



NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities

Nottinghamshire and City of Nottingham
Fire and Rescue Authority

INTERNAL AUDIT ANNUAL REPORT 2023/24

Report of the Chief Fire Officer

Date: 26 July 2024

Purpose of Report:

To bring to the attention of Members the Head of Internal Audit's Annual Report for 2023/24. The report identifies the key outcomes arising from the work of Internal Audit for 2023/24 and provides an audit opinion on the adequacy and effectiveness of the Authority's arrangements for governance, risk management and internal control. The Annual Report also includes the Internal Audit Plan for 2024/25.

This report also details the outcome of the 5 audits completed during 2023/24.

Recommendations:

It is recommended that Members:

- Note the outcome of the Internal Audit Annual Report for 2023/24 including the audit opinion of substantial assurance for the arrangements for governance, risk management and internal control.
- Note the outcome of 5 internal audits completed during 2023/2024.
- Note the 2024/25 Internal Audit Plan.

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1. BACKGROUND

- 1.1 Under the Local Government Finance Act 1988, section 112 and the Accounts and Audit (England) Regulations 2015 (as amended), the Authority has a responsibility to maintain an adequate and effective Internal Audit function and to annually review the effectiveness of its arrangements for Internal Audit.
- 1.2 Nottinghamshire County Council has provided an Internal Audit service to the Fire and Rescue Authority since its formation in 1998. The Internal Audit service works to best practice as set out in the 2017 Public Sector Internal Audit Standards (PSIAS), which is published by the Chartered Institute of Public Finance and Accountancy. (CIPFA).
- 1.3 The Fire and Rescue Authority are receiving the Internal Audit Annual Report for 2023/24 on behalf of the Finance and Resources Committee in accordance with its role as an audit committee.

2. REPORT

NOTTINGHAMSHIRE COUNTY COUNCIL INTERNAL AUDITOR'S REPORT

- 2.1 The Internal Audit Annual Report 2023/24 including the audit opinion is attached at Appendix 1 and provides an overall summary of the work undertaken for the whole year in relation to the approved Annual Audit Plan.

AUDIT OPINION

- 2.2 The Auditors have provided a view on the internal control environment and conclude that:

*“Based on the coverage and detailed outcomes, overall, we consider the collective evidence provides **substantial assurance** concerning the arrangements in place for corporate governance, risk management and the control environment.”* (see section 10, of the Annual Report at Appendix 1.)

- 2.3 The Public Sector Internal Audit Standards (PSIAS) recommend that the internal audit opinion should conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The annual report provides an assurance level of “Substantial Assurance” individually to all three of these areas as well as the overall rating discussed in section 2.2 (see sections 22 – 24 of the Annual Report at Appendix 1).
- 2.4 The audit opinion forms part of the Authority's Annual Governance Statement.

2023/24 INTERNAL AUDIT PLAN PROGRESS

- 2.5 Six audits were planned for completion in the 2023/24 financial year. The Leading the Service (Fire Standard) audit has been postponed until 2024/25 to allow or more progress on implementing the Fire Standards. For the completed audits four were given substantial assurance and one was given limited assurance (see sections 14 – 15 of the Annual Report at Appendix 1).

Table 1 – Summary of 2023/4 Audits

Audit	Progress	Assurance Level	Appendix
Workforce Planning & Recruitment	Complete	Substantial	Appendix 2
Information Security (data and physical security)	Complete	Substantial	Appendix 3
Health & Safety	Complete	Substantial	Appendix 4
Business Continuity Planning	Complete	Substantial	Appendix 5
Contract Management	Complete	Limited	Appendix 6
'Leading the Service' standard	Postponed until 2024/25		

- 2.6 The Workforce Planning & Recruitment audit reviewed the processes in place to attain the right personnel, skills, and resources, now and in the future and the arrangements to ensure that the workforce profile is adjusted to meet changing needs. The audit provided Substantial Assurance around these arrangements – i.e., that risk levels are low. No recommendations were made. The report can be found at Appendix 2.
- 2.7 The Information Security (data and physical security) audit reviewed the arrangements for the security of premises, and service data. The report provided Substantial Assurance around these arrangements – i.e., that risk levels are low. There were two Priority 2 recommendations, to resume compliance checks at working sites, which lapsed during the Covid lockdown and to ensure the register of information sharing agreements is complete. The report can be found at Appendix 3 including a progress update on the recommendations.
- 2.8 The Health & Safety audit reviewed the procedures to manage health & safety incidents at work. The report provided Substantial Assurance – i.e., that risk levels are low. There were three Priority 2 recommendations, to consider obtaining the BSI ISO 45001 certification, to consider introducing a Health & Safety Risk Register and to complete a plan to address the shortfall in designated Fire Marshals at the fire stations. The report can be found at Appendix 4.

- 2.9 The Business Continuity Planning audit reviewed the Business Continuity Planning arrangements currently in place across the Service. The report provided Substantial Assurance – i.e., that risk levels are low. There was one Priority 2 recommendation, which was for the Business Continuity Test Report to record when the actions arising from the test have been addressed. This has been implemented and will continue to be implemented going forward. The report can be found at Appendix 5.
- 2.10 The Contract Management audit reviewed the adequacy of controls in place in relation to effective management of contracts. The report provided Limited Assurance – i.e., that risk levels are high. There were four Priority 1 recommendations and two Priority 2 recommendations all of which are in the process of being addressed. Four of the recommendations relate to improving the accuracy of data in the contracts register or published transparency data and two relate to improving consistency across the Service in holding regular contract management meetings and maintaining a lessons' learnt log. The report can be found at Appendix 6 including a progress update on the recommendations.
- 2.11 Where recommendations have been made the agreed actions are being implemented and the Corporate Risk Management Plan Assurance Board monitor the progress of the agreed recommendations.

2024/25 INTERNAL AUDIT PLAN

- 2.12 Appendix C of the Annual Report shows the internal audit plan for 2024/25 which has been agreed by the Head of Finance / Treasurer following consultation with the Strategic Leadership Team. There is sufficient flexibility to amend the plan if circumstances require alternative work to be carried out by the Auditors in the year.
- 2.13 The audits planned for 2024/25 are:
- Procurement
 - Data Protection (formerly known as GDPR)
 - Replacement Mobilisation System (RMS)
 - Firefighter remuneration system
 - Corporate Governance
 - “Leading the Service” Fire Standard (carried forward from 2023/24)

REVIEW OF INTERNAL AUDIT

- 2.14 The requirement for an Authority to maintain an Internal Audit function is derived from local government legislation, including Section 112 of the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015 in that a relevant body must:

“maintain an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper internal audit practices”

- 2.15 The responsibility for ensuring an effective internal audit function rest with the Authority Treasurer as part of their Section 112 obligations.
- 2.16 The Authority views Internal Audit as an integral part of the corporate governance framework, particularly in so far as it relates to the system of Internal Control. Whilst it is acknowledged that Internal Control is a managerial responsibility, it is considered that Internal Audit can provide managers with independent assurance that the system is working effectively and draw any deficiencies in the system to the attention of managers and elected members.
- 2.17 These assurances, however, can only be relied upon providing the internal audit service is adequate to meet the needs of the organisation and is provided professionally.
- 2.18 The Internal Audit Service of the Authority is provided under a Service Level Agreement with Nottinghamshire County Council and requires the Auditors to operate within the Public Sector Internal Audit Standards set down by the Chartered Institute of Public Finance and Accountancy (CIPFA). Operating to these standards will ensure that the Authority meets its obligations under statute.
- 2.19 In June 2022 the Authority adopted the Internal Audit Charter which defines the role of the Internal Audit Service. The Charter complies with the Public Sector Internal Audit Standards 2017, the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015.
- 2.20 There are regular reviews of audit plans and progress by senior managers and the audit team to monitor the work being carried out. Representatives from Internal Audit regularly attend both Finance and Resources Committee and Strategic Leadership Team meetings.
- 2.21 The External Auditors, in their general review of controls and as part of their specific annual audit, are required to comment on the adequacy or otherwise of Internal Audit. To date they have always been satisfied that the work of Internal Audit is sufficient for them to rely on their audit work and that the service is effective.

3. FINANCIAL IMPLICATIONS

Indirect financial implications relating to policy, procedure updates and staff training are contained within the report.

4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS

There are no human resources or learning and development implications arising from this report.

5. EQUALITIES AND ETHICAL IMPLICATIONS

An equality impact assessment has not been undertaken because this is a report relating to the Authority's performance rather than new or amended policy. There are no ethical implications arising directly from this report.

6. ENVIRONMENTAL AND SUSTAINABILITY IMPLICATIONS

There are no environmental and sustainability implications arising directly from this report.

7. LEGAL IMPLICATIONS

Internal Audit is a mandatory function within fire authorities. The Local Government and Finance Act 1988 and Accounts and Audit Regulations 2015 identify a Fire Authority as a "relevant body", responsible for maintaining an adequate and effective internal audit function.

8. RISK MANAGEMENT IMPLICATIONS

Internal Audit forms part of the wider system of internal control which deals entirely with the Authority's exposure to financial, and to some extent non-financial risk. Presenting the annual report to the Authority enables Members to see the work of internal audit and the contribution that they make to the overall system of internal control.

9. COLLABORATION IMPLICATIONS

The Internal Audit service is provided by Nottinghamshire County Council.

10. RECOMMENDATIONS

It is recommended that Members:

- 10.1 Note the outcome of the Internal Audit Annual Report for 2023/24 including the audit opinion of substantial assurance for the arrangements for governance, risk management and internal control.

- 10.2 Note the outcome of 5 internal audits completed during 2023/2024.
- 10.3 Note the 2024/25 Internal Audit Plan (Appendix C of the Internal Auditors Annual Report).

11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

None

Craig Parkin
CHIEF FIRE OFFICER

**Head of Internal Audit's Annual Report 2023/24
Report to the Chief Fire Officer, Nottinghamshire & City of Nottingham Fire &
Rescue Authority**

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Purpose of report

1. To provide the Head of Internal Audit's Annual Report for 2023/24, including our opinion on the adequacy of the Nottinghamshire & City of Nottingham Fire & Rescue Authority's arrangements for governance, risk management and control.

