
Audit Improvement Plan Activities

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Audit Improvement Plan Activities

KEY FOR RECOMMENDATION PRIORITY

- Fundamental (F)** - The organisation is subject to levels of fundamental risk where immediate action should be taken to implement an agreed action plan.
- Significant (S)** - Attention to be given to resolving the position as the organisation may be subject to significant risks.
- Merits Attention (MA)** - Desirable improvements to be made to improve the control, risk management or governance framework or strengthen its effectiveness.

Risk Management – Jill McCrae, Head of Democratic Services and Corporate Assurance

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|----------|--|--|--|------------------|
| <p>1.Risk reporting to board - risk appetite The Service should consider redefining risk appetite as "unacceptable risks which cannot be allowed to happen" as they threaten achievement of corporate objectives; this in line with definitions within the Business Continuity Plan. As a consequence, Board level attention would then be focused on those risks reflecting a score of 16 or above.</p> | S | <p>The risk appetite has been agreed for the Service for 2016 by SLT and the shadow Fire Authority. As part of the risk management procedure we will review this annually.</p> <p>The definitions used within the assessment of activities for business continuity is already aligned to the current risk appetite, taking account of the impact to the Service.</p> | <p>Recommendation/Corrective Action: Risk Appetite 2017</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 March 2017</p> | <p>The Services risk appetite was reviewed by the Strategic Leadership team during January and signed off their meeting on the 30th January 2017. As per the Service's risk management procedure the risk appetite will be reviewed again in January 2018.</p> | <p>Completed</p> |

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| <p>2.Completion of response plans 1) Completion of Response Plans The development of emergency response plans and department business continuity plans should be programmed on a risk basis to conclude within 2016/17 as planned. 2) Testing of Recovery Plans Annual testing of emergency response and business continuity plans in accordance with an agreed programme should be coordinated by the Assurance and Business Continuity team throughout each calendar year in order to avoid peak workloads developing and provide continuous assurance.</p> | S | <p>1) This planned for within the business continuity work programme, and will be programmed in line with the work programme. 2) This work is highlighted within the work programme and will be discussed with heads of departments.</p> | <p>Recommendation/Corrective Action: Delivery of incident response plans.</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 March 2017</p> | <p>The Service agreed a business continuity programme of work for 2016/17, in which the delivery of incident response plans was prioritised based on risk. This programme of work continues on track, with the majority of incident response plans now in place. The remaining plans will be completed on a risk basis, aligned to the programme of work.</p> | <p>On Track</p> |
| <p>3.Testing of Recovery Plans Annual Testing of emergency response and business continuity plans in accordance with an agreed programme should be coordinated by the Assurance and Business Continuity team throughout each calendar year in order to avoid peak workloads developing and provide continuous assurance</p> | S | <p>This work is highlighted within the work programme and will be discussed with heads of departments</p> | <p>Recommendation/Corrective Action: Co-ordination of Incident Response Plan Testing</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 March 2017</p> | <p>The Service's business continuity procedure includes a review programme for all business continuity plans, including department business continuity plans, station business continuity plans and the high level incident response plans. A programme of exercises has been put together in line with the procedure for 2017/18 which will commence from April 2017.</p> | <p>Completed</p> |

IT Migration – Chris Donaldson, Head of ICT

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|----------|---|--|---|-----------|
| <p>1.Scheduling and Reporting ICT Activities</p> <p>A number of activities remain to be undertaken from the combination, and additional scopes of work are emerging e.g. the penetration testing outcomes. Scheduling, tracking and reporting on these works are required to ensure priorities are assigned and deliveries are occurring to schedule.</p> | S | All of this work will be within the ICT Roadmap and be managed and documented through the ICT Job Management System. Overall progress will be reported through Cycle against the relevant Roadmap themes. | <p>Recommendation/Corrective Action: Delivery of ICT Roadmap</p> <p>Responsibility: Head of ICT</p> <p>Target Date: 30 September 2016</p> | The penetration testing has been undertaken with mitigation in place. | Completed |
| <p>2.ICT Infrastructure Configuration Control</p> <p>To control and protect IT, service formal configuration controls are required along with supporting policies and procedures covering testing and approval for changes.</p> | S | This falls within the remit of the new BRM post, which commenced on the 4th July. This post will manage the ICT Service Catalogue and deliver the ICT Change Management Process. | <p>Recommendation/Corrective Action: Appointment of Business Relationship Manager</p> <p>Responsibility: Head of ICT</p> <p>Target Date: 1 April 2017</p> | The Business Relationship Manager is developing the supporting policies and procedures, which includes an enhancement to the change management system, this work will progress alongside other key development and migration work, which will be ready for go live in April 2017. | On Track |

