OVERVIEW & SCRUTINY COMMITTEE

CAMBRIDGESHIRE & PETERBOROUGH FIRE AUTHORITY
Working together to improve community safety

Date:Thursday, 07 October 2021

14:00hr

Fire and Rescue Service Headquarters
Hinchingbrooke Cottage, Brampton Road, HUNTINGDON, PE29 2NA

AGENDA

Open to Public and Press by apointment

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AUDIT

The Overview & Scrutiny Committee comprises the following members:

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

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COVID-19

The legal provision for virtual meetings no longer exists and meetings of the Council therefore take place physically and are open to the public. Public access to meetings is managed in accordance with current COVID-19 regulations and therefore if you wish to attend a meeting of the Council, please contact the Committee Clerk who will be able to advise you further.

Councillor Sebastian Kindersley (Chair)   Councillor Simone Taylor (Vice-Chair) Councillor Andrew Bond and Councillor Scott Warren Councillor Hilary Cox Condron Councillor Ian Gardener Councillor John Gowing Councillor Mac McGuire

Clerk Name:	Daniel Snowdon
Clerk Telephone:	01223 699177
Clerk Email:	daniel.snowdon@cambridgeshire.gov.uk

Fire Overview and Scrutiny Committee Minutes

Date: Wednesday 21 July 2021

Time: 14:00pm.

Venue: Fire and Rescue Service Headquarters

Present: Councillors Cox Condron, Gardener, Gowing, Kindersley (Chair), McGuire,
                 Taylor (Vice-Chair)

1.   Notification of the Chair and Vice Chair

It was resolved to note the appointment of Councillors Sebastian Kindersley and
Simone Taylor as Chair and Vice-Chair of the Fire Overview and Scrutiny Committee
for the municipal year 2021/22.

2.   Apologies for Absence

Apologies were received from Councillor Andrew Bond.

3.   Declarations of Interest

No declarations of interest were received.

4.   Minutes – 7 January 2021

The minutes of the meeting held on 7 January 2021 were agreed as a correct record
will signed by the Chair.

5.   Action Log

The reporting officer gave oral updates on the action log. They noted the additional
work occurring in the pension fund, and a change in the risk profile of coronavirus to
reflect the lifting of restrictions.

The action log was noted.

6.   Annual Internal Audit Report 2020-21

The Committee received for scrutiny a report which provided an annual internal audit
opinion based upon, and limited to, the work performed on the overall adequacy and

effectiveness of the organisation's risk management, control and governance processes.

The officer reported that the annual internal audit was, in general, positive and the organisation was categorised as having an adequate and effective framework for risk management, governance and internal control, but with some areas to improve upon. The need for improvement was caused, in part, by the limited scope of the audit and because of a number of incomplete management actions. Of the nineteen management actions due for completion at the time of audit, eight were completed and seven were ongoing.

In response to Member's questions, the officer confirmed that the audit had been completed independently and in compliance with the standards.

It was resolved unanimously to note the report.

7.   Internal Audit Progress Report July 2021

The Committee received for scrutiny a standard report which summarised progress made against each plan and the results of the Internal Audit to date. This report had been delayed due to the meeting timing, but the officer established that reports for 'Follow Up' and 'Estates and Property Maintenance' had been completed since the previous meeting.

The officer noted the Quality Assurance Team's split findings with regard to the progression of managerial actions in the Follow Up report. Five of the eight 'HR Training, Recording and Competency System' management actions had been completed, with the remainder ongoing. This was considered reasonable progress. Meanwhile, little progress was reported in the implementation of management actions in the 'Collection and Update of Risk Information' and 'Follow Up Audits'. An explanation for this could be found in the report.

In response to Members comments, officers:

-   Recognised that changes in personnel and operation systems had resulted in actions being missed. In response to this the officers stated the missed actions were now 'ongoing' and would be completed prior to the next audit. It was agreed Members would be updated on this in the next Cambridgeshire and Peterborough Fire Authority Overview and Scrutiny meeting. Action. Matthew Warren.

-   Established that a new member of staff had been hired to follow up actions related to 'Estate and Property'. Members' requested a 'meet, greet and update' with the new member of the Estate and Property team. Action. Deb Thompson.

In response to the report, Members:

-   Requested circulation of a glossary for technical terms. Action. Deb Thompson.

It was resolved unanimously to note the report and take remedial action as necessary.

8.   Internal Audit Strategy 2021-22

The Committee received for scrutiny, an audit programme which had been developed with consideration to continuing developments and pandemic impacts by the internal audit team and management. It prioritised service objectives, risk profiles and the ongoing use of technology to meet service needs.

Tendering of the internal audit 2021/22 had been successful following delays caused by the pandemic. Key objectives of the Internal Audit Plan 2021/22 included the review of key financial controls and follow ups of previously agreed actions. The officer noted that the topics proposed here were unlikely to change but were dependent upon certain factors.

In particular, the officer:

-    Provided an update on the Training Centre project for which capital had been resourced. In response to a Member's question, the officer reported that no changes had been made by external training centres to reduce infection risk.

-    Clarified that the Forward Plan for next year provided an internal audit assurance map.

In response to Members comments, officers:

-    Expressed a desire to bring Property Asset to the Fire Authority Overview and Scrutiny Committee for scrutiny.

-    Notified Members that the greatest strategic risk came from 'ICCS and MOBs Implementation', but that the review had not yet found any unsupportable technology in the key system.

It was resolved unanimously to note the report.

9.   Cambridgeshire and Peterborough Fire Authority - Audit Planning Report - 2020-21

The Committee received a report which laid out the audit strategy plan for the year ending 31 March 2021 including the audit of financial statements and use of resources; comprising materiality, key audit risks and the planned approach to these; the timetable and the BDO team. Overall, there were no significant changes, but planning materiality was proposed to be set at 2.5%.