Requirement for internal audit

2. The practice of internal audit within fire authorities is mandatory. The **Local Government Finance Act 1988** and **Accounts and Audit Regulations 2015** identify a fire authority as a '**relevant body**', responsible for maintaining an adequate and effective internal audit function.
3. The internal audit function is purposed to review, assess, and report on the governance, risk management and control environment established by management to:
 - determine and monitor the achievement of objectives
 - identify, assess, and appropriately manage the risks to achieving objectives
 - facilitate policy and decision making
 - ensure the economical, effective, and efficient use of resources
 - ensure compliance with policies, procedures, laws, and regulations
 - safeguard assets and interests.
4. It is also expected to comply with the **Public Sector Internal Audit Standards (PSIAS)**, and guidance from the **Chartered Institute of Public Finance and Accountancy (CIPFA)**.

Appendix 1

Fulfilment of requirements

5. The Fire & Rescue Authority has an annually renewable agreement with Nottinghamshire County Council for the provision of internal audit services, and an Internal Audit Charter which was adopted in 2022.
6. We endeavour to review the key areas of governance, risk management and control environment over a multi-year cycle, as agreed with the Service. Our coverage is intended to take account of, and be complementary to, other sources of assurance provision. This annual report reviews both our own, and this independent, assurance.
7. Our mutual roles and responsibilities align with those prescribed in the PSIAS as follows:
 - **Chief Audit Executive (CAE)** - Chief Internal Auditor
 - **Senior Management** - Strategic Leadership Team (SLT), which meets monthly as the Community Risk Management Plan (CRMP) Assurance Board
 - **Board** - Finance and Resources Committee
8. The other aspects of our compliance with PSIAS and CIPFA guidance are set out in this report.

Audit approach and coverage

9. In 2023/24, and in early 2024/25, up to the time of compiling this annual report, we carried out and completed the following: -

Provision	Description
Audit assurance reviews	Completing the assurance reviews in the agreed plan, issuing reports, making recommendations, and agreeing actions.
Action tracking	Following up the implementation of agreed actions from audit reports issued in 2022/23, and outstanding actions from reports issued before that.
Review of overall arrangements	Mapping sources of assurance for governance, risk management and control, and providing an assurance opinion on each.

Audit opinion

10. Based on the coverage (above) and detailed outcomes (below), overall, we consider the collective evidence provides **Substantial Assurance** concerning the arrangements in place for governance, risk management and the control environment. The rationale for this opinion is as follows:
 - The assurance opinions on our audits are mostly substantial assurances, in particular for the core systems audited in this and recent previous years.
 - There were generally positive outcomes from following up the implementation of agreed actions from previous audit reports. Three key actions from one 2022/23 audit, Performance Management, are progressing despite not being fully actioned within the original planned timescales of February to December 2023.

Appendix 1

- **Other sources provided positive assurance in relation to governance, risk management, and control.**

Audit assurance reviews

11. **PSIAS** state that: ‘Adequate control is present if management has planned and organised in a manner that provides reasonable assurance that the organisation’s risks have been managed effectively and that the organisation’s goals and objectives will be achieved efficiently and effectively.’
12. Mostly, assurance reviews result in the issue of an opinion on the internal controls, the opinions being categorised as follows:
 - **Substantial Assurance:** arrangements are effective at managing the risks and achieving the objectives, with no or few control weaknesses of significance.
 - **Reasonable Assurance:** most arrangements are effective, but there are control weaknesses considered to be of greater significance.
 - **Limited Assurance:** as there are some fundamental control weaknesses, the arrangements pose an unacceptable level of risk in those areas.
13. If we find control weaknesses or identify test failures, we make recommendations to improve the controls, or compliance with them, and endeavour to agree with management the actions to be taken. We categorise actions according to a priority level:
 - **Priority 1 recommendations:** fundamental for effective arrangements, must implement to improve the controls and mitigate the most serious risks.
 - **Priority 2 recommendations:** desirable for effective arrangements, should implement to improve the controls.
 - **Advisory recommendations:** may also be raised in feedback to advise further on how to improve the controls.
14. In the areas reviewed in 2023/24, we provided the following opinions, and made the following number and priority level of recommendations:

Assurance level	Report	Recommendations	
		Priority 1	Priority 2
Substantial	Workforce Planning & Recruitment	0	0
	Information Security (data and physical)	0	2
	Health & Safety	0	3
	Business Continuity Planning	0	1
Reasonable	No audits were in this category.	-	-
Limited	Contract Management	4	2
Opinion not provided	‘Leading the Service’ standard – Progress against this national Fire Standard. Because of limited progress the audit has been rescheduled for late 2024/25.	-	-

Appendix 1

15. A summary of the recommendations and actions in the above reports is below:

Reports	Recommendations/Actions
Workforce Planning & Recruitment	All of our findings were positive and found the controls to be effective, therefore no recommendations were made.
Information Security (data and physical security)	Resume compliance checks at working sites, which lapsed during the Covid lockdown. The register of information sharing agreements to be complete, so that it can help ensure that the agreements are monitored and reflect best practice.
Health & Safety	Consider obtaining the BSI ISO 45001 certification. Consider introducing a Health & Safety Risk Register. Complete the plan to address the shortfall in designated Fire Marshals, at the fire stations.
Business Continuity Planning	Business Continuity Test Report to record when the actions arising from the test have been addressed.
Contract Management	Contracts Register to be up to date with the names of current Contract Managers, to help ensure all are aware of their contract management responsibilities. Ensure that all contracts are included in the Contracts Register Ensure that dates are correct in the Contracts Register (including contract start and end dates). Improve consistency across the Service in holding regular contract management meetings with contractors. Improve consistency across the Service in Contract Managers maintaining a lessons learnt log. Expired contracts can be removed from the information published about contracts on the website, for transparency purposes.

Action tracking (see also Appendix A)

16. **PSIAS** state that: *'The chief audit executive must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action'*.
17. The NFRS Finance team annually requests and evaluates updates from action owners, reports these to the CRMP Assurance Board, and informs Internal Audit. This year's exercise revisited all the actions still to be implemented from reports issued in 2022/23 and earlier.
18. **Appendix A** illustrates the proportion of actions that have been implemented from previous years. Overall, there is a high implementation rate of 88% on all actions raised since 2018/19. 63% of the actions from 2022/23, whose dates for implementation have now passed, have been implemented. The new Head of Finance has informed us that she is to set up a tracker for all actions so that their implementation can be better monitored by the CRMP Assurance Board.

Appendix 1

Assurances on governance, risk management and control (see also Appendix B)

19. **PSIAS state:** 'The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control'.
20. Our annual report covers the adequacy and effectiveness of the Fire Service's framework of governance, risk management and control.
21. Internal Audit uses assurance mapping to identify and assess the sources of assurance – primarily based on information from governance documents and committee reports. Assurance maps summarise, group, and rate evidence according to the 'three lines model':
 - **1st line** – management policies, strategies, plans and controls, and internal support functions.
 - **2nd line** – compliance oversight, especially evident in reports to committees.
 - **3rd line** – external assurance, mostly auditors and inspectors

The assurance maps are in **Appendix B**.

22. Our opinion is that there is **substantial assurance** over the **Governance** arrangements (see Appendix B)
 - Governance arrangements are well structured with comprehensive reporting.
 - Plans are in place to achieve strategic goals and to identify and realise improvements.
 - There are regular reviews of performance.
23. Our opinion is that there is **substantial assurance** over the **Risk Management** arrangements (see Appendix B):
 - Risks are managed including through a corporate risk register that is actively maintained – reviewed, updated, and reported.
 - Community Risk Management Plan (CRMP) is in place, with arrangements to measure progress on its delivery.
 - Emerging national and local risk issues are identified and addressed by local actions.
24. Our opinion is that there is **substantial assurance** over the **Control** arrangements (see Appendix B):
 - Close control over the finances, including current and future spending, and the financial assets held.
 - Workforce requirements are identified and acted upon.
 - Workforce performance is managed.

Performance of Internal Audit

25. A summary of Internal Audit performance is shown below:

Appendix 1

Indicator	Performance
Job completion	Five assurance reviews completed, plus a memo communicating our interim findings on the audit we have had to postpone to the next year.
Timeliness of reporting	Four of the reports were issued in the year, and the remaining two in May 2024.
Days spent	81 planned days fully utilised.
Recommendations	100% agreed
Action tracking	Planned exercise completed by NFRS Finance team using the template provided by Internal Audit, and summarised in this report. The new Head of Finance is to set up a tracker for all actions so that their implementation can be better monitored by the CRMP Assurance Board.
Auditor experience	Four reviews by senior auditors; and two by an apprentice internal auditor. All under the supervision of the Internal Audit Team Manager.
Customer feedback	Average client satisfaction score of 3.4 (out of 4) from two completed questionnaires. Our target for a score of at least 3.0 has been met.

26. The Chief Internal Auditor carries out an annual self-assessment of compliance against the PSIAS. This incorporates the requirements of the Local Government Application Note (LGAN), which provides additional advice and guidance to providers of internal audit services in a local government setting, including fire authorities.
27. In addition to the self-assessment, the Internal Audit Service is subject to an External Quality Assessment (EQA) once every five years. The most recent EQA was carried out in March 2023.
28. The EQA is a robust evidence-based review of the whole Internal Audit Service comprising:
 - PSIAS review of the accuracy of the HOIA self-assessment and supporting evidence
 - Interviews with Members and Senior Officers regarding the service provision
 - A survey of service recipients capturing view on professionalism and quality of services
 - A review of the professional standards applied to the individual engagements undertaken by the staff within the service.
29. The EQA confirmed the accuracy of the self-assessment and concluded that the Internal Audit Service fully conforms to the requirements of the PSIAS and LGAN.
30. The Chief Internal Auditor has undertaken the self-assessment for 2023/24 following the approach that was deemed compliant by the EQA. For 2023/24, the self-assessment and outcomes have been used to enhance the basis of the annual Quality Assurance and Improvement Programme (QAIP) for the service.
31. The outcome from the self-assessment provides significant assurance that the Internal Audit service continues to conduct its work with due professional care and confirms the following in respect of the work carried out by the service in 2023/24:
 - The service applied a systematic, risk-based approach to the assurance work it delivered.
 - Internal Audit staff performed their duties with due regard to the code of ethics set out in the standards.

