



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

Service actions post Grenfell Tower and Manchester Arena

Internal audit report: 2.23/24

FINAL

7 September 2023

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1. EXECUTIVE SUMMARY

Why we completed this audit

We undertook a review of Service actions post Grenfell Tower and Manchester Arena at Essex County Fire and Rescue Service (ECFRS) as part of the approved internal audit plan for 2023/24. The objective of the review was to allow management to take assurance that action plans are in place to address the recommendations arising from the Grenfell Tower and Manchester Arena Inquiries and that appropriate governance is in place over the management of these actions. We also completed a deep dive review of evidence in place for a sample of actions reported as implemented for assurance to be taken over the quality of evidence following internal sign-off of actions.

In response to the Grenfell Tower Fire and the terrorist attack on a concert at the Manchester Arena, inquests were held with the aim, amongst others, to uncover what went wrong in the handling of both incidents with the identification of improvements to be made to avoid similar failings in future. Phase One of the Grenfell Tower Inquiry (GTI) and Phase Two of the Manchester Arena Inquiry (MAI) focused on the response of the emergency services with ECFRS using the recommendations to consider its own practices and preparedness. 46 recommendations have been analysed from the GTI and 14 actions from the MAI including two national fire recommendations, four aimed at Greater Manchester Fire and Rescue and eight concerned with the North West Fire Control Room (NWFCR), with a gap analysis completed for both sets of recommendations. A further 36 actions are under the consideration of the Fire Service in relation to the MAI. The Essex Emergency Services Collaboration Portfolio Board (EESCPB) manages the multi-agency response to each of the inquires aimed to take a linear approach to recommendation implementation whereby each emergency service, even where the recommendation was not initially targeted at them, will consider what they can do to ensure a more efficient implementation.

At the time of the review, the Service had implemented 43 of 46 Grenfell recommendations with the remaining three marked as complete but awaiting assurance. Meanwhile, two of the Manchester recommendations have been closed with four complete and assured but waiting Board approval or extra documentation as per the request of the ACFO, six are marked as complete but awaiting assurance and three are marked as open and progressing. All tracking and evidence management is completed through the Microsoft Planner system with the project group responsible for overseeing their completion. The system allows for action owners to view their upload requirements and will send automatic reminders where deadlines are approaching.

The funding of recommendation completion varies by inquest. For Grenfell, over £820k was received by ECFRS in 2022/23 in a combination of grants from the Home Office, with all spending tracked and reported back to the National Fire Chief's Council (NFCC). Meanwhile, Manchester has no external funding with recommendations completed out of existing budgets for the Risk Department within the Service. Updates on spending and action implementation are provided to Performance and Resources Board (PRB) on a quarterly basis.

Conclusion

Overall, we confirmed that the Service had developed actions and established a framework to monitor progress to address gaps identified against both the Grenfell Tower and Manchester Arena Inquiries, as well as considering how existing compliance can be evidenced where no gaps have been identified. We found that the Service had a comprehensive process for allocating actions with clearly identified action owners and assurance partners and defined completion criteria through definitions of done, statements of compliance and completion checklists. We noted that all actions were appropriately managed by the project team, with action owners frequently chased for evidence and further clarification on evidence sought where necessary.

We noted that the ECFRS Project Board - Manchester Arena Inquiry and Grenfell Action Plan (Project Board) report to the PRB on a quarterly basis concerning the progress of actions, with the PRB giving a sufficient level of scrutiny to each report. Finally, we noted that the Grenfell budgets are appropriately tracked with updates provided to the Project Board on a regular basis.

However, we also noted that a number of improvements can be made to enhance how recommendations are implemented in the Service. We found that there is currently no provision for business-as-usual plans once an action has been implemented meaning that compliance with recommendations is not being continuously reviewed as appropriate. We also noted that when planned implementation dates are not believed to be able to be achieved, the date is adjusted without valid justification or due process.

Internal audit opinion:

Taking account of the issues identified, the Essex Police, Fire and Crime Commissioner, Fire and Rescue Authority can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area(s).