It was explained that the deadline for the NHS audit, set for June 2020, had been extended, causing auditing delays in local government services which used the same auditing bodies. As a result, the 2019/20 audit for Peterborough and Cambridgeshire Fire Authority occurred between January and March, with 45% of the audit signed off by the original November deadline. Therefore, the 2020/21 audit was also delayed and

unlikely to meet the 30 September 2021 deadline, despite having sufficient resource to carry it out. The officer noted that this was a challenge being faced by all local government bodies.

The reporting officer highlighted significant audit risks, including:

- Management override of controls: Inclusion of this as a presumed risk was a statutory requirement of Auditing Standards. To manage this, the audit would identify outlying risks, estimation determination, and for activity outside normal business.

- Expenditure Recognition: This risk regarded the manipulation of expenditure by public sector bodies. Risk management included using the year-end financial position to ensure all expenditure is accounted for.

- Valuation of Non-Current Assets: This risk regarded ensuring land and building asset valuation was accurate and current. Risk management included testing valuations against market data.

- Valuation of Pension Liability: This risk regarded uncertainty around pension fund estimation. Risk management included cross-referencing actuarial assumptions with market data and assurance from the pension fund auditor.

- Use of Resources: A new code of practice had been introduced for audit work with new assessment criteria which moved away from value for money. It required a commentary on criteria met/unmet and resulting actions, rather than a conclusion. Another requirement was publication within three months of audit submission.

In response to Members comments, officers noted that:

- Missing the auditing deadline would result in publication of clearly marked unaudited draft financial statements on 30 September 2021. There would be no consequences.

- They would be readvertising for a position in the key financial team.

- Interdependencies with audits from external bodies may result in further delay of the Fire Authority Audit.

- A report on financial resilience, financial management, value for money, and management of resource would go to the Fire Authority for scrutiny November 2021.

Individual Members raised the need for a financial amendment on page 85 of the report. Action. Rachel Brittain

It was resolved unanimously to note the report and take remedial action as necessary.

10. Fire Authority Programme Management

The Committee received the programme management monitoring report, which included action plans to mitigate risks to, and achieve the vision of, the service.

The officer highlighted certain projects in the programme status report:

- Property collaboration: The joint housing of the St Neots police and fire service awaited planning permission for the redevelopment of the St Neots Fire Station.

- Sharepoint and Microsoft 365 Migration Project: The implementation of new technology into the service had been delayed. Officers noted firefighters may require technological support following implementation.

- Replacement ICCS and Mobilising Solution: Project progress had been delayed by remote working, with only half of control system tests being performed. Therefore, SAT tests would occur in August 2021.

- Asset Management Software: This risk would be closed as all associated actions had been delivered. QR coded equipment now allowed for quick assessment, and a separate system for property asset recording would be developed to resolve remaining concerns.

- ESMCP (Emergency Services Mobile Communications Programme): This was a 10 year old Home Office business case which sought to replace emergency service airways radio communication with mobile communication by 2025/26 through gradual national roll out. England would be the first emergency services to be run this way.

    Advantages of the change included modernisation of technology.

    Disadvantages included an uncertain but increasing cost to the service that would need to be budgeted for; and concerns regarding the resilience of mobile networks. The latter concern would be reduced as the Connecting Cambridgeshire Project increased mobile network coverage.

    In response to members' questions, the officer reported that Motorola had purchased airwaves radio, but was also involved in the ESMCP.

In response to Members comments on risks, officers:

- Noted that P088, On-Call Board Stage 2, had returned to business as usual.

- Established that sliding timescales were generally the result of optimistic planning, real setbacks and personnel changes.

- Offered to meet separately with new members regarding the attempted PCC take-over.

- Explained that the new ways of working had been developed following movement to a new training centre.

Individual Members requested:

- More details and an online seminar covering ESMCP. Action. Jon Andrews.

- A link to the Equality Impact Assessment report. Action. Deb Thompson.

It was resolved unanimously to note the report and take remedial action as necessary.

11.   Member-Led Review Update

The Committee received an oral update of the two ongoing Member-led reviews.

Engagement with represented bodies:

The lead Member provided a background on progress to date and the desire to continue the work started. Councillors Cox Condron and Taylor were to consider joining this Member-led Review.

Councillors Cox Condron and Taylor were to consider joining this member-led review. Action.

Approach to recruitment:

The review sought to workforce diversity and career progression for women. The officer suggested, and the lead member agreed, to halt the review following delays caused by the pandemic and a change in Authority membership.

Future reviews:

Terms of reference for a Member-led review would be drafted and circulated to Members for nominations. Action. Deb Thompson.

It was resolved unanimously to note the report and take remedial action as necessary.

12.   Overview and Scrutiny Work Programme

Members asked for the Internal Annual Report and Internal Strategy Report 2022/23 to be brought to the Fire Authority Overview and Scrutiny Committee meeting, scheduled April 2022. Action.

The Committee resolved unanimously to note its work plan, including the actions noted throughout the minutes.

Chair

**Fire Authority
Overview and Scrutiny
Committee**

Minutes - Action Log

This is the updated action log as at 7 October 2021 and captures the actions arising from the most recent Overview and Scrutiny Committee meetings and will form an outstanding action update to Members on the progress on compliance in delivering the necessary actions.