Appendix 1

32. The QAIP continues to capture scope for improvements in service compliance, with a consolidated action plan to provide a focus for continuous improvement in 2024/25. Key themes for further improvement centre around the following:
- A review of the Team's resources against its foreseeable workloads and capabilities in the deployment of specialist ICT audit resources.
 - Continuous update of our Audit Manual, to keep pace with professional changes and ensure compliance with the application of core audit quality processes.
 - Continuous 'in flight' quality reviews, to ensure compliance with the Audit Manual and professional standards as the audit engagement progresses.
 - Continued engagement with the development of professional standards that influence the PSIAS.

Audit planning for 2024/25 to 2026/27 (see also Appendix C)

33. **Appendix C** provides the annual audit plan for 2024/25 and incorporates a provisional three-year plan. Plans are derived from an audit universe consisting of previous audits and other potential audits, which is subject to risk assessment and subsequent consultation with the Head of Finance and SLT. The number of chargeable days for the delivery of each review is given, plus time for action tracking, assurance mapping, annual reporting, and other client facing support.
34. We endeavour to blend coverage of core processes and systems with more focused audits of current and emerging risks and developments.

Andrew Howarth, Internal Audit Team Manager

Simon Lacey, Chief Internal Auditor

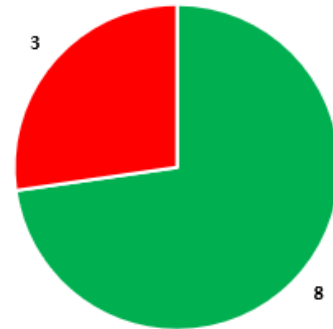
Appendix A

Implementation of internal audit recommendations from previous years

2022/23 Priority 1 Actions



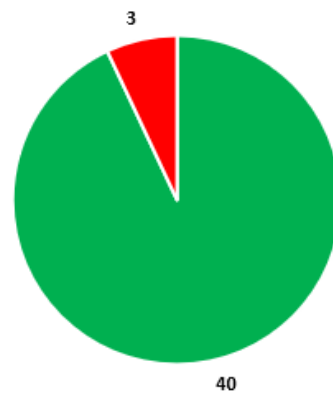
2022/23 Priority 2 Actions



Priority 1 actions from earlier years (2018/19 to 2021/22)



Priority 2 actions from earlier years (2018/19 to 2021/22)



■ Completed ■ Not Actioned/WIP

The 3 incomplete Priority 1 actions from 2022/23 audits are all in progress, and are from our audit of Performance Management (reported in January 2023):

- The Data & Business Intelligence strategy is almost complete (original target date March 2023).
- A CFRMIS Project (Community Fire Risk Management Information System) is well underway, and will contribute to data quality through training, processes and a more user-friendly interface (original target date Dec 2023).
- Reporting on the Community Risk Management Plan (CRMP) already included (at the time of our audit) the targets for Community Outcomes and Workforce. Diversity targets have now been added, leaving only the targets for Governance & Financial Sustainability in development (original target date Feb 2023).


There are no outstanding actions from years earlier than those in the above pie charts.

Appendix B: Assurance maps for Governance, Risk Management and Control

Assurance Map for Governance

1 st Line	2 nd Line	3 rd Line
<p>Established governance structure including:</p> <ul style="list-style-type: none"> • Authority • Committees • Strategic Leadership Team • Community Risk Management Plan (CRMP) Assurance Board • Area Managers Team • Operational Learning Board • Service Delivery Evaluation & Assurance Group • Collaboration Board <p>Committee Outcomes are regularly reported to the Authority meetings.</p> <p>Each Committee report includes consideration of Implications for Finance, HR, Equalities and Collaboration</p> <p>Community Risk Management Plan (CRMP) 2022-25 has 6 strategic goals including (for Governance):</p> <ul style="list-style-type: none"> • support and develop our workforce and promote an inclusive Service. • continue our improvement journey to deliver an outstanding Service. • manage and invest in our Service to ensure it is fit for the future. 	<p>Annual Governance Statement 2022/23. This includes a review of the effectiveness of the Governance Framework, and how it complied with the local code of corporate governance, including the 7 CIPFA / SOLACE principles of Good Governance. It also considered Significant Issues for Governance in 2023/24. Its conclusion was that there are well developed and evolving governance arrangements in place that are fit for purpose.</p> <p>Annual Statement of Assurance 2022-23 A review of performance against the 6 strategic goals in the Community Risk Management Plan 2022-25 (CRMP). It details notable achievements.</p> <p>An Assurance Declaration stated that:</p> <ul style="list-style-type: none"> • it has met government expectations and responsibilities. • shown due regard for efficient and effective use of public money – and accounting. • adhered to the commitments set out in the Community Risk Management Plan (CRMP) for the period. <p>Service Delivery Performance Report produced quarterly to Community Safety committee.</p> <p>Review of Workforce Plan 2022-24. 30 new firefighters have been recruited.</p>	<p>His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The third inspection commenced in late 2023. At the previous visit (report July 2022) the Service was graded Good in all areas.</p> <p>The second HMICFRS inspection reported in July 2022. There were 4 Areas for Improvement (AFIs). All were completed including the 2 relating to Governance:</p> <ul style="list-style-type: none"> • AFI 1 - monitor, review and evaluate the benefits and outcomes of any collaboration activity. • AFI 3 - staff understand how to get wellbeing support. <p>HMICFRS spotlight report ‘Values and Culture in Fire and Rescue Services (report March 2023). Of the 20 relevant recommendations, the Fire Service has completed 12 and is well underway with work on the other 8.</p> <p>Externally Audited Final Accounts</p> <p>3 other external audits:</p> <ul style="list-style-type: none"> • Babcock International Home Office audit of Terrorism Personal Protective Equipment. Found to be in good order and well organised, enabling a swift response if required.


<p>Gap analysis undertaken on the 16 National Fire Standards (from the National Fire Chief's Council (NFCC)) with a programme of work to ensure compliance.</p> <p>Futures 25 efficiency and improvement programme - one of its 4 workstreams is Governance Review: to support the efficiency and effectiveness of meeting structures and decision making, whilst maintaining proportionate control.</p> <p>Efficiency and Productivity Plan 2023/24. Required by the Home Office.</p> <p>Workforce Plan 2023-2025: To ensure staffing numbers, skills & health, fitness & well-being meet service needs and available budget. Includes an implementation plan with 20 actions.</p> <p>10-Year Workforce Diversity Plan. The Service commissioned its own review of equality, diversity and inclusion practice during 2021-22. Progress has been made. More work is planned.</p> <p>A Confidential Reporting Service for Employee Concerns put in place procured from an external provider. This addresses a recommendation arising from the:</p> <ul style="list-style-type: none"> • Independent Culture Review of London Fire Brigade (Nov 2022) • Values and culture in fire and rescue services (HMICFRS, March 2023) <p>Procurement Thresholds revised in 2023 to reflect current prices – balancing financial control with efficiency and best value.</p>	<p>Equalities monitoring information reported to the HR Committee.</p> <p>The gender pay gap has decreased (improved) since the last year.</p> <p>High completion rates for mandatory staff training including (for Governance):</p> <ul style="list-style-type: none"> • 98.6% Equality & Diversity • 98.6% Diversity for Managers <p>Local Firefighter Pension Scheme Annual Report</p>	<ul style="list-style-type: none"> • National Resilience and Assurance Team (NRAT) Home Office audit of National Resilience Enhanced Logistic Support. Concluded that crews perform the role well and good resilience within the team. Small action plan. • NRAT audit of Flood and Rescue capabilities. Determined the Service is well prepared and qualified to respond. Small action plan. <p>Signed up to the British Deaf Association's (BDA) British Sign Language (BSL) Charter in 2018. As part of this the Service has made improvements and more are planned.</p>
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<p>Opinion:</p> <p>Substantial Assurance (Green)</p>		<p>Rationale:</p> <p>Governance arrangements are well structured with comprehensive reporting.</p> <p>Plans are in place to achieve strategic goals and to identify and realise improvements.</p> <p>There are regular reviews of performance.</p>
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Assurance Map for Risk Management

1 st Line	2 nd Line	3 rd Line
<p>Community Risk Management Plan (CRMP) 2022-25 has 6 strategic goals including (for risk management):</p> <ul style="list-style-type: none"> • help people stay safe from fires and other emergencies. • improve fire safety in the buildings people live and work in • respond immediately and effectively to emergency incidents. <p>Key Objectives set within these 6 Strategic Goals, in an Annual Delivery Plan</p> <p>Each Committee report includes consideration of Implications for Risk Management, Legal and Crime & Disorder.</p> <p>Member of Nottinghamshire Local Resilience Forum</p> <p>Workforce Plan 2023-2025: Considers risk of staff turnover, and developing skills to meet new and emerging risks (such as terrorist incidents and changing climate), cyber-attacks, increasing complexity of pension legislation.</p> <p>Recent Safeguarding, Disclosure and Barring legislation allows Fire and Rescue Authorities to conduct more comprehensive criminal record checks on their employees. This Fire Service is to extend these checks to relevant staff.</p>	<p>Corporate Risk Register reported to Finance & Resources Committee every 6-months.</p> <p>Annual Report of Information Governance 2022/23: No data breaches of a risk level that required reporting to the Information Commissioner's Office (ICO) 99% of staff have done mandatory Data protection training. Cyber Essentials Plus certification being renewed and scheduled for September 2023</p> <p>Actions being taken by the Service in response to the Manchester Arena Inquiry, on planning & preparation and response to the emergency. The Service's action plan has 53 recommendations. 32 have been completed and closed and 21 are being worked towards. Progress against all recommendations is on-track and are set to be completed by December 2024.</p> <p>Grenfell Tower Inquiry and Tall Building Response: All 47 recommendations in the Government Phase One Grenfell Tower Inquiry were completed by Dec 2021. The Service has continued to assess tall buildings and its related procedures.</p> <p>Resilience arrangements update went to the Policy & Strategy Committee.</p>	<p>The second HMICFRS inspection reported in July 2022. There were 4 Areas for Improvement (AFIs). All were completed including the 2 relating to Risk Management:</p> <ul style="list-style-type: none"> • AFI 2 - risk-based inspection programme to prioritise the highest risk premises and includes proportionate activity to reduce risk. • AFI 4 - when responding to a 999 call, mobile data terminals to be reliable to allow staff to access risk information. <p>Internal audit reports on the following 3 subjects had a Substantial Assurance opinion:</p> <ul style="list-style-type: none"> • Information Security (data and physical) • Health & Safety • Business Continuity Planning