Key findings

We identified the following weakness which resulted in two medium priority management action being agreed:



Status of Recommendations (Manchester)

We found that all six actions that were marked as complete but requiring assurance were overdue with the variance between planned implementation date and present day that ranged between two and 124 days. We were advised by the Project Support for Collaboration that the reason for the delay was due to the Level 2 Assurance Partner being absent with a replacement having been sought.

We also noted that planned implementation dates are often adjusted when not believed to be achieved, this results in recommendations often having two implementation dates, the original and a new date which is used to prompt reminders on MS Planner. Through review of the Planner comments and Project Board rolling decision log, we could not confirm whether these extensions had been discussed or agreed with action owners and/or management. When accounting for the original implementation dates, we found that three of the open progressing actions were overdue between 14 and 32 days. Of those awaiting assurance, overdue recommendations varied between 50 to 124 days.

We were advised by the Project Manager for Collaboration that the new implementation date is often consistent with the next Project Board meeting to ensure a comment is available for the Board's consideration; however, often these are not provided, and the implementation date is therefore just extended without explanation.

If implementation dates are adjusted without valid justification or due process, there is a risk that overdue actions could be extended without being subject to due challenge, explanation or approval, which could result in additional risk exposure for extended periods of time. **(Medium)**



Business-as-Usual Planning

For a recommendation to be moved to complete awaiting assurance, the definition of 'done' and completion checklist have to be met and a business-as-usual (BAU) plan completed. Out of a sample of 10 closed GTI recommendations and all six MAI actions which were marked as either closed or complete and assured, we found that a BAU plans had not been uploaded for any of the 16 recommendations. We noted that included within the recommendation actions were serious incident medical training in relation to the Manchester Arena attack and training on updates to fire regulations in light of the Grenfell disaster where it is crucial that long-term completion rates are monitored. Similarly, other actions related to guidance issued with members of the public and internal policies and procedures, which if not regularly reviewed would become out-of-date.

If a BAU plan including regularity and nature of review and long-term owner is not uploaded before recommendations are closed, there is a risk that recommendations will not be complied with long-term, potentially compromising the ability of the Service to effectively respond to major incidents. **(Medium)**

We noted the following controls to be adequately designed and operating effectively:

Grenfell Tower Inquiry



Gap Analysis

We were advised by the Emergency Services Collaboration Portfolio Group Project Manager that multiple gap analysis documents have been completed since the inquiry concerning the 46 recommendations of the Phase One of the GTI. This included a 2019 analysis and a 2021 analysis with the latter being used to inform the current actions.

We reviewed the 2021 Grenfell Gap Analysis spreadsheet and confirmed that all 46 recommendations had been analysed and those with a gap identified had been assigned a service task. We noted that all 46 actions were recorded on the MS Planner, which we were informed is used to track progress and upload evidence for completed tasks.

We were advised by the Project Support for Collaboration that as the gap analysis was initially completed by a different team over 2 years previous of the collaboration team taking over, and as such the approval status of the original gap analysis cannot be confirmed. However, we noted through review that the SLT have had adequate oversight over the Planner including the DCFO who we were informed had attended the initial Grenfell Board meetings which are now known as the Project Board.



Action Identification

We reviewed the GTI Planner and confirmed through review that all 46 recommendations had been assigned an implementation date and SMART action. We confirmed that each action included both a definition of what complete looks like and a checklist of smaller objectives to be met in order to achieve this. We noted that this included evidence to be provided and assurance stages needed to be met in order to sign off the action.

We noted that both a delivery manager and task manager had been identified for each action with the former responsible for completion of the checklists, uploading suitable evidence and the latter being accountable for the overall delivery of the action.