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
Minutes of the January 2021 Committee					
104	Cambridgeshire and Peterborough Fire Authority – Annual Audit Letter	DCEO	It was noted that there was a proposed amendment to fees for the 2019/20 Audit and this would be negotiated with the DCEO. This increase would comprise two elements reflecting increased workload, some of which was for this audit only (a one-off) and part which would be included in an annual uplift. This would also need to be agreed by the PSAA. The final proposed amendment to fees would be reported to Committee Members.	Members advised at Committee that the amendment fee was just over £11,000. This was due to extra work required on property and pensions.	**Completed**

Minutes of the July 2021 Committee

105	Internal Audit Progress Report July 2021	DCEO	Officers stated the missed actions were now 'ongoing' and would be completed prior to the next audit. It was agreed Members would be updated on this at the next Overview and Scrutiny Committee meeting.	Verbal update.	
106		DT	A new member of staff had been hired to follow up actions related to 'Estate and Property'. Members requested a 'meet, greet and update' with the new member of the Estate and Property team.	Member seminar with a property/capital programme focus scheduled for 4 November 2021; Property Maintenance Manager will be in attendance.	**Completed**
107		DT	Requested circulation of a glossary for technical terms.	Ongoing; glossary will be added to reports as appropriate moving forward.	**Completed**
108	Cambridgeshire and Peterborough Fire Authority - Audit Planning Report – 2020/21	BDO	Financial amendment on Page 85 of the report.	Amended and revised document circulated to Members via email 17 September 2021.	**Completed**
109	Fire Authority Programme Management	ACFO	More details and an online seminar covering ESMCP.	Member seminar scheduled for 4 November 2021 will cover this topic.	**Completed**
110		DT	A link to the Equality Impact Assessment report.	Email with link sent to Members on 13 August 2021.	**Completed**

111	Member-Led Review Update - Engagement with Representative Bodies		Councillors Cox Condron and Taylor were to consider joining this member-led review.		
112		DT	Terms of Reference for a Member-Led Review would be drafted and circulated to Members for nominations.	Added to agenda for 7 October 2021 meeting.	**Completed**
113	Overview and Scrutiny Committee Work Programme	DT	Members asked for the Internal Annual Report and Internal Strategy Report 2022/23 to be brought to the Overview and Scrutiny Committee meeting scheduled in April 2022.	Added to 2021/22 work programme.	**Completed**

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TO: Overview and Scrutiny Committee

FROM: Scrutiny and Assurance Manager – Deb Thompson

PRESENTING OFFICER(S): Head of Media, Communication and Transparency
           – Hayley Douglas

     Telephone **01480 444646**
     hayley.douglas@cambsfire.gov.uk

DATE: 7 October 2021

Annual Review - Cambridgeshire and Peterborough Fire Authority Compliance with the Local Government Transparency Code

1. Purpose

1.1 The purpose of this report is to provide the Overview and Scrutiny Committee with an (annual) update on and assurance of compliance with the Local Government Transparency Code.

2. Recommendations

2.1 The Overview and Scrutiny Committee is asked to;

- note the current position in terms of compliance,
- approve the recommendation made at Paragraph 7.5.

3. Risk Assessment

3.1 **Economic** – the Government believes that transparency is the foundation of local accountability and the key that gives people the tools and information they need to enable them to play a bigger role in society. It is also considered that the availability of data can also open new markets for local business, the voluntary and community sectors and social enterprises to run services or manage public assets.

3.2 **Political** – the Local Government Transparency Code was issued to meet the Government's desire to place more power into citizens' hands to increase democratic accountability and make it easier for local people to contribute to the local decision making process and help shape public services.

3.3 **Social** – the Government believes that in principle all data held and managed by local authorities should be made available to local people unless there are specific sensitivities for example, protecting vulnerable people or commercial and operational considerations. It encourages local authorities to see data as a valuable resource not only to themselves but their partners and local people.

3.4 **Equality Impact Assessment** – completed at source.

4. Background

4.1 The Department for Communities and Local Government (DCLG) published a revised Transparency Code in February 2015 as a tool to embed transparency in local authorities and set out the minimum data that such authorities should be publishing, the frequency it should be published and how it should be published. The Code can be found at Appendix 1.

4.2 Under this Code local authority means a fire and rescue authority (constituted by a scheme under section 2 of the Fire and Rescue Services Act 2004 or a scheme to which section 4 of that Act applies).

4.3 In July 2015 a Member-led review was undertaken, the objective of which was to provide assurance that the Authority was complying with the requirements of the Code whilst also considering its wider approach to transparency. A number of recommendations to improve compliance were made by the review group which were accepted by the Overview and Scrutiny Committee and then the Authority in October 2015.

4.4 The redesigned Cambridgeshire Fire and Rescue Service (CFRS) website was launched on 15 February 2016. Prior to the launch a considerable amount of effort was expended to ensure the findings of the Member-led review were incorporated into the design and the website now features a separate section for *Transparency* providing a central repository for all information demanded by the Code. Under this section there are sub sections for Constitution of Fire Authority, Organisation Structure, Procurement, Expenditure, Senior Officer Pay, Assets, Grants and Trade Union Time.

5. Requirements of the Local Government Transparency Code

5.1 Under the Code the following information is to be published **quarterly**, not later than one month after the quarter to which the data and information is applicable;
- Expenditure exceeding £500
- Government procurement card transactions and
- Procurement information.

5.2 The following (applicable) information is to be published **annually**, not later than one month after the year to which the data and information is applicable;
- Local authority land
- Grants to voluntary, community and social enterprise organisations
- Organisation chart
- Trade union facility
- Senior salaries
- Constitution
- Pay multiple
- Fraud

5.3 The following information is to be published once only;

- Waste contracts.

6. Requirements of the Trade Union (Facility Time Publication Requirements) Regulations 2017

6.1 In August 2018, the Service became aware, through the submission of a Freedom of Information request relating to Trade Union Facility Time, of a Statutory Instrument (SI) that detailed additional publication requirements. Full details of the SI can be found via the following link http://www.legislation.gov.uk/uksi/2017/328/made

6.2 The then Information Governance Manager subsequently reviewed the publication requirements of the SI which are summarised below;

- Number of relevant trade union officials,
- Percentage of time spent on facility time (banded),
- Percentage of pay bill spent on facility time,
- Paid trade union facility time activities.

6.3 The SI was discussed at the Overview and Scrutiny Committee in October 2018 where it was agreed that data from financial year 2018/19 onwards would be published. This review has found the Service to be compliant with the requirements of the SI as at the end of financial year 2020/21.

