



ESSEX POLICE, FIRE AND CRIME COMMISSIONER, FIRE AND RESCUE AUTHORITY

Programme 2020

REVISED DRAFT

Internal audit report: 4.17/18

5 December 2017

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Debrief held	2 November 2017	Internal audit team	Daniel Harris - Head of Internal Audit Suzanne Rowlett - Senior Manager Joan Haase - Senior Auditor
Draft report issued	15 November 2017		
Revised draft report issued	5 December 2017		
Responses received			
Final report issued		Client sponsor	Adam Eckley - Chief Fire Officer Ben Pilkington - Programme Manager 2020
		Distribution	Adam Eckley - Chief Fire Officer Ben Pilkington - Programme Manager 2020 Essex Police, Fire and Crime Commissioner

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1 EXECUTIVE SUMMARY

1.1 Background

An audit of Programme 2020 at Essex Police Fire and Crime Commissioner Fire and Rescue Authority has been carried out as part of the approved internal audit plan for 2017/18, to provide assurance that the Programme 2020 is being implemented in line with the agreed Essex Fire Authority Strategy 2016 – 2020.

The Service underwent constitutional change effective from the 1 October 2017 when the Essex Fire Authority was replaced with the Essex Police, Fire and Crime Commissioner, Fire and Rescue Authority (the Commissioner). The governance structure for reporting progress against Programme 2020 has been changed and is now through the Fire and Rescue Performance and Resources Board which is chaired by the Commissioner.

The implementation of Programme 2020 is underway and the Service has recently reviewed their operational monitoring of projects to include all projects, not just those relating to Programme 2020. As a consequence, they have renamed the Programme Management Board to the Change Board.

Our audit focused on the work of the Change Board in delivering Programme 2020 through their monitoring of workstreams and assessment of risks that may impact on overall delivery of the programme.

As part of our audit work we reviewed four projects in depth to establish that there was appropriate approval and monitoring of projects:

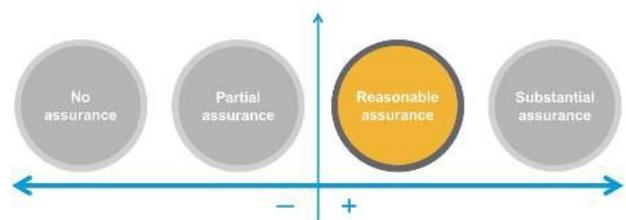
- Specials appliance relocation project
- Appliance removal and staff relocation project
- Station based fire fighters delivering community safety activity project
- HR & OD Business Solution (HOBS) project (capital project)

1.2 Conclusion

We have given a reasonable assurance opinion as we found that there were controls in place to deliver Programme 2020 that were adequately designed and in most cases, were effective. However, we identified weaknesses with the recording of Change Board minutes for the review of the programme risk register and the recording of challenge and discussion of the status of Programme 2020 projects at monthly meetings. We also noted that there were several low priority actions where improvement could easily be made by the formatting, clear linkage of key documents and inclusion of additional project information in programme reporting documents.

Internal audit opinion:

Taking account of the issues identified, the Commissioner and Service can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



1.3 Key findings

The key findings from this review are as follows:

Fire and Rescue Performance and Resources Board

We confirmed that the terms of reference for the newly formed Fire and Rescue Performance and Resources Board were included in Constitution for the Essex Police, Fire and Crime Commissioner Fire and Rescue Authority (the Commissioner) which were approved by Commissioner's decision sheet on 24 October 2017 effective from 1 October 2017. We noted that the remit of the Board was to ensure that budgeted resources are closely aligned with fire priorities and to ensure that resources are effectively and efficiently being utilised with a specific duty to monitor the progress made in delivering the planned transformation savings. We identified that meetings were to be held monthly and that the membership of the Board was appropriate with representation from both the Police and Fire services and chaired by the Commissioner. We noted that the Board had no decision-making powers but the Commissioner or their Deputy had the power to make a decision if deemed necessary. The Boards function include acting as an oversight body for the Programme 2020.

