# Cambridgeshire and Peterborough Fire Authority

## Internal Audit Progress Report

## 6 October 2022

**RSM**

# Contents

# 1   Key messages

This report below provides a summary update on progress against each plan and summarises the results of our work to date.  The reports finalised since the last Committee are highlighted in **bold** below.

## Progress against the internal audit plan 2021/22 and 2022/23

| Assignment | Status | Actions agreed | | | Opinion Issued |
|---|---|---|---|---|---|
| | | L | M | H | |
| **2021/22** | | | | | |
| **Capital Projects - Training Centre** | **Final** | **2** | **1** | **0** | **Reasonable Assurance** |
| **Follow Up** | **Final** | **0** | **7** | **0** | **Reasonable Progress** |
| **CFMIS - Collection and Update of Risk Information** | **Final** | **3** | **0** | **0** | **Substantial Assurance** |
| **Training Centre Resourcing** | **Final** | **1** | **0** | **0** | **Reasonable Assurance** |
| **2022/23** | | | | | |
| **Risk Management** | **Final** | **1** | **0** | **0** | **Substantial Assurance** |
| **Debrief Following Complex Incidents** | **Final** | **0** | **2** | **0** | **Reasonable Assurance** |
| GDPR | To commence 23 September 2022 | | | | |
| System Ownership Governance | To commence 20 October 2022 | | | | |

| Assignment | Status | Actions agreed | | | Opinion Issued |
|---|---|---|---|---|---|
| | | L | M | H | |
| Integrated Risk Management Planning Framework | To commence 14 November 2022 | | | | |
| Key Financial Controls | To commence 15 November 2022 | | | | |
| ICCS and Mobilising System | To commence 26 November 2022 | | | | |
| Governance | To commence 29 November 2022 | | | | |
| Follow Up | To commence 21 March 2023 | | | | |

# Appendix A – Other matters

## Annual Opinion 2022/23

The Overview and Scrutiny Committee should note that the assurances given in our audit assignments are included within our Annual Assurance report. The Committee should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion.

## Changes to the audit plan

Since the last Overview and Scrutiny Committee, we were requested to postpone the System Ownership Governance due to staff absence at the organisation. This is now due to commence on 20 October 2022.

## Information and briefings

We have recently issued our Emergency Services benchmarking of internal audit findings 2021/22

At the assignment level, this benchmarking provides:

- a comparison of the numbers of actions agreed;

- the assurance opinions provided across the sector in our client base; and

- a summary of those key areas where high priority internal audit management actions were agreed.

This paper provides a benchmark for our individual clients, to self-assess themselves against all of our fully outsourced emergency services internal audit clients.

The benchmarking data provided in this report is based on all of the internal audit assurance reports we have issued to our emergency services clients during the audit year 2021/22. This will provide you with a useful snapshot of your organisation's performance against others in the sector.

## Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.  This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

# Appendix B – Executive summaries and action plans (High and Medium only) from finalised reports

# EXECUTIVE SUMMARY – CAPITAL PROJECTS – TRAINING CENTRE

## Why we completed this audit

As part of the approved 2021/22 annual audit plan for Cambridgeshire and Peterborough Fire Authority (the Authority), we carried out a review of Capital Projects in relation to the Training Centre, to provide assurance over the control framework in place.

Work to relocate and create modernised facilities for both the Monks Wood Training Centre and Huntington Fire Station has been ongoing for a number of years within the Authority. These were initially managed via two separate projects: In relation to the Huntingdon Fire Station, the Authority aimed to consolidate all Huntingdon sites into one location, this included the Fire Station, Training Centre and Service Headquarters. This project proceeded until July 2016 when the Police and Crime Commissioner asked that the project be cancelled as there were other ways of achieving the merging of hubs, without developing a new site. As a result of this decision the project was stopped.

In August 2018, the Police and Crime Commissioner made an offer for the Authority to lease sufficient land space to build a bespoke multi complex Training Centre. This project proceeded through to an initial planning stage. However, in March 2020 the Authority were informed that this was no longer an option to develop the Training Centre. As such, both projects were closed down and the current Training Centre project was initiated to proceed with plans to relocate the Fire Station and the Training Centre to the originally planned St. Johns site.

As part of our review, we considered the adequacy of the procurement and contract management arrangements in respect of the Training Centre, as well as review of the project's governance structure and approval process. We also considered the adequacy of processes in relation to financial management and oversight, the process for identification and approval of contract variations and controls in place in relation to project risk management, as well as any project oversight controls in place.

## Conclusion

Our review noted a number of areas of good practice operating effectively, including procurement and contract management arrangements; project risk management and oversight controls; and project monitoring and reporting throughout the governance structure.

However, our review noted some areas where improvements could be made to further strengthen the control environment including one medium and two low priority actions. The medium priority action included ensuring that all project documentation is fully signed and up to date including the Training Centre contract, Project Brief is up to date, and the DPIA assessment.

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**Internal audit opinion:**

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this risk 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 risk(s).



## Key findings

**We identified the following weaknesses, leading one medium and two low priority management actions being agreed:**

### Contract Approval

The Training Centre project has been ongoing since 2013, this is when the initial tender process was carried out where Artisan was selected as the contractor. The Authority have approved continued use of the same contractor throughout the project and the most recent approval in relation to the use of Artisan was agreed in March 2020. We obtained a copy of the contract in place with Artisan and were able to confirm that this was dated 2020. However, the contract had not been signed or dated by either party, which provides a risk that the organisation may not be able to utilise clauses within their contract, should any issues arise with delivery, due to lack of signature. However, during discussions with the Deputy Chief Executive, we were verbally advised that the contract was signed by both parties; therefore, we have raised an action to retain and have evidence of signed contracts. **(Medium)**

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

### Procurement and Contract Management Arrangements

We were able to evidence that the Fire Authority and Project Board approved the continued use of Artisan as the contractor for the Training Board project; a Skype consultation was conducted on 30 March 2020, and the decision was approved by Councillor Kevin Reynolds, Fire Authority Chairman on 6 April 2020.

The main contractor Artisan subcontract packages of the project and carry out competitive tenders for these which the Authority is informed of. These packages, including items such as a new sprinkler system and new cubicle installation are recorded within a spreadsheet. Discussions with the Project Manager identified that this role (Project Manager) was employed in June 2021, and prior to this, there was a lack of formal audit trail in place in relation to the Training Centre.

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The organisation then implemented a new process to log and record any activity in relation to the project, from June 2021, therefore we have not agreed any further actions required in this area. It was also confirmed with the Project Manager that the project had not had any completed packages post June 2021.

**Financial Management**

Project finances are reported and monitored through the highlight report which is produced by the Project Manager, reviewed by the Deputy Chief Executive, and is provided to the Project Board and the Fire Authority on a monthly basis. A payment schedule is in place and payments are made in line with the agreed schedule but still require approval in line with the delegated authority. Prior to each invoice being raised by Artisan, the Authority assigns a Quantity Surveyor to confirm the completion of work to the agreed standard.

### Approval of Contractor Work

A payment schedule is in place in relation to project finances and payments are made in line with an agreed schedule. During interviews with the Project Manager, it was identified that as part of the payment process, the Quantity Surveyor periodically undertakes site visits to check that works are being undertaken as expected, and in line with the schedule, prior to each invoice being raised by Artisan. The Quantity Surveyor and Project Manager also undertake a monthly site walk to again check the progress of work.

### Lessons Learnt

The Service maintain a spreadsheet to document lessons learnt which are identified throughout the project to be considered for later stages or future projects.

