

**Mersey Internal Audit Agency**

Internal Audit Progress Report  
Performance and Overview Committee  
(6<sup>th</sup> September 2017)

Cheshire Fire Authority / Fire & Rescue Service



CELEBRATING  
25 YEARS  
OF MIAA

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## 1. Introduction

This progress report provides an update to the Performance and Overview Committee in respect of the assurances, key issues and progress made in respect of the 2017/18 Audit Plan. Comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition, a consolidated follow up position is reported on a periodic basis to the Performance and Overview Committee.

## 2. Key Messages for Committee Attention

Since the previous meeting of the Performance and Overview Committee we have completed the following reviews: -

- Site Specific Risk Information (SSRI) – **Significant Assurance**
- Partnership Arrangements – **Significant Assurance**

Section 3 of the report provides details of the work in progress. Appendix A provides the categorisation of assurance levels and risk ratings and Appendix B confirms performance against plan for 2017/18. Details of High Level actions are provided in Appendix C.

| Title                          | Assurance Level | Recommendations          |                       |
|--------------------------------|-----------------|--------------------------|-----------------------|
| Site Specific Risk Information | Significant     | 0 x Critical<br>0 x High | 5 x Medium<br>2 x Low |

**Background:** Cheshire Fire & Rescue Service (CFRS) considers the safety of fire fighters its highest priority. To this end, the Service maintains a process for gathering, storing and disseminating Site Specific Risk Information (SSRI). This is to enable operational personnel to carry out pre-planning activities to assess the degree of risk to fire fighters along with risks to the environment, the community and the economy in its response to and dealing with all types of operational incidents.

This follows the duties placed upon it by the Fire and Rescue Services Act 2004 (Sections 7(2)d, 8(2)d and 9(3)d), which require all Fire and Rescue Authorities to make arrangements for obtaining risk information for the purpose of fire-fighting, road traffic collisions and other emergencies. In addition, this process is also to ensure

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compliance with the duties under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 to ensure suitable and sufficient risk assessments are carried in respect of risk premises identified within its area.

All information gathered as a result of this process will be held on the FireCore database which can be accessed through the service intranet. SSRI will be made available to personnel at the scene of operations via the Mobile Data Terminals (MDT) and Panasonic tablets on appliances.

Cheshire Fire and Rescue Service created its policy and adopted its current approach in response to Health and Safety Executive report 'The Management of Health and Safety in the GB Fire and Rescue Service.' Issues raised by the report included the maintenance of risk records and training and this has been a catalyst for significant innovation and improvement in this area.

The process for carrying out and updating Site Specific Risk Information and subsequently Risk Assessments is defined in a Policy Document (Operational Plan 15). The document owner is the Head of Operational Policy and Assurance. The Policy was last approved on 18<sup>th</sup> January 2016 and is due for review in January 2019.

Processes such as reporting and training were reviewed centrally and audit work included visits to two whole – time stations: Chester and Runcorn.

**Objective:** To provide assurance that the process for gathering, storing and disseminating Site Specific Risk Information (SSRI) is being managed in accordance with agreed policy and procedures, namely Operational Plan 15.

**Summary:** The Service has taken an innovative and comprehensive approach to the gathering and updating of site specific information, which undoubtedly has significantly improved the information available to staff responding to incidents. This includes regular risk footprint reviews, re-inspections carried out according to the level of risk presented, and standard controls including review, monitoring, documented procedures, standard forms and regular training. Based on the overall framework and supporting functions provided centrally and through training, the Service have made a clear commitment in the safety of fire fighters. As might be expected with an evolving and complex system, there are some areas for improvement identified in the review which has been agreed that will be taken forward and overseen by the Premises Risk Information Group.

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Fire crews perform both inspections and re-inspections in accordance with the Policy and as allocated to them by the Station Manager. Once assessments are completed they are reviewed by the Watch Manager and submitted to the Station Manager for approval. Only once approved will the information be updated on FireCore.

At both Chester and Runcorn it was found that a significant number of sites were showing as 'Saved', and which appear to be overdue, these aren't identified as such in the report produced from FireCore by the SDM (Service Delivery Manager) who is the reference holder. Management are aware of this issue and are in the process of refining the performance reporting to better identify where this is the case, and in addition are looking at better defining the timescales for ensuring sign off of completed inspections.

In addition during our audit it became apparent that the final part of the process, whereby the site specific information on the MDTs and Panasonic devices in the appliances is updated via Wi-Fi from FireCore, in some occasions is not occurring on a timely basis. The Service has completed an initial investigation at the time of the review which indicated that certain MDTs were not updating as regularly as others, but that overall the whole-time pumps were updating as expected. The findings were shared with Service Delivery Managers who have a mechanism in place for performance managing the update process. The SDMs were then to 'follow-up with Station Commanders and ICT to resolve any issues. It is recommended that as part of the Station Management Framework includes a requirement for crews to check when the devices were last updated.