Strategy 2016 - 2020 Themes

We reviewed the Essex Fire Authority Strategy 2016 to 2020 - Leading the way to a safer Essex, and confirmed that the themes of the strategy and related objectives are included within the narrative of each theme. We confirmed that for each theme there were objectives and outcomes that would demonstrate that the objective had been met, these were not clearly stated in a table but were written into the narrative to improve the readability of the document.

Reporting of Programme 2020 to the Programme Management Board/Change Board

We reviewed the reporting to the Programme Management Board in May 2017 and the Change Board in July and September 2017 to update on Programme 2020 performance. We noted that a standard agenda was used for each meeting and that a Narrative Progress Update Report was presented detailing progress for each current project. We noted that since August 2017 the Change Board also received the Overall Project Plan which listed, and RAG rated, all projects. We tested that the action logs maintained for each meeting to ensure that all actions were transitioned when the Board Changed from the Programme Management Board (June 2017) to the Change Board (July 2017). We confirmed that all outstanding actions were correctly transferred.

Minute Review for the Programme Management Board/Change Board

From review of the Programme Management Board minutes for May 2017 and the Change Board Minutes for July and September 2017, we confirmed that there was a good attendance at the meetings and that actions outstanding from previous meetings were reviewed for progress made. All projects were reviewed and discussed in line with the narrative progress report submitted, project updates were ordered by projects completed, progress made and those at initiation stage. Areas discussed were documented in a separate section of the minutes. Risks and Issues were discussed along with any project closure reports.

Minute Review for Essex Fire Authority

We confirmed from minute review of the Essex Fire Authority meeting dated 28 June 2017 and 6 September 2017 that Progress Update against the Programme were given and noted. We confirmed that reports included progress made against the key works identified in the Essex Fire Authority Strategy 2016 – 2020. We noted that as at 6 September 2017 out of the 37 work streams listed, nine work streams were completed, 18 work streams were in progress, one work stream had been merged, eight had yet to commence and one was on hold.

Procedure for Adverse Performance

From review of the Project Progress Update Reports, the minutes and action logs from the Programme Management Board / Change Management Board for May July and September 2017, we noted that any adverse performance flagged in the narrative of each project update in the Progress Update Report was discussed.

We understand from discussion with the Assistant Director - Programme 2020 that there was no RAG rating of project status included in the reports until August 2017, prior to this date activity progress was listed but areas of potential slippage in budget, schedule, scope and benefits realisation were not highlighted, however issues were mentioned within the text of the progress update. From review of the minutes we did not identify any adverse performance in May, we noted that in July and September increased risk recognised around the HOBS project for the implementation of the new Financial Management Information System.

We identified and agreed **one medium priority** management action as follows:

Testing of Project Approval and Monitoring

We selected the following four projects from the key work outlined in the EFA Strategy 2016 – 2020 and tested that projects were monitored for the status of performance against budget, schedule for delivery, scope and benefits realisation. We identified that following exceptions:

Appliance removal and staff relocation Project - Completed on time in February 2017

The closure report for the project was not presented to the Programme Management Board until June 2017. We noted that the report presented to the Board detailed benefits realisation but did not give performance against scope, budget and staff resourced hours to implement the project.

There is a risk if the closure report is not delivered in a timely manner and does not include a scope, cost v budget and FTE analysis, systemic problems with resourcing may not be identified for future projects. This may lead to delays in implementation and a negative impact on staff morale and overall culture.

Specials appliance relocation project and Station based fire fighters delivering community safety activity project

We identified from the September 2017 reporting to the Change Board that both projects were rated amber for budget and schedule for delivery respectively. Both project managers provided an update on the potential issues that had been identified. In line with RAG rating definitions amber rated projects are handled at a project level. We did not identify any evidence in the minutes that discussion, challenge or the impact of the issues identified in the amber status had taken place. We noted that September 2017 was the first indication that there were potential issues with both projects.

HR & OD Business Solution (HOBS) project (Capital)

We reviewed the change in status of the project from June through to September 2017 reported to the Change Board.

