

# THE POWER OF BEING UNDERSTOOD

## BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

**Training and Development of  
Operational Staff**

**FINAL**

**Internal Audit Report: 2.15/16**

**13 November 2015**



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<b>Debrief held</b>	3 September 2015	<b>Internal Audit team</b>	Daniel Harris, Head of Internal Audit Suzanne Lane, Senior Manager Alan Grisley, Assistant Manager Anand Mistry, Senior Auditor
<b>Draft report issued</b>	21 September 2015		
<b>Responses received</b>	13 November 2015	<b>Client sponsor</b>	GC Ian McLaren, Training and Development Manager
<b>Final report issued</b>	13 November 2015	<b>Distribution</b>	Zoe Evans, Assistant Chief Officer GC Ian McLaren, Training and Development Manager

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

# 1 EXECUTIVE SUMMARY

## 1.1 Background

A risk based review of the training and development processes in place for operational staff within the Bedfordshire Fire and Rescue Service (the Service) was undertaken as part of the approved internal audit plan for 2015/16. The review was designed to review the controls in place that help to manage the following risk present on the services risk register:

*'If operational personnel either individually or collectively at any or all levels do not meet the minimum level of competence to safely to deal with the full range of incidents which may be encountered, there is the potential to cause significant injury or even deaths to our staff.'*

Training is delivered either through an e-learning package or via face to face sessions and aims to be a finite intervention to meet a specific need. Development is concerned with ensuring that a person's ability and potential are grown and realised through the provision of learning experiences or through self-managed learning.

The Service has in place two IT systems (PDRPro and Service MIS) which in collaboration manage and record the progress of each member of staff in completing their training and development to become 'competent' in their role.

Competence is assessed against National Occupational Standards (NOS) which has been mapped to each operational role and provides the foundation on which the IT systems have been developed.

## 1.2 Conclusion

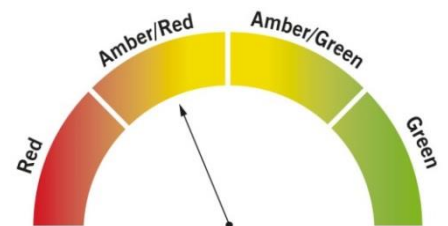
The testing undertaken during this review found that the Service has in place comprehensive systems for monitoring the compliance of their operational staff in meeting national competencies and training objectives however we found a significant lack of compliance by assessors in reviewing and scrutinising the evidence uploaded by firefighters which reduces the level of assurance we can provide on the quality of the records maintained.

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### Internal Audit Opinion:

Taking account of the issues identified, the Board can take partial assurance that the controls to manage this risk are suitably designed and consistently applied.

Action is needed to strengthen the control framework to manage the identified risk(s).



## 1.3 Key findings

The key findings from this review are as follows:

### Systems and Processes

The Service has in place two IT systems (PDRPro and Service MIS) which together capture the training and development records for all operational staff. PDRPro is built upon National Occupational Standards (NOS) which set out the minimum training and competencies needed by a member of staff to effectively and safely undertake their role within the service.

Operational staff are responsible for regularly updating PDRPro to evidence the completion of training requirements and the use of key competencies. It is the role of assessors to review a proportion of the evidence uploaded to ensure that it adequately meets the requirements as set out within the NOS. Where gaps are identified, the managers should engage with the individual to help them develop their skills and maintain their competencies.

### Compliance

Indicator	II Year Target	Q1 Actual
The percentage of Safety Critical Maintenance training programme completed by W/T operational personnel via PDRPro within last 12 months.	92%	94%
The percentage of Safety Critical Maintenance training programme completed by RDS operational personnel via PDRPro within last 12 months.	92%	89%

Although the compliance figures above show the Service performing fairly well in meeting safety critical training, our testing undertaken during this review found a significant weakness in the compliance of assessors in reviewing and assessing the quality of the evidence being uploaded to PDRPro. In eight out of the ten cases sampled, little to no management reviews could be evidenced.

As assessors are not actively monitoring and challenging the submissions, there is a risk that training needs are not identified by the assessors or by the staff reflecting on their own requirements which could ultimately increasing the risk to the safety of staff and the public. In addition to this, in the event of an incident that results in the death of a firefighter, the Service may be unable to evidence that a sufficient review of the competence of staff was undertaken; this could expose the Service to significant reputational and financial losses. This has resulted in a **High** priority action.

### Reporting

A review of the reporting arrangements found that although assurance is provided to management on a regular basis regarding the volume of evidence being uploaded against the expected amount of evidence. However, no reporting was being undertaken on the level of assessment being undertaken. As discussed earlier, there is a significant compliance issue in this area.

Through discussion with the Workforce Development Manager and the Development Support Officer, we were informed that the Service does not have the capability to run such reports. The Service was in discussions with the system provider to produce this management information.

