service document in their Terms of Reference that at the Chair's discretion conflicts of interest will be checked prior to the start of a meeting depending on the nature of the agenda items. Where it is required to be checked this, and any conflicts identified and action taken, will be recorded within the minutes. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>The Service will add to the Corporate Management Team (CMT) agendas, the nature of each agenda item (presentation, report, or verbal) and whether the item is for information only or a decision is required. Where a decision is required, this will be documented within the minutes (the outcome or whether it has been postponed). <b>(Medium)</b></p>



Assignment title	Management actions
<b>Follow-up</b>	<p><b>Fully Implemented</b></p> <p>Progress against the Procurement Activity Plan and the Contracts Commissioning Review Plan, as well as reporting on compliance audit results and significant tender waivers will be reported quarterly to CMT.</p> <p>An annual summary report on procurement activity will be presented to the Audit and Standards Committee for oversight. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>When Blue Light has been implemented the Authority will ensure that when stock items are issued from stores to their destination, the stock system and individual station equipment lists are correctly coded to show the movements.</p> <p>Evidence of the local stock list including correct location coding should be available where required. Training around issuing stock and recording this on the system will also be delivered for members of staff responsible for each store. <b>(Medium)</b></p>
<b>Use of Risk Information</b>	<p><b>Superseded</b></p> <p>SSRPs will be reviewed at least annually. This will be monitored via the Operational Delivery Working Group (ODWG), who will receive monthly reporting on any SSRPs which are overdue for inspection.</p> <p>BFRA will also ensure that the tabletop verification exercises for new and updated SSRPs are considered, and where required, completed, and recorded on SharePoint. <b>(Medium)</b></p>
<b>Risk Management</b>	<p><b>Fully Implemented</b></p> <p>As part of the review of risk management process and risk recording systems, the Service will consider ensuring that all identified risks are clearly linked to the Service's objectives.</p> <p>This may be both at the strategic and corporate levels, as well as operational and departmental levels. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>As part of the review of risk management processes, the Service will clearly define the expected frequency of risk review based on severity of risk. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p>

Assignment title	Management actions
	<p>The Service will implement a standard risk reporting procedure to ensure that risks are reported uniformly and at an appropriate frequency to the relevant governance forums.</p> <p>The Service will consider risk reporting at functional levels of the organisation, dependent on the nature, significance, and size of the function. Minutes will evidence appropriate challenge and scrutiny of individual risks. <b>(Medium)</b></p>
<p><b>Procurement</b></p>	<p><b>Fully Implemented</b></p> <p>The Procurement Policy and Contracting Procedures will be updated to document the responsibilities of individuals and key staff groups with regards to procurement.</p> <p>The organisation will also develop guidance to clearly detail key processes for engagement with the Procurement team. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>Once Service Managers have responded to the Contracts Commissioning Review confirming priorities and actions, these will be formally reviewed by the Head of Governance and Asset Management. This will include ensuring that all appropriate areas have been completed, including the assignment of responsible officers and time frames for key milestones.</p> <p>The resulting agreed, priorities, and actions will be presented to CMT for review and approval to ensure that activities have been accurately prioritised based on available resource. The final approved Commissioning Review Plan will then be used to update the Procurement Activity Plan.</p> <p>The final Procurement Activity Plan will then be approved by the Head of Governance and Asset Management. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>Progress against the Procurement Activity Plan and the Contracts Commissioning Review Plan, as well as reporting on compliance audit results and significant tender waivers will be reported quarterly to CMT.</p> <p>An annual summary report on procurement activity will be presented to the Audit and Standards Committee for oversight. <b>(Medium)</b></p> <p><b>Fully Implemented</b></p> <p>The organisation will ensure that the PMO pipeline procurement database is regularly shared with the Procurement Manager to allow for PMO procurement requirements to be incorporated into the Procurement Workplan.</p>

**Assignment title**

**Management actions**

Regular engagement and communication will take place between the PMO and Procurement, to enable the effective planning of procurement resources.

Consideration will be given to the attendance of the Procurement Manager at programme boards. **(Medium)**

**Fully Implemented**

A procurement training programme will be developed, and delivery will commence. This will include appropriate guidance on proactive procurement processes, including tendering, procurement exemptions and contract monitoring. This will also include how far in advance Procurement should be engaged with ahead of any significant procurement. **(Medium)**

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# APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

## Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

### Objective of the area under review

To review the implementation of high and medium priority management actions made previously to improve the control framework.

### Areas for consideration:

This review will assess the implementation of the management actions agreed during 2020/21. The audits listed below resulted in a total of 27 medium priority management actions. We will follow up all medium priority actions.

Staff members responsible for the implementation of management actions will be interviewed to determine the current status of each point. Audit testing will be completed, where appropriate, to assess the level of compliance with this status and the controls in place.

