



Essex County
Fire & Rescue Service

ESSEX POLICE, FIRE AND CRIME COMMISSIONER FIRE AND RESCUE AUTHORITY

INTERNAL AUDIT REPORT AUDIT COMMITTEE

16 JUNE 2023

MAKING ESSEX A SAFE PLACE TO LIVE, WORK AND TRAVEL

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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	Directorate	Total Recommendations		Completed Recommendations		Recommendations Outstanding		Recommendations outside of due date					
		High	Medium	High	Medium	High	Medium	High	Medium				
22/23 FM Code and Overtime	Chief Finance Officer	1	1	-	1	1	-	-	-				
22/23 Cyber Essentials	Director of Corporate Services	1	3	-	-	1	3	-	-				
22/23 Follow-Up	Various	-	6	-	2	-	4	-	2				
22/23 Emergency Response Driving	Director of People Services	-	3	-	1	-	2	-	2				
21/22 Follow up	Various	-	2	-	1	-	1	-	1				
22/23 Control Room	Director of Corporate Services	-	2	-	2	-	-	-	-				
		2	17	-	7	2	10	-	5				
		19		7		12		5					
		Percentage complete				37%		Percentage overdue				42%	
		-	13	-	5	-	8	-	3				
		13		5		8		3					
		Percentage complete				38%		Percentage overdue				38%	

Highlights:

- 19 total RSM recommendations tracked up from 13, as actions from the FM Code and Overtime (1 high, 1 medium) and Cyber Essential (1 high, 3 medium) audits were added to the tracker.
- 2 RSM recommendations completed (see section 4 for details)
- 12 recommendations are outstanding, and 5 recommendations are past their due date.
- Two audits completed this period, see next section.

SECTION 2 – COMPLETED AUDITS THIS PERIOD

- The Change Management audit completed in the period, providing **substantial assurance** and **two low recommendations** (see agenda item 6b).
- The Efficiency and Cost Saving audit completed in the period, the draft report shows **reasonable assurance**, with **one high and three low recommendations** (see agenda item 6c).

SECTION 3 – INFORMATION GOVERNANCE

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 August. Assurance is therefore provided by Essex County Council rather than RSM.

Completed recommendations are detailed below:

Information Governance (Essex County Council)

	Total Recommendations			Completed Recommendations		
	Low	Med	High	Low	Med	High
Transparency & Accountability	4	5	1	4	4	-
Records Management	4	2	4	3	-	-
Risk & Assurance	7	4	3	4	2	2
Training & Awareness	2	2	2	-	1	2
TOTALS	17	13	10	7	6	4
LAST UPDATE				7	5	3
COMPLETED ACTIONS				-	1	1

The Service is currently exploring a third party assurance provider to review these actions. Some of the completed actions this period is pending review of the third party assurance provider.

See internal audit tracker – ECC actions for further information.

SECTION 4 – COMPLETED RECOMMENDATIONS

<u>FM Code and Overtime</u>	Owner:	Original Due Date:	30/04/2023
Action 2 – Overtime Approval (Medium)	Payroll Manager Head of People Ops	Actual Completion:	24/05/2023
Audit Recommendation: Without thorough and detailed checks being completed by the station/line manager and approval being obtained from the budget holder, there is a risk unforeseen overspends in agreed budgets. We will ensure approvers complete checks on overtime before submission to payroll.			
Update: <ul style="list-style-type: none"> Detailed validation checks are carried out by the Payroll Department – May's payroll checks were obtained as evidence. Comms have been circulated to all managers to ensure time sheets are reviewed and approved correctly. 			

<u>Follow Up 2022/23</u>	Owner:	Original Due Date:	31/03/2023
GDPR – Data Breaches (medium)	Information Governance Manager	Actual Completion:	30/03/2023
Audit Recommendation: The Service has not conducted any Data Breach testing to ensure a resilient response to data breaches.			
Update: There was a major data breach in the period, which was reported to the ICO. The data breach occurred through the misuse of SharePoint that led to the sharing of payslip information within the Service. A detailed lessons learned was produced as a result, with specific feedback from the ICO (see appendix) which will be implemented by the Information Governance team. We have a policy and processes in place for reporting Data Breaches.			

SECTION 5 – OUTSTANDING RECOMMENDATIONS

<u>FM Code and Overtime</u> Action 1 – Overpayments (High)	Owner: Sarah Webster	Original Due Date:	30/06/2023
		Estimated to complete:	30/09/2023
Audit Recommendation: The Service currently does not undertake spot checks or have a reconciliation process in place to ensure that overtime claims are accurately recorded prior to payments being made. We will: <ul style="list-style-type: none"> - Write to all individuals to recover overpayments. - Undertake retrospective review of accuracy of payments made. - Perform ongoing checks on all overtime payments. - Contact CIVICA to resolve the ability to overwrite hours on timesheets. 			
Update: <ul style="list-style-type: none"> • The individuals have been written to and recovery is being made. • Retrospective check from November 22 to date to be carried out in June. • Additional checks have been built into our Timesheets check, to capture any incorrect (overwritten) hours from our May 23 payroll. • Contact has been made with Civica and the ability to not be able to overwrite hours will be out in their next release. They have not given a date for this next release, but generally around September, therefore the estimated completion date has been pushed back however the other actions will be completed by the original deadline. 			