Communications Plan

We reviewed the Post-Grenfell Actions Strategic Communications Plan, created in April 2022 and updated in March 2023 and confirmed that the Service had produced a strategy for communicating with stakeholders affected by the outcomes of the GTI. We found that the plan has both an external and internal outlook with planned external communications including encouraging residents of high-rise buildings to follow safety advice and fit smoke alarms as well as encouraging developers to follow their responsibilities under new Fire Safety (England) Regulations 2022. We noted internal planned communications were included such as encouraging employees to take ownership of the Grenfell plan and follow new ECFRS policies and procedures.

We found that the document outlines how its aims are to be achieved including newsletters, press appeals, and engagement events with each individual communication effort has been listed chronologically with a comment on whether the activity has been completed or not (all were marked as complete at the time of our review).



Governance

We reviewed the Project Initiation Document (PID), effective January 2022 for the Grenfell Tower Recommendations action plan and found that the document outlines the Project Management Team Structure. We noted that it was stated that the management of the project is to be undertaken by a team consisting of the Project Manager, Sponsor and Support who will feed into the Project Board. We found that the Project Board is to be held to account by the SLT led by the Director of Operations.

We confirmed that the PID outlined the reporting requirements within the governance structure for both the funding and financing aspects and the monitoring of progress against actions, the recipients being both internal management and external stakeholders such as the Home Office and the NFCC.



Budget Tracking

Through review of the February, May and June 2023 Protection Uplift and Building Risk Review Reports, we confirmed that existing and planned spending on actions relating to the GTI is tracked and analysed. We noted that each report includes information on the grants received, past expenditure and forecasted spend with the over or under spend in relation to grants also recorded. As at June 2023, forecasted spending was £737k with a £25k forecasted overspend (down from a £135k overspend in February 2023).

Whilst meeting minutes are not produced for the Project Board, through review of the February, May and June 2023 agendas, we confirmed that the reports were scheduled to be presented by the Finance and Monitoring Officer as per their monthly schedule.



Finance Reporting

In addition to the monthly reports to the Grenfell board, we confirmed that a quarterly return (Protection Reporting) confirming planned spending is sent to the Home Office via the NFCC in order for grant monies to be monitored for appropriateness. Essex Fire and Rescue receive an annual grant for the implementation of GTI recommendations which is split into two six-month periods, with the spending of the initial grant dictating whether they are eligible for the remaining.

We also noted that the Service previously received an additional Building Risk Review grant for the surveying of high-risk high rise buildings but this has since ended. We confirmed that a Protection Reporting Document had been produced for Q4 2022/23 and Q1 2023/24, we found that it includes multiple tabs from fire safety activities completed, training and accreditation needs and spending and further spending against grants.

Manchester Arena Inquiry



Gap Analysis

Through review of the Manchester gap analysis document, we confirmed that an assessment had been completed for all 14 related recommendations and the 37 recommendations under consideration. We found that for each recommendation the Service had identified the current practice of the Service and whether a gap arises between this and each recommendation. In the 11 instances where no gap had been identified, an explanation has been given as to how the processes comply with the recommendation. In the three remaining instances where a gap was identified, we noted that the nature of the gap had been explained alongside the action required to close the gap. We noted that these three gaps related to control room deficiencies.



Action Identification

We reviewed 15 recommendations on the MAI MS Planner, including the two national fire recommendations, four recommendations given to Greater Manchester Fire and Rescue, six given to NWFCR and one miscellaneous recommendation concerning school first responder training. For all 15 recommendations, we found that an implementation date, task manager and delivery manager had been allocated. We also confirmed that each action was SMART. In addition to having a definition of what complete looks like, we confirmed that each recommendation had an expectation for the Service and narrative on the current status of the recommendation at the time of our review.

We found that for 12 of the 15 recommendations both a statement of compliance and definition of 'done' had been provided as these were actions where no gap had been identified between the activities of the Service and the recommendation. In these instances, the definition of 'done' outlined what was needed to evidence existing compliance. For the remaining three actions where a gap had been identified, a definition of 'done' had been identified outlining what was needed to evidence the closure of the action.