**Procurement – Clare McCallum,
Procurement Manager**

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|----------|--|---|--|-----------|
| <p>1.Implementation of Policies and Procedures We recommend that all staff are reminded of the importance of adhering to the Policy and Procedures in respect of procurement, ensuring that quotes and procurement forms are copied to the procurement team. It is acknowledged that the links within the new policies have only just "gone live" so access to the forms will become easier and assist in this respect.</p> | S | <p>Weekly notices are to be introduced to be sent to all staff to remind them of the required actions to be taken for procurement. A request has been put forward for an e-learning tool to be introduced for at least the procurement managers to receive training in the process. Currently awaiting a response to see if funding will be granted.</p> | <p>Recommendation/Corrective Action: Procurement of Policy & Procedure e-Learning Tool</p> <p>Responsibility: Procurement Manager</p> <p>Target Date: 31 August 2016</p> | <p>The procurement E Learning module has gone live onto DWdle.</p> <p>Key managers have been email notified that this has gone live and is compulsory to complete this module and a notice will go out in the weekly update to say that this is available should other staff wish to undertake it.</p> | Completed |
| <p>2.BLPD Exemption list We recommend that with the BLPD contracts list still requiring work to fix the issues within it, by Cheshire Police, staff fully understand the importance of populating the DWFRS spreadsheet as quickly and accurately as possible.</p> | MA | <p>The procurement team will continue to control and monitor the DWFRS spreadsheet while Cheshire Police address the issues. It is hoped that additional notes on the Sycle system highlighting the need to use the spreadsheet will be introduced to inform and remind all staff of their responsibilities.</p> | <p>Recommendation/Corrective Action: Liaison with Cheshire Police re BLPD List</p> <p>Responsibility: Procurement Manager</p> <p>Target Date: 28 February 2017</p> | <p>We have now got BLPD working and are currently working thorough updating all of the contracts on the system.</p> <p>We have held contract review meetings with key managers over the last few weeks to ensure that we have all of their contracts and to make sure everything is novated over to the new service. This is now an ongoing project at the moment.</p> | Completed |

Human Resources Workforce Planning

– Jane Staffiere, Head of HR

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|---|----------|--|---|--|------------------|
| <p>1.Workforce Planning Solution The combined organisations workforce planning tools require inherent knowledge to be operated and are spreadsheet based. DWFRS could consider reducing reliance on inherent knowledge and consider a strategic workforce planning application.</p> | MA | <p>The Workforce planning arrangements meet the needs for the organisation and therefore this would not be a priority to the organisation.</p> | <p>Recommendation/Corrective Action: Workforce planning arrangements to meet the needs of the organization</p> <p>Responsibility: Head of HR - .</p> <p>Target Date: 31 December 2016</p> | <p>No immediate action is required by the service, although we are currently looking at a solution used in another fire service.</p> | <p>Completed</p> |

Information Governance – Vikki Shearing, Head of Information and Communications

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|---|-----------|--|--|---|-----------|
| <p>1.Scheduling Development of Policies and Procedures To schedule, resource, monitor and report progress on the development and approval of the remaining combined organisation policies and procures, in more detail than the existing Excel spreadsheet. It is recommended that the scope of the works activities also covers their embedding within the organisation to ensure adoption.</p> | MA | <p>a) Agreed to review priorities and consider the work required for each activity to ensure achievable timescales and adjust if needed.</p> <p>b) Focus on IAO's and Information Governance Group (IGG) for embedding changes and continue to monitor at the monthly department meetings and quarterly meetings (IGG)</p> | <p>Recommendation/Corrective Action: Progressing the Scheduling Development of Policies & Procedures</p> <p>Responsibility: Head of Information & Communications</p> <p>Target Date: 31 October 2016</p> | <p>Detailed planning for the remaining procedures is now complete. The first Information Governance Group met on the 20th October. This group will be responsible for embedding the new procedures across the organisation to include areas such as government classification, information security management and retention.</p> | Completed |