It should be noted that whilst the primary purpose of the system is to ensure that up to date SSRI is available to fire fighters, it is acknowledged that there is the potential for changes at sites between inspections which fire crews would need to manage as part of the ongoing operational risk assessment and safe working processes when attending an incident.

The Premises Risk Information Group (PRIG) Group who is responsible for overseeing the delivery of SSRI's in line with agreed framework, was found to meet regularly, have standard terms of reference, be attended by appropriate staff and consider a range of relevant items. Again, there are improvements which could be made to ensure that this group is even more effective such as improvements to performance information received relating to completed and outstanding assessments, receiving information regarding key themes arising from risk assessment reviews in order to identify any

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common themes that need to be considered and a more efficient and comprehensive system for tracking actions. The group has recently appointed a Chair for the group who should provide the continuity and the momentum to drive forward the required improvements.

**Key areas agreed for action (due to be completed by October 2017):**

Medium risk recommendations to be actioned focussed on: -

**Planning and Implementing - Updating of MDTs and Panasonic Tablets by FireCore**

- (i) An initial investigation has been completed to assist the auditor prior to the publication of this report, which confirmed updating issues at some locations. The report was to be presented at July PRIG meeting where a member of ICT would be nominated to investigate the issue of wireless updates at FRS locations.
- (ii) Currently as part of the Station Management Framework and proposed Performance and Assurance audits this includes a requirement for the MDT and Panasonic Tablets to be checked to confirm they are operational. Following the review and update of the Station Management Framework this should also include a requirement for crews to also check when the devices were last updated. Timescales for the signing off of inspections should be incorporated into procedures and monitored.

**Planning and Implementing – accuracy of SSRI information**

- (i) A development within the Firecore system has been made to allow the Internal Planning Manager to input a base set of control measures for each hazard listed on Firecore. This feature has been designed to auto populate the control measure field once a hazard has been selected, this will also have the facility to populate pre-determined risk rating for each hazard. This work is underway and will be completed in conjunction with the writing of the Service's new operational guidance documents to ensure consistency within the governance for operational procedures.

**Planning and Implementing – SSRI Training**

- (i) A training session has been developed by the SSRI Training Officer (SSRITO) for Station Managers, this will include a gap analysis and new features on Firecore. Feedback from the training will be reported to PRIG by the SSRITO.



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### **Premises Risk Information Group**

- (i) Standard performance information by Station constituting a summarised version of the 'overdue report' prepared by the Service Delivery Manager should be presented to the Group. This should be accompanied by a narrative from the Station Manager.
- (ii) Reports detailing the outcome of reviews carried out by the SSRI, Station Managers and Service Delivery Managers should be presented to the Group.
- (iii) Reports should be presented regarding training attended and confirming that information had been cascaded to absentees.
- (iv) Formal updates regarding how Over the Border information is maintained and shared should be presented to the Group.
- (v) Either an extract from the Cheshire Planning Site or a running action plan of the status of PRIG actions should be included with PRIG papers.

### **Audit and Review – Station Manager Audits**

- (i) A facility to capture and manage requirements following a SSRI audit is currently being developed through Firecore. This will enable the Service to identify and follow the actions outstanding and monitor deadlines for completion. A report will subsequently be available to PRIG outlining closure for the Audit administration process by Service Managers.

Two low recommendations to be actioned focussed on the planned update of the operational plan to incorporate the recommendations made within the review, particularly around requirements and responsibilities for auditing. In addition the Service would benefit from undertaking some periodic review of sites which have been assessed close to the threshold of high risk. This could be built in to the coverage by the SSRITO audits for reporting to the PRIG to ensure consistency.

**Executive/ Management Sponsor:** Deputy Chief Fire Officer / Head of Operational Policy and Assurance

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| Title                    | Assurance Level | Recommendations          |                       |
|--------------------------|-----------------|--------------------------|-----------------------|
| Partnership Arrangements | Significant     | 0 x Critical<br>0 x High | 5 x Medium<br>1 x Low |

**Background:** Cheshire Fire and Rescue Service’s (the Service) strategic objectives are to develop the organisation, protect local communities and respond to emergencies. The Service’s ability to deliver these objectives and its services is affected by the complex and changing landscape it operates within both locally and nationally.