Governance

We reviewed the PID for the MAI recommendations action plan, effective November 2022 and confirmed that it outlined the governance structure and the processes introduced for ensuring the delivery of agreed actions relating to the Inquiry. We noted that the PID also includes a process flowchart showing the governance structure and the quarterly reporting requirements. We noted that it was stated that the management of the project is to be overseen by the Project Board. We found that the Project Board is to be held to account by the SLT led by the Director of Operations.



Evidence Quality

For the two MAI recommendations marked as closed and four marked as completed and assured, we reviewed all evidence provided against the definition of 'done' and completion checklist. We confirmed that in five of the six instances, sufficient evidence had been provided to justify the closure of the action (such as training presentations with completion rates). In the remaining instance, we noted that the action was not one of the Service's core actions and instead related the Department of Education and pupils receiving first responder training. The recommendation had been closed with a statement of compliance which we note is sufficient considering its focus being outside ECFRS.

Whilst the evidence was coherent in signing off the actions against the prescribed definitions of done, we noted that the new ACFO had considered that more work was necessary to address the initial recommendation itself. We were informed that a similar review is going to be undertaken for the Grenfell evidence to ensure recommendations have been appropriately signed off and to give additional internal assurance over completion.



Budget Tracking

We were advised by the Assistant Director of Finance and the Project Manager for Collaboration that due to the limited scope of the Manchester Inquiry recommendations for the Fire Service and as no external funding is received, there is currently no budget tracking for the MAI action plans. Instead, the funding for the implementation of MAI recommendations is allocated from existing budgets from within the Service's Risk Team and that if any government funding comes available or where recommendations begin to become significantly more costly, the collaboration project manager agreed that budget tracking will be considered.

General



Grenfell and Manchester Project Board

The Grenfell and Manchester Arena recommendations are reviewed on a monthly basis by the Project Board.

Through review of the May, June and July 2023 agendas for the Project Board, we confirmed that the group has a regular monthly meeting schedule which includes standard items for Grenfell such as an update on financing and spending, an update on open recommendations, a schedule of recommendations to be closed and other issues, whereas for Manchester there is an update on all actions including those for consideration and any issues/risks to implementation where appropriate.

We were advised by the Project Support for Collaboration that the Project Board is not minuted but a rolling decision log is kept. We reviewed the rolling decision log for Grenfell and found that it included the agreed Terms of Reference as an embedded document in addition to the agreed PID and processes for implementing recommendations. We noted that the decision log records agreement to close recommendations. Due to the non-completion of actions as at the time of our review, we noted that the Manchester decision log was yet to include any updates.

We were informed by the Group Manager for Collaboration that going forward recordings will be taken of monthly Project Board meetings to further evidence discussions held.



Post-Recommendation Exercises

The Service completes a number of exercises to encourage long term resilience to certain risks arising from the Inquires. We reviewed the Debrief Report from Operation Geopony from April 2023 and found that alongside regional partners, the Service had performed an exercise simulating a major multi-agency incident at Stansted airport to reflect a similar event in magnitude as the Manchester Arena attack at an equivalent key site of interest. We noted that the aim was to utilise learning from the Manchester incident and incorporate the Inquiry recommendations. Through review of the Report, we found that it outlined the nature of the exercise, positive feedback and learning points from its completion as well as long term recommendations for consideration following the debrief. Through review of the ECFRS website, we noted that a similar exercise 'Exercise Lego' was completed to replicate a serious fire at a University of Essex accomodation in Southend, the building has recently had dangerous cladding removed. The exercise was used to test the service's new high-rise procedures, equipment and importantly communication in the event of a high-rise fire whilst also co-ordinating with other partners on the ground.



Performance and Resources Board (PRB)

The PRB (chaired by the PFCC) receives a quarterly update of progress against recommendations.

We reviewed the February and June 2023 Grenfell and Manchester Arena update reports and confirmed that in both instances the number of outstanding actions had been reported on with a particular focus on where more work is needed. For example, the June 2023 report highlighted there was a delay in the implementation of some actions relating to the introduction of a new control room system, which will improve the ability of control to make up to date information available to ground crews. We also found that the reports gave an update on the financing of the Grenfell action plans; specifically, the February 2023 update highlights the £128k for additional uplift funding whereby the NFCC is happy with current spending plans.