There is a risk that, although management are assured on the volume of information being captured by PDRPro, they are not receiving assurance that the information is of sufficient quality and this could result in areas where competence is low going unidentified with potential impacts on the safety of staff and the public. This has resulted in a **Medium** priority action.

In addition to the **one high and one medium priority** action noted above, we have also identified **five low priority** findings which are detailed further in sections 2 and 3.

## 1.4 Additional information to support our conclusion

Risk	Control design*	Compliance with controls*	Agreed actions		
			Low	Medium	High
If operational personnel either individually or collectively at any or all levels do not meet the minimum level of competence to safely to deal with the full range of incidents which may be encountered, there is the potential to cause significant injury or even deaths to our staff	4 (7)	3 (7)	5	1	1
<b>Total</b>			<b>5</b>	<b>1</b>	<b>1</b>

\* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

## 1.5 Additional feedback

### Suggestion

#### Service Order Review Dates

The Service could update the service orders to capture their next review date as agreed on the FSE234 review form and captured within the promulgation review spreadsheet.

### Good practice for further consideration

#### Meeting Agenda Packs

The organisation prepares agenda packs for each meeting. The agenda pack contains all of the reports and papers to be considered as part of the meeting and is sent out to all attendees prior to the meeting so that they can review the documents and identify the areas that they wish to challenge.

A copy of the agenda pack is uploaded to an appropriate section of the organisations intranet (internet where appropriate) so that an appropriate record of reports, papers and minutes is retained for evidentiary purposes.

## 2 ACTION PLAN

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may, with a high degree of certainty, lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Actions for Management	Implementation date	Owner responsible
1	Review of the Volume 9 documents found that a number were overdue for review.	Low	The Head of Training and Development will ensure that the overdue Volume 9 policies and procedures are reviewed and updated where necessary in the timeliest manner.	June 2016	Head of Training and Development

2	Testing found that in eight out of ten cases, we could not see a sufficient review and verification of competency and training evidence.	High	The Head of Operations, with the aid of the Training and Development Team, will develop a strategy and action plan to engage assessors and increase the quality and volume of assessments undertaken on PDRPro with regards to both competence completion and the achievement of training outcomes.	December 2015 (Plan) March 2016 (compliance) June 2016 (audit)	Head of Operations  The Training and Development Team
4	We found that the course review documentation found that there was no space to record the next review date.	Low	The Quality Support and Training Administrator will update the Review/Amendment Log to capture the minimum next course review date.	June 2016	Quality Support and Training Administrator
5	The planned audit cycle for assuring the quality of service critical training had not been reflected within the Training and Development policies and procedures.	Low	The Health and Safety Advisor and the Course Delivery Manager will work together and put in place a consistent plan to ensure that all service critical training delivered locally is assessed at regular intervals.	June 2016	Health and Safety Advisor Course Delivery Manager
6a	Review of the terms of reference for the ODT and SDMT found that they were not comprehensive and fully set out their roles and responsibilities.	Low	The Executive Director that leads on Governance will review and develop the terms of references for the teams to ensure that they clearly identify their roles and responsibilities and, their reporting requirements.	June 2016	The Executive Director that leads on Governance

6b	Review of the relevant reports found that no information was being presented to assure management that sufficient assessments and verifications were being undertaken.	Medium	The service will continue discussions with PDRPro to develop the ability to run reports which can provide assurance that assessments and verifications are being undertaken.	March 2016 (compliance) June 2016 (audit)	Training and Development Manager
6c	Review of the calculation process found that a simple average was being used where a weighted average would be more appropriate.	Low	When calculating the compliance statistics, the Admin Assistant will use the weighted average calculation method.	March 2016 (compliance) June 2016 (audit)	Training and Development Admin Assistant



### 3 DETAILED FINDINGS

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

Ref	Findings summary	Priority	Actions for Management	Implementation date	Owner responsible
1	Review of the Volume 9 documents found that a number were overdue for review.	Low	The Head of Training and Development will ensure that the overdue Volume 9 policies and procedures are reviewed and updated where necessary in the timeliest manner.	June 2016	Head of Training and Development
2	Testing found that in eight out of ten cases, we could not see a sufficient review and verification of competency and training evidence.	High	<p>The Head of Operations, with the aid of the Training and Development Team, will develop a strategy and action plan to engage assessors and increase the quality and volume of assessments undertaken on PDRPro with regards to both competence completion and the achievement of training outcomes.</p> <p>Regular audits will be undertaken to provide assurance that assessments and verifications are taking place to ensure PDRPro clearly demonstrates competence and the achievement of training outcomes.</p>	<p>December 2015 (Plan)</p> <p>March 2016 (compliance)</p> <p>June 2016 (audit)</p>	<p>Head of Operations</p> <p>The Training and Development Team</p>
4	We found that the course review documentation found that there was no space to record the next review date.	Low	The Quality Support and Training Administrator will update the Review/Amendment Log to capture the minimum next course review date.	June 2016	Quality Support and Training Administrator
5	The planned audit cycle for assuring the quality of service critical training had not been reflected within the Training and Development policies and procedures.	Low	The Health and Safety Advisor and the Course Delivery Manager will work together and put in place a consistent plan to ensure that all service critical training delivered locally is assessed at regular intervals.	June 2016	Health and Safety Advisor Course Delivery Manager