The Service has identified in its Partnership Policy a number of key partners who are vital to delivering the Service’s strategic objectives, including public, private and third sector organisations and services. These partners deliver and support provision of services including (but not limited to) health & wellbeing, crime prevention and rehabilitation, education, fire & rescue, environmental, local authority provision, data analysis and community support.

**Objective:** To assess the effectiveness of arrangements to manage partnerships in the Prevention Department to achieve the best outcomes and provide updates through CFRS.

**Summary:** The importance of partnerships to CFRS is documented in its Integrated Risk Management Plan (IRMP) and communicated to the public on its website. Responsibility to manage each Prevention partnerships have been assigned and processes to escalate any issues and risks are in place through the Prevention Team structure.

The CFRS Partnership Policy was updated to ensure consistency across CFRS in 2016 and includes key areas of initiating partnerships and review of outcomes. It was noted that the policy could be further strengthened by reflecting changes in oversight arrangements and national requirements to collaborate.

In 2016/17 there has been a change in oversight of partnerships as the Partnership Steering Group has been abolished. Updates have been reported on key partnership related matters to the Policy Approval Group and the Performance and Overview Committee. Additional clarity is required to assign responsibility for oversight from the Partnership Steering Group, and for the committee with oversight to receive regular updates on the effectiveness of partnerships.

Partnership agreements are developed by the CFRS Legal Team and were confirmed as in place for a sample of Prevention partnerships. A partnership database is in place



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to record partnerships entered into. This could be further enhanced by ensuring it is fully updated until the Cheshire Planning System (CPS) is fully utilised to record partnerships.

At the time of the review CFRS are in the process of embedding the use of the CPS to record and manage its partnerships. As part of this process recording of risks, outcomes and annual reviews in CPS would provide an improved audit trail to evidence the effectiveness of partnerships.

An advisory element of this review was to undertake a survey to assess the awareness of the CFRS Partnership Policy outside of the Prevention Department and to gain a greater understanding of partnerships across the organisation.

Results of the survey noted there was awareness of the Partnership Policy but as planned, additional training for partnership leads would aid the embedding of CPS to record partnerships and strengthen the supporting audit trail. This includes areas highlighted in this report including ensuring each partnership has assessment measures and the recording of annual reviews for each partnership.

**Key areas agreed for action (due to be completed between September and December 2017):**

Four medium risk recommendations to be actioned focussed on: -

**Policy**

- The Partnership Policy will be reviewed and updated in 2017 to reflect changes at a local and national level.

**Use of Cheshire Planning System**

- As planned all partnerships across CFRS should be added into CPS. This should include attaching relevant documents, recording risks, partnership agreement meetings and compliance against agreed outcomes/targets. CFRS should ensure there is an up to date list of partnerships (Partnership Database) until CPS is fully records all partnerships. A RAG rated report should be generated from CPS and reported to senior management providing a high level summary of the current position of each partnership based on criteria including management of risk, achievement of outcomes and completion of required tasks such as completing the annual review of each partnership.

**Oversight of Partnerships**

- Reports will be received by SMT through the Programme Management Board.
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Principal responsibility for oversight of partnerships will be assigned to the Performance Scrutiny Group who will have responsibility for monitoring delivery of projects and the IRMP.

### **Partnership Agreements**

- For new partnerships and partnership renewals, the Legal Team will further consider the most effective agreement to be used to provide additional assurance that responsibilities of CFRS and its partners are agreed. Signed copies of agreements will be added to CPS. The Prevention Team will confirm that signed agreements are in place for partnerships where it was identified a signed agreement could not be evidenced.

### **Review and outcomes**

- Contractual expectations, performance indicators and outcome measures where possible will be agreed for each partnership. These will be added to the milestones function in CPS so that achievement of these can be monitored and reported. The review / close down function in CPS will be used to ensure an annual review of partnerships can be evidenced as completed. As part of the update of the Partnership Policy the template used for partnership review will be updated to provide additional focus on benefits received by CFRS and achieved outcomes.

One low recommendation to be actioned focused on providing training to partnership leads to ensure there is clarity on actions required to comply with the partnership policy.