Regarding the MAI, we noted that the reports highlighted the up-to-date action statuses and expressed a need for the MAI to have a similar robust governance structure as like the Grenfell inquiry to reduce the risk of not implementing actions.

Through review of the corresponding minutes from the PRB from February and June 2023, we confirmed that in both instances the update reports had been presented and scrutinised. We noted that in the February 2023 meeting, the Board highlighted that the Service was in a good position regarding completion of actions since the new project team was formed.



Enforcement and Cladding Remediation Reporting

The PRB receive a quarterly report on high-rise buildings with flammable cladding or other high-risk factors.

Through review of the February and April 2023 Enforcement and Cladding Remediation Reports, we confirmed that the documents highlighted the current status of tall buildings in the county and two unitary authority areas. We noted that the report listed those where errors had been rectified and are now to be inspected as business-as-usual and those which are undergoing or awaiting remedial works. We confirmed that the report included progress updates for each of the relevant properties.

We reviewed the corresponding Performance and Reporting Committee minutes and confirmed that the reports had been presented in both instances. We noted that the discussions were focused in nature with individual tall buildings discussed. For example, the April 2023 meeting raised concern over a Harlow Property which was a significant burden on the local authority.

We have also agreed three low priority management actions, detailed in section 2 of this report.

2. DETAILED FINDINGS AND ACTIONS

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

Status of Recommendations	
<p>Control</p> <p>Upon allocation, all action owners will determine a definition of 'done' for each of their actions, this is used as the evidence threshold to sign actions off as complete. Actions will then be placed in one of the following categories:</p> <ul style="list-style-type: none"> • Open Progressing • Open Not Progressing • Closed Awaiting Assurance - checklist completed, evidence agreed by owner recorded and logged into MS Planner. • Closed Assured - Evidence triangulated and verified in line with assurance process and agreed at board level. <p>There is a three lines of assurance schema whereby the delivery manager will initially deliver the objective. Operations assurance will then look through evidence against the definition of 'done' before final sign off is obtained by the Project Board.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ✘</p>
<p>Findings / Implications (Grenfell)</p> <p>For all 46 recommendations relating to the GTI, we confirmed the status as per the MS Planner. We noted that 43 of 46 actions had been recorded as closed whilst the remaining three actions were open progressing. We noted that no actions were recorded as open not progressing.</p> <p>For the three actions which were marked as open progressing at the time of our review (all related to the control room), we found that each of the three actions was overdue by 18 days. We reviewed the commentary section on MS Planner and noted that in all three instances, the action had been chased and an explanation for the delay had been included by the Collaboration team, we noted that explanations included reference to the new control system being due for implementation in June 2023. However, noting this date had passed, we found that despite the initial explanation for the delay, no updates had been given for each of the actions since July 2023. We were advised by the Project Support for Collaboration that the team were awaiting closure statements from the Level 2 Assurance Partner before sign off could be provided.</p> <p>During our review, we noted that the evidence had been provided for the three actions and they had subsequently been moved to closed awaiting assurance.</p> <p>If updates are not given where implementation dates are not met, there is a risk that the Service will be unable to confirm the status of recommendations leading to delays in their completion.</p>	
<p>Findings / Implications (Manchester)</p> <p>Through review of the MAI Planner, we confirmed the status of all 15 actions as recorded on the planner. We noted the following:</p> <ul style="list-style-type: none"> • Two closed actions; 	

Status of Recommendations

- four complete and assured including one which were awaiting Project Board sign off and three of which have been rejected for completion by the ACFO as they required additional evidence;
- six complete but requiring assurance; and
- three open progressing.

For those actions which were either progressing or awaiting assurance, we found that in relation to the three open progressing actions, two actions have been outstanding for 14 days. We were advised by the Project Support for Collaboration that these related to the control room at Essex Fire and whilst the actions were complete, statements of compliance have not yet been received. We noted that each had been chased prior to the July Project Board meeting.