### Contract Variations

The Service maintain a change log for all variations to the Training Centre project documenting any changes in scope and the date that these changes were agreed. We sample tested five variations recorded on the change log, to confirm that proposals were produced, reviewed, and approved in line with the delegated authority, and we were able to evidence that in all instances, the correct process had been adhered to.

It was confirmed by the Project Manager that there are no contingencies in place in relation to the budget for the Training Centre project, and we were therefore able to evidence that all variations had been reviewed and approved by the Project Sponsor, as per the scheme of delegation.

### Project Risk Management

We were able to evidence that a risk and Issues log is maintained, which features in the highlight report presented to Project Board and Fire Authority. Review of the risk and issues log evidenced the following:

- A total of 15 risks had been identified against the project, with the highest rated risk (one) classified as amber.

- Each risk provided a full risk description as well as a categorisation to work streams, type of impact and the date identified.
- Risks were assigned a RAG status based on probability and impact.
- Each risk had been assigned a risk owner and accountable actionee.
- Risk mitigation activities had been documented for all risks, as well as target completion dates.
- All risks had been reviewed within the previous month (February).
- All open risks were still within their completion target dates.
- Risks had also been assessed and assigned a risk score based on successful mitigation activities.

Review of the highlight report provided to both Project Board and the Fire Authority evidenced that all risks scoring 10 or above (one) had been documented, highlighting the risk description, risk owner, impact type, current score, post mitigation score, mitigation activities, target completion date and actionee. Corresponding meeting minutes evidenced that the documented risk had been verbally highlighted to the Board also; however, as the risk mitigation is progressing as planned and does not currently require any escalation, no further discussion or scrutiny was required.

### Project Oversight Controls including contractor review

It was confirmed by the Project Manager that monthly on-site meetings are held between Artisan and the Project Manager and Project Officer. We reviewed progress reports and the corresponding meeting minutes from October and December 2021 and the corresponding meeting minutes to confirm that the progress made by the contractors had been reviewed and scrutinised, where applicable.

In both instances, we were able to evidence that the contractor progress had been reported as progressing well, or ahead of schedule. We were also able to evidence that an action tracker was in place, should any issues in relation to progress need to be captured and escalated. Review of the progress reports also identified that in both instances, progress reported was either in line with, or ahead of the projected performance requirements.

### Performance Monitoring and Reporting

The highlight report provided to the Fire Authority and Project Board on a quarterly basis includes performance information in relation to contractor performance and project progression.

Review of the highlight report provided to both Project Board and the Fire Authority evidenced that the following information is presented:

- Project Managers summary: a high-level review of the overall project progression and any issues or concerns to be highlighted
- Budget status: a table highlighting each budget areas actual to planned total spend, this is also RAG rated to ensure concerns are clear
- A list of activities completed during the last period, categorised by workstream
- A list of activities to be completed during the next period, categorised by workstream
- Project risk updates: a review of review all risks scoring 10 or above, and any other risks that the Project manager deems to require attention. We were also able to obtain the corresponding meeting notes and evidenced that each report item had been discussed at the Board meeting.

As the project is currently progressing as planned, and no notable issues had been highlighted within the reports, we were unable to evidence any documentation of scrutiny with regards to performance, due to this not being required. However, meeting notes fully capture any required actions from discussions held, as well as action dates and owners. We were also able to evidence that actions were revisited at the beginning of every meeting to

obtain updates in relation to progression. Although there were no matters highlighted for escalation, we were able to evidence that in all three meeting instances, discussions in relation to the highlight report had been held, and where any questions had been raised, these had either been answered, or raised for action.

### Assessment of Benefits

Expected benefits which the Authority hope to realise through the completion of the Training Centre project are defined within the project brief document. Review of the project brief document evidenced that four key benefits had been defined:

1. Improved working conditions for staff as premises will be of adequate size.

2. Premises will be accessible to all.

3. Premises will have enhanced environmental performance.

4. Premises has sufficient Training area for Station staff and Training centre staff.

For each benefit, measurements of success had also been documented. However, as all the identified benefits would be as a result of the completed project, reporting against these measurements was not yet in place.

# 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.

| Contract Approval | | |
|---|---|---|
| **Control** | The structure in place to manage the project is a dedicated Project Board which reports into the Fire Authority meeting. The Fire Authority re-approved the project in March 2020, having reviewed an approval report and project brief. The project brief documents certain elements of the service specification including the governance structure to be adhered to throughout the project. More technical aspects of the service specification are defined within an addendum to the Artisan contract.<br><br>At each monthly Project Board and Fire Authority meeting a highlight report is presented which includes information on all aspects of the project, such as finance, performance and risk.<br><br>The Deputy Chief Executive presents a streamlined version of the report to the Fire Authority. | **Assessment:**<br><br>**Design** ✓<br>**Compliance** ✕ |
| **Findings / Implications** | We obtained a copy of the contract in place with the Training Centre contractor and were able to confirm that this was dated 2020. However, the contract had not been signed or dated by either party, which provides a risk that the organisation may not be able to utilise clauses within their contract, should any issues arise with delivery, due to lack of signature. However, during discussions with the Deputy Chief Executive, we were advised that the contract was signed by both parties; therefore an action has been raised to retain and have available signed contracts.<br><br>Review of the contract, evidenced that the following elements had been documented:<br><br>• Full details of both parties the agreement is between, including business names and addresses<br>• Contract definitions and interpretations, and the rules of interpretation (for example, where the words include(s) or including are used, they are deemed to have the words "without limitation" following them<br>• The conditional agreement, deposit requirements, and planning requirements<br>• Clauses in relation to disputes, notices, no representation, and rescission<br>• Confidentiality and third-party rights<br>• Entire agreement, agreement for sale<br>• Noise suppression and access roadworks agreements<br>• Title and title guarantee clauses<br>• Completion and completion date clauses. | |

## Contract Approval

We were also able to evidence that the Project Brief documented the following elements of the service specification including the governance structure to be adhered to throughout the project:

- Overview and background of the project
- Key project objectives
- Three phases of the project approach and what these phases entail
- High level scope of the project
- Documented procurement approach
- Key constraints
- Key deliverables
- Key benefits of the project and measurements of success
- Stakeholder list detailing job title and affected area, and any potential conflicts identified
- Indicative costs, planned staff time, project funding and timescales
- DPIA screening.

The Project Brief documented that formal approval had been received by the Fire Authority in March 2020. However, review of the document identified that whilst the DPIA screening questions had been completed, this had not been signed or dated; providing a risk that a full audit trail is not in place to ensure adherence to GDPR regulation. Further to this, the project brief itself had not been reviewed or updated since April 2020, providing a risk that the brief does not contain any up-to-date iterations of the contract.

We were able to evidence that the governance structure for the project had been documented within the Project Organisation document. This detailed the project organisation structure, providing clear routes of escalation; and detailed each members name and area of responsibility. The Project Organisation document had been signed off by the Board in July 2020 and reviewed by the Project Officer in September 2021.

| Management Action 1 | The Authority will provide evidence that the Training Centre contract is signed and dated by both parties.<br><br>The Authority will ensure that the Project Brief is up to date, and the DPIA assessment has been fully completed, dated and signed. | **Responsible Owner:**<br><br>Matthew Warren – Deputy Chief Executive<br><br>Jodie Houseago – Project Manager | **Date**<br><br>31 March 2022 | **Priority:**<br><br>Medium |

# EXECUTIVE SUMMARY – FOLLOW UP

## Background

We have undertaken a review to follow up on progress made to implement the previously agreed high and medium management actions from the following audits:

- Fleet Management – Policies and Procedures (1.20/21)

- Governance – Fire Authority (2.20/21

- Procurement Proactive Processes (3.20/21)

- Risk Management (4.20/21)

- Key Financial Controls (5.20/21)

- Follow Up (6.20/21)

- Estates and Property Maintenance (7.20/21)

The management actions considered in this review comprise of 27 medium priority actions. The focus of this review was to allow management to take assurance that all medium priority actions previously agreed during these reviews have been adequately implemented.