The review will assess the implementation of recommendations for the following audit reports

- Use of Risk Information (1.20/21)
- Risk Management (2.20/21)
- Procurement - Proactive Processes and Remedial Action (3.20/21)
- Human Resources – Support Staff Recruitment (5.20/21)
- Key Financial Controls (6.20/21)
- Human Resources – Wellbeing (7.20/21)
- Service Governance (8.20/21)
- Follow Up (9.20/21)

### Limitations to the scope of the audit assignment:

- The scope of this work is limited to those areas examined and reported upon in the areas for consideration in the context of the objectives set out in for this review. It should not, therefore, be considered as a comprehensive review of all aspects of non-compliance that may exist now or in the future.
- We have not followed up the Cyber Essentials (4.20/21) actions.

- Any testing undertaken as part of this audit will be compliance based and sample testing only.
- Testing will be undertaken to follow up actions agreed, it should therefore not be considered as a full assurance review of those areas.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Testing is limited to high and medium priority actions only. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

**Debrief held** 5 December 2022

**Draft report issued** 13 December 2022

**Responses received**

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**Final report issued**

**Client sponsor**

Nicky Upton – Service Assurance Manager

**Distribution**

Nicky Upton – Service Assurance Manager

**rsmuk.com**

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

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

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

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**REPORT AUTHOR:** HEAD OF STRATEGIC SUPPORT AND ASSURANCE

**SUBJECT:** INTERNAL AUDIT ACTIONS UPDATE

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For further information  
on this report contact: Lauren Fair  
Business Support Manager

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Background Papers: Action Plans contained in Internal Audit Reports  
Action Plans contained in the current Annual Governance Statement

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**PURPOSE:**

To present Members with a summary of actions arising from internal audit reports over the last three fiscal years together with any exception report on those actions currently in progress, progress to date on current action plans, proposals to extend the original timing for completion and those that have been completed since the last meeting.

**RECOMMENDATION:**

That Members acknowledge progress made to date against action plans; there is one extension request for the Committee's consideration:

1. Asset Management – Asset Tracking: The asset tracking for equipment is now completed, but sickness within the team has prevented the movement of stock via the system that was due to happen in December 2022, so an extension is requested to March 2023.

## 1. Introduction

- 1.1 A combined report providing a summary of actions arising from internal audit reports together with a full exception report of all actions currently in progress, any proposals for an extension to the original completion date and actions that have been completed since the last meeting, is presented to the Audit and Standards Committee.
- 1.2 This is the third summary report to the Audit and Standards Committee for the year 2022/23 and it incorporates information from all monitoring reports in the reporting period to date.

## 2. Summary of Internal Audit and Annual Governance Statement (AGS) Actions

- 2.1 The summary (attached at Appendix A) is split into two parts with actions arising from internal audits and actions arising from the Annual Governance Statement.
- 2.2 Firstly, it provides the status of all actions arising from audit reports received over the last three fiscal years (i.e., 2020/21 to date), which have been agreed by the Audit and Standards Committee.
- 2.3 The report provides the following details for each audit:
  - Audit report title and date;
  - Total number of actions arising and their prioritisation;
  - Number of actions completed (by priority) subject to follow-up audit;
  - Number of actions completed (by priority) for which no further follow-up is required;
  - Number of actions (by priority) currently in progress; and
  - Number of extensions to original completion dates that have been required in respect of all actions.



2.4 The table below explains the key to the priority grades:

RSM	High	Recommendations are prioritised to reflect RSMs assessment of risk associated with the control weaknesses.
	Medium	
	Low	

2.5 Completed actions include:

- High and medium actions where a follow up audit is required or has been successfully completed
- Low actions where a follow up audit is not required
- Superseded actions, as designated by the Auditors on follow up audit, where a new action will be included against the relevant follow up audit.

2.6 The report shows that a total of 9 High Priority, 70 Medium Priority and 51 Low Priority actions have been agreed over the reporting period by the Audit and Standards Committee, of which, 1 High and 7 Medium are still in progress. These do not include any recommendations made in new audit reports that may be included elsewhere on this meeting's agenda, progress on those actions will be reported at subsequent Audit and Standards Committee meetings.

### 3. Monitoring Report for Internal Audit and AGS Actions

3.1 The monitoring report (Appendix B) covers:

- Outstanding, in progress, actions from previous years where there has been an approval to extend the original completion date
- Actions, in progress, from internal audit reports received during 2022/23
- Actions that have been completed since the last meeting
- Actions superseded by new, in progress, actions if not completed by the time of the follow up audit

3.2 Any actions that have been reported as completed which are subject to a follow up audit, which states the action is still outstanding will be reported to the Committee.

3.3 Completed actions that are Low risk and do not require a follow-up audit will be removed from the subsequent report.

4. Exception Reporting

4.1 Any internal audit and AGS actions not meeting their target completion date will be reported to the Committee to consider and approve an extension to the original completion dates.

4.2 There is one request to extend the original completion dates on Internal Audit actions:

1. **Asset Management – Asset Tracking:** The marking of all equipment on operational Fire Stations and appliances, training centre and stores has now been completed. There is still some training to complete within the training centre with a few of the instructors. The only outstanding item of work is to establish a method of moving stock from the stores to the stations via the asset system and a meeting was planned in December 2022. Unfortunately, the WC Asset tracking is off work sick at the moment and as a result we have been unable to complete the process or hold the meeting. In terms of the action, the project is ready for its implementation stage, and thus an extension is requested to March 2023 to be able to see this through.