We confirmed from the July 2017 minutes that an issue with the project scope was identified that would potentially impact on the delivery date of the project, there was minimal discussion on action to be taken or the impact of the change in scope recorded in the subsequent minutes. From minute review in September 2017 we noted that the new RAG rating system was introduced and that the project was rated red status for project scope and amber status for schedule of delivery. The Board raised concerns that a new scope had not been presented to the Board. We confirmed with the Programme 2020 definition of red status that it requires the Change Board to receive an exception report from the project sponsor with the recommended course of action, including any required change to tolerance. We confirmed that no actions were raised in the action log.

It is important that the status of a project set by the project sponsor is interrogated at each Change Board meeting and the final status agreed by the Board, this should be clearly documented in the minutes and actions raised if necessary.

The Amber status is a flag for potential issues and although monitored at a project level should be monitored closely by the Change Board for impact on Programme 2020. There is a risk that issues are not identified and addressed by the Change Board at the earliest opportunity which may impact on the implementation of necessary remedial action and delay the project completion. **(Medium)**

Additionally, we agreed five low priority management action which are documented in section two of the report.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Risk	Control design not effective*		Non Compliance with controls*		Agreed actions		
					Low	Medium	High
SRR150004 If our governance processes are ineffective there is a risk that we may not be able to engage effectively with partners or we may misalign resources to need and may compromise safety in the delivery of our services to our communities.	1	(9)	7	(9)	6	1	0
Total					6	1	0

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

2 DETAILED FINDINGS

Categorisation of internal audit findings

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

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

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
1.1.2	The Authority established a Programme Management Board to manage Programme 2020. The membership of the Board consisted of the Senior Leadership Team who met monthly to review project progress. The Programme Management Board presented a quarterly	Yes	No	We obtained the terms of reference for the Change Board and noted that they contained a version number and were subject to annual review. We confirmed that meetings were to be held monthly and the membership was the Senior Leadership Team. The remit of the Board was to work strategically directing and managing change whilst ensuring visibility of change within the organisation. The terms of reference included an agenda format and a requirement	Low	We will ensure that the terms of reference for the Change Board are updated to reflect that they are a sub group of the Service Leadership Team.	30 November 2017	Assistant Director - Programme 2020

