



Essex County
Fire & Rescue Service

ESSEX POLICE, FIRE AND CRIME COMMISSIONER FIRE AND RESCUE AUTHORITY

INTERNAL AUDIT REPORT AUDIT COMMITTEE

24 MARCH 2023

MAKING ESSEX A SAFE PLACE TO LIVE, WORK AND TRAVEL

CONTENTS

SECTION 1 – SUMMARY AND COMPLETED AUDITS 3

SECTION 2 – NEW RECOMMENDATIONS AND ACTIONS..... 4

SECTION 3 – RECOMMENDATIONS PROPOSED FOR CLOSURE 5

SECTION 4 – ECC DATA PROTECTION UPDATE 6

SECTION 5 – OUTSTANDING RECOMMENDATIONS 7

SECTION 6 – OVERDUE RECOMMENDATIONS..... 9

SECTION 1 – SUMMARY AND COMPLETED AUDITS

This summary shows the total amount of high and medium recommendations as well as how many have been completed or remain outstanding. Recommendations outside of their due date are highlighted in the last column.

Detailed updates on outstanding and overdue recommendations are provided later sections.

Audit Report Title	Total Recommendations		Completed Recommendations		Recommendations Outstanding		Recommendations outside of due date	
	High	Medium	High	Medium	High	Medium	High	Medium
22/23 Follow-Up	-	6	-	1	-	5	-	-
22/23 Emergency Response Driving	-	3	-	1	-	2	-	2
22/23 Control Room	-	2	-	2	-	-	-	-
21/22 Follow up	-	2	-	1	-	1	-	1
	-	13	-	5	-	8	-	3
THIS UPDATE	13		5		8		3	
	Percentage complete		38%		Percentage overdue		38%	
	2	12	2	8	-	4	-	4
LAST UPDATE	14		10		4		4	
	Percentage complete		71%		Percentage overdue		100%	

Highlights:

- The audit tracker (see appendix) has been updated to show actions that have not been reviewed by RSM in a follow-up audit.
- 9 recommendations closed from GDPR audit, replaced by Follow-Up 2022/23 audit.
- 2 actions from the Control Room audit, and 1 action from the Follow-Up 2022/23 have been closed, see completed recommendations below.
- Actions from the Follow-Up 2022/23 and Control Room audits have been added to the tracker, as these were reported in the last Audit Committee update.
- 8 recommendations are outstanding, and 3 recommendations are past their due date.
- 6 actions (2 high and 4 medium) will be added to the tracker from audit reports completed in the period (see section 2).

SECTION 2 – NEW RECOMMENDATIONS AND ACTIONS

See background reports (agenda item 6c and 6d) for individual recommendations, which will be included in the tracker going forward. Note that only medium and high recommendations are currently tracked, though action owners are expected to implement all recommendations:

Audit	Assurance	Low	Medium	High
Cybersecurity	Non-assurance engagement	3	3	1
CIPFA FM Code and overtime	FM Code – Substantial Overtime – Partial	2 2	- 1	- 1

SECTION 3 – COMPLETED RECOMMENDATIONS

The actions below were completed in the period:

<u>Control Room</u> Risk Updates	Owner: Head of ICT	Original Due Date:	31/01/2023
		Actual Completion:	20/01/2023
Audit Recommendation: The audit was not able to confirm that risks relating to the control systems project were discussed. If risks are not reviewed in accordance with their review period, there is a risk that risks are not reflective of current practices.			
Update: Project risks have been updated on JCAD – screenshots of the update were retained as evidence. Risk updates have been added to the standing Control System Project Meeting agenda to ensure discussion in future meetings.			

<u>Control Room</u> Dependencies and scrutiny	Owner: Head of ICT	Original Due Date:	31/01/2023
		Actual Completion:	20/01/2023
Audit Recommendation: The audit found a lack of identification of actions to address project delays. If documents containing project updates are not adequately challenged, there is a risk that further delays are not identified and thus rectified in a timely manner.			
Update: An exception report has been prepared for scrutiny of the slippages in the Control Project. This has been shared with the Director of Corporate Services and will be reported to the Programme Management Board. Updates are presented at PMB which provides scrutiny of the project.			