## Conclusion

Taking account of the issues identified in the remainder of the report and in line with our definitions set out in Appendix A, in our opinion the Service has demonstrated **reasonable progress** in implementing agreed management actions.

Of the 27 management actions followed up, we were able to confirm that 17 had been fully implemented and three had been superseded. In the remaining 7 instances (all medium priority), actions had not been fully implemented. We have restated and agreed revised actions which are detailed in section two of this report.

## Progress on actions

The following table includes details of the status of each management action:

| Implementation status by review | Number of actions agreed | Status of management actions | | | | |
|---|---|---|---|---|---|---|
| | | Impl. (1) | Impl. ongoing (2) | Not impl. (3) | Superseded (4) | Completed or no longer necessary (1) + (4) |
| Fleet Management – Policies and Procedures (1.20/21) | 2 | 0 | 0 | 2 | 0 | 0 |
| Governance – Fire Authority (2.20/21) | 2 | 1 | 0 | 0 | 1 | 2 |
| Procurement – Proactive Processes (3.20/21 | 4 | 2 | 0 | 0 | 2 | 4 |
| Risk Management (4.20/21) | 4 | 4 | 0 | 0 | 0 | 4 |
| Key Financial Controls (5.20/21) | 3 | 2 | 0 | 1 | 0 | 2 |
| Follow Up (6.20/21) | 10 | 6 | 1 | 3 | 0 | 6 |
| Estates and Property Management (7.20/21) | 2 | 2 | 0 | 0 | 0 | 2 |
| **Total** | **27** | **17** | **1** | **6** | **3** | **20** |

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# EXECUTIVE SUMMARY – CFRMIS – COLLECTION AND UPDATE OF RISK INFORMATION

## Why we completed this audit

A review of the Community Fire Risk Management Information System (CFRMIS) was undertaken to review the processes in place for ensuring risk information in CFRMIS is accurate and planned across the Service to avoid any duplication.

The Authority use the CFRMIS system to manage fire prevention and protection activities within a single interface whether it be Community Fire Safety (CFS), for example house visits, Technical Fire Safety (TFS), focusing on fire safety in high-risk premises/areas and Operational Premises Intelligence (OPS), concentrating on inherent risks of premises or Fire Investigation.

The Authority has policies and associated procedures in place which sets out how the Service utilises CFRMIS, including what risk information should be captured within the system and timeframes, and responsibilities of those completing the activities. The Authority are regularly updated on any CFRMIS / risk information issues via the Fire Protection Monthly Managers Meetings. Dashboards from the CFRMIS, providing performance updates are displayed on screen and reviewed during each meeting.

As part of this audit, we have undertaken a survey with a sample of ten staff to determine how comfortable staff are in using the system. The results of the survey can be found within the CFRMIS Survey Results section of this report.

## Conclusion

During our review, we noted well designed processes were in place around the input of information as part of Operational Premises Surveys and Reviews, and Community Fire Safety work where our walkthrough's identified inspections were adequately completed on the system with limited options for free text, ensuring accurate data entry. We further noted that target dates/timeframes relating to the risk information and the monitoring of overdue jobs were being recorded within CFRMIS, ensuring that high risk and outstanding jobs were being prioritised.

Areas for improvement were noted with respect to procedures and guidance and actions raised during the FP meetings. This included overdue review of Policies and action owners and deliverable dates not being defined to monitor and deliver actions.

**Internal audit opinion:**

Taking account of the issues identified, the authority can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.



# Key findings

**We have identified the following areas as well-designed and effective:**

### Timetables

Timetables for identifying work programmes have been defined within the SOP for the Risk Based Audit Programme (RBAP) Policy. Dashboards have been set up on the CFRMIS system which detail progress against allocated jobs for each area of the system. This includes how many jobs (for Fire Protection Audits, SSRI Surveys etc.) have been carried out and how many are outstanding for the calendar year, broken down by stations/teams as relevant. These deadlines are displayed on the stations Dashboards to track progress and deliverable dates which is a live view of delivery. In addition, Dashboards are reviewed at the monthly FP meetings to monitor performance of key deadlines.

Through review of the RBAP Policy, we confirmed that section five outlines the Audit / visit frequency for premises, which includes Fire Safety Inspections for Care Homes, Hospital type premises, block of flats, Hostels, Hotels, Licensed premises, heritage buildings, HMOs and houses converted into flats.

Through review of the Dashboards within CFRMIS, we confirmed that this included live information on progress against planned jobs (visits, audits, reviews etc.) for the year, which is broken down by stations and teams as relevant. The Dashboard further included outstanding inspections, which are rated high, medium or low, ensuring the jobs are prioritised. We found that during our walkthrough of CFRMIS, the Authority were appropriately managing their jobs within the required timescales, for example, there were no jobs overdue for Community Fire Safety at Ely Station.