Fixed Assets and Inventories – Pete Barrow, Head of Assets

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|----------|--|---|---|----------|
| <p>1.Fixed Asset Policy Recommend that a detailed documented plan is introduced to ensure that the new PAS55.1 2008 Standard from the Institute of Management in respect of Fixed Assets is implemented within the 2-year timeline.</p> | S | <p>PAS 55-1:2008 contains a range of requirements and these have been used as the tasks to be completed to embed the Standard across all five Assets functions (Estates, Fleet, Equipment, Supplies and Foam & Water). The tasks have already been prioritised into a three year programme of work and have been allocated to appropriate management roles through Sycle. The next stage is to produce a more detailed project plan as described in the recommendation. This work has been delayed by the need to prioritise other risk critical work, in particular the need to maintain legal compliance. The Department has faced a significant challenge caused by the need to recruit and train staff to fill vacancies. the work required to recruit and train 18 new members of staff</p> | <p>Recommendation/Corrective Action: Ensure PASS55.1 2008 Standard is implemented within the 3-year timeline</p> <p>Responsibility: Head of Assets</p> <p>Target Date: 31 March 2017</p> | <p>The recruitment of staff continues and our original hope to have appointed to all roles by the end of February 2017 has not been realised. The impact of over 50% staff turnover has been very detrimental to making progress with the development of the Department and it has been a major task just to keep risk critical activity on target. Once recruitment is complete the project plan will be developed and agreed.</p> | On Track |

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| | | <p>has been significant, as has the disruption caused by 18 vacancies in a Department of 50 staff. The situation with regard to this recommendation is further complicated by the fact that two of the senior management roles required to develop the plan are currently, or will soon be, vacant. I hope the staff situation will be largely resolved by the end of the year and at this point a more detailed project plan will be developed.</p> | | | |
| <p>2.Capitalisation Limits Recommend that a minimum capitalisation limit is introduced to ensure that all significant value items are included within the asset registers, and not just relying on the requirement of an inspection. It is acknowledged that a number of lesser valued items do require inclusion on the registers due to the inspection requirement and these should override the capitalisation requirement.</p> | <p>MA</p> | <p>There has been an informal capitalisation limit in place for a number of years. This will be firmed up in consultation with finance.</p> | <p>Recommendation/Corrective Action: Minimum Capitalisation limits to be introduced.</p> <p>Responsibility: Head of Assets</p> <p>Target Date: 31 March 2017</p> | <p>Most significant assets require a range of planned and reactive work to ensure they remain fit for purpose and the organisation remains legally compliant, these assets therefore have cradle to grave records. This requirement means virtually all assets of significant value are recorded, however there are a few significant assets that do not require planned maintenance and as such would not require records for this reason, but they are of such value that they should be recorded and for that reason a minimum capitalisation limit will be agreed before the end of the financial year.</p> | <p>On Track</p> |

3. Performance Management

Recommend that consideration be given to the presentation of the performance management information including the KPI's. As the information is of strategic importance the presentation should be tailored to the specific audience.

MA

Sycle is able to present information in a number of ways including dashboards. The plan is to develop a range of dashboards for particular audiences so information can be presented in an intuitive and informative manner tailored to the particular audience.

Recommendation/Corrective Action:

Presentation of Performance Management information, including KPI's

Responsibility:

Head of Assets

Target Date:

31 March 2017

The Assets Dept has been using a range of KPIs for the past five years and these have now been developed further of the new Service, the KPIs are now available for viewing on Sycle.