5. Organisational Risk Implications

5.1 Ensuring effective internal audit arrangements and the publication of an AGS are legal requirements for the Authority. Effective processes of implementation, monitoring and reporting of actions constitutes an essential element of the Authority's governance arrangements with the overall management of organisation risk being enhanced.

**STEVE FRANK  
HEAD OF STRATEGIC SUPPORT AND ASSURANCE**

## SUMMARY OF INTERNAL AUDIT AND ANNUAL GOVERNANCE STATEMENT ACTIONS

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Audit Report & Date	Total Actions Agreed			Actions Completed/Superseded			Actions Currently in Progress			No of Completion Extensions Required to Date (All Actions)		
	H	M	L	H	M	L	H	M	L	H	M	L
Stock Control (Apr 2019)		4			4						5	
Operational Business Continuity (Sep 2019)	1	2	2	1	2	2						
Property – Statutory Compliance (Aug 2019)	1	3	1	1	3	1					2	
ICT Cyber Security - Advisory (Nov 2019)	4	10	3	4	10	3				2	1	
Follow up Part 1 – Governance, Use of Risk Information and Stock Control (Jan 2020)			2			2						
Key Financial Controls (Feb 2020)		1	2		1	2						
Follow up Part 2 – Operational Business Continuity and Property – Statutory Compliance (Feb 2020)	2	5		2	5							
Community Risk Management Plan (Apr 2020)			1			1						
Asset Management – Asset Tracking (Apr 2020)		3			3							
Mobilising System Project (Mar 2020)		1	1		1	1						
Environmental Review (Jun 20)		1	2		1	2						
<b>TOTAL</b>	<b>8</b>	<b>30</b>	<b>14</b>	<b>8</b>	<b>30</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>0</b>

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**SUMMARY OF INTERNAL AUDIT AND ANNUAL GOVERNANCE STATEMENT ACTIONS**

Audit Report & Date	Total Actions			Actions Completed/Superseded			Actions Currently in Progress			No of Completion Extensions Required to Date (All Actions)		
	H	M	L	H	M	L	H	M	L	H	M	L
<b>Internal Audit Plan 2020/21</b>												
Risk Management (Jul 20)		4			3			1				
Procurement – Proactive Processes and Remedial Action (Aug 20)		5	1		5	1					4	
Use of Risk Information (Sep 2020)		1	3		1	3						
ICT Cyber Security - Advisory (Nov 2020)		6	5		6	5						
HR - Support Staff Recruitment (Feb 2021)		1	3		1	3						
Key Financial Controls (Feb 2021)		1	1			1		1				
HR - Wellbeing (Mar 2021) <i>Re-stated (Oct 2021)</i>		4	1		2	1		2			1	
Service Governance (Apr 2021)		3	6		2	6		1				
Follow up (Jun 2021)		2	2		2	2					2	
<b>TOTAL</b>	<b>0</b>	<b>27</b>	<b>22</b>	<b>0</b>	<b>22</b>	<b>22</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>

Agrees with Internal Audit position from RSM?	IA Comment
	Awaiting Evidence

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**SUMMARY OF INTERNAL AUDIT AND ANNUAL GOVERNANCE STATEMENT ACTIONS**

Audit Report & Date	Total Actions			Actions Completed/Superseded			Actions Currently in Progress			No of Completion Extensions Required to Date (All Actions)		
	H	M	L	H	M	L	H	M	L	H	M	L
<b>Internal Audit Plan 2021/22</b>												
Data Quality to support the CRMP (Feb 2022)	1	3	2		1	2	1	2			1	
Debrief and Organisational Learning (June 2022)		2	2		1	1		1	1			
Key Financial Controls (June 2022)		2	6									
Management of Assets (Airwave Radios) (June 2022)		1	2									
Human Resources - Grey Book Recruitment (May 2022)			1						1			1
Risk Management (June 2022)		5			1			4				
<b>TOTAL</b>	<b>1</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>

Agrees with Internal Audit position from RSM?	IA Comment

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**Monitoring Report of Actions Arising from Audit Reports  
(incorporating any actions outstanding at 31 March 2021 from earlier reports)**

URN	AUDITING BODY AND SOURCE	AUDIT AREA AND RESPONSIBLE MANAGER	PRIORITY	AGREED ACTION	PROGRESS REPORT TO DATE	TIMING FOR COMPLETION	STATUS ('Not started,' 'In progress or 'Completed')
AM F.up 2 (20/21)	RSM June 21: Final Report (20/21)	Asset Management – Asset Tracking  Head of Governance and Asset Management	Medium	<p>When BlueLight has been implemented the Authority will ensure that when stock items are issued from stores to their final destination, the stock system and individual station equipment lists are correctly coded to show the movements.</p> <p>Evidence of the local stock list including correct location coding should be available where required. Training around issuing stock and recording this on the system will also be delivered by members of staff responsible for each store.</p>	<p>The marking of all equipment on operational Fire Stations and appliances, training centre and stores has now been completed.</p> <p>There is still some training to complete within the training centre with a few of the instructors. The only outstanding item of work is to establish a method of moving stock from the stores to the stations via the asset system and a meeting was planned in December 2022.</p> <p>Unfortunately, the WC Asset tracking is off work sick at the moment and as a result we have been unable to complete the process or hold the meeting. In terms of the action, the project is ready for its implementation stage, and thus an extension is requested to March 2023 to be able to see this through.</p>	<p>Original April 2022</p> <p>Extension to: October 2022</p> <p>Extension to December 2022</p> <p><b>Extension requested to: March 2023</b></p>	In progress