7. Compliance with the Code – October 2021

7.1 The last report of compliance was prior to the pandemic and is dated October 2018.

7.2 At the time of writing this annual review has found that the Service is currently fully compliant with the requirements of the Local Government Transparency Code with the exception of the areas identified at Paragraphs 7.3 and 7.4 below.

7.3 Information to be published quarterly, not later that one month after the quarter to which the data and information is applicable;

- **Contracts** – no data since March 2021, data missing from November 2019 until December 2020 inclusive.

7.4 Information to be published annually, not later than one month after the year to which the data and information is applicable;

- **Grants to voluntary, community and social enterprise organisations** - no data or narrative statement for 2020/21.

- **Organisation chart** – the data currently published under this title does not fully comply with the criteria listed under Paragraph 44 of Appendix 1 and is confusing in so much as the link to the organisation chart shows two tiers of chief officers and a 'flat' management structure of 30 colour coded boxes that do not have a key.

7.5   To ensure that the presentation of transparency data is helpful and accessible to local people and other interested parties it is therefore recommended that an appropriate officer is tasked to;

- ensure the internal data missing is uploaded to the website as a matter of priority,
- conduct further research into best practice across the sector in terms of organisation chart and senior salaries data presentation and uploading to the website a version that is fully compliant and easier to understand.

7.6   Despite the gaps identified in this review, it is worthy of note that in addition to the requirements of the Code the Service continues to be proactive in publicising and consulting with people across the county to enable it to develop and deliver to the high standards expected of it by the communities served. It does this by publishing a range of documents and resources which it believes are likely to be of public interest and in an effort to be open and transparent about all areas of work. Further, CFRS is committed to listening to the public's opinions and views through the routine use of consultations to understand public opinion but also to ensure proposals for change and further development of the Service are open and transparent.

BIBLIOGRAPHY

Source Documents	Location	Contact Officer
Local Government Transparency Code Review of CPFA Compliance with the Local Government Transparency Code Overview and Scrutiny Committee Minutes	Hinchingbrooke Cottage Brampton Road Huntingdon PE29 2NA	Hayley Douglas Head of Media, Communication and Transparency hayley.douglas@cambsfire.gov.uk

TO: Overview and Scrutiny Committee

FROM: Deputy Chief Executive Officer - Matthew Warren

PRESENTING OFFICER(S): Deputy Chief Executive Officer - Matthew Warren

           Telephone 01480 444619
           matthew.warren@cambsfire.gov.uk

DATE: 7 October 2021

DRAFT ANNUAL GOVERNANCE STATEMENT 2020/21

1.   Purpose

1.1   The purpose of this report is to provide the Overview and Scrutiny Committee with a draft Annual Governance Statement (AGS) for 2020/21 for scrutiny and comment.

2.   Recommendations

2.1   In accordance with the current Cambridgeshire and Peterborough Fire Authority Terms of Reference, the Committee is asked to;

- scrutinise the AGS, attached at Appendix 1 and make comment as appropriate,
- recommend to the Authority that the AGS is approved for external publication.

3.   Risk Assessment

3.1   **Legal** – the Authority has a responsibility to comply with the Accounts and Audit Regulations 2015, as well as having regard to the requirements of the Delivering Good Governance in Local Government Framework 2016 (CIPFA/SOLACE). The AGS sets out how we comply with the legislation and framework and identifies any areas for improvement in the coming year.

4.   Background

4.1   The Accounts and Audit Regulations 2015 set out requirements relating to the Authority's systems of internal control and the annual review and reporting of those systems.

4.2   The regulation requires all local authorities to have a sound system of internal control, which includes how risks are managed. Additionally all local authorities must conduct a review of their internal control effectiveness at least annually. Following this review, the Authority must approve an AGS that accompanies the Statement of Accounts.

5. Governance

5.1 Governance is about doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. Good governance underpins good performance, stewardship of public money and public engagement; ultimately, good governance enables good outcomes for citizens and service users.

5.2 The CIPFA/SOLACE framework provides a structure on how local authorities approach governance and guidance on the structure and layout of an AGS which we have incorporated where appropriate in the production of Appendix 1.

5.3 The framework sets out the following governance requirements that an authority must ensure are in place;

- its policies are implemented in practice,
- its values and ethical standards are met,
- laws and regulations are complied with,
- required processes are adhered to,
- financial statements and other published information are accurate and reliable,
- human, financial and other resources are managed effectively and efficiently,
- high quality services are delivered efficiently and effectively.

5.4 In order to meet the framework, local authorities are expected to do the following;

- review the existing arrangements against the framework,
- maintain a local code of governance including arrangements for ensuring its on-going application and effectiveness,
- prepare an AGS in order to report publicly on the extent to which they comply with their own code on an annual basis, including how they have monitored the effectiveness of their governance arrangements in the year and on any planned changes in the next period.

5.5 Since the last AGS, CIPFA has published a guidance bulletin concerning the impact of the continuing COVID-19 pandemic on governance in local government bodies and the requirements of the framework. The bulletin also takes into account the introduction during 2020/21 of the CIPFA Financial Management Code 2019. We have been cognisant of these documents in the production of our AGS.

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BIBLIOGRAPHY

Source Documents	Location	Contact Officer
Delivering Good Governance in Local Government Framework 2016 (CIPFA/SOLACE) Accounts and Audit Regulations 2015 CIPFA Financial Management Code 2019 CIPFA Bulletin 06	Hinchingbrooke Cottage Brampton Road Huntingdon	Matthew Warren 01480 444619 matthew.warren@cambsfire.gov.uk

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ANNUAL GOVERNANCE STATEMENT 2020/21

1.   Scope of Responsibility

The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having due regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Authority is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions that includes ensuring a sound system of internal controls is maintained throughout the year and that arrangements are in place for the management of risk. In exercising this responsibility the Authority also relies on the Chief Fire Officer to support the governance and risk management processes.