Completed

Complaints, Whistleblowing, Anti-Fraud, Corruption and Bribery – Lisa Smith, Information Manager

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| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|---|----------|--|---|---|----------|
| <p>1.Complaint Prioritisation Recommend that DWFRS consider introducing a prioritization scale for the complaints received to allow more serious complaints to be addressed as a priority.</p> | MA | <p>All complaints are allocated to an officer to handle within 3 working days regardless of priority. It is rarely an issue for these timescales to be met. However, we will introduce this priority rating as a means of alerting the officer of the potential significance/impact of a complaint. Development work with ICT is programmed for May 2017</p> | <p>Recommendation/Corrective Action: Complaint Prioritisation - introduce prioritisation scale</p> <p>Responsibility: Information Manager Head of Information & Communications</p> <p>Target Date: 31 May 2017</p> | <p>Since the 1 April 2016, we are continuing to use the interim process for handling complaints and compliments across the new Service. We are supporting officers using this process to ensure we meet the 14-day resolution standards. This improvement work for considering a categorisation of priority for complaints will form part of a wider review of the full complaints and compliments system and procedure. This is programmed for April and May 2017.</p> | On Track |
| <p>2.Team Training Recommend that training in the processes, procedures and systems of the adopted Dorset FRS complaints approach is undertaken as soon as possible to establish a single, consistent and quality approach is established throughout the combined Authority.</p> | MA | <p>One single system is used by the central Information Management team. Ex-Dorset officers receive automated alerts about complaints and can input their own investigation details directly. At this stage, Ex-Wiltshire officers who are allocated a complaint are notified manually and are being</p> | <p>Recommendation/Corrective Action: Team Training in the processes, procedures and systems to be undertaken</p> <p>Responsibility: Information Manager</p> <p>Target Date: 31 May 2017</p> | <p>Complaints continue to be monitored in line with procedure with no concerns about the efficiency of these being handled. This work will form part of a wider review of the complaints and compliments system which is being programmed in for completion between April and May 2017</p> | On Track |

supported by the team for inputting their investigations/outcomes. Once the Service has migrated to a single domain this will no longer be necessary. Training for all Officers against the procedure, process and system will be provided at this stage, and once further development work is completed by ICT.

**Corporate Governance – Derek James,
Director of Corporate Services**

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|---|----------|--|--|--|-----------|
| <p>1. Terms of Reference for sub-committees As part of the governance review the Authority should consider the allocated responsibilities of its sub-committees and ensure that these meet the future governance needs of the Authority.</p> | MA | This will be considered as part of the Governance Review to be commenced in September. | <p>Recommendation/Corrective Action: Consider the allocated responsibilities of its sub-committees</p> <p>Responsibility: Director of Corporate Services</p> <p>Target Date: 31 December 2016</p> | This was discussed and agreed by both the Governance Working Group and then by the Authority on the 9th February. | Completed |
| <p>2. Terms of Reference Existing terms of reference should be extended to provide further details on what is expected from each Committee particularly in terms of directing its formal cycle of business.</p> | MA | This was amended and agreed by the Governance Working Group and then by the Authority on 9 February. This will be incorporated into a revised members handbook after the annual meeting in June. | <p>Recommendation/Corrective Action: Review Terms of Reference</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 December 2016</p> | All Committee Terms of Reference were reviewed and updated by the Governance Working Group. The updated terms were reported to the full Authority on the 9th February as part of the 'Proposed Changes to the Governance' paper with the amendments being approved subject to a further review of the quorum numbers for the Finance & Audit Committee and the Policy & Resources Committee. | Completed |

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| <p>3. Committee self-assessment The Authority should consider introducing annual self-assessment processes for each committee.</p> | <p>MA</p> | <p>This will be considered as part of the Governance Review to be commenced in September.</p> | <p>Recommendation/Corrective Action: Introduce annual self-assessment</p> <p>Responsibility: Director of Corporate Services</p> <p>Target Date: 08 September 2017</p> | <p>The governance working group has had extensive discussion about the governance arrangement and prepared a wider paper for the Authority for consideration at its March meeting. The intention is to reduce the future size and composition of the Authority. This is subject to agreement, consultation and a modified combination order. It is proposed that given the governance working group having looked at the current workings and that a potential significant change may be on the horizon, that this issue is not progressed until these new arrangements are in place.</p> | <p>Completed</p> |
| <p>4. Member Skills Audit The Authority should complete the process of identifying member skills as a means of determining future training needs and board appointments.</p> | <p>S</p> | <p>This is in progress.</p> | <p>Recommendation/Corrective Action: Identify Member Skills</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 December 2016</p> | <p>A training needs analysis for Members has been complete. A number of familiarization sessions have been identified for 2017 awaiting the agreement of the Chairman of the Authority. Subject to this approval the sessions will be arranged and Members invited where appropriate.</p> | <p>Completed</p> |