### Allocation of Jobs and Data Quality

The Authority has a yearly allocation process, back end of the calendar year, where they go through what is due per timetable and allocate jobs to relevant crew / watches to look at the coming year. The allocation process starts in December to allow for any changes in priorities and these are discussed during the Fire Protection Meetings. In addition, a number of standard reports have been developed within CFRMIS to aid the improvement and clean-up of data in the system, including identifying any duplications and missing data, such as addresses for new buildings or vulnerable persons details. These reports are reviewed by the CFRMIS Administrator on a weekly basis.
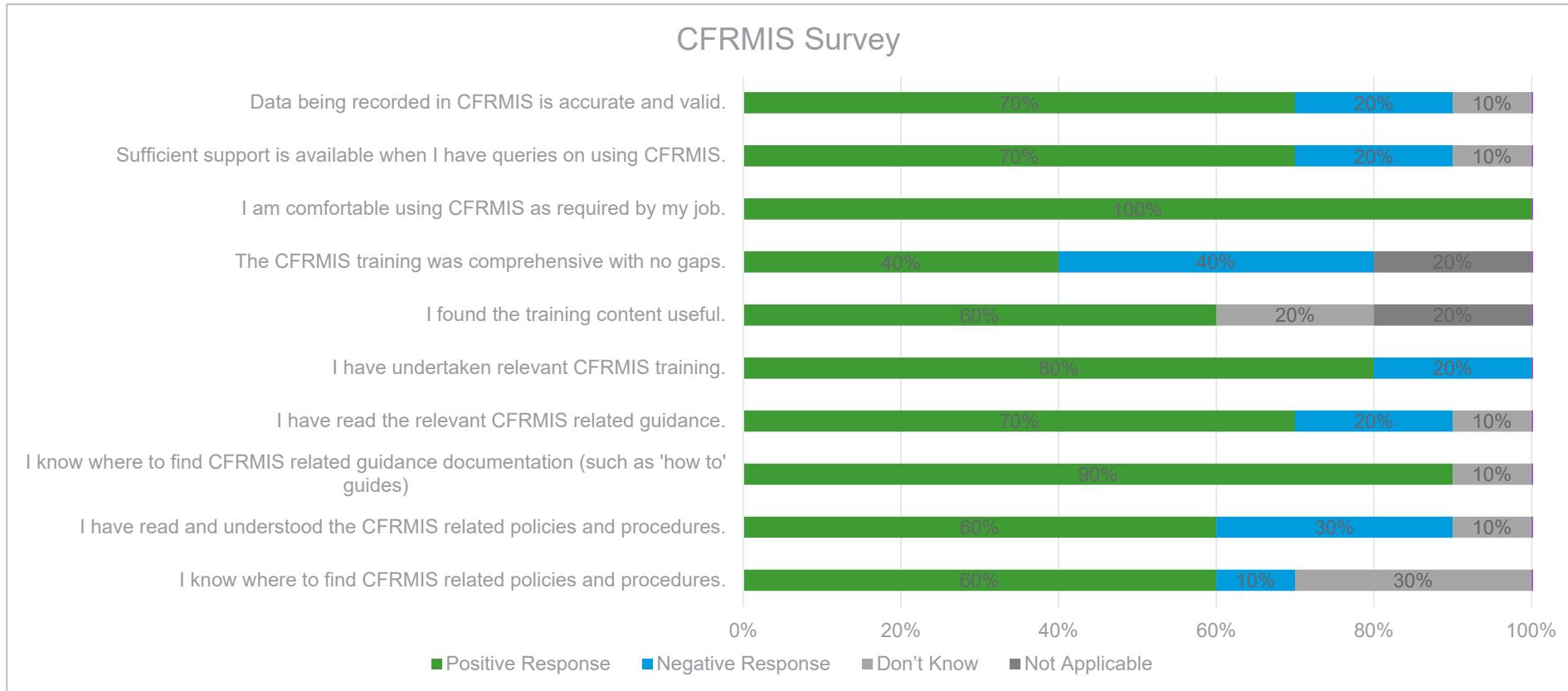
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We reviewed the December 2021 and January 2022 Fire Protection meeting minutes and confirmed that allocations were being reviewed for the year. We further reviewed the CFRMIS Dashboards and noted that there were a number of anomaly reports available with respect to key/common data quality issues that could be run to address issues in the system and ensure data is up to date and accurate, such as a report on duplicate UPRNs and missing Community Safety Officer Watch codes.

We were informed that there is limited risk of duplications of jobs within CFRMIS as the system will identify any duplications and will therefore not allow for another job to be created. In addition, through review of the system, we found that there was limited free text, therefore further reducing the risk of data errors. We have found, through discussions with the CFRMIS Administrator, there are some manual quality checks required, which include the Basic Land Property Units (BLPU) Match check. The New RBAP is updated directly from AddressBase Premium, which is an Ordinance Survey national gazetteer of all UK postal addresses. Due to there being a significant number of new buildings with no post codes assigned, the CFRMIS Administrator maintains a spread sheet of all the unmatched properties. Through review of the CFRMIS BLPU Match spreadsheet, we confirmed that either, comments were provided as to the status of each building, or a completion note was made to confirm amendments were made accordingly.

We have agreed three **low** priority management actions as a result of weaknesses with compliance with the established controls. Further details are provided in the detailed findings and actions section in the report.

# CFRMIS SURVEY RESULTS (10 STAFF)

A survey regarding use/awareness of the CFRMIS system and associated documentation was undertaken amongst staff who use the system. This predominantly included Watch Managers, Crew Managers, Firefighters and Administrators.

## CFRMIS Survey

| Question | Positive Response | Negative Response | Don't Know | Not Applicable |
|---|---|---|---|---|
| Data being recorded in CFRMIS is accurate and valid. | 70% | 20% | 10% | |
| Sufficient support is available when I have queries on using CFRMIS. | 70% | 20% | 10% | |
| I am comfortable using CFRMIS as required by my job. | 100% | | | |
| The CFRMIS training was comprehensive with no gaps. | 40% | 40% | | 20% |
| I found the training content useful. | 60% | | 20% | 20% |
| I have undertaken relevant CFRMIS training. | 80% | 20% | | |
| I have read the relevant CFRMIS related guidance. | 70% | 20% | 10% | |
| I know where to find CFRMIS related guidance documentation (such as 'how to' guides) | 90% | | 10% | |
| I have read and understood the CFRMIS related policies and procedures. | 60% | 30% | 10% | |
| I know where to find CFRMIS related policies and procedures. | 60% | 10% | 30% | |

**To note:**

Whilst some surveyed staff had not read the procedures/guidance and training was sometimes found to be incomprehensive and not useful, we found during our review that the CFRMIS system was intuitive for completing reviews, with a lockdown of forms (where only specific options can be selected) and mandatory fields where appropriate. Despite this, further training/guidance would be beneficial to ensure all staff are comfortable in using the system and ensure there are no gaps in training.

# EXECUTIVE SUMMARY- TRAINING CENTRE RESOURCING

## Why we completed this audit

A review of the Training Centre was undertaken to allow the Authority to take assurance over the controls in place relating to changes required to the Training Centre. The review focussed on the work undertaken by the Service to identify how they are going to resource the Training Centre to provide the best services and considered both the current model, alongside the proposed new model and the two elements of people and premises.

Building work commenced in September 2021 on the new training facility and fire station in Huntingdon and work is anticipated to take around a year to complete, with the station being occupied by staff by early 2023. The budget for the project is just over £10.5 million. The project involves building a modern, purpose-built training centre and new community fire station at St John's Park, north of Huntingdon.

In addition, throughout 2021 the Service began negotiations with the Fire Brigades Union (FBU) on a collective agreement to replace the current shift system in place within the Service Training Centre. This was following the findings of the Training Review project and from feedback from instructors working the current system which highlighted the health and wellbeing of instructional staff and the system not being flexible nor resilient. The Authority's Area Commander led the initial discussions with the FBU alongside Group Commander. The FBU response to the Area Commander on the 17 December 2021, confirmed that the final draft of the proposed Training Centre shift system had been received and circulated to all branches, who were asked to hold meetings, discuss the document and vote on whether to accept or reject proposed shifts. At the conclusion of the voting, the position of the branches (and therefore the FBU brigade Committee) was to reject the proposal and therefore, the Training Centre shift system is now on hold whilst ongoing negotiations take place for the proposed new working pattern. A revised Collective Agreement for the proposed shift pattern was sent to FBU in July and is currently under negotiation, therefore no timescales can be provided as to when the project will reconvene due to being dependent upon FBU interactions.

The Authority has established Project Boards for both the Huntingdon Relocation and the Training Centre Shift Pattern Review. Project Highlight reports are presented at each meeting and provides updates on progress, budgets, risks and issues which requiring addressing.

## Conclusion

During our review, we noted well designed processes were in place for achieving its objectives in delivering training. This included project briefs clearly defining how the Authority will deliver training through its people and premises, benefits identified from the old model to the new model, with clear measures set out for monitoring each benefit post completion. In addition, we noted consistent project monitoring and reporting throughout.  However, a revised Collective Agreement for the proposed shift pattern is currently under negotiation and as such no timescales can be provided as to when the project will reconvene.

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**Internal audit opinion:**

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this risk 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 area.