**Executive/ Management Sponsor:** Deputy Chief Fire Officer / Head of Prevention

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### 3. Work in Progress

The following pieces of work are in progress and will be reported to the Committee following completion:

#### Work In progress

- **Business Audits** – To provide assurance that CFRS have a robust business audit process, which supports the Service’s vision to achieve safer business and community sectors where there are no preventable deaths or injuries in fires, where fire losses are reduced to all time minimal levels, and businesses receive consistent and common advice, information and enforcement practices. **Fieldwork complete and report being drafted**
- **Business Continuity** – To undertake a baseline assessment of current arrangements against best practice and to assess the robustness of the business continuity arrangements in place. **Fieldwork in progress**
- **Equality and Diversity Recruitment** – To review the Authority’s strategy and processes to demonstrate compliance with the Equality Act and the steps taken to deliver on these key objectives. **Fieldwork in progress**
- **NFI** – To review the data reports provided by the Cabinet Office and to investigate any identified discrepancies by providing a reason for the match and, where required, make the appropriate change). **Fieldwork in progress**

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### Request for Audit Plan Changes

Policy Approval Group approval will be requested for any amendments to the original plan and this will be reported to the Performance and Overview Committee to facilitate the monitoring process. There are no proposed amendments to the audit plan.

## Appendix A: Assurance Definitions and Risk Classifications

| Level of Assurance | Description   |
|--------------------|---|
| High               | Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process. |
| Significant        | There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.   |
| Limited            | There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.  |
| No                 | There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.   |

| Risk Rating | Assessment Rationale   |
|-------------|--|
| Critical    | Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul> |
| High        | Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.  |
| Medium      | Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function or process objectives;</li> <li>has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>  |
| Low         | Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.  |



## Appendix B: Contract Performance

The primary measure of your internal auditor's performance is the outputs deriving from work undertaken. The plan has also been discussed with lead officers to determine the appropriate timing of individual work-streams to accommodate organisational priorities, availability, mandatory requirements and external audit views.

### General Performance Indicators

The following provides some general performance indicator information to support the Committee in assessing the performance of Internal Audit.

| Element               | Status | Summary   |
|-----------------------|--------|---|
| Progress against plan | Green  | Audit reviews are on track in terms of planned completion.  |
| Timeliness            | Green  | Generally, reviews are progressing in line with planned delivery.   |
| Qualified Staff       | Green  | MIAA Audit Staff consist of: <ul style="list-style-type: none"> <li>• 65% Qualified (CCAB, IIA etc.)</li> <li>• 35% Part Qualified</li> </ul> |
| Quality               | Green  | MIAA operate systems to ISO Quality Standards. Triennial review by External Audit was positive.   |

### Overview of Output Delivery

| REVIEW TITLE                   | PLANNED COMPLETION |     |     |     | ASSURANCE LEVEL                   | Commentary                                     |
|--------------------------------|--------------------|-----|-----|-----|-----------------------------------|--|
|                                | Sep                | Nov | Feb | May | High / Significant / Limited / No |  |
| <b>FINANCE &amp; RESOURCES</b> |                    |     |     |     |                                   |  |
| Counter Fraud Arrangements     |                    | ●   |     |     |                                   | Providing Support on National Fraud Initiative |
| Financial Systems              |                    |     | ○   |     |                                   |  |
| <b>PERFORMANCE</b>             |                    |     |     |     |                                   |  |
| Partnership Arrangements       | ●                  |     |     |     | <b>Significant</b>                | 2016/17 Final Report                           |



| REVIEW TITLE                         | PLANNED COMPLETION |     |     |     | ASSURANCE LEVEL                   | Commentary           |
|--------------------------------------|--------------------|-----|-----|-----|-----------------------------------|----------------------|
|                                      | Sep                | Nov | Feb | May | High / Significant / Limited / No |                      |
| Station Management Framework         |                    |     | O   |     |                                   |                      |
| <b>OPERATIONAL COMPLIANCE</b>        |                    |     |     |     |                                   |                      |
| Business Audits                      |                    | ●   |     |     |                                   | Draft Report         |
| Business Continuity                  |                    | ●   |     |     |                                   | Fieldwork            |
| IT Critical Applications             |                    |     | O   |     |                                   |                      |
| HMIC Inspection Exercise             |                    |     |     | O   |                                   |                      |
| Site Specific Risk Information       | ●                  |     |     |     | <b>Significant</b>                | Final Report         |
| <b>GOVERNANCE, RISK AND LEGALITY</b> |                    |     |     |     |                                   |                      |
| Bluelight Collaboration              |                    |     |     | O   |                                   |                      |
| Equality and Diversity Recruitment   |                    | ●   |     |     |                                   | Fieldwork            |
| Local Code of Corporate Governance   |                    |     |     | O   |                                   | Advisory Support     |
| <b>FOLLOW-UP AND CONTINGENCY</b>     |                    |     |     |     |                                   |                      |
| Follow-up                            | ●                  |     |     |     |                                   | See Follow Up Report |
| Contingency                          |                    |     |     |     |                                   |                      |

Key O = Planned ● = In Progress / Complete



## Appendix C: Critical/ High Risk Recommendations

There were no high or critical risk recommendations included within the reports.