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| <p>5.Member Appraisals The Authority should consider the introduction of an annual system of appraisal and development for members.</p> | S | <p>This will be considered as part of the Governance Review to be commenced in September.</p> | <p>Recommendation/Corrective Action: Introduction of annual system of appraisal and development for Members</p> <p>Responsibility: Director of Corporate Services</p> <p>Target Date: 09 March 2017</p> | <p>The Governance Working Group reviewed the previous Dorset 'Conversation about Fire' review process at their meeting in October and have made recommendation for progression. This will be discussed at the Authority at its meeting on the 9th March. If agreed this will be progressed by democratic services.</p> | <p>On Track</p> |
| <p>6.Conflicts of Interest/Secondary Working The Authority should introduce a combined policy regarding the approval and recording of conflicts of interest and secondary working.</p> | S | <p>This is agreed and will be actioned.</p> | <p>Recommendation/Corrective Action: Policy regarding Conflicts of Interest/Secondary working</p> <p>Responsibility: Head of Democratic Services and Corporate Assurance</p> <p>Target Date: 31 December 2016</p> | <p>The Service does have an internal procedure for Secondary Employment and a single register is being developed in line with the procedure by Human Resources.</p> | <p>Completed</p> |

**Absence Management – Carol Swan,
HR Delivery Manager**

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|------------------|--|--|--|-----------------|
| <p>1.HR Training We recommend that the northern section of the Service is fully trained in the absence management area of HR to ensure both sections are applying a consistent message.</p> | <p>MA</p> | <p>A new Attendance Management procedure is a priority for 2016/17 and will be issued for 1 April 2017. As per the recommendation, training in attendance management will be developed and delivered throughout the Service to Managers and staff.</p> | <p>Recommendation/Corrective Action: HR Training in Absence Management</p> <p>Responsibility: HR Delivery Manager</p> <p>Target Date: 30 April 2017</p> | <p>A procedure for short term attendance management has been drafted and released to the rep bodies for consultation, with a view to being published on 1 April 2017. Attendance management training material will be developed and this will be provided to the HR team and HR business partners, with the latter providing direct support to managers in this area. Additional training methods will also be considered for all staff, i.e. E-Learning packages.</p> | <p>On Track</p> |

Health & Safety Migration – John Lincoln, Senior Health & Safety Advisor

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|------------------|---|---|---|-----------------|
| <p>1.No issues were identified No issues were identified as a result of our audit fieldwork on this occasion which we consider of significance to warrant a formal recommendation. However further items may be identified within the Executive Summary for the specific area.</p> | <p>MA</p> | <p>None Required. Senior managers will continue to monitor and review the current performance and migration plans, reporting to Finance and Audit on a quarterly basis.</p> | <p>Recommendation/Corrective Action: No issues were identified</p> <p>Responsibility: Health and Safety Advisor</p> <p>Target Date: 31 March 2018</p> | <p>Good progress to date. Production has been aligned with the procedure planning register and now includes the "on consultation" date.</p> <p>Most H&S procedures require a service wide reporting area and data recording function.</p> <p>The migration plan remains on track.</p> | <p>On Track</p> |

Information Management System Migration – Bob Ford, Head of Strategic Planning & Knowledge Management

| Main Recommendations | Priority | Management Response | Implementation Plan | Management Update | Progress |
|--|------------------|---|---|---|-----------------|
| <p>1.Information Management System Migration Given that the information systems migration transition is at an early stage it is recommended that a further audit(s) review(s) be scheduled within the 2017/18 Audit Plan covering this topic. This is to ensure the framework is embedded and operating effectively, and that the schedule remains realistic for the targeted two year duration.</p> | <p>MA</p> | <p>The systems migration plan will continue to be monitored and reviewed by senior officers on a monthly and quarterly basis reporting to Members in line with the agreed arrangements.</p> | <p>Recommendation/Corrective Action: Further Audit(s) Review(s) to be scheduled in 2017/18 Audit Plan</p> <p>Responsibility: Head of Strategic Planning and Knowledge Management</p> <p>Target Date: 31 August 2017</p> | <p>Work continues on systems migration plan which is subject to a report to the Senior Leadership Team each month. There are no significant issues arising from system migration plan at this time.</p> | <p>On Track</p> |