For the actions which had been marked as completed but awaiting assurance, we found that all six actions were overdue with the variance between planned implementation date and present day ranged between two and 124 days. We were advised by the Project Support for Collaboration that the reason for the delay was due to the Level 2 Assurance Partner being absent with a replacement having been sought.

We also noted that planned implementation dates are often adjusted when not believed to be achieved, this meant that recommendations often had two implementation dates, the original and a new date which is used to prompt reminders on MS Planner. Through review of the Planner comments and Project Board rolling decision log, we could not confirm whether these extensions had been discussed or agreed with action owners and/or management. When accounting for the original implementation dates, we found that the three of the open progressing actions were overdue between 14 and 32 days. Of those awaiting assurance, overdue recommendations varied between 50 to 124 days.

We were advised by the Project Manager for Collaboration that the new implementation date is often consistent with the next Project Board meeting to ensure a comment is available for the Board's consideration; however, often these are not provided, and the implementation date is forced to extend without explanation.

If implementation dates are adjusted without valid justification or due process, there is a risk that overdue actions cannot be effectively tracked and addressed by management where necessary.

Management Action 1a	The action owner will provide an update in all instances where an implementation deadline has not been met pertaining to the reason for delay and a reasonable expectation for completion.	Responsible Owner:	Date:	Priority:
	<p><i>Management response: Following change process to be agreed at Project Board on 21 September 2023.</i></p> <ul style="list-style-type: none"> • <i>The 'Due Date' on each recommendation is the date of the next Project Board and can only be changed by the Project Manager or Project Support Officer.</i> • <i>The 'Target Date' for implementation is set out in the 'Notes' section for each recommendation and is set by the Recommendation Owner.</i> 	Assistant Director, PPR Delivery	30 September 2023	Low

Status of Recommendations

- *If these needs to be changed or has not been met, then a change request needs to be brought to the next project board by the Action Owner with reasons and new forecast implementation date.*
- *A standing agenda item will be added under Item 7 (MAI2 Open Action Updates) for any Change requests. If agreed, it will be added to the Decision Log and the Date authorised for amendment.*
- *A comment must be added to the recommendation as to Change Request details and the decision of the Board.*

Management Action 1b	We will establish an absence of change process whereby each time an implementation date is extended, the person responsible for delivery will give reason for the extension and the new expected delivery date.	Responsible Owner:	Date:	Priority:
	<p>If the extension is agreed by the Project Board, the decision will be recorded on the rolling decision log and the implementation date will be extended on MS Planner.</p> <ul style="list-style-type: none"> • The new process will be as per Action 1A. 	Senior Projects Manager, Collaboration	30th September 2023	Medium

Grenfell – Evidence Quality

<p>Control</p>	<p>For an action assigned to a recommendation to be closed, evidence is uploaded in line with the definition of 'done' and completion checklist.</p> <p>Evidence is checked by the assurance partner before approval is given by the Project Board to close the action assigned to the recommendation.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ✗</p>
<p>Findings / Implications</p>	<p>For a sample of 10 completed GTI Recommendations, we reviewed the suite of evidence used to close off the action, comparing the quality of evidence provided with the definition of 'done' and completion checklist. We found that in all instances, sufficient evidence had been provided for closed actions such as training presentations concerning fire regulation changes and new policies where local guidance was aligned to national guidance. We noted that all actions had been appropriately signed off by the assurance partner and the Project Board through review of the decision log.</p> <p>Whilst we considered there to be a sufficient suite of documents uploaded as evidence for the ten actions closed and whilst we confirmed these as adequate in supporting the closure the actions, there are additional documents which could improve the quality of evidence and therefore give the Service more assurance over the extent to which an action has been embedded.</p> <p>We noted that in four actions where training was given on updates to the Fire regulations e.g., new guidance on building plans, fire doors and the operations of lifts, no evidence had been provided to illustrate how many firefighters had completed this training despite it being mandatory. In addition, in the two samples where training logs had been uploaded as evidence, whilst we were able to determine how many individuals had completed the training, as there was no list of those who had not yet completed their training, we could not determine whether the training had been fully complied with to be assured that the teachings had been embedded.</p> <p>If training logs including information on who has not completed training are not provided as evidence, there is a risk that the Service cannot be assured that the recommendation has been embedded amongst its employees and cannot effectively chase those who have yet to complete it.</p>	
<p>Management Action 2</p>	<p>We will retain evidence of who has and who has not completed training and chase employees who have yet to complete it.</p> <p><i>Management response: This information has since been captured on PDR Pro for Fire regulations training, which captures a log of individuals that have completed all elements under the Fire Safety in Buildings and Fire Safety Legislation modules.</i></p> <p><i>All line managers can produce a report from the system for training completion rates of their teams, which can also be produced centrally.</i></p>	<p>Responsible Owner: Group Manager – Operational Training</p> <p>Date: Implemented</p> <p>Priority: Low</p>