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Action Title	Management Action	Required Action	Current Position	Responsible owner	RAG	Due Date	Status
Risk Management	RM (21/22) 1	Risk owners will review their assigned risks monthly and ensure updates are recorded within BMIS. The draft Corporate Risk Policy will be approved and made available to relevant staff. Further guidance on risk assessment, review, monitoring, and reporting will be established. The organisation's risk appetite will be formally documented in the Corporate Risk Policy and be subject to regular review for appropriateness.	Approved but not yet shared with all staff. Risk appetite was reviewed by CMT in June but not yet Members. This will be picked up as part of the RSM Risk Management Workshop that was due to take place on 14.12.22 but had to be postponed due to weather.	Head of Strategic Support and Assurance	Amber - Medium	31/03/2023	In Progress
Human Resources - Support Staff Recruitment	5.20/21	The Authority will ensure that there is a clear record of CMT discussion and approval of new posts and supporting evidence is then supplied to the Recruitment Team and retained.	Through review of the Authorisation to Amend Base Establishment Form we confirmed HR approval had been removed. However, through review of the March 2021 meeting minutes of CMT we noted there was no record of CMT discussion and approval of new posts. In the absence of CMT oversight and approval of new posts there is a risk that new posts may not be in line with post requirements and posts may be actioned without approval. The action has been partly though not yet fully implemented.	Head of HR	Amber - Medium	31/03/2023	In Progress
Human Resources - Wellbeing	6.20/21	The Service will document discussions and actions on the improvement of TRIM utilisation by staff.	We obtained a copy of the TRIM activity log. Through review of the document, we confirmed that incident numbers were recorded which relates to the tip sheet. The activity tip sheet has a total number of personnel contacted which at the time of this follow-up was 412. The activity log also records all activities that have been completed. From a discussion with the Business Services Manager, we ascertained that although there have been discussions to improve the staff utilisation of TRIM support, however this has not been formally documented within an action plan. The action has been partly though not yet fully implemented.	Head of HR	Amber - Medium	31/03/2023	In Progress
Human Resources - Wellbeing	6.20/21	The Service will review the benchmarking data in a formal meeting and identify areas of improvement.	Audit finding / statusWe were provided with three regional benchmarking reports exported from PowerBI, categorised under Protection, Prevention and Efficiency. Through a review of the reports, we were able to confirm that the Service was benchmarking itself against all services, not just the ones from Suffolk, Essex, Norfolk, Cambridgeshire, and Hertfordshire. From a discussion with the Business Support Manager, we ascertained that currently the data is not presented or distributed in a formal manner to a committee/group meeting. There is a risk that actions are not taken to improve areas where the Service falls behind, which in turn could result in a decrease in management input for improvement. The action has been partly though not yet fully implemented.	Head of HR	Amber - Medium	31/03/2023	In Progress
Key Financial Controls	(6.20/21)	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure and retain evidence to support this.	We have not been provided with sufficient evidence that the Chief Accountant reiterated the importance of compliance with the quotation process within the Procurement Policy and Contract Procedure. If the Procurement Policy and Contract Procedure are not followed, there is a risk that the organisation may not be receiving best value for money. This action has not been implemented.	Chief Accountant	Green - Low	31/03/2023	In Progress

Service Governance	(8.20/21)	We will include a meeting frequency statement in the Term of Reference and ensure these are finalised and approved.	<p>We have been provided with the draft ToR for the Information Management Assurance Board. We were informed by the Business Support Manager that the ToR are currently being reviewed by the members, and it is expected to be approved during the next meeting in December 2022.</p> <p>Through a review of the document, we were able to confirm that it contains the following:</p> <ul style="list-style-type: none"> <li>•statement and purpose,</li> <li>•responsibilities,</li> <li>•attendees,</li> <li>•version history,</li> <li>•distribution, and</li> <li>•review period of the ToR.</li> </ul> <p>The document, however, did not contain meeting frequency.</p> <p>There is a risk that meetings are not held on a cyclical basis corresponding with the ToR.</p>	Head of Strategic Support and Assurance	Green - Low	31/03/2023	In Progress
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**REPORT AUTHOR:** HEAD OF STRATEGIC SUPPORT AND ASSURANCE  
**SUBJECT:** REVIEW OF THE EFFECTIVENESS OF THE FIRE AND RESCUE AUTHORITY'S INTERNAL AUDITORS

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For further information on this Report contact: Lauren Fair  
Business Support Manager

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Background Papers: None

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Implications (tick ✓):

LEGAL			FINANCIAL	
HUMAN RESOURCES			EQUALITY IMPACT	
ENVIRONMENTAL			POLICY	✓
CORPORATE RISK	Known	✓	OTHER (please specify)	
	New			

*Any implications affecting this report are noted at the end of the report.*

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**PURPOSE:**

To consider the effectiveness of the Fire and Rescue Authority's Internal Audit arrangements.