	<p>2023 Fatal Fires Review. Report on 4 fatalities. After each fatality the Serious Event Review Group is convened, including to learn lessons.</p> <p>High completion rates of mandatory staff training including (for Risk Management): 98.9% Major multi-agency incidents (JESIP) 99.0% Data Protection 99.3% Safeguarding 88.8% Fire Safety Awareness</p>	
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<p>Opinion:</p> <p>Substantial Assurance (Green)</p>		<p>Rationale:</p> <p>Risks are managed including through a corporate risk register that is actively maintained – reviewed, updated, and reported.</p> <p>Community Risk Management Plan (CRMP) is in place, with arrangements to measure progress on its delivery.</p> <p>Emerging national and local risk issues are identified and addressed by local actions.</p>
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Assurance Map for Control

1 st Line	2 nd Line	3 rd Line
<p>Financial framework including:</p> <ul style="list-style-type: none"> • Scheme of Delegation • Standing Orders • Financial Regulations • Financial Procedures <p>Futures 2025 Efficiency Strategy to set a balanced budget in future years, whilst achieving service improvements. It will also fulfil the Home Office requirement to submit Efficiency and Productivity Plans for 2023/24. It has 4 workstreams:</p> <ul style="list-style-type: none"> • Governance Review • Revenue Budget Management • Service Redesign • Culture; Equality, Diversity & Inclusion; and Leadership <p>Medium Term Financial Strategy 2024-25 to 2027-28 approved by the Authority. Includes Capital Strategy, Capital Receipts Strategy and Reserves Strategy</p> <p>Budget Proposals for 2024-25 to 2027-28 (including Council Tax 2024-25) approved by the Authority.</p> <p>Treasury Management Strategy 2024-25 approved by the Authority including Borrowing Strategy and Investment Strategy</p> <p>Pay Policy approved by the Authority.</p> <p>Authority approved the appointment of Assistant Chief Fire Officer and temporary Assistant Chief Fire Officer</p>	<p>Authority and its Committees receive updates on major projects including:</p> <p>Replacement Mobilisation System Mobile Data Terminal software contracts award Sale of former HQ building Refurbishment of Service Development Centre</p> <p>Financial Position monitored in reports to the Finance & Resources Committee:</p> <ul style="list-style-type: none"> • annual report on Revenue and Capital outturn • quarterly report on Revenue, Capital, And Prudential Code Monitoring Report, to <p>Treasury Management annual and mid-year reports including reviews of:</p> <ul style="list-style-type: none"> • Capital Activity • Investment and Cash Management • Borrowing • Compliance with Treasury and Prudential limits <p>Annual Financial Accounts include an annual review of the effectiveness of the governance framework including the system of internal control.</p> <p>Human Resources Update quarterly to HR Committee. Starters, leavers, staffing numbers, sickness absence, disciplinary, grievance, harassment, and discrimination cases.</p> <p>PRINCIPAL OFFICER PAY REVIEW approved the pay of the Chief Fire Officer and Assistant Chief Fire Officer.</p> <p>People Strategy 2023-25. In Feb 2024 the Service was at the half-way point of implementing this.</p>	<p>Internal audit annual report.</p> <p>Internal audit report on Workforce Planning & Recruitment – with Substantial Assurance opinion.</p> <p>Action tracking to monitor implementation of internal audit recommendations.</p> <p>Fraud: External audit includes enquiries relating to the management of fraud risks</p>

<p>Authority endorsed the appointment of Head of Finance and Treasurer</p> <p>Fraud: Counter Fraud, Money Laundering, Corruption and Bribery Policy in place. Section in the Financial Regulations on Preventing Fraud & Corruption</p>	<p>The Workforce Plan 2023-25 identified recruitment needs. There was positive action to encourage the diversity of the applicants, which was reflected in the 34 successful applicants.</p> <p>Wholetime Apprentice Firefighter recruitment campaign. The first cohort of 20 recruits commencing their apprenticeship in April 2024, with a second course scheduled for January 2025.</p> <p>Fraud: The Service participates in the National Fraud Initiative (NFI) - reconfirm</p>	
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<p>Opinion:</p> <p>Substantial Assurance (Green)</p>		<p>Rationale:</p> <p>Close control over the finances, including current and future spending, and the financial assets held.</p> <p>Workforce requirements are identified and acted upon.</p> <p>Workforce performance is managed.</p>
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Appendix 1

Audit Universe	Audit needs assessment	Past and current audits - with opinion							Plan	Future plan proposals	
		2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Audit reviews											
Payroll	High	substantial				substantial					
Firefighters' remuneration system	Medium		substantial						11		
Members & staff expenses & allowances	Medium		reasonable								11
Pensions administration	High					substantial				11	
Workforce planning & recruitment	High							substantial			
Property & premises	Medium	reasonable									11
Facilities management	Medium					substantial					
Transport management	Medium										
Fuel recharges	Low			substantial							
Vehicle maintenance contract	Medium							reasonable			
Procurement	High								11		
Purchasing & creditor payments	Medium	reasonable			reasonable						11
Purchase cards	Low				reasonable						11
Contract management	High		reasonable					limited			
Income & debtors	Low	reasonable									
Capital programme	Medium			reasonable						11	
Asset management (incl. disposals)	Medium	reasonable				limited	reasonable				
Financial management (incl. CIPFA FM code)	Medium		substantial			reasonable					
Budget management	High						substantial				
Treasury management	Medium	reasonable			substantial						11
Counter-fraud & counter-corruption	Low										
Project management	Medium	reasonable								11	
Corporate Governance	High		reasonable						11		
Ethical Code	Medium					substantial					
Leading the Service (Fire Standard)	Medium								11		

Appendix 1

Health and safety	High		limited				substantial			
Data Protection (GDPR)	Medium			no opinion				11		
Performance management	High					reasonable				
Joint working	Medium					reasonable				
Risk management	High					substantial				
Business continuity planning	High						substantial			
Environmental/carbon footprint	Medium								11	
ICT service desk	Medium			reasonable						
Information security (data & physical)	Medium			no opinion			substantial			
Cyber security	High					exempt				
ICT strategy, transformation & change	Medium								11	
ICT access management	Medium									11
Replacement Mobilisation System (RMS)	Medium							11		
Cardiff Checks	Low	no opinion	no opinion	reasonable	substantial				11	
Prince's Trust (now ended)			limited							
Total review days								66	66	66
Other tasks										
Action tracking of previous recommendations								2	2	2
Annual audit report								5	5	5
Assurance mapping (within annual audit report)								4	4	4
Client management - planning, reporting, Committee								4	4	4
Total days								81	81	81

To: Chief Fire Officer

Subject: Fire Service - Workforce Planning & Recruitment

Date: April 2024

1 Introduction

1.1 Internal Audit have reviewed the controls NFRS have in place in relation to effective workforce planning arrangements. This included a review to ensure they have processes in place to attain the right personnel, skills, and resources, now and in the future, to enable them to provide an effective emergency response service and support their broader mission. In addition, we have reviewed arrangements in place to ensure that the workforce profile is adjusted to meet changing needs.

2 Audit opinion

2.1 In the areas examined, we assessed the controls to determine to what extent the risks are being mitigated.

2.2 In our opinion the level of assurance we can provide is: -



SUBSTANTIAL ASSURANCE Risk levels are low

3 Risk areas examined

3.1 During this audit we looked for controls to address the following key risks: -

<i>Risk title</i>	<i>Description</i>
Identifying the current workforce position	There may be a lack of understanding of current staffing levels, needs or challenges.
Expected change to the workforce.	Staff turnover rates and reasons may be unknown or misunderstood.
Future workforce needs and skills	Future staffing needs and sustainability may not align with organisational goals and strategy.
Gaps between current position and future needs	Qualitative and quantitative data may not be used to identify and address deficiencies between current and future workforce needs.
Workforce monitoring	There may be inadequate arrangements to regularly monitor changes in the workforce turnover or take prompt action when staffing issues arise.

3.2 The scale of the area reviewed is: -

Appendix 2

<i>Metrics (Workgroup)</i>	<i>Number of Employees (FTE at 31 Dec 2023)</i>	<i>Staff Turnover 2021-22*</i>	<i>Staff Turnover 2022-23*</i>	<i>Staff Turnover 2023-24 (to Dec 23)*</i>
<i>Wholetime</i>	412	34 (7.6%)	27 (6.5%)	24 (5.76%)
<i>On call</i>	242.5	31 (12.5%)	26 (10.7%)	17 (7.1%)
<i>Support</i>	162	43 (24.5%)	36 (21.6%)	14 (8.7%)
<i>Total</i>	816.5			
<i>Starters in year</i>		65	61	63