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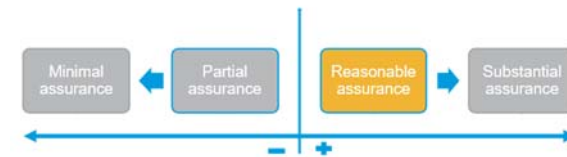
# Key findings

**We have identified the following areas as well-designed and effective:**

**People**

### Training Centre Shift Pattern Review Project Brief

The Authority created a Training Centre Review Project Brief on the 21 October 2019 which detailed an assessment of the current training centre and a proposal of a new Training Resourcing Centre which would address current restraints with training. The Project Brief further details clear objectives, outline of the solutions and project approach, scope, constraints / assumptions, interfaces, key deliverables, key benefits, key stakeholders, affordability, timescales and issues and risks.

The Huntingdon Training Centre currently provides operational training including all on call new recruit courses. Currently Training provides assessment led delivery with limited scope to adjust course delivery to meet the full needs of all operational staff. It is currently staffed by 13 full time staff, including one Station Commander B, one Station Commander A, two support staff (one of whom is a secondment), eight Watch Commanders and one Group Commander. Instructors currently provide training in core hours during Monday to Friday, between 09:00 to 17:00 with some evening and weekend training provided using overtime.

The project brief sets out three objectives to address the issues with the current training model, as follows;

- To review current areas of operational training delivered by training centre to ensure they support future training needs across the organisation.
- Introduce a shift system that supports the delivery of training to all operational staff working across all duty systems within the current cost envelope of the training budget.
- Ensure TRaCS underpins operational training and is maintained appropriately, with formal process to ensure maintenance and currency of information.

## Training Centre Shift Pattern Review - Outcomes and Benefits

The Project Brief document dated October 2019 describes the reasons for the project and what deliverables are required to achieve the project objectives. The document gives the expected business benefits, project approach, timelines and known risks and issues. The purpose is to allow the decision-making Board to assess whether the project has the justification to proceed to an agreed delivery point based on the information provided in the Project Brief as to the balance between the costs and the risks of undertaking the project against the benefits of doing so.

Through review of the Project Brief dated October 2019, we confirmed that four key benefits and measures for success has been identified. The benefits considered a sustainable model for training, resulting in the cost savings overtime, responding to changing risks both operational and community, broadening of skills and knowledge across the service and training content is current by using TRaCs within the training centre team. As all the identified benefits would be as a result of the completed project, reporting against these measurements was not yet in place.

## Key Stakeholders

In 2021 the Service began negotiations with the Fire Brigades Union (FBU) on a collective agreement to replace the current shift system in place within the Service Training Centre. The Authorities Area Commander led the initial discussions with the FBU alongside Group Commander. During this time the FBU requested an Equality Impact Assessment be provided to support the shift proposal. This was provided to the FBU on the 14 June 2021. The Area Commander met virtually with the FBU on the 11 August 2021 to agree for the proposed system to be discussed with staff to allow for scheduled meetings to commence and the new collective agreement to be reviewed alongside the FBU and key stakeholders. At the last meeting held on the 18 October 2021, the Area Commander stated the Service position and final draft copy of the new Training Centre collective agreement was shared with the FBU to be taken to its membership and committee.

The FBU responded to the Area Commander on the 17 December 2021, confirming the final draft of the proposed Training Centre shift system was received and circulated to all branches, who were asked to hold meetings, discuss the document and vote on whether to accept or reject proposed shifts. At the conclusion of the voting, the position of the branches (and therefore the FBU brigade Committee) was to reject the proposal. FBU Cambridgeshire noted in the letter to the Area Commander, that the decision may cause issues with the planning and delivery of training in 2022. To avert any potential disruption to training, the FBU recommend that Cambridgeshire Fire and Rescue Services (CFRS) amends the proposal and re-submit it for further consideration by members. Through discussions with the Area Commander, we found that the Training Centre shift system has been placed on hold due to further discussions with the FBU. A meeting with the FBU has been scheduled to discuss further. In addition, a revised Collective Agreement for the proposed shift pattern was sent to FBU in July 2022 and is under negotiation, therefore no timescales can be provided as to when the project will reconvene due to being dependent upon FBU interactions.  We have therefore not raised an action as this is currently in progress.

We have confirmed that Project Deviation reports have been completed highlighting reasons for the non-deliverables, consequences if action is not taken, revised timescales and Project Manager Recommendations. It was recommended that the project is paused until an outcome of negotiations is reached with the FBU and was subsequently approved by the Project Board.

## Premises

### Huntingdon Relocation Project Brief

The work to relocate and create modernised facilities has been ongoing for some years under the heading of two other projects, Huntingdon Hub and Monks Wood Training Centre. The two projects have now been closed down and has been superseded by the Huntingdon Relocation Project to proceed with plans to relocate the Fire Station and the Training Centre to the originally planned St. Johns site.

A Project Brief document for the Huntingdon Relocation was created in March 2020. The Project Brief describes the reasons for the project and what deliverables are required to achieve the project objectives. The document gives the expected business benefits, project approach, timelines and known risks and issues.

Through review of the Brief, we confirmed that it sets out how the Authority assessed the effectiveness and cost of the current working model, given the requirement to utilise external sites to deliver training.

The Brief describes the strategic fits, including identifying more energy efficient building(s) to run, in terms of environmental impact for heating, electricity and overall carbon footprint & economically in terms of energy costs, a reduction in maintenance costs and day to day operating costs, therefore positively impacting on costs from the current training arrangements model to the proposed training arrangements. In addition, it was noted within the Project Brief that funding is to come out of the property development reserves and the sale of the existing sites.

### Outcomes and Benefits - Huntingdon Relocation

The Huntingdon Relocation Project Brief document dated March 2020 describes the reasons for the project and what deliverables are required to achieve the project objectives. The document gives the expected business benefits, project approach, timelines and known risks and issues. The purpose is to allow the decision-making Board to assess whether the project has the justification to proceed to an agreed delivery point based on the information provided in the Project Brief as to the balance between the costs and the risks of undertaking the project against the benefits of doing so.

Through review of the Project Brief dated March 2020, we confirmed that four key benefits and measures for success has been identified, including improved working conditions for staff as premises will be of adequate size, premises will be accessible to all, premises will have enhanced environmental performance and premises has sufficient Training area for Station staff and Training centre staff. As all the identified benefits would be as a result of the completed project, reporting against these measurements was not yet in place.

We further noted that six objectives have clearly been defined within the brief, which outlines how the Authority will address the issues recognised with the current model. These include, scoping out the requirements for the Training Centre, engaging with Training Centre personnel; scoping out the requirements for the Fire Station, engaging with Fire Station personnel; completing the design and build of the new Fire Station and Training Centre, with associated facilities on an identified freehold site, in accordance with drawings and specification, outline requirements, planning permission and building control; procuring and let contract for construction build of the new Training Centre and Fire station; fully commission the premises for occupancy; and decommission the existing site.

Furthermore, we reviewed the Training Centre Collective Agreement between the Authority and Fire Brigades Union (FBU), which is currently being reviewed for approval.  We confirmed that the agreements clearly sets out the revised system, including a minimum of eight instructors at Watch Commander Level; Training Instructor core working hours to be 08:15 to 17:15 Monday to Sunday over nine working days per fortnight; Training Instructors will be required to deliver training for one night (Monday to Thursday) every fortnight for a total of 3 hours; and Break times will align to Grey Book Conditions as a minimum standard. The agreement further considered the arrangements for accrued hours, recording of hours worked, pay, leave, sickness and work locations.

### Project Boards

A Project Highlight report is presented to the Project Boards on a monthly basis for both the Training Centre Review Project and the Huntingdon Relocation Project and includes stats for each of the workstreams, updates on budgets, risks and issues and activities completed during the last meeting and activities to be completed in the next period of the project.