**RECOMMENDATIONS:**

For the Audit and Standards Committee to note the report.

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## 1. Introduction

- 1.1 The mandatory requirement for an internal audit function for local authorities is within section 151 of the Local Government Act 1972 and, for the Fire and Rescue Service, authority is delegated to the Assistant Chief Officer to fulfil this function.
- 1.2 The definition of Internal Audit, as per the Public Sector Internal Audit Standards (PSIAS) is as follows:  
*“Internal Audit is an independent, objective assurance and consulting function that is designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluating, reporting on and recommending improvements where necessary to secure effective risk management, control and governance processes.”*
- 1.3 Internal Audit is one of the means by which the Service assesses the adequacy and effectiveness of its governance and risk management arrangements, ensuring that an effective internal control system is in place. It is a key source of independent assurance to management and Members.
- 1.4 The Accounts and Audit Regulations 2018 require that *“A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, and taking into account public sector internal auditing standards and demonstrate conformance”*.
- 1.5 For 2022/23 the review of effectiveness of internal audit has been informed by a review of progress against the Internal Audit plan and ongoing monitoring of the performance of the internal audit activities.
- 1.6 In our review of the effectiveness of Internal Audit we:
  - a) confirm that Internal Audit comply with the requirements of the CIPFA Code of Practice for Internal Audit in Local Government in the United Kingdom. This gives us assurance that their work is to a standard that we can rely on to inform our conclusions.
  - b) review whether IA is effective as a management control, as part of our control environment assessment.
  - c) review, and seek to place reliance on, specific pieces of IA work, where that work covers areas relevant to our Code of Practice objectives.

## 2. Background

- 2.1 In April 2021 the contract for RSM was due to expire. Following discussions with Essex (EFRS) and Cambridgeshire Fire and Rescue Services (CFRS), it was agreed that Cambridgeshire would again lead on the tendering process for the provision of internal audit services as this provided an opportunity for collaboration and comparison of audited areas were commonality. The evaluation panel included representatives from all three authorities.
- 2.2 This process commenced in December 2020 with bids to be returned by 8 February 2021. RSM were subsequently appointed from 29 April 2021 for 3 years, with the option to extend for a further 2 x 12-month periods.
- 2.3 RSM meet with all of the authorities collectively a minimum of once per year to discuss contract management, quality, delivery and thematic reviews etc.

## 3. Conformance with Internal Auditing Standards

- 3.1 RSM affirms that their internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS). Under PSIAS, internal audit services are required to have an external quality assessment every five years. RSM's risk assurance service line commissioned an external independent review of internal audit services in 2021 to provide assurance of whether their approach meets the requirements of the International Professional Practices Framework (IPPF), and the Internal Audit Code of Practice, as published by the Global Institute of Internal Auditors (IIA) and the Chartered IIA, on which PSIAS is based. The next formal review will be due in 2026.
- 3.2 The external review concluded that RSM 'generally conforms'<sup>1</sup> to the requirements of the IIA Standards' and that RSM also generally conforms with the other Professional Standards and the IIA Code of Ethics. There were no instances of non-conformance with any of the Professional Standards.
- 3.3 RSM provide the Service with an Internal Audit Charter every year and it forms part of the Internal Audit Strategy and is a requirement of the Public Sector Internal Audit Standards. This can be found as part of the Internal Audit Strategy.

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<sup>1</sup> The rating of 'generally conforms' is the highest rating that can be achieved, in line with the IIA's EQA assessment model.

- 3.4 RSMs risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of its internal audit services. Resulting from the programme, there are no areas which RSM believe warrant flagging to the Authority's attention as impacting on the quality of the service they provide to us.
- 3.5 The additional benefit of the internal audit provision sitting outside the Authority and the audits not conducted by Service personnel, is that it provides for greater external independence and other control mechanisms, including impartiality.
4. Developing the Internal Audit Strategy
- 4.1 The CIPFA code indicates that the Head of Internal Audit must produce an audit strategy which sets out at a high-level how the internal audit service will be delivered and developed in accordance with the terms of reference and how it links to the organisational objectives and priorities.
- 4.2 RSM, in conjunction with the Corporate Management Team, develops the Authority's 3-year Audit Strategy based on the Service's corporate objectives, risk profile and assurance framework, as well as other factors affecting the Authority in the year ahead, including changes within the Sector.
- 4.3 The strategy should communicate the contribution that Internal Audit makes to the organisation and should include:
- Internal Audit objectives and outcomes;
  - how the Head of Internal Audit will form and evidence their opinion on the control environment;
  - how Internal Audit's work will identify and address significant issues and risks;
  - how the service will be provided, ie internally, externally, or a mix of the two; and
  - the resources and skills required to deliver the strategy.
- 4.4 Risk Management, Governance and Key Financial Controls are audited annually. These audits are necessary in order for the Head of Audit to produce the year-end audit opinion.
- 4.5 The audit strategy shows how the plan links to the Authorities strategic risk and the reason for its inclusion. The strategy is reviewed annually and presented to the Audit and Standards Committee for ratification. A well-developed strategy helps the



Internal Audit function produce a plan which is clearly tailored to address key risks, and links addressing the risks to resources.