The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the Delivering Good Governance in Local Government Framework 2016 (CIPFA/SOLACE). A copy of the code is on our website at:

 http://www.cambsfire.gov.uk/documents/FA_-_Code_of_Governance.pdf

This statement explains how the Authority has complied with the code and also meets the requirements of Accounts and Audit (England) Regulations 2015, in relation to the publication of a statement of internal control.

2.   The Purpose of the Governance Framework

The governance framework comprises the systems and processes and culture and values by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal controls is a significant part of that framework and is designed to manage risk to a reasonable and foreseeable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal controls is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Authority's policies, aims and objectives, evaluate the likelihood of those risks being

realised and the impact should they be realised and to manage them efficiently, effectively and economically. The governance framework has been in place at the Authority for the 12 months ending 31 March 2021 and the Head of Internal Audit opinion was:

- The organisation has an adequate and effective framework for risk management, governance and internal control;

- However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

3. The Governance Framework

The key elements of the systems and processes that comprise the Authority's governance arrangements include:

- A vision that clearly sets out our purpose and to which the Authority's objectives and priorities are directly related.

- The Authority's core objectives and priorities are set out in its Integrated Risk Management Plan (IRMP). The IRMP is focused over a period of four years and details an action plan after consideration of our vision, excellence statements and risks and opportunities. The actions within the plan are monitored and managed by the Programme Board and the Excellence Working Groups.

- The Authority's core objectives cascade through departmental and group plans to individual performance management plans. In addition, they set out the key activities and related targets for each group and the measure of success that will evidence achievement of these. For each activity target start and finish dates and lead Officer are identified. This document becomes, in effect, the action plan for the work of that group. These plans are then further refined into station and team plans.

- Arrangements for establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.

- Programme and project management embedded throughout the Service to ensure effective implementation of strategic projects and efficiency gains are realised and recorded.

- Strategy Boards for property and ICT which oversee both areas owing to the significant on-going expenditure in both areas.

- An Annual Report/Statement of Assurance which looks back at the previous year to see how we performed and details priorities for the current year.

- A continuous performance cycle that focuses on objectives and the introduction of new business critical projects, whilst managing business as usual. The system seeks

to manage conflicts of resources, whilst updating objectives to reflect the revised priorities.

- Having embedded arrangements for whistle blowing and for receiving and investigating complaints from the public.

- Ensuring the Authority's financial management arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016).

- A partnership strategy designed to ensure all partnership activities are appropriate and will contribute to the Authority's key objectives.

- Performance management reviews undertaken quarterly highlighting performance against the agreed targets.

- A system of internal control which comprises a network of policies, procedures, reports and processes. These arrangements clarify the Authority's vision, objectives, priorities, risk management arrangements, performance management processes and financial controls and aim to ensure compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful.

- An integrated risk management strategy and framework that ensure effective management of strategic, programme and project risks.

- Identification of the Authority's business continuity function and responsibilities with regard to the Civil Contingencies Act and preparation of business continuity plans.

- Clear scheme of delegation that sets out the roles and responsibilities of the executive, non-executive, scrutiny and Officer functions together with protocols for effective communication.

- Arrangements for developing, communicating and embedding codes of conduct, defining standards of behaviour for Members and staff.

- The financial management of the Authority and the reporting of financial management to the Policy and Resources Committee.

- The performance management framework of the Authority and the reporting of performance management to the Overview and Scrutiny Committee. This receives regular performance indicator reports and undertakes the core functions of an audit committee, as identified in CIPFA's Audit Committees: Practical Guidance for Local Authorities and Police (2018).

- An internal quality assurance function that targets areas of risk and recommends improvement measures. This function also considers legislation compliance annually.

- Accreditation by the British Standards Institute for Business Continuity, Information Security, Health and Safety and Environmental Management.

More specifically, the Authority's internal financial control is exercised through:

- A written scheme of delegation from the Authority to Officers.

- A scheme of financial management which includes financial regulations governing how Officers conduct financial affairs and contract regulations which detail fully the responsibilities of Officers in ensuring that contract procedures comply with legal requirements, achieve value for money, promote public accountability and deter corruption.

- A comprehensive budgeting system.

- An Overview and Scrutiny Committee, which has responsibility for performing scrutiny reviews on key projects and issues.

- The submission of quarterly budgetary control reports to the Policy and Resources Committee.

- The production of annual local performance indicators which are reviewed by Heads of Group and the Chief Officer Group.

4.   Review of Effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the managers within the Authority who have responsibility for the development and maintenance of the governance environment and also by comments made by the external auditors in their annual audit letter and other reports, other review agencies and inspectorates.

In this regard the Authority retains, contractually, the internal audit services of RSM Risk Assurance Services LLP to provide an independent appraisal function to review and report on the effectiveness of the systems of internal controls within the Authority. The internal audit team works to defined professional standards, particularly those promulgated by CIPFA in its Code of Practice for Internal Audit in Local Government. The Internal Audit Plan is prepared on the basis of a formal risk assessment and the internal auditor reports directly to the Authority via the Overview and Scrutiny Committee on both the proposed plan and the main outcomes of audit work.

The external auditor reports and delivers plans and an annual letter to the Authority via the Overview and Scrutiny Committee.

A full review of the Authority's strategic risk strategy, process and register has been undertaken. The reviewed strategy and policy has been approved by the Policy and Resources Committee.

Our internal auditors have carried out sufficient audit work to draw a reasonable conclusion on the adequacy and effectiveness of the Authority's governance arrangements.

We have been advised on the implications of the result of the reviews of the effectiveness of the governance framework and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Progress made against Governance Issues identified in 2019/20

- CFRMIS – Collection and Update of Risk Information following the HMICFRS Review (partial assurance) – improvement of specific data entries, monitoring workflow and reduce duplication. Further, improve procedures and guidance and work to produce and deliver against an action plan. Little progress has been made due in part to the transfer of system ownership and the availability of a suitably qualified manager to address the weaknesses identified. The Authority will continue to closely monitor the situation and are confident progress will improve in the next reporting period.