Through review of August, September and December 2021 Project Board meeting notes and Highlight Reports for the Training Centre Review Project and June, October and December 2021 Project Board meeting notes and Highlight Reports for Huntingdon Relocation Project, we confirmed that progress of the project is being discussed in detail with the Highlight report being reviewed at each meeting. We found that actions were being logged within the meeting notes for each meeting and action owners and deliverable dates defined for each action. In addition, Crew Commander performance measures were reviewed during the meetings.

We further noted that project deviation reports were being presented to the Boards for approval, for example the current consultation with the FBU regarding the proposed New Ways of Working for its members within the Training Centre Instructional Team has been progressing positively at a local level. However, notification of decision to support the proposed change to the new ways of working for Training Instructors was yet to be received from the FBU at a national level, therefore a 12-month trial was proposed in July 2021. This was subsequently rejected by the FBU and the project was put on hold until further discussions with the FBU. All decisions and approvals were noted within the meeting notes for full accountability.

Due to weaknesses in compliance with controls, we have agreed a further **low** priority management actions. Further details are provided in the detailed findings and actions section in the report.

# EXECUTIVE SUMMARY – RISK MANAGEMENT

## Why we completed this audit

This Risk Management audit, undertaken as part of the 2022/23 Internal Audit Plan, has been undertaken to assess the Authority's arrangements for the effective management of risk, including its strategy, risk registers, reporting and monitoring of risks through the governance structure.

The Authority has in place a Strategic Risk Register (SRR) which documents the high-level risks (and opportunities) which have been identified. They are assigned an inherent (pre-mitigation) score, a current score, after internal controls are noted and a post mitigation score following the identification of further mitigating actions.

A Tactical Risk Register (TRR) is also in place which details operational risks to the Service. These are dealt with in a similar manner to the Strategic Risk Register but are not assigned an inherent score. The Tactical Risk Register review process is designed to identify themes from across the organisation which require escalation to the Strategic Risk Register.

For each of the registers, risks and mitigating actions are assigned an owner. Progress against mitigating actions and any development in circumstances are noted against each risk as necessary. A Strategic Risk and Opportunity Management Plan (SRMP) and a Tactical Risk Management Plan (TRMP) are in place which supports the processes for managing the risks included on the registers.

## Conclusion

Our review has determined that the key controls for risk management at the Authority are effective and enables risks to be identified, understood, communicated, managed and mitigated accordingly. A clear risk management strategy is in place and there is strong leadership from the Business Transformation Team in its implementation.

The review has highlighted a sense of ownership and consideration of risk throughout the organisation, particularly in relation to front line staff, where potential risks can be highlighted and escalated to the highest level. Clear risk registers have been established with their cause and effect well documented and managed.

**Internal audit opinion:**

Taking account of the issues identified, the Authority can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

# Key findings

**We have identified the following areas as well-designed and effective:**

### Policies and Procedures

We confirmed through review that the SRMP and TRMP provided a clear overview of the approach to risk management. The documents clearly and coherently described the definition and explanation of a risk, escalation processes and the relationship between the day-to-day operations of the organisation and its risks. We found that the process for quantifying (scoring) risk and its impacting factors were also clearly documented and that risk appetite, its definition and significance were also explained.

The specific processes for recording and escalating risks were outlined together with a detailed list of key risk responsibilities across the organisation. The TRMP set out a distinction between the management and ownership of strategic risk and tactical risk which focussed on the role of the Heads of Group who were ultimately responsible for its management.

We noted that both documents were up to date and published on the SharePoint document management site.

### Training

We confirmed that risk management training was provided through several methods throughout the Service aimed at various roles dependent on their risk management responsibilities. They included the iLearn system and one to one training delivered at leadership days and through one-to-one development sessions for managers of individual projects. Each one was owned, monitored and delivered by the Head of Service Transformation. We noted that the status of each course subscriber on the iLearn platform was clearly presented on the system's dashboard so that expired or any necessary training could be monitored accordingly.

Through discussions with the IT Services Director, Head of On-Call Group Commander and Area Commander Operational Response, we established that the training provision was targeted and highly relevant, particularly as a newly appointed risk owner. Ongoing, update or refresher training was available through the Service Transformation Team, should it be required.

Through review, we also confirmed that the training slide packs were closely aligned with the risk management methodology. We found that the project management slides were appropriate to the role and that they offered an introduction to risk management, an overview of the methodology and the business context for carrying out the process. Importantly, the training documents signposted the Head of Service Transformation and their team as contact points for further guidance.

### Risk Register Data Quality

Through sample testing and review we found that the data held within both the SRR and TRR was of a high standard and well maintained. Within both registers, we found that risk descriptions had been drafted in a clear and concise manner to adequately communicate cause and effect, controls and mitigations, inherent, current and post-mitigation risk scores had been identified and owners for risks and their actions had been assigned. The majority of risks were regularly reviewed having been annotated clearly with appropriate updates.

### Assignment of Responsibilities

The Head of Service Transformation had been formally delegated the responsibility for the management of risk registers and the management of the overall process. This had been carried out through the SRMP and TRMP documents as well as a written job description. The role included oversight of the process as well as striving for continuous improvement across the organisation including improving awareness.

Additionally, we found that the responsibility for maintenance of the TRR had been formally assigned to the Heads of Group, but that the Head of Service Transformation would have a guiding and oversight role of that process to ensure its effectiveness. Specific wider responsibilities at Committee and management level were also defined within the SRMP and TRMP. Through our discussions, we also confirmed that the duties of the role of risk and action owners were well understood and communicated across the organisation. Each of the individuals confirmed that they felt well supported by the Transformation Team and the Head of Service Transformation. This support included regular risk update meetings, open communication channels and opportunities for further training, as discussed above.

### Risk Identification and Escalation

In addition to the clearly defined processes within the SRMP and TRMP to identify and escalate risks our discussions confirmed that the Authority has in place an Integrated Risk Management Plan (IRMP). Through review, we found that this was underpinned by the 2022 IRMP planning document which is the extract of risks that need to be factored into the IRMP action plan for 2022/23. This action plan was renewed annually at management refresher sessions and monitored quarterly at Chief Officers Advisory Group (COAG) and Authority level. This ensured there was an opportunity for new, emerging and existing risks to be shared and considered across the leadership of the organisation. These are objectively considered by peers who are removed from the specific areas of responsibility which helped to ensure that risk scores and mitigations were measured and proportionate in accordance with the overall impact

Our discussions also confirmed that operational intelligence fed into the escalation process, through the submission and review of incident attendance reports, for example. This was seen as key to the successful management of risk. Recent examples of operational risks escalated to the SRR included increased likelihood of wildfires and considerations for the storage and use of electric vehicles.

### Reporting and Governance

We confirmed that the SRR and TRR were well monitored through the governance structure and scrutinised accordingly. We confirmed that the SRR was reported regularly through quarterly meetings of the COAG, Policy and Resources Committee and Fire Authority through a standing agenda item. We found that specific discussion on risk was focussed on high and very high-rated risks, which were most relevant.

Wide ranging discussion was also held around the risk management process with references made to quarterly reviews at operational management level. We noted that members of each group were engaged and active in scrutiny, seeking responses and reassurance where necessary.

Due to a low number of data quality issues found in sample testing of the registers, we have agreed one **low** priority management action. Further details are provided in the detailed findings and actions section in the report.