4.6 It is one of the roles of the Section 151 Officer, to ensure that there are adequate and effective Internal Audit arrangements in place.

5. Audit and Standards Committee

5.1 RSM attend all Audit and Standards Committee meetings where members can review the Audit Strategy, Progress and Annual reports. This provides the Authority the opportunity to ask questions, challenge reports and request clarification to provide greater transparency.

5.2 The Audit & Standards Committee continued its role in considering findings and issues arising from audit reports thereby supporting an effective system of internal audit. The Audit Committee are scheduled to meet quarterly and to date have considered reports from the audit service and the responses from management as part of an assessment of progress and assurance. In 2021/22 this resulted in a number of specific reports being presented to Audit Committee from management and Directors on key areas of risk including Data Quality to support the Community Risk Management Plan, Management of Assets and Human Resources – Grey Book Recruitment.

5.3 In order to strengthen the Scrutiny function provided by our Audit & Standards Committee we are in the process of commissioning Member Development days to offer external training in what it means to be an effective Audit Committee.

5.4 The process for monitoring implementation of recommendations includes the regular reporting on implementation status to CMT and to the Audit Committee. This provides the opportunity for Members to challenge progress and outcomes.

5.5 The performance of the organisation in the consistent and full implementation of Internal Audit recommendations continues to be an area in need of improvement. Increased engagement has taken place including quarterly updates and engagement sessions with CMT and it is hoped that we will see some improvements. Further system improvements are being explored for the follow up process and system automation.

5.6 Both management and the Audit Committee need to monitor this consistently with acceleration and appropriate action for noncompliance to have greater assurance that agreed improvements to internal control are fully implemented within reasonable timescales.

**STEVE FRANK**  
**HEAD OF STRATEGIC SUPPORT AND ASSURANCE**

**REPORT AUTHOR:** MONITORING OFFICER

**SUBJECT:** REVIEW OF MONITORED POLICIES

For further information on this Report contact: Lauren Fair  
Business Support Manager

Background Papers: National Documents referred to in the report.

Implications (tick ✓):

LEGAL		✓	FINANCIAL	✓
HUMAN RESOURCES		✓	EQUALITY IMPACT	✓
ENVIRONMENTAL			POLICY	✓
CORPORATE RISK	Known	✓	OTHER (please specify)	
	New			

*Any implications affecting this report are noted at the end of the report.*

**PURPOSE:**

To report on the review of the policies on Protected Reporting (Whistleblowing), Anti-Fraud, Bribery and Corruption incorporating the National Fraud Initiative (NFI), Use of Regulation of Investigatory Powers Act 2000 (RIPA) and the Authority’s Complaints and Compliments process.

**RECOMMENDATION:**

That Members consider and note the arrangements in place for the review of these policies.

## Introduction

1.1 The agreed terms of reference for the Audit and Standards Committee include the monitoring of the policies on:

- Whistleblowing
- Anti-fraud, Bribery and Corruption incorporating the National Fraud Initiative (NFI)
- Complaints and Compliments

The Audit and Standards Committee has received annual updates on these policies since 5 December 2012 covering the arrangements for review.

1.2 The Whistleblowing and Anti-Fraud, Bribery and Corruption policies are included in the Authority's Handbook which, together with the Complaints and Compliments process, are published on the Service's Website at

<https://bedsfireresauth.moderngov.co.uk/ieListDocuments.aspx?CId=141&MId=319&Ver=4&Info=1> and

<https://www.bedsfire.gov.uk/About/Governance/Complaints-Comments-and-Compliments.aspx>

1.3 The review of the Regulation of Investigatory Powers Act 2000 (RIPA) Service Order is undertaken every 3 years with the first review undertaken in 2016; it has been reviewed again in 2022 and updated as necessary with minor updates.

## 2. Protected Reporting (Whistleblowing)

2.1 The Protected Reporting (Whistleblowing) Policy and procedure takes account of the requirements of the Employment Rights Act 1996, the Public Interest Disclosure Act 1998 and the Enterprise and Regulatory Reform Act (2013).

2.2 The Protected Reporting (Whistleblowing) Policy was introduced in December 2004 and has been regularly reviewed since then; it is currently under review as part of BFRS' Policy Rationalisation Project.

2.3 Within the last twelve months to 31 December 2022, no complaints had been received under the Protected Reporting (Whistleblowing) policy.

### 3. Anti-Fraud, Bribery and Corruption

3.1 Members have been informed annually since 5 December 2012, of the Service's arrangements in relation to the Anti-Fraud, Bribery and Corruption Policy which incorporates the Service's participation in the National Fraud Initiative. The policy is reviewed every two years and has been reviewed and updated this year.