<u>Cyber Essentials</u> 3 Medium and 1 high recommendation	Owner: Head of ICT	Original Due Date:	31/12/2023
		Estimated to complete:	31/12/2023
Audit Recommendation: Various actions: <ul style="list-style-type: none"> - User Accounts and administrative accounts (3 actions relating to this). - Office firewalls and internet gateways. 			
Update: <ul style="list-style-type: none"> - The ICT team have started discussions to plan for implementation before the deadline at the end of December. 			

<u>Follow Up 2022/23</u> GDPR – Information Asset Register (medium)	Owner: Information Governance Manager	Original Due Date:	30/06/2023
		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, the majority of owners have responded. A Record of Processing Activities is currently being updated by the Information Governance Team, this will be completed by the end of June. 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:	30/09/2023
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: We have prepared a list of Critical Suppliers and a member of the Procurement team is contacting these suppliers to ensure we have BC plans recorded, this process is ongoing. This action has been pushed back due to the Procurement team being under-established, however a member of the team has started to contact 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
		Estimated to complete:	31/12/2023
Audit Recommendation: Through review of the Compliance Tracker, the audit found that ECFRS are not fully compliant with the Standards. We will implement activities to ensure compliance with the Fire Standards Board's requirements.			
Update: There are two areas outstanding to comply with the Fire Standards: <ul style="list-style-type: none"> • Implement external quality assurance of trainers – We are working with both Cambridge and Norfolk FRS to provide this assurance and meetings have been arranged in June and July to progress this. • NFCC are putting together the National Audit team – we are seeking involvement in this programme. It is uncertain when this team will be in place but is expected by the end of the year. • Implement a Driver Training Policy – see action below for further details. 			
Why Overdue: <ul style="list-style-type: none"> • The action owner in the Training department has been on long term sick so has been unable to progress this action since January. • Compliance with standards is dependent on the Driver Training Policy being agreed and the NFCC National Audit team has not yet been set up. 			

<u>Emergency Response</u> <u>Driving</u> Driver Training Policy (Medium)	Owner: Director of People Services	Original Due Date:	01/10/2022
		Estimated to complete:	31/10/2023
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. Further amendments are required to the policy, which will require rep body approval. The latest version will be presented to the Steering Group on 5th June. 			
Why overdue: <ul style="list-style-type: none"> • The policy requires drivers to be re-assessed if they do not carry out emergency driving in 6 months – the monitoring of this needs to be carefully considered before approval. • As above, the action owner has been on long term sick so was unable to progress this. 			

<p>Follow-up - 2022 Procurement (Medium)</p>	<p>Owner: Chief Finance Officer</p>	<p>Original Due Date:</p>	<p>30/06/2022</p>
		<p>Estimated to complete:</p>	<p>31/07/2023</p>
<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 been recruited and is awaiting a start date. 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. 			

Follow Up 2022/23 GDPR – Training (medium)	Owner: Head of Learning & Development	Original Due Date:	31/03/2023
		Estimated to complete:	Ongoing
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 24/05/2023, the GDPR module has a completion rate of 88%, 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 (around 3% of staff) or will be outstanding due to new.			
Why Overdue: As above, a 95% target is very high to achieve. We have persisted to chase completion of this training and will continue to do so; however, People Services are in business continuity due to staff shortage so it should be noted that the priority of the team is to maintain service provision at this time. Implementation will be ongoing as we continue to track training completion rates.			

Follow Up 2022/23 GDPR – Data Flows (medium)	Owner: Information Governance Manager / Head of Procurement	Original Due Date:	31/03/2023
		Estimated to complete:	31/12/2023
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: There is a Data Protection Impact Assessment (DPIA) process for all new contracts which reviews the processing of personal data flows. Where there is a data sharing agreement, this is held on the contracts register. Procurement and Information Governance are reviewing historic contracts to ascertain if a DPIA is required, however, this is ongoing. In the Record of Processing Activities (ROPA), Information Governance hold a record of data being processed, but the review for completeness against the contracts register is ongoing.			
Why Overdue: The review of historic DPIA's is expected to take a considerable amount of time and is reliant on working with multiple departments to complete. The Procurement team is under established so has been focusing on BAU procurement activities.			

APPENDIX 1 – INTERNAL AUDIT PLAN 2023/24

The internal audit plan below was prepared through consultation with the Extended Leadership Team and the Office of the Police, Fire and Crime Commissioner.

Description	Rational
Finance System – Pre Implementation	Specific area of interest – expected to be added to strategic risk register
Follow Up (Mandatory) – Sample of actions from 2021/22 and 2022/23	Core Assurance
On-call payments/processes	Core Assurance (Key financial control)
Service actions post Grenfell Tower and Manchester Arena	Scrutiny of Fire and Rescue Services following major incidents
Collective productivity of wholetime stations	Specific area of interest, linked to the Fire & Rescue Plan
Culture and behaviours	SRR150019 - Failure to provide a safe and inclusive culture