Manchester – Engagement Plans

Control	There are no engagement plans in place for the MAI specific to the Fire and Rescue Service for communications with internal and external stakeholders.	Assessment:	<table border="0"> <tr> <td data-bbox="1612 295 1881 327">Design</td> <td data-bbox="1881 295 1991 327">x</td> </tr> <tr> <td data-bbox="1612 327 1881 375">Compliance</td> <td data-bbox="1881 327 1991 375">N/A</td> </tr> </table>	Design	x	Compliance	N/A
Design	x						
Compliance	N/A						
Findings / Implications	<p>We were informed by Essex Emergency Services Collaboration Portfolio Team Project Manager that whilst the Service has a limited number of recommendations in relation to the MAI and therefore has not yet formulated one, a communication plan would be appropriate for both the Service and for the multi-agency response through the Joint Emergency Services Interoperability Programme (JESIP) for Essex as most actions in relation to the Inquiry are positioned at multiple agencies. We were advised that the communications team at the Service are aware of the need for a communications plan to be developed. The JESIP board for Essex will be utilised in relation to the multi-agency communication plan.</p> <p>Without a comprehensive engagement and communications plan in place, there is a risk that the public, staff and elected officials will not be assured of the Service's efforts to enact the recommendations of the MAI and ensure public safety during serious incidents which could lead to potential reputational damage.</p>						
Management Action 3	<p>We will produce an engagement and communications plan concerning the MAI.</p> <p>The Plan will outline the Service's communications with both internal and external stakeholders with an interest in the completion of recommendations.</p>	<p>Responsible Owner: Head of Comms, Marketing & Brand</p>	<table border="0"> <tr> <td data-bbox="1612 710 1881 774">Date:</td> <td data-bbox="1881 710 1991 774">Priority:</td> </tr> <tr> <td data-bbox="1612 774 1881 919">31 December 2023</td> <td data-bbox="1881 774 1991 919">Low</td> </tr> </table>	Date:	Priority:	31 December 2023	Low
Date:	Priority:						
31 December 2023	Low						

Business-as-Usual Planning

Control	<p>All recommendations are to be given a BAU plan outlining how the recommendation is to be complied with long term.</p> <p>This will be signed off by the Operational Assurance Partner assigned to the recommendation.</p>	Assessment:	
		Design	✓
		Compliance	✗

Findings / Implications

Through review of the Grenfell Project Board decision log, we noted that it was agreed that in order for a recommendation to be recorded as completed awaiting assurance, in addition to the uploaded evidence, all actions are to have a BAU plan for on-going compliance and assurance. Through review of a sample of 10 closed actions from the Grenfell Inquiry recommendations, we found that zero of the 10 actions had a BAU plan uploaded alongside evidence despite having been agreed to be closed by the Project Board.