**Source: Workforce Plan 2023-25*

4 Audit findings

4.1 Following our work, we consider the controls to be effective in the following risk areas: -

- **Identifying the current workforce position** – The workforce position is based upon staffing numbers, skills and predicted staff turnover. Details of the workforce position are recorded in the Workforce Plan which is amended annually. The Workforce Plan 2022-24 was devised and updated and approved by the Strategic Leadership Team (SLT) for the period 2023-25. The Workforce Plan was updated at the mid-year position and reported to HR Committee on 10th November 2023. This forms part of the business planning process which supports the delivery of the Strategic Plan. This shows workforce trends and issues based upon projections of turnover and information received from departments for the forthcoming year.
- **Expected changes in the current workforce position are identified** – Expected changes do take account of past experience of normal turnover rates, expected leavers and retirements and contract end-dates for non-permanent staff. Workforce reductions through retirement, resignation and due to end of contract are predicted in the Workforce Plan. Specific workstreams are in place to address resource gaps in the corporate function, ICT, Finance and Community Engagement. Processes are in place for departments to highlight resource challenges such as recruitment and retention, development of specialist skills and demands for ICT to support new systems.
- **Future workforce needs are identified** – Measures are in place to determine future workforce needs and any proposals with HR and learning and development implications are built into reporting templates so that consideration can be given to such requirements. Succession planning is outlined in the Workforce Plan. This includes the anticipated need for resources, specialist skills and difficult posts to fill.
- **Gaps between the current position and future needs** - Identifying and addressing gaps between the current workforce and future needs is evidenced. The Workforce Plan includes a gap analysis, which has identified areas with recruitment and retention difficulties. When the Workforce Plan is updated each year, departments are required to identify workforce implications, which are then contained within the plan. The Workforce Plan 2023-2025 forms part of the business planning process which supports the delivery of the Community Risk Management Plan (CRMP) and is undertaken by the People and Organisational Development (POD) department to establish workforce trends, identify potential workforce planning issues and formulate an action plan to address these issues. The plan is based upon projections of anticipated turnover and information received from all departments regarding their workforce needs for the forthcoming year. Other considerations in relation to gaps include promoting equality in the workforce and the well-being strategy which supports

Appendix 2

employees to maintain good physical, emotional and mental health and reduce sickness absence. Objectives also include ensuring that future needs reflect core competencies required in line with industry standards and any specialist capability requirements with the aim to develop and diversify the skills of the team to meet the organisational needs that are ahead of the service and consider major challenges such as the development of technology which will require different skill sets. Leadership programmes are in place for 2023-24, including the aspiring leaders programme and other programmes will help to retain and develop skills. This work will assist the Service in proactively identifying and developing people to maintain effective succession planning and for personal development.

- **Workforce position is regularly monitored** – Quarterly workforce metrics are reported to the CRMP Assurance Board and there is an overview of the Workforce Plan taken to HR Committee twice a year. HR metrics go to every HR Committee – 4 times a year and monitoring includes establishment numbers, starters and leavers, staff turnover and absence metrics. Unexpected changes in the workforce and actions taken to address these are taken to SLT along with plans to fill the gaps. In July 2023 various actions were agreed including recruitment campaigns and changes to service delivery. This is supported by an Implementation Plan which outlines risks, actions and officers responsible for agreed actions. However, we are advised that there is no formal follow up of this currently, although the intention is to pull together a working group to take an overview of anticipated issues to the Area Management Team meetings.

- 4.1 There were no control weaknesses and no failures to comply with the standard controls therefore, no recommendations are made. However, we recognise that the processes are ongoing and will need to be kept under review to ensure that risks are effectively managed.

**Audit conducted by: Angela Wendels
Senior Auditor**

**Audit supervised by: Andrew Howarth
Audit Team Manager**

Simon Lacey, Group Manager - Internal Audit & Risk Management

Internal Audit Report

Report ref: 2023-02

OFFICIAL SENSITIVE
To: Chief Fire Officer**Subject: Fire Service - Information Security (data and physical security)****Date:**[Click here to enter text.](#)**1. Introduction**

- .1 We have reviewed the arrangements for physical across various areas of the Fire Service. This included a review of physical site security, including data security.
- .2 The objective of our review was to provide independent assurance that arrangements for the security of premises, and service data, are secure.

2. Audit opinion

1. In the areas examined, we assessed the controls to determine to what extent the risks are being mitigated.
2. In our opinion the level of assurance we can provide is: -

SUBSTANTIAL ASSURANCE Risk levels are low

**3. Risk areas examined**

1. During this audit we looked for controls to address the following key risks: -

<i>Risk title</i>	<i>Description</i>
Policies Procedures and Training	Policies, procedures and training provide clarity and consistency, by communicating what people need to do and why. Failure to provide adequate direction will increase the likelihood of breaches taking place.
Access Controls - access to buildings	Arrangements may not be suitably secure to prevent unauthorised access to premises and information assets.
Access Controls - access within buildings	Arrangements may not be suitably secure to prevent unauthorised access to premises and information assets.
Off-Site Access Controls	Arrangements may not be suitably secure to prevent unauthorised access to premises and information assets.

Incident Management	Failure to promptly respond to incidents, and learn from past events, could incur financial penalties by the regulator the Information Commissioner.
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4. **Audit findings**

1. The service engaged an external party earlier in the year to test physical security at several service locations. This work resulted in several recommendations that have been, or are being, progressed.

2. Following our work, and with reference to the above source of independent assurance available, we consider the controls to be effective in the following risk areas:

- **Policies Procedures and Training**

Policies were of a high standard, exhibiting effective version control. All the policies examined relevant to this review were found to be current and had been recently reviewed in accordance with the expected review periods. The service has recently introduced a register to record that staff have read and accepted core policies. This is at a formative stage but is a positive step in ensuring employees are informed whilst also emphasising the importance the service places on the direction being given to staff. Discussions are ongoing between the Data Protection Officer, the ICT Security Manager and SLT to determine how escalation for not affirming understanding and acceptance should be dealt with.

Training is provided to staff on both cyber and information security, with information security being mandatory.

- **Access Controls to Buildings**

Our review included a visit to three locations:

- Joint Headquarters
- Carlton Fire Station
- London Road Fire Station

At these locations we observed adequate perimeter security in the form of gated premises where some form of authentication was required to gain access.

Reliance is also placed on a physical penetration testing exercise that the service commissioned during the year. The results of this exercise were positive, with some improvements being identified that are currently being progressed. This testing also covered access controls within buildings.

Previously, compliance checks against security expectations were undertaken internally within the service. These were put on hold during lockdown and have yet to be reintroduced. A recommendation has been made to resume this practice.

- **Access Controls within Buildings**

We confirmed that internal door access controls operated within service premises visited and that further restricted access operated for sensitive areas such as server rooms.

- **Off-Site Access Controls**

Non-disclosure arrangements are established with external parties that support the ICT function.

Information sharing agreements are in place although the management and oversight of these could be enhanced. A recommendation, below, has been made to improve this area.

- **Incident Management**

We found that incidents are recorded, investigated and results reported to acted upon by senior officers.

Appendix 3

3. There were some control weaknesses and some failures to comply with the standard controls, resulting in remaining risks. The attached Action Plan sets out these weaknesses, and our recommendations to address them.

4. A summary of the recommendations made, together with brief details of the related findings, is set out below: -

<i>Priority level</i>	<i>Number of Recommendations</i>	<i>Recommended action timescales</i>
Priority 1	0	Immediate
Priority 2	2	Within two months

Priority 2 areas:

- Prior to Covid-19, officers from Estates, Information Governance and ICT would undertake compliance checks at NFRS sites. These checks have yet to be resumed but represent a pro-active approach to ensuring security is maintained and reinforces the message that security should be treated seriously.
- Information Sharing Agreements set out the framework for the sharing of personal data and documents, the purpose of the sharing, covers what happens to the data at each stage and puts in place standards that help all the parties involved in the sharing to be clear about their roles and responsibilities. Whilst such agreements are documented within the service, the register that records what agreements have been entered into, and the means by which to record when such agreements should be reviewed, is currently incomplete both in terms of agreements entered into and data that should be held in the register. The timelines for undertaking a number of reviews has also passed.

**Audit conducted by: Tony Maycock
Senior Auditor**

**Audit supervised by: Andrew Howarth
Team Manager**

**Simon Lacey
Chief Internal Auditor**

Audit Finding	Recommendation	Management Response
<p>Priority 2 areas (Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements)</p>		
<p>1. Compliance and Monitoring Checks Historically, managers from Estates, Information Governance and ICT have jointly undertaken site audits within the service. These followed an established check list covering:</p> <ul style="list-style-type: none"> • physical security • building systems • visitor and contract management • ICT and information security. <p>These audits ceased because of the Covid remote working requirements and have yet to be resumed. It is expected that they will resume in the new year. Issues preventing a current resumption are inspection by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services over the coming months and the recruitment to the post of ICT manager. We have made a specific recommendation to resume the site audits given their importance, not just in checking site security, but also in affirming the importance of security as well as aiding the Data Protection Officer in fulfilling their duties to monitor compliance with data protection laws.</p> <p>Risk: The service may fail to identify weaknesses in security promptly which may then allow for the vulnerability to be exploited.</p>	<p>1. The service resumes the joint site security checks undertaken jointly by officers from Estates, Information Governance, and ICT.</p>	<p>Response Audits are a vital component to assessing our current practices, identify security gaps, protect critical data and track the viability of current security strategies. Nottinghamshire Fire and Rescue Service is committed to ensuring its infrastructure and employee approach reflects recognised best practice. The development of current NFRS auditing process and criteria is underway and is envisaged to encompass the 2024 period for implementation.</p> <ul style="list-style-type: none"> • January: The development of the security steering group (SSG) put forward for discussion and adoption. Audit findings will be disseminated and reviewed by the group. • February: The development of reference control objectives and specific controls in line ISO 27000 series alongside a new NFRS Audit Procedure to link in with POL 2205 Data Protection Compliance Audit Policy • March: Submit to SSG for approval and sign off second bullet point results and outcomes alongside table of onsite visit timescales target for April 2024 commencement.