<u>Follow Up 2022/23</u> GDPR – Retention Schedule (medium)	Owner: Information Governance Manager	Original Due Date:	31/03/2023
		Actual Completion:	14/03/2023
Audit Recommendation: The Service's Retention Schedule has not been updated. We will update the retention schedule or implement an alternative schedule for data deletion. This will be submitted to the next Information Governance Board for approval.			
Update: The retention schedule has been produced and approved by the Information Governance Board.			

SECTION 4 - ECC DATA PROTECTION UPDATE

The Data Protection audit is owned by the Information Governance (IG) team with the support of Essex County Council. Actions are reviewed on a periodic basis by the IG team, the last of which was conducted in January. Assurance is therefore provided by Essex County Council rather than RSM.

Recommendations are detailed below:

Information Governance (Essex County Council)

	Total Recommendations			Completed Recommendations			Recommendations Outstanding			Recommendations Outside of Due Date		
	Low	Med	High	Low	Med	High	Low	Med	High	Low	Med	High
Transparency & Accountability	4	5	1	1	2	-	3	3	1	3	3	1
Records Management	4	2	4	2	-	-	2	2	4	1	-	1
Risk & Assurance	7	4	3	4	3	2	3	1	1	1	1	-
Training & Awareness	2	2	2	-	-	1	2	2	1	-	1	-
TOTALS	17	13	10	7	5	3	10	8	7	5	5	2

The Information Government team **have implemented 5 actions** in the period, following a review of actions in January (ECC re-audit periodically). Specific action updates have been provided in the update report (see audit tracker).

Going forward, the Performance & Resources Board have recommended that GDPR actions are audited by a third party audit provider rather than Essex County Council, due to their involvement as Data Protection Officer of the Service.

SECTION 5 – OUTSTANDING RECOMMENDATIONS

<u>Follow Up 2022/23</u> GDPR – Data Breaches (medium)	Owner: Information Governance Manager	Original Due Date: Estimated to complete:	31/03/2023 30/09/2023
Audit Recommendation: The Service has not conducted any Data Breach testing to ensure a resilient response to data breaches.			
Update: Due to Service priorities, this has been moved to the new financial year. We have policies and procedures in place to mitigate this risk, therefore other actions have taken priority. We have seen an increase in engagement with the Information Governance team because of these actions, through more data breach reporting and data protection impact assessments.			
<u>Follow Up 2022/23</u> GDPR – Training (medium)	Owner: Head of Learning & Development	Original Due Date: Estimated to complete:	31/03/2023 30/06/2023
Audit Recommendation: There is a low completion rate of mandatory Data Protection training and incomplete training is not being chased by Learning and Development. We will target a 95% completion rate by March 2023.			
Update: As of 9/03/2023, the GDPR module has a completion rate of 89%, which is very positive. To support this, mandatory training is tracked and chased by the Learning & Development and Human Resources Teams to mitigate the risk of non-completion. We have set a high target of 95%, which may be difficult to achieve given a certain percentage of staff will be unable to complete the training due to long term sickness or will be outstanding due to new joiners. The Continuous Improvement Board recommended that we should evidence this to close this action.			

<u>Follow Up 2022/23</u> GDPR – Data Flows (medium)	Owner: Information Governance Manager / Head of Procurement	Original Due Date:	31/03/2023
		Estimated to complete:	30/06/2023

Audit Recommendation:

The contracts register has not been updated with information flows to suppliers. Supplier information security questionnaires are not consistently completed. We will ensure the Information Asset Register and Contracts Register are updated showing information flows.

Update:

The Information Governance Manager and Procurement Manager met throughout the quarter to action and discuss risks. A further meeting taking place in February with the ICT Contract Manager to close this action. The contract pipeline has been updated to show data protection requirements, though this record will always have outstanding documentation due to new contracts. We will reach out to RSM in Q1 to review if this action can be signed off as complete.