We found that eight of the 10 actions included an element of training which should be monitored long term e.g., whether refreshers needed, or new staff taken on. We noted three recommendations included requirements of members of the public such as a recommendation regarding building owners installing Premises Information Boxes with building plans and forwarding these on to the Fire Service, it important that compliance with these is followed up. Finally, we noted two actions included an element of requiring changes to policies such as a recommendation which required the Service to create a tall buildings policy which is reflective of the Generic Risk Assessment guidance, it is important that policies are continually reviewed and updated to adjust for any changes in guidance.

Through review of six MAI Recommendations which had been closed or completed and assured, we similarly found that no actions had been assigned a BAU plan, despite equally including actions where ongoing monitoring is necessary.

If a BAU plan is not uploaded before recommendations are closed, there is a risk that recommendations will not be complied with long-term, compromising the effectiveness of the Service to effectively respond to major incidents.

Management Action 4	<p>We will ensure a BAU plan is provided for each recommendation on closure with information provided on the nature and regularity of, and person responsible for ongoing review.</p> <p><i>Management response:</i></p> <ul style="list-style-type: none"> <i>All recommendations now include a Statement of Closure as part of the Level 2 Assurance process. This statement details what the BAU plan is for the Agency to maintain sustainable compliance following closure – who will own it, when will reviews take place and what is the mechanism for review.</i> <i>Once transitioned to BAU (signed off as Complete Assured at Project Board) all recommendations will become control measures under the corporate risk in JCAD [SRR150034], with the Statement of Closure/BAU plan of how the Service will maintain compliance as the mitigation.</i> 	Responsible Owner:	Date:	Priority:
		Senior Projects Manager, Collaboration	30 September 2023	Medium

APPENDIX A: CATEGORISATION OF 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.

The following table highlights the number and categories of management actions made as a result of this audit.

Area	Control design not effective*	Non-Compliance with controls*	Agreed actions		
			Low	Medium	High
Service Actions for Grenfell and Manchester	3 (15)	2 (15)	3	2	0
Total			3	2	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.

APPENDIX B: SCOPE

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

Scope of the review

The internal audit assignment has been scoped to review how Essex Police, Fire and Crime Commissioner, Fire and Rescue Authority manages the following area.

Objective of the risk under review	Strategic objective or Strategic risks relevant to the scope of the review	Risk source
To allow the Service to take assurance that action plans are in place to address the recommendations arising from the Grenfell and Manchester Arena reviews and that appropriate governance is in place over the management of these actions. We will also perform a deep dive review of evidence in place for a number of actions reported as implemented.	There is a risk that through action or non-actions by the Service, there is a fatality of a member of staff or the public	Strategic risk register

The following areas will be considered as part of the review:

- The organisation has undertaken a gap analysis against the Grenfell Tower and Manchester Arena inquiries.
- A programme has been developed for addressing the actions identified by the gap analyses and actions are appropriate, time bound, risk based and have clear ownership.
- A related communications and stakeholder engagement plan has been developed for both internal and external stakeholders.
- There is a governance structure and mechanism in place to update and adjust the actions within the plan as new information is received.
- The closure of actions is supported by evidence. For a sample of actions we will test that status updates are accurate and evidence is in place for those actions marked as implemented/completed.
- The action plan has been costed and funding has been identified and is monitored against budget.
- There is a mechanism in place to identify where treatment/tasks have not been addressed by the programme and become business as usual (BAU). Where this is the case existing organisational processes have been considered and used where appropriate to ensure ongoing monitoring of the improvements and changes made.
- Progress against the plan is regularly reported through the governance structure.

The following limitations apply to the scope of our work:

- We will not re-perform the gap analysis or confirm that all actions required have been identified.
- We will not physically inspect any property.
- We will not provide professional fire safety advice, and will not comment on whether actions are appropriate.
- We will not provide assurance that actions taken or to be taken will prevent serious incidents.
- We will not provide assurance that actions will be achieved within budget.
- We will not provide assurance that actions will be achieved within target timescales.
- The results of our work are reliant on the quality and completeness of the information provided to us.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

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We thank you again for working with us.
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