# EXECUTIVE SUMMARY – DEBRIEF FOLLOWING COMPLEX INCIDENTS

## Why we completed this audit

A review of how the Authority perform a Debrief Following Complex Incidents was undertaken, as part of the internal audit plan for 2022/23. The purpose of the review was to allow the Authority to take assurance that arrangements have been put in place to debrief incidents and to identify and share lessons learnt.

In 2019/20 we performed on audit of this area which resulted in a reasonable assurance opinion, following a HMICFRS report which suggested that an effective system for staff to use learning and debriefs to improve operational response and incident command should be put in place. A further HMICFRS report has since been produced in 2021/22 which rated the Authority as 'good' in relation to the effectiveness category which covers operational response. Appendix B of this report contains further details of the status of the two management actions raised during the 2019/20 audit, of which one has been fully implemented and the other has been superseded as a result of the introduction of the Ops Assurance Plan 2022/23.

The process for operational learning is documented within the Ops Assurance Plan 2022/23, which has been developed in line with National Fire Chiefs Council (NFCC) Good Practice Guide for National Operational Learning (NOL) and the Joint Emergency Services Interoperability Programme (JESIP) Joint Organisational Learning (JOL) guidance.

The Authority has an Operational Support Group (OSG) which regularly reviews and drives learning from incidents, formally discussed at the Ops Assurance & Learning (OAL) meeting. In line with the Good Practice Guide, incident debriefs can be triggered based on risks identified but the Authority has three key debrief types as follows:

- Operational – RM14 (Informal Post Incident Debrief);
- Tactical – RM17 (Escalation from RM14); and
- Strategic / Structured – RM18 (Escalation from RM17).

## Conclusion

Overall, we found that the Authority has appropriately designed and consistently applied controls to debrief and learn from operational, tactical and strategic incidents. This was evidenced by the regular discussion of learning and review of the Learning Outcomes Tracker at the OAL meeting. We noted the Ops Assurance Plan to be in line with relevant guidance and made available to staff. We confirmed that learning was shared through Service Action Notes and monitoring of compliance with review of learning information was being carried out through station inspections. The National Operational Guidance Implementation Meeting had also been established to facilitate the transfer of learning into training.

However, our sample testing identified that tactical debrief forms were not always fully completed and two incidents which had not yet been debriefed at the time of our review, were planned for August and September 2022 despite incidents occurring in April and June 2022 respectively, exceeding the four week guidance as stipulated by the NFCC Good Practice Guide.

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**Internal audit opinion:**

Taking account of the issues identified, the Authority can take reasonable assurance that the controls upon which the organisation relies to manage this risk 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 area.

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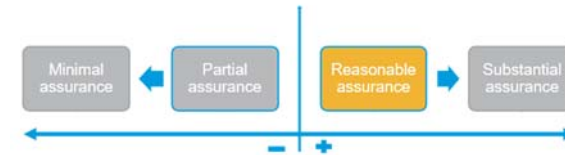
# Key findings

**We identified the following weaknesses resulting in the agreement of two 'Medium' priority management actions:**

## Tactical Debrief Completion

When a tactical debrief is triggered a template RM17 form is completed which includes an incident overview and any recommendations. Through review of a sample of five RM17s we identified that in one case the incident overview and recommendations section (including lessons identified) had not been included and the form was marked as incomplete.

There is a risk that unwanted events could reoccur if operational learning considerations are not documented as part of tactical debriefs. **(Medium)**

## Timeliness of Strategic Debriefs

The Good Practice Guide states that formal debriefs should take place ideally within four weeks of the incidents occurring. We noted that the RM18s planned for debrief in August and September 2022 were several months in excess of four weeks after the incidents had occurred (April and June 2022).

If strategic debriefs are not carried out in a timely manner, then there is a risk that critical risks could materialise due to the time taken to share operational learning. **(Medium)**

**We noted the following controls to be well-designed and applied:**

## HMICFRS Inspection

We reviewed the 2021/22 HMICFRS report and noted that the Authority had been rated as 'good' for all areas relating to the effectiveness category. We noted that the report outlined that the Authority makes e-Learning available to firefighters for major incidents, has improved its systems for learning and debriefing and has dedicated resources in place for communicating national operational guidance and lessons learned from national operational work.

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### Ops Assurance Plan

The Ops Assurance Plan is the key document for the debrief process. We confirmed through review of the Plan that it was approved by the Group Commander via version control, that the Plan was available on SharePoint and that it had been shared with staff via email in February 2022.

We compared the plan to the NFCC Good Practice Guide and noted clear alignment in areas such as the use of Blue, Red, Amber, Green (BRAG) ratings, the governance structure and the debrief process.

### Roles and Responsibilities

Through review of the Ops Assurance Plan we noted that it set out how and when debriefs should be conducted as well as how learning would be managed through the Learning Tracker and via the OAL meeting. We confirmed that the roles and responsibilities of the members of the OSG were clearly documented.

We also confirmed that the Station Commander had been assigned as the Single Point of Contact (SPOC) through review of the National Operational Learning (NOL) database.

### Trigger Points

We confirmed that the trigger points for debriefs are set out in the Ops Assurance Plan, we compared them with the NFCC Good Practice Guide and noted that the guidance states that structured debriefs should occur where risk is identified to have a critical impact or if there are learning points in relation to equipment and or procedures.

We confirmed that this was consistent with the Plan which set out in section two that the plan is designed using a risk-based approach to identify target areas.

### Debrief Templates

JESIP provide a template debrief form targeted specifically for multi-agency learning. Through review of the Authority's RM14 (Informal Post Incident Debrief) and RM17 (Escalation from RM14) forms we confirmed that they were clearly aligned to the JESIP multi-agency learning guidance as they included capturing of information in relation to five key areas: co-locate, communicate, co-ordinate, understanding of risk and shared situation awareness.

We confirmed that the RM14 and RM17 forms captured key information such as the incident date, location, individuals involved, resources used, actions taken, notable practices and lessons learnt. We noted that this was not captured in the RM18 form but found this to be appropriate as the RM14 and RM17 forms are pre-requisites of the RM18. Through review of a separate PowerPoint presentation, we noted that Strategic debrief (RM18) was covered in terms of initial actions, incident management and lessons identified. In addition, details were noted as required such as time of call, type, location, appliance details and timeline of events.

### OSG and OAL

We reviewed the OSG monthly progress log (this meeting is not formally minuted) and noted that it demonstrated regular review of actions relating to operational learning. We noted that key actions recorded on the log included updating of the Ops Assurance Plan and review of the station inspection programme.

We reviewed the OAL meeting minutes and corresponding reports for March and June 2022. We confirmed that the documentation evidenced review of learning from incidents and review of the Learning Outcomes Tracker. We also noted that there was senior leadership representation with the Deputy Head of Service who attended both meetings and was responsible for feedback of learning to the Chief Officers Advisory Group.

We identified that in March 2022 it was noted animal rescue related incidents was a key learning theme and the sessions had been undertaken to provide staff with additional training in this area.

### Ops Excellence Meeting

The Ops Excellence Meeting focuses on review of operational performance information, which can lead to the identification of learning. We reviewed the Ops Excellence meeting minutes and corresponding reports for April and July 2022. We confirmed that the reports and the discussion recorded at both meetings evidenced review of learning from performance information and the identification of trends. We noted that in April 2022 it was highlighted that pump availability had been reduced due to hours being booked as unavailable.

We also confirmed that the Area Commander attended both meetings who is responsible for monitoring progress against the Integrated Risk Management Plan (IRMP).