6a	Review of the terms of reference for the ODT and SDMT found that they were not comprehensive and fully set out their roles and responsibilities.	Low	The Executive Director that leads on Governance will review and develop the terms of references for the teams to ensure that they clearly identify their roles and responsibilities and, their reporting requirements.	June 2016	The Executive Director that leads on Governance
6b	Review of the relevant reports found that no information was being presented to assure management that sufficient assessments and verifications were being undertaken.	Medium	The service will continue discussions with PDRPro to develop the ability to run reports which can provide assurance that assessments and verifications are being undertaken.	March 2016 (compliance) June 2016 (audit)	Training and Development Manager
6c	Review of the calculation process found that a simple average was being used where a weighted average would be more appropriate.	Low	When calculating the compliance statistics, the Admin Assistant will use the weighted average calculation method.	March 2016 (compliance) June 2016 (audit)	Training and Development Admin Assistant

# APPENDIX A: SCOPE

## Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. The scope was planned to provide assurance on the controls and mitigations in place relating to the following risk:

Objective of the area under review	Risks relevant to the scope of the review	Risk Source
<b>To develop our employees and create a safe, fair and caring workplace for our staff.</b>	<p>If operational personnel either individually or collectively at any or all levels do not meet the minimum level of competence in safely to deal with the full range of incidents which may be encountered, particularly areas of competencies relating to:</p> <ul style="list-style-type: none"><li>• Incident Command;</li><li>• Use of Breathing Apparatus;</li><li>• Compartment Fire Behaviour;</li><li>• Water related incidents;</li><li>• High-Rise incidents; and</li><li>• Work at Height.</li></ul> <p>There is the potential to cause significant injury or even deaths to our staff.</p>	Risk Register

When planning the audit, the following areas for consideration and limitations were agreed:

### Areas for consideration:

- A review of service training and development policies and procedures.
- The use of training needs assessments at each level of the Service and how these are used to build training programmes and courses.
- The use of personal training assessments and how these are monitored to ensure the assessment and the training is completed.
- Compliance with mandatory training and refresher training, and how they are monitored.
- The assessment of new recruits for their operational skills and knowledge and identification of training requirements, including the completion of required training.
- A review of the assessment of the competence of trainers within the Training Dept. and at Stations.
- Review of methods for evaluating the adequacy and effectiveness of the training provided.
- Review of reporting covering training needs and completion of mandatory training have been completed, using sample testing to review the accuracy of those reports.

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

- Testing has been conducted on a sample basis only based on records and reporting completed in the last 12 months.
- Testing has focussed only on fire service Officers and has not included fire service Staff.
- We have not commented on the type or appropriateness of the training delivered; only note the progress that has been recorded against training plans in place.
- We have not commented on the competence of trainers, only that a process is in place to assess the completeness and from the review of a sample that the process is being followed.
- No information that can identify a member of staff will be retained for Internal Audit files.
- Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

## APPENDIX B: FURTHER INFORMATION

### **Persons interviewed during the audit assignment:**

- GC Ian McLaren, Training and Development Manager
- GC Joe Clayton, Training Centre Commander
- StnC Ivan Finch, Course Delivery Manager
- StnC Kevin Moores, Workplace Development Manager
- WC Simon Daniels, Development Support
- Shirley King, Quality Support and Training Administrator
- Julie Sears, Competence and Development Admin Assistant

### **Documentation reviewed during the audit assignment:**

- Service Order Volume 9: Training and Staff Development (incl. Learning, Training and Development Policy)
- Training and Development Structure Diagram
- Bedfordshire Fire and Rescue Service Staff List
- Staff Training Records via PDRPro and Service MIS
- Operational Delivery Team, Service Delivery Management Group, Corporate Management Team and, Combined Fire Authority Terms of Reference, minutes and papers which relate to training compliance.
- Course Content and Materials Folders

## FOR FURTHER INFORMATION CONTACT

Name: Suzanne Lane

Email address: [suzanne.lane@bakertilly.co.uk](mailto:suzanne.lane@bakertilly.co.uk)

Tel: 07720 508148

Name: Alan Grisley

Email address: [alan.grisley@bakertilly.co.uk](mailto:alan.grisley@bakertilly.co.uk)

Tel: 07528 970123

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