- Human Resources – Training, Recording and Competency System (partial assurance) – improve currency of training policies and review schedule cognisant of national guidance and best practice controls. Reasonable progress has been made with five of the eight agreed management actions being completed. Work continues to fully implement the remainder.

Significant Governance Issues for 2020/21

The internal audit work has been undertaken during a period of ongoing substantial disruption due to the COVID-19 pandemic and the annual opinion should be read in this context. The pandemic has had a significant impact on both the operational aspects of the Service, its risk profile and associated activities.

Notwithstanding this, the auditor did not identify any significant governance issues for inclusion in this statement.

5. Other Considerations

The Authority will continue to take action to deal with governance issues relating to:

- Progression with the build of a new training centre and community fire station at St John's in Huntingdon to include all aspects of project construction, spend and disposal options for the current site;

- Progression with wider property portfolio collaboration opportunities;

- Monitoring the progress of central government consultations into fire sector reform and public inquiry's into events that affect the emergency services for example, Grenfell Tower and Manchester Arena and be prepared to act on the outcome(s) once known.

6.   Coronavirus (COVID-19) Arrangements

At the time of writing, the Service is managing its recovery phase and remains flexible in its approach to operational resilience and arrangements to deal with service demand in a changing local and national situation. Organisational activities and facility use are subject to robust risk reviews before being undertaken or re-opened and the wellbeing of all staff remains of paramount importance to the Authority.

During the reporting period Authority meetings were held virtually and made available to the public via social media channels. In response to the guidance issued by central government in early 2021, physical Authority meetings resumed on 23 June 2021. The Authority will continue to adhere to this guidance and put the necessary control measures in place to safeguard attendees.

7.   Conclusion

Based on the opinion of the Head of Internal Audit and our own ongoing work, we are satisfied that our arrangements for governance, risk management and control are adequate and effective.

We propose over the coming year to take steps to address the above matters to further enhance these arrangements and will monitor the implementation and operation of improvements.

Chris Strickland
Chief Fire Officer and Chief Executive
Date: 4 November 2021

Councillor E Murphy
Chair Cambridgeshire and Peterborough Fire Authority
Date: 4 November 2021

Cambridgeshire and Peterborough Fire Authority

Internal Audit Progress Report

7 October 2021

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no
responsibility or liability in respect of this report to any other party.

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 report finalised since the last Committee is highlighted in **bold** below.

Progress against the internal audit plan 2021/22

Assignment	Status / Opinion issued	Actions agreed			Opinion Issued
		L	M	H	
Asset and Fleet Management System	**Final Report**	**2**	**4**	**0**	**Partial Assurance**
Sickness Absence Management	Draft Report 25 August 2021				
Human Resources - Wellbeing Strategy	Planned 10 November 2021				
Key Financial Controls	Planned 30 November 2021				
Follow Up	Planned 31 January 2022				
CFMIS - Collection and Update of Risk Information	Planned 07 February 2022				
Capital Projects - Training Centre	Planned				

Assignment	Status / Opinion issued	Actions agreed			Opinion Issued
		L	M	H	
	21 February 2022				
Training Centre Resourcing	Planned				
	22 March 2022				
ICCS and Mobs Implementation	Planned				
	March 2022				

* see Appendix B for details

Appendix A – Other matters

Annual Opinion 2021/22

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. We have finalised one negative opinion to date in relation to Asset and Fleet Management System. The outcomes of this reviews will impact our opinion but will not in isolation qualify the opinion.

Changes to the audit plan

Since the last Overview and Scrutiny Committee, we were requested to postpone the Capital Projects - Training Centre and Training Centre Resourcing audit by management due to the delay in the capital build due to the architectural dig. We have rearranged the audits for February and March 2022 and will keep this timing under the review.

We have also been requested to delay the audit of ICCS and Mobs Implementation due to the delay in the project, this has been rearranged from November 2021 to March 2022.

Information and briefings

There has been one relevant client briefing issued since the last Committee meeting:

- Emergency Services News Briefing – August 2021

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 – ASSET AND FLEET MANAGEMENT

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test, or complete full population testing.

Why we completed this audit

As part of the approved 2021/22 annual audit plan for Cambridgeshire and Peterborough Fire Authority, we carried out a review of Asset (including Fleet) Management, to provide assurance over the control framework in place. We also considered the planned benefits of the Asset and Fleet Management System, Miquest to ensure that it is operated as intended.

Miquest was implemented in 2017 and used for recording purchased assets, disposals / archived assets, servicing and maintenance tasks and weekly inventories. The Authority are currently considering a potential upgrade of Miquest, with an approximate cost of £20k. Our review assessed whether the current system was being used to its full capacity, which will contribute to the Authority's decision to determine whether an upgrade is required.

Weekly inventories are carried out at each station for all operational vehicles and equipment, to ensure the appropriate tools are in place for each vehicle, and assets can be easily located. The assets are fitted with a barcode on purchase which is then scanned and automatically recorded within Miquest to allow tracking. The stations have live feeds of station specific Miquest dashboards to provide updates on outstanding inventories and maintenance schedules.

The Finance system is not integrated with Miquest, therefore finance tasks within Miquest are completed manually, for example disposals.

Conclusion

We found there to be adequate controls in place with respect to schedule of works, including a planned maintenance date populated within Miquest and confirmed, from our sample of assets, that barcodes were present to allow scanning of assets for inventories. In addition, governance arrangements were in place to manage asset and equipment issues.