3.2 In 2022 there have been no cases of suspected fraud.

### 4. National Fraud Initiative

4.1 Since 1996 the Government has run the National Fraud Initiative (NFI). The Service participates in this exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The NFI compares information held by different organisations to identify potentially fraudulent claims and overpayments. Examples of data used include payroll, pension and benefit payments. The NFI works within a strong legal framework, including the Data Protection Act 1998, which protects individuals' personal data.

4.2 The National Fraud Initiative process runs every other year. Data was submitted to the NFI for the 2021/22 exercise and matches were released in January for BFRS to investigate. All investigations are now complete with no cases of fraud identified.

### 5. The Regulation of Investigatory Powers Act 2000 (RIPA)

5.1 The Regulation of Investigatory Powers Act 2000 (RIPA) as amended by the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010 specifies that Fire Authorities are entitled to authorise directed surveillance all be it under very strict and specified criteria.

5.2 In 2015 the Service introduced a policy (amended in 2016) and related procedures enabling the use of Directed Surveillance for the purposes of investigation in respect of ensuring compliance with formal notices (e.g., Prohibition Notices) served under the Regulatory Reform (Fire Safety) Order 2005.

5.3 To date no application has been made to use any form of Directed Surveillance.

- 5.4 The Service provides annual returns on the use of RIPA as required under the current legislation to the Information Commissioner and has provided nil returns since its introduction.
6. Complaints and Compliments
- 6.1 The Service's Complaints and Compliments Policy outlines its commitment to deal with complaints in a quick and effective manner. The Policy was introduced in July 2001 and has been regularly reviewed since; it has been reviewed again and updated in 2022.
- 6.2 The Business Support Manager is responsible for maintaining the register of customer compliments and complaints, which is available for inspection on request.
- 6.3 Members are regularly advised of the variety of complaints and compliments received by the Service from the section reported in the Shout Bulletin. The aim is to get these Bulletins circulated to Members three times per year, and although there have been some gaps in the timely provisions of these, new appointments to the Communications Team should alleviate any issues going forwards to ensure that these are resumed. These Bulletins also note the number of complaints which have progressed past Stage 1 for that period. The Stage 1 procedure involves resolution at Functional Head or Deputy Functional Head level within ten working days.
- 6.5 Members noted that no trends had been identified but that the Service reviewed complaints to ensure any appropriate action was taken to modify its practices or procedures.
- 6.6 Members are advised that in the last twelve months there has been one complaint received past Stage 1. Investigation at Stage 2 made no changes to the original investigation and the complainant was notified of the outcome and provided with information on how to proceed if they remained unsatisfied. Although they responded they remained unsatisfied and would contact other bodies about this matter (May 2022), the Service has not received any further correspondence regarding this complaint to date.
- 6.7 For Members' information, compliments and complaints recorded in 2021/22 and 2022/23 (to 31 December 2022) are noted as Appendix A & B to this report.

**GRAHAM BRITTEN**  
**MONITORING OFFICER**

## Compliments

2021/22		2022/23	
Month	Number	Month	Number
April	3	April	4
May	5	May	3
June	1	June	0
July	6	July	8
August	1	August	1
September	4	September	0
October	0	October	11
November	10	November	5
December	2	December	7
January	2	January	
February	0	February	
March	2	March	
<b>Year Total</b>	<b>36</b>	<b>Year Total</b>	<b>39</b>

## Complaints

2021/22		2022/23	
Month	Number	Month	Number
April	0	April	3
May	2	May	1
June	3	June	1
July	3	July	2
August	4	August	1
September	2	September	1
October	0	October	1
November	5	November	0
December	0	December	1
January	1	January	
February	5	February	
March	3	March	
<b>Year Total</b>	<b>28</b>	<b>Year Total</b>	<b>11</b>

APPENDIX B

2021/22					2022/23 to 31 December 2022				
Nature of Complaint	Complaints Received	Upheld	Not Upheld	Complainant(s) Satisfied?	Nature of Complaint	Complaints Received	Upheld	Not Upheld	Complainant(s) Satisfied?
<b>Summary:</b>	<b>28</b>	<b>12</b>	<b>14</b>	<b>24</b>	<b>Summary:</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>10</b>
Driving of Service vehicle (including parking & road safety)	3		3	Yes	Driving of Service vehicle (including parking).	2	1		Yes (1 Closed – to be actioned via insurance claim)
Inappropriate behaviour	9	3	5	Yes (1 withdrawn)	Inappropriate behaviour	3	1	2	Yes
Actions taken at incident	5	3	2	Yes	Actions taken at incident	2	2		Yes
Inappropriate use of social media	3	3		Yes	Rubbish left after hydrant inspection	1		1	Yes (no further correspondence received)
Transferring phone calls	1	1		Yes	Wasting water at school visits	1		1	Yes
Lack of communication	1			1 outstanding	Lack of assistance	2	1	1	Yes
Lack of reasonable adjustment during recruitment	1		1	Yes					
Inaccurate incident report	2		2	Yes					
Damage from fitting arson letterbox	1	1		Yes					
Non attendance by Fire Service	1		1	Yes					
Smoke from Training Centre	1	1		Yes					