Risk: SRR150004 If our governance processes are ineffective there is a risk that we may not be able to engage effectively with partners or we may misalign resources to need and may compromise safety in the delivery of our services to our communities.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>update report to the Authority.</p> <p>The name of the Programme Management Board was changed in 20 June 2017 to the Change Board. This was approved by SLT in their June 2017 meeting.</p> <p>The Board remit was changed to monitor all projects within the organisation rather than just those related to Programme 2020.</p>			<p>that meeting minutes and actions required were kept.</p> <p>We assessed that the terms of reference were adequate, however we noted that Senior Leadership Team who approved the terms of reference in their meeting on 20 June 2017 are made up of the same membership as the Change Board. Approval for the amended terms of reference should be from the Fire and Rescue Performance and Resources Board.</p> <p>There is a risk that the remit and duties are not aligned with the Essex Police, Fire and Crime Commissioner Fire and Rescue Authority (the Commissioner).</p>				
1.1.4	<p>The Programme 2020 risk register is maintained in the JCAD risk management system.</p> <p>The impact of change has been considered and reviewed as part of the process of recording identified risks.</p> <p>The impact of change on human resources for Programme 2020 was minimised through the initial choice of strategic options at the public</p>	Yes	No	<p>We reviewed the key risks identified for implementation of Programme 2020 to ensure that human and capital impacts of change had been considered.</p> <p>We confirmed that six risks had been identified and included in the JCAD risk management system.</p> <p>From our review, we found that one key risk did not evidence capital impacts, but was considered to have a potential capital expenditure impact. (P20200011-The Emergency Services Collaboration Programme Board takes decisions which conflict</p>	Low	<p>We will review the key risks included in the Programme 2020 risk register to ensure that the capital expenditure impact of change is considered and included in the risk register if applicable.</p>	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>consultation stage.</p> <p>The option selected required that the potential for compulsory redundancies should be avoided or minimised wherever possible.</p> <p>The impact of change on capital resources were also considered and identified from the development of the Efficiency Plan and the medium term financial plan.</p>			<p>with those of the Change Board).</p> <p>There is a risk that not all potential impacts have been considered if these are not clearly documented.</p>				
1.1.5.a	<p>The streams of work identified in the programme 2020 strategy are recorded in an Overall Programme Plan.</p> <p>The Plan is updated each month by the Assistant Director - Programme 2020 using project updates received from the Project managers. The updates are summarised in a Narrative Progress Update Report that is presented monthly to</p>	No	N/A	<p>We reviewed the September 2017 Narrative Progress Update Report presented to the Change Board against the Overall Project Plan to ensure that all projects were included.</p> <p>We found that:</p> <ul style="list-style-type: none"> The project names in the Narrative Progress Update Report did not match the Overall Project Plan (green book job evaluation v job evaluation); Project numbers were not included for all projects in the narrative progress update (E-learning); The project numbers used did not 	Low	<p>We will ensure that the:</p> <ul style="list-style-type: none"> Overall Project Plan includes linkage to the strategic plan 2016-2020, that project names and numbers are consistent and provide clear linkage between documents and completed projects are recorded in a separate tab in the plan. Narrative Progress Update Report includes project timeframes, tracking 	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>the Change Board.</p> <p>The Plan originally included only projects relating to Programme 2020, but since July 2017 it has been extended to include all the Service projects, to ensure project monitoring across the Service is consistent.</p> <p>The projects in Programme 2020 can be found in the Essex Fire Authority Strategy 2016 – 2020, but there are no specified links to the Strategy themes or objectives in either the overall plan or the individual project plans.</p>			<p>correspond or provide linkage to the original work plan in the EFA Strategy 2016-2020;</p> <ul style="list-style-type: none"> • Each project in the Overall Project Plan did not show the linkage to the theme from the EFA Strategy 2016-2020; • Completed projects were deleted from the Overall Project Plan spreadsheet rather than retaining on a separate tab (Appliance removal and staff relocation project); • There was no indication of the timescale of the projects included for example expected start and completion date in either the Narrative Progress Update Report or the Overall Project Plan; • In the Narrative Progress Update Report, when the RAG rating of the budget, schedule, scope or benefit was deemed to be amber or red there was no documentation of the impact this might have on the original project completion date or financial implications by the project owner. • There is no tracking by project of the status for budget, schedule, scope or benefits realisation only a snap shot of current 		<p>of RAG status for each project by use of direction of movement arrows, and for projects RAG amber or red the impact of any potential slippage from original target dates or budget will be documented for discussion at the Change Board.</p>		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				<p>performance.</p> <ul style="list-style-type: none"> The overall project plan included all projects organisational wide and did not differentiate projects relating to Programme 2020. <p>It is important that reporting is easily understood, can be tracked between documents, timeframe for completion are included, and that projects identified with potential delays or issues are assessed for impact.</p> <p>There is a risk that the extent of slippage of a project and the impact on interdependent project or external stakeholders may not be understood or communicated.</p>				
1.1.5. b	<p>The Overall Project Plan includes details of each project and identifies the project sponsor, the project manager and the project RAG rating status for budget, schedule of delivery, scope and benefits realisation.</p> <ul style="list-style-type: none"> Green - on track Amber - potential slippage, Red - slippage from 	Yes	No	<p>We confirmed that the overall project plan included the name and details of the project, status of project, details of project sponsor and manager and RAG rating of Budget, scheduling, scope and benefits realisation.</p> <p>We noted that it did not include details of the financial and human resources required to deliver the projects and key milestones for project delivery.</p> <p>Inclusion of project costs, required resources and key milestones in the overall project plan would give context to the monthly project progress updates to the Change</p>	Low	<p>We will consider updating the overall project plan to include project costs, required resources, key milestones and expected completion dates to assist understanding for both internal and external stakeholders.</p>	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>plan</p> <p>We noted that the Plan did not include project costs, human resources, key milestones or expected completion dates this has been identified as a weakness in control.</p>			<p>Board and the Fire and Rescue Performance and Resources Board. There is a risk that focus may not be directed to critical projects.</p>				
1.1.8	<p>The risks identified for Programme 2020 are recorded in a risk register in the JCAD risk management system.</p> <p>Each month the Programme 2020 risk register is reviewed as an agenda item by the Change Board.</p> <p>Any changes made to the risks are updated to JCAD and this is recorded in the meeting minutes.</p> <p>Project level risks may be included in the Programme 2020 risk register if they have interdependencies with other projects that impact on the programme as a whole or if they may impact on</p>	Yes	No	<p>We confirmed that review of Programme 2020 risk was included as an agenda item for the Programme Management Board meeting in May 2017 and the Change Board in July and September 2017.</p> <p>We reviewed the meeting minutes and noted that there was minimum documentation of the risk review carried out in May and July 2017.</p> <p>However, we noted that in September 2017, that the Board commented that risk reviews undertaken should be recorded. We confirmed that a risk review was undertaken and documented for four risks in the September 2017 meeting. However, we noted that two risks were not documented as being assessed. These were in relation to, failure to deliver cultural change and</p>	Low	<p>We will ensure that the Change Board regularly review all risks in the Programme 2020 risk register for currency and record this in the minutes.</p>	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	external parties.			<p>Judicial Review delays or prevents the implication of change when required.</p> <p>It is important that a review of all risk is completed, to ensure that all risks are identified, assessed for currency and controls and mitigations are sufficient to address the risks.</p>				
1.1.9a	<p>The work stream projects for the programme 2020 are contained within the key work outlined in the Essex Fire Authority Strategy 2016 - 2020</p> <p>The projects that are in delivery and initiation phase are included in the Overall Programme 2020 plan.</p> <p>Each project has a Project Initiation Document (PID) in place that is approved by the Change Board. This documents key information for the project in line with PRINCE 2 project management.</p> <p>The projects can be of</p>	Yes	No	<p>We selected the following four projects from the key work outlined in the EFA Strategy 2016 – 2020 for testing:</p> <ul style="list-style-type: none"> • Specials appliance relocation project • Appliance removal and staff relocation Project • Station based fire fighters delivering community safety activity project • HR & OD Business Solution (HOBS) project (capital project) <p>We found that all the projects tested:</p> <ul style="list-style-type: none"> • Were included in the EFA Strategy; • Had PIDs approved appropriately; • Had PIDs that included financial costs for delivery and internal 	Low	We will ensure that all PIDs quantify the cost of FTEs as part of the project cost.	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	capital or non-capital nature.			<p>FTEs required for the project;</p> <ul style="list-style-type: none"> • Had PIDs that documented roles and responsibilities defined • Were reported throughout the year to the Programme; Management Board / Change Board; • Had current RAG status of live projects was reported to the Change Board in September 2017. <p>We noted the following exception:</p> <ul style="list-style-type: none"> • Cost of FTE for Appliance removal and staff relocation Project had not been quantified. 				
1.1.9b	<p>Each project has a PID in place that sets out the project plan and indicates the budget, project milestones and a timeline for project completion, scope and expected benefits to be realised from the project.</p> <p>Oversight of project progress against the project plan is monitored by the Change Board at their monthly meetings by</p>	Yes	No	<p>For the same four projects selected from the key work outlined in the EFA Strategy 2016 – 2020 we tested to ensure that projects were on with track budget, schedule for delivery, scope and benefits realisation.</p> <p>We found the Appliance removal and staff relocation Project had been completed in February 2017 which was on time. The closure report for the project was however presented to the Change Board in June 2017.</p> <p>We confirmed that the report detailed benefits realisation but did not give performance against budget and staff resourced hours to implement</p>	Medium	<p>We will ensure that:</p> <ul style="list-style-type: none"> • Project closure reports are submitted to the Change Board within a reasonable time from project completion and that they include reporting on project performance against budget, schedule of delivery, scope and benefits realisation. • There is appropriate challenge of all 	30 November 2017	Assistant Director - Programme 2020