However, we identified a number of weaknesses that need to be addressed. We found that processes could be improved in relation to utilising the asset management system. Miquest provides fields to be populated, such as asset cost, end of life, station location and purchase dates, however these are currently not being fully utilised or consistently populated. This poses a risk in being able to manage the Authority's assets and could impact appropriate budgetary decisions. In addition, the Authority does not have an Asset Management Policy in place to define the roles and responsibilities with regards to asset management, furthermore there is no central guidance on how the Authority purchases, tests and maintains their assets.

We have undertaken data analytics as part of our review on areas such as asset duplicates, completion of descriptions, maintenance review dates and asset defects analysis, findings have been included within our report where appropriate, full details can be found in Appendix A

2

Internal audit opinion:

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

Action is needed to strengthen the control framework to manage the identified risk(s).
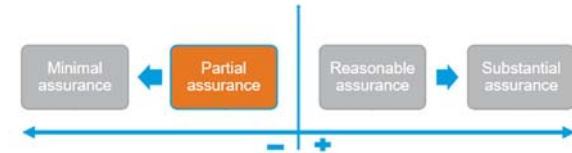
Key findings

We identified the following weaknesses, leading to four medium priority management action being agreed:

Asset Management Policies

The Authority refers to the Home Office Fire Service Manual for guidance on how to test and maintain their fleet of assets. All guidance documents are downloaded as PDF's and saved within the Miquest documents folder.

We confirmed, through review of the Miquest documents folder, that the Homes Office Fire Manuals have been uploaded and are accessible to staff. However, through discussions with the Asset Database Systems Administrator, we found that there are no internal policies to define the roles and responsibilities in adhering to the Home Office Service Manuals and the purchasing of assets. If policies are not in place to define how purchases, tests and maintenance of the assets are completed and clear roles and responsibilities are not defined, there is a risk of inconsistencies of the process and staff unaware of their responsibilities and lack overall accountability. Gaps in policies was identified during the 2018/19 Asset and Equipment Audit and therefore this issue has not yet been addressed. **(Medium)**

Inspections and End of Life Assets

When a new asset is created, a schedule of works is automatically assigned within Miquest, which includes date received, cost and location. The date of the inspection is populated by the Asset Database Systems Team.

For a sample of 20 assets, we found that all had inspection dates populated within Miquest. We found however that for nine in our sample, there was no delivery date, two which did not include a cost, one in our sample with no station location included, and for two in our sample the location was recorded as 'unknown location'. We further found, as part of our data analysis work that, of the 64,400 assets within Miquest, 357 were not supported by station descriptions.

3

Through discussion with the Asset Database Systems Administrator, we were informed that the fields were not populated as the location of the identified assets were either unknown or it should have been recorded as disposed of. We noted the top missing assets included entry control boards, portable handheld radios, and Chinagraph pencils.

There is a function within Miquest which allows finance to populate the depreciation and estimated life for each asset and purchase date, however we found this is not currently being utilised. The Asset Database Systems Administrator explained that as the finance system and Miquest are not integrated, populating the asset end of life date would involve either a manual transposition or creation of a script and this has not been done to date.

There is a risk that if asset end of life dates, purchase dates or location of assets are not accurate or populated and assets are not being identified to be disposed of and full use is not being made of the Miquest system and functionality, the Authority cannot appropriately make budgetary decisions due to the asset log being inflated. **(Medium)**

Reconciliations

Weekly inspections of all equipment are undertaken at each station and automatically recorded on station reports, ensuring an audit trail and a record of next reconciliation due dates are captured. All assets over £150 are fitted with a barcode and this provides a scanning functionality within the system to help track the items during inspections.

Through review of the last five reconciliations for five stations, Ely, Huntingdon, Ramsey, Sutton and Whittlesey, we found that inventories for two of the stations were being carried out fortnightly and three stations were being carried out monthly, therefore not in compliance with the required weekly checks to ensure the correct equipment is located on vehicles. We also found that although the stations have regular inventory reconciliations, Fleet and Workshop do not have one undertaken.

In addition, as part of our sample testing of 20 assets, we found that one item, a thermal image camera costing £3,000 has not been scanned since 21 October 2020. Through discussion with the Asset Database Systems Administrator, we found that the asset was located on a vehicle which is currently not operational, therefore has not been subject to regular inspections. Whilst we note that the vehicle is not operational, the assets should still be scanned as part of the stock check to ensure they are accounted for accurately.

If all assets and locations are not subject to regular inventory checks, there is an increased risk of loss or theft which is unaccounted for or identified which could negatively impact the Authority financially. **(Medium)**

4

Disposals

The Authority does not have a documented process for asset disposals. End of life dates are recorded within the Finance System, DREAM and as part of the end of year process and the annual Capital Programme, the Assistant Financial Accountant reviews all assets above £10,000 that reach their depreciation date with the Equipment Advisor, with authorisation levels for disposals set within the system. We noted that no assets with a value over £10,000 were disposed of during the March 2021 review.

We further reviewed the Miquest Asset Disposal List and found that 486 assets under £10,000 hade been disposed of during 2020 and 2021. We reviewed the values and noted the highest was £3,831, however we, noted that 328 of those assets disposed of within Miquest did not have a cost associated to them, therefore we were unable to confirm if any assets were above the £10,000 threshold.

We further selected a sample of 20 assets disposed of within Miquest and confirmed the authorisation to dispose of items were in compliance with the Authorities approval levels for 17, as confirmed by the Asset Database Systems Administrator, however three assets in our sample did not include a cost and therefore we could not confirm compliance.

There is a risk that assets are not being appropriately disposed if there is no formally documented asset disposal process in place. There is a further risk that if cost of assets is not populated within Miquest, the Authority cannot make appropriate financial decisions, with the risk of inappropriate disposals, ultimately impacting on budget management. The same gaps in policies was identified during the 2018/19 Asset and Equipment Audit. **(Medium)**

Assets

Assets recorded in Miquest do not include purchase dates, therefore we were unable to specifically select a sample of new assets. As part of our review, we planned to look at 20 physical assets, 10 selected from the Asset Fleet Data Report to confirm Asset was present and 10 selected from physical asset back to the report to confirm the assets were accurately recorded within Miquest. Due to COVID-19 restrictions and gaining access to stations, we placed reliance on station reconciliations for our sample of 10 from the report to the asset.