### Service Action Notes (SANs)

Learning relating to feedback, near misses and external updates are shared through SANs. We reviewed four examples of SANs dated between December 2021 and May 2022 and noted that they included briefing staff on updates to guidance and internal procedures, such as post-incident documentation. We confirmed that the SANs were available to staff on SharePoint and iLearn / Tracs.

### Station Inspections

Station inspection visits are carried out internally which include review of learning data, such as compliance with SANs. Through review of a sample of five stations (Cambridge, Dogsthorpe, Soham, Thorney and Wisbech) we confirmed that in each case the inspection included the review of staff understanding and performance with regards to learning data.

We noted that in four cases no actions were required, but for the November 2021 Thorney inspection, an action was assigned in relation to further training for crews. We confirmed that this had been marked as implemented on the Station Assurance Inspections Tracker.

### Incorporating Learning and Training

The Authority has in place a quarterly National Operational Guidance Implementation Meeting (NIT) which includes attendees from the OSG and the training team. Review of the March and May 2022 minutes and papers confirmed that the papers and minutes demonstrated that the NIT facilitated the implementation of learning from operations into training. In May 2022, we noted references to updating guidance-based incidents relating to lithium batteries, ETHANE, and fires in tall buildings.

We also reviewed papers summarising operational learning which were presented by the Area Commander to the Chief Officers Advisory Group in May 2022. We confirmed that learning included the implementation of an on-call support programme for working at height and improved interoperability with Cambridgeshire Police in relation to water rescue incidents.

### Debrief Completion

Through review of the debrief documentation for a sample of five tactical debriefs from incidents which occurred between January and July 2022, we confirmed that each debrief was carried out on the date of the incident. We noted that an action plan was not required as the debriefs had not been escalated to the strategic level. We confirmed that each tactical debrief was available to staff on SharePoint.

We confirmed that an action plan linked to the one strategic debrief we reviewed had been incorporated into the learning outcomes tracker, which was assigned to owners and marked as completed. We reviewed training slides and confirmed that the learning had been fed into training. We also reviewed an all-staff communication which confirmed that the learning had been shared with key staff and noted that the strategic debrief was available to staff on SharePoint.

# 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.

| Tactical Debrief Completion | | Assessment: | |
|---|---|---|---|
| **Control** | Key incident debriefs are categorised within the Ops Assurance Plan as followed:<br><br>• Operational – RM14 – Informal Post Incident Debrief. This is completed after all incidents and is logged on the IRS national reporting system;<br>• Tactical – RM17 – if the Operational Support Group reviews an RM14 then an RM17 will be completed, or if a level two commander has taken over control at the incident; and<br>• Strategic – RM18 – this debrief is undertaken if the incident has six or more fire appliances in attendance, or if a Group Commander takes over control at the incident. | **Design**<br><br>**Compliance** | ✓<br><br>✗ |
| **Findings / Implications 1** | We reviewed a sample of five tactical debriefs from incidents which occurred between January and July 2022, this included multi-agency, cross border working and a debrief relating to an injury.<br><br>We confirmed that in four cases the tactical debrief appeared to be appropriate based on the trigger points noted in the Ops Assurance Plan. However, we noted that for one debrief (ref 18450), the incident overview and recommendations section had not been included and the form appeared as incomplete, we noted that this section includes the lessons identified.<br><br>There is a risk that unwanted events could reoccur if operational learning considerations are not documented as part of tactical debriefs. | | |

| **Management Action 1** | The OSG will remind staff to ensure that RM17s are fully completed, where this is not complied with the OSG will require staff to recomplete the documentation as part of their review. | **Responsible Owner** | **Date** | **Priority** |
|---|---|---|---|---|
| | | OSG | July 2023 | Medium |
| | Management Update<br><br>1. Review the multiple forms on I-auditor and improve for the end user to design one Flexi officer form. Ideally to improve completion at incidents. *Pending Final version*<br>2. Improve the integration with STEP to support consistent reporting from the BIP teams *in progress*<br>3. Raise awareness of the RM17 tracker *Completed.*<br>4. Design and complete operational assurance training for all officers 2022. *Completed.* | | | |

| | |
|---|---|
| | 5. 2023 middle management days to include de-brief coaching and awareness session. (*dates planned for 2023 /pending)* |
| **Findings / Implications 2** | Through discussions with management, we were informed that the volume of RM18 (strategic) debriefs was low. All RM17s are reviewed by the OSG and if key learning is picked up the OSG will escalate to an RM18. However, we found that incidents had not occurred that had yet been debriefed at the time of our review since January 2022 due to the risks identified not meeting the trigger points. |
| | We reviewed a summary of debriefs from January to July 2022 and noted that of 17 RM17 debriefs, two had been escalated to RM18s which had been arranged for August and September 2022 (after our audit), we noted that the incidents occurred in April and June 2022, both exceeding the NFCC Good Practice Guide suggestion that debriefs should take place ideally within four weeks of the incident occurring. |
| | We were advised by the Group Commander that the delays were likely due to key changes in processes and personnel. Additionally, elements of the process are still manual and require automation, which has been pushed back to 2023/24 because of a lack of IT resource. |
| | If strategic debriefs are not carried out in a timely manner, then there is a risk that critical risks could materialise due to the time taken to share operational learning. |

| **Management Action 2** | The OSG will review the reasoning behind the time taken to perform RM18s and take appropriate action to ensure that where possible they are conducted within four weeks of the incident. Where it is not possible to debrief within four weeks, justification will be formally documented to explain why. | **Responsible Owner** | **Date** | **Priority** |
|---|---|---|---|---|
| | | Head of Operational Support | July 2023 | Medium |
| | Management Update<br><br>1. **Major Incident de-brief notification project**: - a project to notify, streamline and integrate our operational learning systems. From initial call, RM14/17;s to learning outcomes. *pending (process map in place awaiting a software solution) this has been delayed due to other priorities at this time.*<br>2. Train a number of accredited de-briefers 2021 - under the CPLRF and college of policing qualification (currently 5 in place internally*) Completed*<br>3. Review the numbers of accredited de-briefers to consider support staff and other roles. And hold a course in 2023 if more are required. *pending* | | | |

4. Design a shared service agreement to share resources of a cohort of shared de-briefers to support CFRS structured de-briefs. *(Via the regional operational assurance group trial in progress – agreement to be approved by CFO group)*

5. Operational Assurance and learning quarterly report, to track de-briefs *Completed*

6. De-brief review board (strategic review with AC operational support). *Completed*

7. BSG administrative support to help coordination and timings of structured de-briefs on behalf of OSG. *Completed.*

8. Control inform OSG of any 6 pumps and above incidents as part of their notification process. *Completed.*

9. Conflict to workloads for accredited de-briefers. to consider the value of adding structured de-briefs to the GC meeting agenda to discuss any potential conflicts of workloads and ensure accredited de-briefers can commit to dates. *not started.*

10. Introduce a structured report to capture learning for incident de-briefs and exercise de-briefs. *Completed.*

11. introduce a learning tracker to capture recommendations and actions from structured de-briefs. *Completed.*

12. De-brief and monitoring policy review 2023 (following implementation of number 1. de-brief notification project).

## For more information contact

**Name:** Suzanne Rowlett, Head of Internal Audit

**Email address:** suzanne.rowlett@rsmuk.com

**Telephone number:** 07720 508148

**Name:** Louise Davies, Manager

**Email address:** louise.davies@rsmuk.com

**Telephone number:** 07720 508146

**rsmuk.com**