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	review of the Narrative Update Progress Report.			<p>the project.</p> <p>There is a risk if the closure report is not delivered in a timely manner and does not include a cost v budget and FTE analysis, systemic problems with resourcing may not be identified for future projects. This may lead to delays in implementation and a negative impact on staff morale and overall culture.</p> <p>We found for the two of the live projects tested (specials appliance relocation project and Station based fire fighters delivering community safety activity project) they were rated amber for budget and schedule for delivery respectively</p> <p>Both project managers provided an update on the potential issues that had been identified. In line with RAG rating definitions amber rated projects are handled at a project level.</p> <p>We did not identify any evidence in the minutes that discussion, challenge or the impact of the issues identified in the amber status eventuating occurred. We noted that September 2017 was the first indication that there were potential issues with both projects.</p> <p>We found that the HR & OD Business Solution (HOBS) project was rated red status for project</p>		project set at amber or red status presented to the Change Board and that decisions on agreed status are clearly documented in the meeting minutes with action raised if required.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				<p>scope and amber status for schedule of delivery.</p> <p>We reviewed the change in status of the project from June through to September 2017 reported to the Change Board.</p> <ul style="list-style-type: none"> • June – on track minor delays with data cleansing. • July- an issue was identified in the progress update report that customisation of the system may be required which could delay go live, a new risk was added to the project risk register. This was noted in the Change Board minutes but no action raised. • August – Progress Update Report stated that the PID was being reviewed which would change the time line for implementation, no indication was given as to when this would be. The Change Board minutes did not discuss any potential delay only that customisation may be necessary. No action raised • September – Progress Update Report showed that the project was RAG rated red for scope status and amber for schedule for delivery status. Red status requires the Change Board to receive an exception report from the project sponsor with the 				