		<p>Date for implementation 16th of January 2024 first SSG meeting to take place and begin process. Audits to begin estimated April 2024, provided other points are met.</p> <p>Officer responsible for implementation Christopher Smith IG&DPO, Muhammad Hussain ICT Security Manager, Lesley Grace Estates Manager</p> <p>Update on recommendation July 2024 Currently establishing the Information Security Audit Framework going forward using international standards ISO 270001 which will cover,</p> <ul style="list-style-type: none"> • Physical security • Access control • Network security • Data security • Employee training and awareness • Equipment and software security <p>Aim for completion for Audit Framework in place by late October 2024 with onsite visits to be taken up by December 2024.</p> <p>Information Security Policies are being reviewed in August 2024 to comply with ISO 270001 standard.</p> <p>An NFRS Data Protection Impact Assessment is to be presented at Protective Security Group (19/07/2024) for approval.</p>
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		Information Asset register is being developed and is a requirement under ISO 270001 for compliance.
Audit Finding	Recommendation	Management Response
Priority 2 areas (Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements)		
<p>2. Information Sharing Register</p> <p>The Information Governance section maintains a register of information sharing agreements that have been entered into. The register is however not complete, with the Data Protection Officer advising that recent agreements had not been entered pending a refresh of the register. We also observed that some of the fields within the current register do not contain the required information. These include:</p> <ul style="list-style-type: none"> • the purpose for which information is being shared, • the date an agreement was signed and • when the agreement should be reviewed. <p>Where dates for a review of the arrangement are present, these dates have all passed and are now overdue.</p> <p>We also observed that the register lacks a unique reference number for each agreement. Use of a sequential referencing system would provide a degree of assurance that there is order and completeness to the register as well as aiding the search and location of stored agreements.</p> <p>Risk:</p> <p>The purpose of reviewing information sharing agreements allows for the service to verify that data sharing continues to be necessary along with other checks.</p> <p>If registers are not accurately maintained then organisational knowledge and awareness could become lost if officers with</p>	<ol style="list-style-type: none"> 1. All Information Sharing agreements should be recorded within the register. 2. The register of information sharing agreements should incorporate a unique reference number. 3. Entries within the information sharing register should be complete. 4. Information sharing agreements should be periodically reviewed to ensure that the purpose for information sharing remains valid. 	<p>Response</p> <p>Information sharing forms an essential part of Nottinghamshire Fire and Rescues capabilities. Enabling us to respond and carrying out key functions or assist other agencies with theirs. Nottinghamshire Fire and Rescue Service is committed to ensuring its infrastructure and employee approach reflects recognised best practice when it comes to sharing or receiving personal data.</p> <p>A review of the current ISA register is to be undertaken alongside the development of an NFRS ISA sharing hub to act as a central point of guidance and repository of current and new ISA development.</p> <ul style="list-style-type: none"> • February: Review current ISA register and assess current state with relevant owners. Update and schedule next review period. Cross reference with government guidance to ensure appropriate data is included for best practice. • March: development plans for NFRS ISA resources hub to be put forward and approved. Additional consideration of automated process to prompt review to be considered in line

<p>this knowledge leave the service or are absent for an extended period of time.</p>		<p>with the current policy centre system mechanics and screening mechanism to determine if an ISA required.</p> <ul style="list-style-type: none"> • April/May: Design and launch of Hub which will include existing ISA that are in force within the service. • June/July: Current ISA will be reviewed by this point and signed off as adequate and in compliance from the initial start in February. <p>Date for implementation Work to be undertaken on 4th of February with an estimated completion date by the 19th of July 2024. Work will be completed in stages between these points.</p> <p>Officer responsible for implementation Christopher Smith IG&DPO</p> <p>Update on recommendation July 2024 Development of the Information Sharing Register is underway, the first stage is to establish an Information Sharing Framework which has been drafted along with guidance. This is being put before the Protective Security Group for signoff and approval (19/07/2024).</p> <p>The next stage will be to review current sharing agreements we have logged and see if they are still relevant or need to be updated or terminated. This will then be uploaded to a Sharepoint list as the central register.</p>
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		<p>Final stage will be to audit departments to make sure no sharing agreement has been missed.</p> <p>Aim for completion by late September 2024.</p>
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Internal Audit Report

Report ref: 2023-05

OFFICIAL SENSITIVE

To: Chief Fire Officer
Subject: Fire Service - Health & Safety
Date: May 2024

5 Introduction

- 1.1 We have reviewed the Health & Safety (H&S) arrangements currently in place across the Service. We mainly focused on the past 12 months when looking at actions such as training, reporting, and risk management.
- 1.2 Health & Safety procedures are intended to manage health & safety incidents at work, from the recording of their occurrence, monitoring to identify actions to be taken in response to them, and the prevention, or mitigation of the impact, of their recurrence.

6 Audit opinion

- 6.1 In the areas examined, we assessed the controls to determine to what extent the risks are being mitigated.
- 6.2 In our opinion the level of assurance we can provide is: -



SUBSTANTIAL ASSURANCE Risk levels are low

7 Risk areas examined

- 7.1 During this audit we looked for controls to address the following key risks: -

<i>Risk title</i>	<i>Description</i>
Policies & Procedures	H&S might not be given sufficient priority by the Service in its planning.
Governance	H&S might not be given sufficient priority by the Service in its resourcing.
Training	Relevant staff might be unaware of their responsibilities for

	H&S.
Reporting and Recording of Incidents	H&S incidents might not be recorded, acted upon, and statutory reporting requirements not met.
Reporting: Management information	Main causes and trends of H&S incidents may not be identified and acted upon.
Risk Management	Significant H&S risks to the Service might not be identified and acted upon.
Assurance	Findings from internal or external assurance provision might not be acted upon.

7.2 The scale of the area reviewed is: -

125 H&S incidents were recorded in 2023. Only 2 of the incidents in the past year were reportable to the Health & Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR).

8 Audit findings

8.1 Following our work, we consider the controls to be effective in the following risk areas:

- There are H&S policies and procedures. These are publicised and available to staff on the intranet. The policy is underpinned by a current 'statement of intent' that emphasises the Service's commitment to health & safety including:
 - resourcing
 - training
 - systems & practices.

The procedures reflect the nature of the work, as a fire and rescue service. There is a process to keep the policies and procedures up to date. Policies and procedures also apply to visitors and contractors.

- There is a small, dedicated H&S team which is now fully staffed. This is supplemented by staff acting as first aiders and fire wardens, and the uniformed staff being necessarily trained in, and familiar with, such activities.
- There is training on H&S relevant to both uniformed and support staff. Statistics show a high level of staff completion of training e.g. 96% for manual handling, and 89% for fire awareness.
- The H&S incident reporting process is publicised to staff and straightforward to use. It is used, as illustrated by 125 incidents recorded in 2023. An 'action tracker' records actions taken in response to incidents, and their completion.
- The H&S Committee monitors the number of incidents, trends, and actions to address their causes.

- The Corporate Risk Register has a section on Health, Safety & Welfare onto which H&S risks can be escalated, including by the H&S committee. (But, as noted in the findings section of this report, there is no separate H&S risk register).
- Since the team has been fully staffed, its internal H&S audits and quarterly fire station inspections are being returned to their planned frequency. Also, a monthly review of overdue investigations has been introduced, to check that actions are completed.

8.2 There were some lesser control weaknesses, resulting in remaining risks. The attached Action Plan sets out these, and our recommendations to address them.

8.3 A summary of the recommendations made, together with brief details of the related findings, is set out below: -

<i>Priority level</i>	<i>Number of Recommendations</i>	<i>Recommended action timescales</i>
Priority 1	0	Immediate
Priority 2	3	Within two months

Priority 2 areas:

- The Service does not have the certification BSI ISO 45001: Occupational Health & Safety.
- There is no separate H&S Risk Register
- There is a shortfall in fire marshals at fire stations

**Audit conducted by: Emily Jackson
Apprentice Internal Auditor**

**Audit supervised by: Andrew Howarth
Internal Audit Team Manager**

**Simon Lacey
Head of Internal Audit**

Audit Finding	Recommendation	Management Response
<p>Priority 2 areas (Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements)</p>		
<p>1. BSI ISO 45001 certification The Service does not have the certification to the British & International Standard BSI ISO 45001: Occupational Health & Safety. We were informed that the Services intends to be at this level, but the certification has not been obtained for cost reasons.</p> <p><i>Risk: Reduced assurance over H&S systems, and possible undetected weaknesses in those systems.</i></p>	<p>Reconsider the value of obtaining the BSI ISO 45001 certification, compared to its cost.</p>	<p>Response</p> <p>The NFRS H&S department will always aim to work to best practise. Obtaining BSI ISO 45001 is a potential long-term goal that requires review from the SLT and therefore we are not able to give a due date for implementation currently but accept the recommendation.</p>
<p>2. Risk Register The Corporate Risk Register has a section on Health, Safety & Welfare onto which H&S risks can be escalated. But there is no separate H&S risk register.</p> <p><i>Risk: H&S risks might not be efficiently identified and monitored.</i></p>	<p>Consider introducing a H&S Risk Register, if this would assist with managing the main H&S risks to the Service.</p>	<p>Response</p> <p>This is currently an ongoing project which is being looked at service wide regarding departmental risk registers.</p> <p>Date for implementation Within 24 months.</p> <p>Officer responsible for implementation Risk & Assurance.</p>

Audit Finding	Recommendation	Management Response
<p>3. Fire Marshals At the Headquarters building, the Police Service provides the fire wardens and fire marshals. For the fire stations, we were informed that the H&S team intends to produce an action plan to address a shortfall in designated Fire Marshals. These are employees who work at fire stations where office staff are located. The shortfall is because of staff moving, or certificates expiring.</p> <p><i>Risk: Increased risk in the event of a fire.</i></p>	<p>The H&S Team should complete its plan to address the shortfall in designated Fire Marshals, at the fire stations.</p>	<p>Response The H&S department are currently working our way through reviewing all station fire risk assessments. Corrective actions will come from these including fire marshals which we will look to address as a priority.</p> <p>Date for implementation 12-18 months.</p> <p>Officer responsible for implementation Health & Safety.</p>

OFFICIAL SENSITIVE

To: Chief Fire Officer

Subject: Fire Service - Business Continuity Planning

Date: May 2024

9 Introduction

- 1.1 We have reviewed the Business Continuity Planning arrangements currently in place across the Service.
- 1.2 ¹An organisation does not have complete control over the business environment in which it operates. It requires fit for purpose Business Continuity Plans (BCPs) and Business Continuity Management arrangements to recover key processes following a disaster. Causes of this can include property damage such as from fire or flood, industrial action, sudden loss of key personnel, breakdown in key supplies, loss of power, cyber-security attack, or malfunctions of hardware or software.

