

BEDFORDSHIRE

Follow Up Part Two

22.23

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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confirmed that out of the 21 medium actions reviewed, 14 have been completed, five are in progress, one action has been superseded, and in one instance we were not provided with sufficient evidence to confirm implementation, therefore the action has been recorded as not implemented and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		Implemented (1)	Implementation ongoing (2)	Not implemented (3)	Superseded (4)	Completed or no longer necessary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
Total	21	14	5	1	1	15

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.

Management Action 1	Risk owners will review their assigned risks monthly and ensure updates are recorded within BMIS.	Responsible Owner:	Date:	Priority:
	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)

Original management action / priority	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. (Medium)			
Audit finding / status	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.			
Management Action 2	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.	Responsible Owner: Deputy Chief Fire Officer	Date: 31 March 2023	Priority: Medium

Key Financial Controls (6.20/21)

Original management action / priority	The Chief Accountant will reiterate the importance of compliance with the quotation process documented within the Procurement Policy and Contract Procedure. (Medium)			
Audit finding / status	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.			
Management Action 3	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.	Responsible Owner: Chief Accountant	Date: TBC	Priority: 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.

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

Original management action / priority	<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"> responsibilities. membership. meeting frequency. quorum requirements. reporting and accountability lines, frequency, and nature; and been recently reviewed, specify this date and a date of next review. <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. (Medium)</p>
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Audit finding / status	<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"> statement and purpose, responsibilities, attendees, version history, distribution, and review period of the ToR. <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>The action has been partly though not yet fully implemented.</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

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>Fully Implemented</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">• Policy statement signed by the Chief Fire Officer in 2021;• Additional wellbeing support, including Traumatic Risk Management (TRiM);• Current wellbeing governance structure, including the Mental Health and Wellbeing Steering Group; and• Version control of the Policy, including review frequency. (Medium) <p>Fully Implemented</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">• roles and responsibilities,• quorum,• meeting frequency,• membership, and;• reporting requirements to senior forums, if applicable. (Medium)
Service Governance	<p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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). (Medium)</p>

Assignment title	Management actions
Follow-up	<p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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. (Medium)</p>
Use of Risk Information	<p>Superseded</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. (Medium)</p>
Risk Management	<p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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. (Medium)</p>
<p>Procurement</p>	<p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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. (Medium)</p> <p>Fully Implemented</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)**

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

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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.

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