<u>Follow Up 2022/23</u> GDPR – Information Asset Register (medium)	Owner: Information Governance Manager	Original Due Date:	31/03/2023
		Estimated to complete:	30/06/2023

Audit Recommendation:

Information asset owners have not been performing periodic updates on their areas of the information asset register. Compliance with policies is not being actively monitored.

Update:

A reminder with a deadline has been sent to all information asset owners with a February deadline. A Record of Processing activities is currently being updated by the Information Governance Team. Compliance with policies will be monitored by the IG Manager when they have been implemented/published.

<u>Follow Up 2022/23</u> Business Continuity (medium)	Owner: Business Continuity Advisor	Original Due Date:	30/06/2023
		Estimated to complete:	30/06/2023

Audit Recommendation:

If critical supplier business continuity plans are not maintained and reviewed by the Service, there is a risk that the Service may not have adequate oversight over business continuity arrangements. Supplier business continuity plans will be recorded for all critical suppliers.

Update:

The Procurement Manager and Business Continuity advisor are starting to discuss the actions required to implement this, starting with preparing a list of Critical Suppliers.

SECTION 6 – OVERDUE RECOMMENDATIONS

<u>Emergency Response</u> <u>Driving</u> Compliance with Standards (Medium)	Owner: Director of People Services	Original Due Date: 01/10/2022	01/10/2022
		Estimated to complete:	30/06/2023
Audit Recommendation: Through review of the Compliance Tracker, the audit found that ECFRS are not compliant with three out of six areas. We will implement activities to ensure compliance with the Fire Standards Board's requirements (see report for details).			
Update: There are two areas outstanding to comply with the Fire Standards: <ul style="list-style-type: none"> Implement external quality assurance of trainers – the L&D team are reviewing their options for external providers for this. Implement a Driver Training Policy – see below for further details. 			
Why Overdue: <ul style="list-style-type: none"> Compliance with standards is dependent on the Driver Training Policy being agreed and implemented. We are also waiting for a National Assurance Programme to be established by the NFCC to gain external quality assurance. 			

<u>Emergency Response</u> <u>Driving</u> Driver Training Policy (Medium)	Owner: Director of People Services	Original Due Date: 01/10/2022	01/10/2022
		Estimated to complete:	30/06/2023
Audit Recommendation: Roles of staff responsible for compliance is not outlined in the Driving Training Policy. Some sections of the policy lack key information. We will ensure that the Driving Training Policy is updated and presented to SLT for approval in September 2022.			
Update: <ul style="list-style-type: none"> The Driver Training Policy has been drafted for approval and was presented to the Learning and Development Steering Group on 19th October 2022. Further amendments are required to the policy, which will require rep body approval. 			
Why overdue: <ul style="list-style-type: none"> Rep body approval is required for all policies – the policy was presented to rep bodies for comment on 25th October, which caused a delay to full approval. 			

Follow-up - 2022 Procurement (Medium)	Owner: Chief Finance Officer	Original Due Date:	30/06/2022
		Estimated to complete:	06/07/2023
<p>Audit Recommendation: As a result of the review of set up in the organisation, procurement will become a centralised function across the organisation (this will be a significant change from current structure).</p> <p>The cleaning contracts with Pinnacle and Monthind will be prioritised for tender as soon as possible and work is expected to start on this in June. The Service will look to review and identify all contracts that have reached their expiry dates across the organisation, with a view to taking re-procurement action.</p>			
<p>Update:</p> <ul style="list-style-type: none"> • Category Manager roles have been appointed for ICT and Corporate Ops. The role in ICT started in April, followed by the Corporate Ops in September. • The Category Manager for Property has left the Service and we are recruiting a replacement. The Head of Procurement is providing cover of the role in the meantime. • The national tender for the cleaning contract will conclude in June, with contract signature no later than 6th July. • We have completed a market analysis exercise, which indicated the Service should join the 7F contract for ground maintenance. • We have joined the 7F waste contract. • A contract pipeline has been produced and is in use. 			
<p>Why Overdue:</p> <ul style="list-style-type: none"> • This recommendation has been contingent on the re-procurement of specific contracts. 			