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
				<p>recommended course of action, including any required change to tolerance. The update said that a new PID would be presented at the meeting. This did not happen. In the Change Board minutes concerns were raised over the lack of representation from the project sponsor at the meetings and that no PID has been presented. We noted that no action was added to the action log.</p> <p>It is important that the status of a project set by the project sponsor is interrogated at each Change Board meeting and the final status agreed by the Board, this should be clearly documented in the minutes and actions raised if necessary.</p> <p>The Amber status is a flag for potential issues and although monitored at a project level should be monitored closely by the Change Board.</p> <p>There is a risk that issues are not identified by the Change Board at the earliest opportunity which may impact on the implementation of necessary remedial action.</p>				

APPENDIX A: SCOPE

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

Scope of the review

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

Objective of the risk under review	Risks relevant to the scope of the review
To ensure that the Service is: <ul style="list-style-type: none">• Service Led;• Community Focused;• Values Driven; and• Financially Sustainable.	SRR150004: If our governance processes are ineffective there is a risk that we may not be able to engage effectively with partners or we may misalign resources to need and may compromise safety in the delivery of our services to our communities.

Controls selected from your risk register and reviewed during the audit:

Request that the audit includes the Human Resources and Organisational design business solution project (HOBS) as one of the projects sampled.

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

This review will focus on the work of the Programme Management Board in delivering Project 2020. This will include ensuring that:

- Programme 2020 has been approved as part of the Essex Fire Authority Efficiency Plan 2016-20;
- A Programme Management Board has been established with appropriate membership, responsibilities, terms of reference and integration into the wider governance structure;
- Key objectives of Programme 2020 have been defined and are clear about the outcome to be achieved;
- Key risks to Programme 2020 have been identified, this includes the human and capital impacts of changes;
- Streams of work have been established to deliver the objectives, these are clearly linked to the objectives and have identified the resource requirements in terms of costs and staff time;
- Streams of work are clearly owned and led by senior management;
- Delivery performance is reported to the Programme Management Board and Authority on a regular basis;
- Adverse performances are identified, reviewed and actioned on a regular basis; and
- Risks are regularly reviewed and escalated in line with the Authorities wider risk management processes.
- As part of our review we will sample some aspects of the streams of work to review their completion, this will include at least one capital project.

Limitations to the scope of the audit assignment:

- We will not guarantee that Programme 2020 will be successful;
- We will not confirm that Programme 2020 has the skills and resources needed;
- We will not confirm that all risks have been identified and actioned appropriately;
- We will not confirm that Programme 2020 will deliver the savings and efficiencies planned;
- All testing will be compliance based sample testing only; and
- Our work will not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

Ben Pilkington	Assistant Director - Programme 2020
Kim Pepper	PA to the Chief Fire Officer

FOR FURTHER INFORMATION CONTACT

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