10 Audit opinion

- 10.1 In the areas examined, we assessed the controls to determine to what extent the risks are being mitigated.
- 10.2 In our opinion the level of assurance we can provide is: -



SUBSTANTIAL ASSURANCE Risk levels are low

11 Risk areas examined

- 11.1 During this audit we looked for controls to address the following key risks: -

<i>Risk title</i>	<i>Description</i>
Governance; Policies & Procedures	Business Continuity Planning might not be given sufficient priority by the Service in its encouragement, resourcing, and policies.
Business Continuity Plans	BCPs might not be corporately managed for consistent and complete coverage across the Service.
Communication	Relevant staff might be unaware of their responsibilities

¹ This paragraph is taken from the Chartered Institute of Internal Auditors guidance on Business Continuity Planning, Feb 2023, which was used to inform the scope of this review.

	for the BCPs.
Testing	BCPs might not work in practice.

11.2 The Service has BCPs covering the following areas:

- Prevention
- Protection
- Response
- Tri-Service Control
- Strategic Leadership Team (SLT)
- ICT
- Finance
- Human Resources
- Training
- Estates / Transport / Procurement
- Business Intelligence
- Corporate Communications

12 Audit findings

12.1 Following our work, we consider the controls to be effective in the following risk areas:

- The Corporate Risk Management Group provides oversight and scrutiny of business continuity across the Service. This includes its strategy, planning and testing. The Group is attended by the Area Managers (Heads of Departments) and supported by the Business Continuity Manager.
- There is a Business Continuity Management Policy and a Business Continuity Management Strategy which are kept up to date.
- BCPs are in place for all key parts of the Service. There is a standard template for the format of the BCPs. This template includes addressing the critical activities to ensure that they maintain continuity. The BCPs cover all significant risks including:
 - Loss of staff
 - Loss of premises
 - Loss of supplies
 - Loss of ICT.

Additionally, the 'loss of fuel' is a significant service-wide risk that has its own Business Continuity Plan for fuel disruption.

- As well as each BCP addressing the loss of ICT and loss of systems, there is a separate BCP for ICT which forms the ICT Disaster Recovery Plan, to cover the restoration of ICT infrastructure and data.
- The BCPs are clear in allocating responsibilities to staff, including a nominated single point of contact (SPOC) for the service areas. Plans are available to relevant staff on the Resilience Direct system, and on Share Point.
- The BCPs are tested annually. They are also reviewed, for revision, every 2 years, or more frequently if the responsible Head of Department changes. The BCPs met these target dates except for a minor delay to one which, at

Appendix 5

the time of our audit in March 2024, had not been tested for 15 months, whilst awaiting the appointment of new departmental management. A test and review of this BCP is planned.

- The results of testing are documented and actions identified for the department, the Business Continuity Manager, or for escalation.
- Business Continuity is included in the Corporate Risk Register where it addresses relevant risks, including mobilising, employee engagement, workforce sustainability, and the availability of resources.

12.2 There was one lesser control weakness. This is in the attached Action Plan, with our recommendation to address it.

12.3 This is a summary of the contents of the Action Plan:

<i>Priority level</i>	<i>Number of Recommendations</i>	<i>Recommended action timescales</i>
Priority 1	0	Immediate
Priority 2	1	Within two months

Priority 2 area:

- The Business Continuity Test Report does not record when the actions arising from the Test have been addressed.

**Audit conducted by: Emily Jackson
Apprentice Internal Auditor**

**Audit supervised by: Andrew Howarth
Internal Audit Team Manager**

**Simon Lacey
Head of Internal Audit**

Appendix 5

Audit Finding	Recommendation	Management Response
<p>Priority 2 area (Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements)</p>		
<p>1. Addressing the actions from Business Continuity testing The Business Continuity Test Report includes 2 sections for actions identified from the testing:</p> <ul style="list-style-type: none"> • Actions required • Actions for Escalation <p>For completeness, the form could also record when these actions have been addressed.</p> <p><i>Risk: Actions from the Business Continuity Test might be overlooked.</i></p>	<p>The Business Continuity Test Report should record when the actions arising from the Test have been addressed.</p>	<p>Response Agree will ensure the Test Reports are updated as to previous updates and will address going forward.</p> <p>Date for implementation 1 May 2024</p> <p>Officer responsible for implementation Service Business Continuity & Emergency Planner</p> <p>This action has been completed. Reports do now contain updates on the actions identified for the recent testing areas. This will be done as a matter of course on test reports going forward. All actions and areas for escalation will be referred to and addressed at the next Corporate Risk Meeting.</p>



Internal Audit Report

Report ref: 2023-01

To: Chief Fire Officer – Nottinghamshire Fire and Rescue Service

Subject: Fire Service - Contract Management

Date: October 2023

13 Introduction

Internal Audit have reviewed the adequacy of controls NFRS have in place in relation to effective management of contracts. This included a review to ensure that the contracts register is maintained accurately and contracts are being managed in accordance with policy and contract requirements for a sample of cases. The selected contracts for review were:

Reference	Name of Contractor	Contract	Contract Manager	Due to Expire	Contract Value
PRN004375	Bytes Software Services Ltd	Microsoft Software Products & Associated Services	IT Manager	31/03/2024	£531,156
PRN004398	Civica UK Limited	Occupational Health Unit (OHU) Software	Occupational Health & Fitness Manager	11/01/2024	£ 40,728
PRN004108	Bristol Uniform	Fire Kit Laundering, Repair and Replacement	Procurement Manager	31/01/2028	£1,072,881

14 Audit opinion

14.1 In the areas examined, we assessed the controls to determine to what extent the risks are being mitigated.

14.2 In our opinion the level of assurance we can provide is: -



LIMITED ASSURANCE – Risk Levels are high



15 Risk areas examined

15.1 During this audit we looked for controls to address the following key risks: -

<i>Risk title</i>	<i>Description</i>
Contracts Register	Contracts Register may not be actively maintained and updated.
Policy, Guidance and Contract Formats	There may be a failure to adhere to policy or guidance on contract management.
Contract Management	Contracts may not be allocated to contract managers or there may be inadequate arrangements to identify and address under-performance.

15.2 The scale of the area reviewed is:

Metric	Expenditure
Total Value of all current contracts	£10.247m
Contract Spend Per Annum*	£2.203m
Number of current contracts (expiring after July 2023)	30
* Annual value of contracts is total contract values recorded in the In-Tend database divided by the number of years the contracts are scheduled to run for. There are also a number of contracts, including utilities which have a zero-value shown in the contract register but will incur a significant spend, however, these cannot be quantified in advance.	

16 Audit findings

16.1 Following our work, we consider the controls to be effective in the following risk areas: -

- **Contracts Register** - A contracts register has been established and is recorded in the In-Tend contract management database system. The system allows for data to be recorded, stored and reported upon in line with requirements of the transparency code. Transparency reports are uploaded monthly on the Fire Authority's website. However see recommendations in relation to improving the robustness of the contracts register below.
- **Policy, Guidance and Contract Formats** - A mandatory contracts management policy has been established and sets out comprehensive details and standards in relation to the effective maintenance of contracts. The aim of the policy is to ensure NFRS manages contracts in a commercial way, ensuring best value is achieved and provides contract holders with the information and guidance needed to carry out checks and ensure contracts are being managed effectively. However, recommendations have been made in relation to weaknesses in the application of the policy.

16.2 There were some control weaknesses and failures to comply with the standard controls, resulting in remaining risks. The attached Action Plan sets out these weaknesses, and our recommendations to address them.

16.3 A summary of the recommendations made, together with brief details of the related findings, is set out below: -

<i>Priority level</i>	<i>Number of Recommendations</i>	<i>Recommended action timescales</i>
Priority 1	4	Immediate
Priority 2	2	Within two months

Priority 1 areas:

- The In-Tend database has not been sufficiently updated with the name of the new contract manager when staff have left or taken over the contract management role. Current contract managers may not be fully aware of their contract management responsibilities.
- The contract register might not include all contracts. The Contract Management Policy requirement to maintain records in the In-Tend database is not fully complied with and some contracts and associated records are not uploaded to In-Tend.
- Contract dates were incorrectly recorded for some contracts and may be indicative of further errors.
- Contract management meetings are not consistently held for all contracts, including where issues have arisen, leading to inadequate contract management and inability to resolve issues quickly.

Priority 2 areas:

- The published transparency data showing current contracts includes expired contracts and requires updating and checking for accuracy.
- Lessons learnt logs are not maintained for all contracts, even where there are issues and problems.

**Audit conducted by: Angela Wendels
Senior Auditor**

**Audit supervised by: Andrew Howarth
Audit Team Manager**

Simon Lacey, Group Manager - Internal Audit & Risk Management

Priority 1 areas (Fundamental for effective governance, risk management and internal control, must implement recommendations to improve existing arrangements)

1. Contract Register - Contract Managers

It was identified that two of the contract managers listed in In-Tend for the three contracts examined no longer work for the Fire Service. However their names still appear on nine contracts on the register as the current contract manager.

We were also advised that the OHU Manager was not aware that she was the contract manager for the OHU system until the audit and had not seen the business case put forward by previous colleagues.

Neither the IT Manager nor the OHU Manager had seen the contract documentation until the time of the audit, and the OHU Manager has not seen a copy of the contract management policy.

Risk: Lack of contract management and poor records maintenance.

- a. A review of the Contract Register should be undertaken and where staff have left the organisation or are no longer working in their previous role, the Register should be amended to reflect the current contract manager.
- b. The Procurement Manager should have appropriate processes in place to identify when someone leaves or takes on the role as contract manager so that the database can be promptly updated.
- c. Newly assigned staff should receive a copy of any contracts which they are responsible for together with access to the contract management policy.

Response

Agreed

Date for implementation

April 2024

Officer responsible for implementation

Procurement Manager

Update on recommendation July 2024

- a. Contract Register review has been completed and amendments made to remove persons no longer in service from said contracts. There are two contracts where confirmation is being sought to identify the correct responsible officer this is due to changes in staffing structures.
- b. Leavers are identified when someone leaves the service via the Staters & Leavers on the informative. Reminders are then put into the Procurement Calendar to check for new contract ownership.
- c. Procurement training is scheduled for the next Middle Managers session. This will include training on the contract management policy and will include a reminder to Mangers that contract owners should transfer & explain contracts to newly assigned staff.