For Publication

Bedfordshire Fire and Rescue Authority  
Audit and Standards Committee  
12 January 2023

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**REPORT AUTHOR:** MONITORING OFFICER

**SUBJECT:** ANNUAL REPORT ON REGISTRATION OF INTERESTS AND GIFTS/HOSPITALITY

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For further information on this Report contact: Nicky Upton  
Democratic and Regulatory Services Supervisor

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Background Papers: None

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Implications (tick ✓):

LEGAL	✓	FINANCIAL	✓
HUMAN RESOURCES		EQUALITY IMPACT	
ENVIRONMENTAL		POLICY	
CORPORATE RISK	Known	OTHER (please specify)	
	New		

*Ay implications affecting this report are noted at the end of the report*

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**PURPOSE:**

To report on the registration of interests and gifts/hospitality by Members and Officers during the past year.

**RECOMMENDATION:**

That the content of the report be noted

## 1. Interests

- 1.1 The Localism Act 2011 replaced personal and prejudicial interests with disclosable pecuniary interests (DPI), and the Fire and Rescue Authority's (FRA) Code of Conduct requires Members to declare other non-statutory interests, as specified. If present when an item arises in which s/he has disclosable pecuniary interest, a Member must declare the interest and may not participate in the discussion or vote on that matter. The FRA has also agreed that the Member should leave the room during the consideration of this item, and this must be recorded in the minutes. Non-statutory interests under the Code are also required to be declared at a meeting.
- 1.2 The FRA's Code of Conduct requires all Members to submit to the Monitoring Officer a list of their DPIs within 28 days of their appointment to the FRA. It is confirmed that all Members have completed and submitted registration of interest forms which have been published on the Service Website and these have been reviewed and re-submitted since June 2022.

## 2. Gifts/Hospitality

- 2.1 Under the FRA's Code of Conduct a Member is required to give written notice to the Monitoring Officer of any gift, benefit or hospitality of any value (within 28 days of acceptance) received by them or offered to them as a Member of the FRA from any other person/body. These notifications are then placed in the public register.
- 2.2 BFRS senior personnel are also required to register any gifts, hospitality, fees or other rewards of value they receive. These declarations are also included in the FRAs public register.
- 2.3 The Employee Code of Conduct, the Anti-Bribery policy and the Anti-Fraud and Corruption Policy are currently being reviewed as part of BFRS' Policy Rationalisation Project.
- 2.4 Entries on the register are attached as Appendix 1.

**GRAHAM BRITTEN**  
**MONITORING OFFICER**

Type	Name	Date	Title	Comment	Provided By	Value	Description
<b>Officers</b>							
	<b>Gavin Chambers</b>	20/06/22 00:00	Hospitality	Flights, accommodation & refreshments. BFRS & Motorola had jointly put in for an award and had been shortlisted (Control Room Innovation). Others: Dave Dawes	Motorola		International Critical Communications £0 World Conference at Austria
	<b>Paul Hughes</b>	19/11/22 00:00	Hospitality	Paul Hughes already going to Twickenham and had purchased a ticket at £150. The hospitality included a seat and set meal. Taking into account the costs already outlaid, he estimates a hospitality value of £180.	SCC	£180	Rugby event at Twickenham

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For Publication

Bedfordshire Fire and Rescue Authority  
Audit and Standards Committee  
12 January 2023

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**REPORT AUTHOR:** ASSISTANT CHIEF OFFICER/FRA TREASURER

**SUBJECT:** WORK PROGRAMME 2022/23

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For further information on this report contact: Nicky Upton  
Democratic & Regulatory Services Supervisor

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Background Papers: None

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**PURPOSE:**

To review and report on the work programme and to provide Members with an opportunity to request additional reports for the Audit and Standards Committee meetings for 2022/23.

**RECOMMENDATION:**

That Members consider the work programme for 2022/23 and note the 'cyclical' Agenda Items for each meeting in 2022/23.

**GAVIN CHAMBERS**  
ASSISTANT CHIEF OFFICER/FRA TREASURER

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## AUDIT AND STANDARDS COMMITTEE - WORK PROGRAMME 2022/23

**Audit &  
Standards  
Committee  
Meeting  
Date**

**02.03.23**

<b>Cyclical Agenda Items</b>	<p><b>Agenda item (locked for editing)</b></p> <p>Communications                      ASC Minutes from 12.01.23                      External Audit Plan 2023/24 (E&amp;Y)                      Ernst &amp; Young Quality Assurance Processes                      Internal Audit Progress report                      Internal Audit Strategy 2023/24 to 2025/26                      Internal Audit Actions Update                      Update to the Authority's Finance Regulations                      (Biennial review - due 2023)                      Annual Review of the entire Corporate Risk Register</p> <p><del>Annual Review of the Fire Authority's Effectiveness                      (Biennial review - due 2022/23)</del>                      Work Programme</p>	<b>ACO Review (select from drop down list)</b>	<b>Notes</b>
<b>Additional/Commissioned Items</b>		Removed	LGA Governance Review steps to be implemented from June 2023

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

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