<p>2. Maintaining Contract Information and Documentation in the In-Tend Database</p> <p>We were advised that the Procurement Team are not always consulted concerning goods and services being procured, potentially resulting in non-compliant routes of procurement, value for money not being achieved and incomplete data in the procurement database. Whilst we are advised that Managers are periodically asked to notify the Procurement Team of any contracts which are not listed in the database, we could not be assured that every contract is included.</p> <p>The Contract Management Policy section 27 stipulates that ' In all instances, electronic versions of contracts should be stored on the NFRS contract management database to ensure relevant ongoing contract management information and documentation is retained and managed.'</p> <p>The contract database was examined in relation to the three contracts being tested and we ascertained that only the OHU Software documentation was held in In-Tend, although we were advised that documentation for all three was available in Sharepoint. The OHU Manager was not aware of the location of the contract prior to the audit.</p> <p>Risk: Best value may not be achieved due to inadequate oversight of contracts. Non-compliance with the Contract Management Policy concerning retention of data.</p>	<p>a. Procurement Team should carry out a review of transaction listings for expenditure to identify any large or repeat payments to the same supplier which indicate a potential contract may have been entered into. Following this, any contracts identified should be added to the database so that future procurements of these goods or service is done in a compliant way.</p> <p>b. A review of contracts held in Sharepoint and other locations is undertaken and any contracts missing from the In-Tend database be uploaded.</p>	<p>Response Agreed</p> <p>Date for implementation April 2024</p> <p>Officer responsible for implementation Procurement Manager in consultation with SLT</p> <p>Update on recommendation July 2024</p> <p>a. Data sourcing & sorting has been performed to highlight areas of repetitive costs. This has then been issued to senior department heads/ budget holders in May 2024 for them to review and advise Procurement accordingly via Contract Summary Detail Forms.</p> <p>b. To be actioned.</p>
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3. Contracts Register - Dates

(a) Sample of 3 contracts

A sample of three contracts (tabulated below) was reviewed as part of the audit. Several instances of inconsistencies between the dates shown on the contract and the dates held in the database were identified as indicated below:

Details	Per Contract	Per In-Tend	Errors found on In-Tend
Bristol Uniform Supply and Laundry Service PRN004108			
Start	17/2/20	1/2/20	Slight variance in date
End/contract length	16/1/28	31/1/28	As above
Expiry	16/1/28	31/1/28	As above
Extension end	16/1/28	31/1/20	Pre-dates contract
Re-tender Reminder	N/a	17/1/19	Pre-dates contract
Bytes Software Services (Microsoft Framework) PRN004375			
Start	1/4/20	1/4/20	
End/contract length	31/3/23	31/3/24	Shows contract period correctly as 36 months, but end date after 48 months
Expiry	31/3/23	31/3/24	Variance of one year
Extension end	Unknown	18/8/20	Extension date should be after expiry
Re-tender Reminder	N/a	18/8/21	This is 3 years before contract ends
Civica Occupational Health Software PRN004398			
Start	Started Nov 2022	2/1/22	2 months variance in start date
End/contract length	31/3/23	11/1/24	Variance of one year
Expiry	31/3/23	31/3/24	As above
Extension end	Nov 2026	15/6/25	Incorrect date
Re-tender Reminder	N/a	18/8/21	Pre-dates the contract start date

a. Contract dates for the three contracts sampled should be checked and amended in the contract register to ensure they are consistent with the dates set out and agreed in the contract. This applies to:

- start date
- end/contract length
- expiry date
- extension end date
- re-tender reminder dates.

b. A review of all current contracts on the contracts register should be undertaken with checks made to ensure that all have the correct start and end dates and contract period.

Response

Agreed

Date for implementation

April 2024

Officer responsible for implementation

Procurement Manager

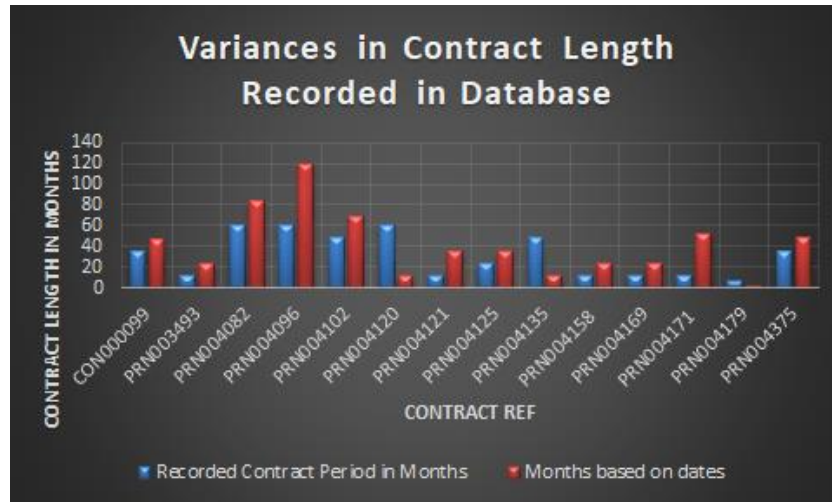
Update on recommendation July 2024

a. and b.

This has been undertaken and errors removed.

(b) All contracts - Start and End Dates

For the 77 contracts listed on the contract register, 22 had variances in terms of the start and end date compared to the contract length recorded. For example, a difference between the start and end date of 24 months but a contract length of 36 months. 14 of these had a variance of more than 6 months in contract length. One of the contracts had a listed length of 6,000 months. Excluding this and any contracts with less than 6 months difference, the following 14 variances were identified:



Risk: Contracts may expire with insufficient notice to re-tender which may lead to unscheduled contract extension and poor value for money.

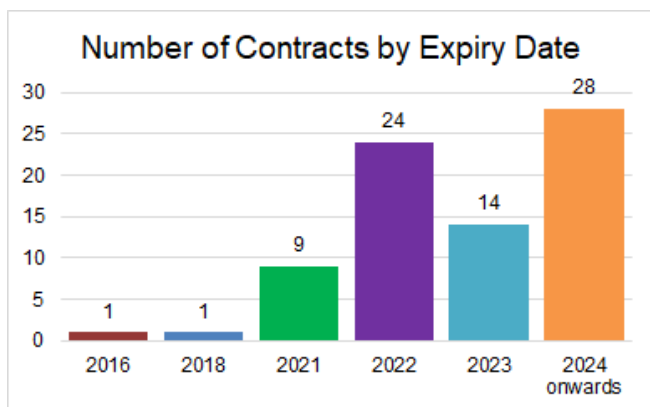
<p>4. Managing Relationships and Performance with Suppliers – Occupational Health Unit Software</p> <p>The Contract Management Policy section 36 says that contract managers should ensure that there are regular communication routes open with the supplier, to highlight any failings or exceptional performance with the delivery of the contract.</p> <p>The OHU Manager has advised that although she has found a key person who she contacts with issues, no regular performance meetings are taking place. Also, the supplier contact is only familiar with the generic system. As the system has been customised to the Fire Service’s specific requirements, and the project developer is no longer available, the bespoke elements are unsupported.</p> <p>The business case reasoning put forward for the development of the OHU software system included:</p> <ul style="list-style-type: none"> • The old system being difficult to navigate • The old cohort records uploaded not being searchable • The system not being compatible with the current medical equipment in use at NFRS • Inability to report on service usage to identify trends or highlight areas of concern (e.g. mental health cases) <p>Since the installation, it has become evident that there are functionality issues, particularly with bespoke elements. The system is difficult to navigate, 3 out of 4 current staff have received no training, the old cohort records were scanned and attached as opposed to being uploaded and searchable, the added functionality in relation to compatibility with medical equipment is not operating and the reporting facility is inadequate.</p> <p>Risk: Inadequate arrangements in place to enable contract performance issues to be addressed.</p>	<ol style="list-style-type: none"> All Contract Managers should be reminded that regular contract management meetings should be held with their contractor. A review of deliverables as per the agreed project scope for the OHU software should be undertaken by Management, including those originally involved in the procurement and those currently responsible for the contract. Regular meetings should be established between OHU management and Civica management to agree actions required and discuss progress against agreed deliverables and full functionality of the system against the specification. 	<p>Response Agreed</p> <p>Date for implementation April 2024</p> <p>Officer responsible for implementation Procurement Manager & Head of People and Organisational Development</p> <p>Update on recommendation July 2024 a. and c. Procurement training is scheduled for the next Middle Managers session. This will include training on the contract management policy.</p> <p>Further contract management training will be rolled out to contract managers.</p>
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Priority 2 areas

(Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements)

5. Contracts Register - Out of Date Contracts

It was observed that the Contracts Register as at the end of June 2023 and also the transparency data published on the Fire Authority's website, which should show all current contracts, includes a large number of contracts that appear to have expired between 2016 and 2022. See table below. Also, 9 of the 14 contracts with an expiry date in 2023 had expired prior to the end of June 2023 when the transparency data was published.



Risk: The published transparency data may be out of date or the dates recorded in the contract register are incorrect or elements of both.

In accordance with the Transparency Code, the transparency report should be amended to only include contracts which are applicable for the period being reported upon.

Response

Agreed

Date for implementation

April 2024

Officer responsible for implementation

Procurement Manager

Update on recommendation July 2024

The report that generates the transparency data has now been amended to ensure only current contracts are shown.

<p>6. Lessons Learnt Log</p> <p>Para 18 of Contract Management Policy says: 'Knowledge management, key capturing of data and lessons learnt should be embedded within the contract management process.'</p> <p>Whilst we confirmed that records and correspondence are maintained for all contracts sampled, a lessons learnt log is only maintained for the Bristol Uniforms contract. This shows the issues and what actions have been taken or need to be taken to prevent a recurrence. This process allows remedial action to be taken during the life of a contract and also when the contract comes up for re-tendering. However, a log is not maintained for the OHU and Microsoft contracts.</p> <p>Risk: Appropriate remedial actions are not taken during the course of the contract or issues may not be flagged and remain unresolved.</p>	<p>Contract Managers should be encouraged to maintain a log to capture any issues identified during the contract.</p>	<p>Response Agreed</p> <p>Date for implementation April 2024</p> <p>Officer responsible for implementation Procurement Manager</p> <p>Update on recommendation July 2024 a. b. and c. Procurement training is scheduled for the next Middle Managers session. This will include training on the contract management policy.</p> <p>Further contract management training will be rolled out to contract managers.</p>
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