We confirmed for five in our sample that each item was scanned within the last week, therefore in compliance with inventory requirements. We confirmed that four assets in our sample were unknown, and had not been scanned and reconciled within the last week, we have agreed a management action for ensuring information is populated within Miquest. For the other asset, we found that the vehicle was not operational and was being used as a training vehicle, however it was not clear whether this vehicle should have been included within the weekly inventory check. Through discussions with the Asset Database Systems Administrator, we were advised that as the vehicle is not operational, weekly inventories are not required. Management actions have been agreed previously to address these areas.

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We arranged for the Asset Database Systems Administrator to attend two stations, Whittlesey and Thorney to review our sample of 10 assets to agree back to Miquest. We confirmed that each asset had a bar code and description, which agreed to Miquest.

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

Schedule of Works

The Inspection Schedule Criteria is manually entered into Miquest and schedules are set by either Legislation such as LOLER Regulations, insurance requirements, manufacturers recommended inspection requirements or the Home Office Fire Service Manual, which provides reference to all Fire Service recommended Equipment. The Inspection Schedule includes completed defects, work orders and inspections by work type and user groups. Vehicle or location are all recorded and logged by reference number, date and who completed the inspection. Any defects found during inspections are to be reported immediately to Fleet via the Inspection Data Base. The manual entry can be time consuming and result in errors, therefore the efficiency of this process and automation should be considered by management to identify if this can be improved through a data upload, potentially from the finance system, we have agreed management actions to consider this process further.

Through a sample of 20 maintenance inspections, we confirmed that a Planned Maintenance (PM) description was defined within Miquest, providing the required inspection period for each asset and an inspection had been completed within the required time. We found that nine were in relation to the Fire Service Manual requirements, seven were in relation to the LOLER Regulations, two assets were not subject to legislative maintenance requirements and inspection timescales were established by the Authority, one asset was in relation to insurance requirements and one was in relation to the manufacturers recommended inspection requirements. We confirmed through review of the PM schedules within Miquest for our sample of assets requiring adherence to the Fire Service Manual, that these were complied with.

In addition, five of our PM inspections have been flagged with defects during the inspection. For all five, we confirmed that the work was carried out on the same day to address the defect. As part of our data analytics work (see appendix A) we identified three errors out of 7,188 assets in which incorrect dates were included, due to the small level of errors we have not raised a management action, however, automatic upload would prevent these issues from occurring.

Governance

Operational Support Group (OSG) / Health and Safety / Fleet meet on a monthly basis to review any asset and equipment issues, and meeting minutes are retained to evidence discussions and any actions where applicable. Through review of March, April and June 2021 meeting agenda and minutes, we confirmed all three teams were in attendance. We further confirmed that there was a standing agenda to review equipment, vehicle incidents, including appliances and specialist vehicles and discuss any issues, where applicable. We noted specifically in April's meeting that the group were looking at trigger points for defects, and in turn will bring in OSG who would look at equipment and if there are any trends that H&S could share. It was noted that there currently were no patterns for equipment failures identified.

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.

Area: Asset Management Policies		
Control	The Authority refers to the Home Office Fire Service Manual for guidance on how to purchase, test and maintain their fleet of assets. All guidance documents are downloaded as PDF's and saved within the Miquest documents folder, therefore accessible to all staff.	**Assessment:** **Design** × **Compliance** n/a
Findings / Implications	We confirmed, through review of the Miquest documents folder, that the Homes Office Fire Manuals have been uploaded and accessible to staff. However, through discussions with the Asset Database Systems Administrator, we found that there are no internal policies to define the roles and responsibilities in adhering to the Home Office Service Manuals. If policies are not in place to define how the authority purchase, test and maintain their assets and clear roles and responsibilities are not defined, there is a risk of inconsistencies of the process and staff unaware of their responsibilities and lacks overall accountability.	

| **Management Action 1** | An asset management policy and relating procedures will be developed to define the roles and responsibilities of employees responsible for purchasing, testing, maintaining assets and disposals. This will also include:

• Full required process of entering new assets and subsequent details
• Cost detail level
• Time period for final disposal of assets.

Once finalised this will be held in CFRS Corporate/Fleet and Equipment/shared documents, with a copy also made available in the fleet building. | **Responsible Owner:**

GC Ben Fawcitt | **Date:**

September 2021 | **Priority:**

Medium |

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Area: Inspections and End of Life Assets

Control	When a new asset is created within Miquest, a schedule of works is automatically assigned and includes date received, cost and location. The date of the inspection is then populated by the Asset Database Systems Team.	Assessment:	
		Design	×
	There is a function within Miquest which allows finance to populate the depreciation and estimated life for each asset.	Compliance	n/a

Findings / Implications	For a sample of 20 assets, we found that all had inspection dates populated within Miquest. We found however that for nine in our sample, there was no delivery date, two which did not include a cost, one in our sample with no station location included, and for two in our sample the location was recorded as 'unknown location'.
	We further found, as part of our data analysis work that, of the 64,400 assets within Miquest, 357 were not supported by station descriptions. Through discussion with the Asset Database Systems Administrator, we were informed that the fields were not populated as the location of the identified assets were either unknown or it should have been recorded as disposed of. We noted the top missing assets included entry control boards, portable handheld radios, and Chinagraph pencils.
	There is a function within Miquest which allows finance to populate the depreciation and estimated life for each asset and purchase date, however we found this is not currently being utilised. The Asset Database Systems Administrator explained that as the finance system and Miquest are not integrated, populating the asset end of life date would involve either a manual transposition or creation of a script and this has not been done to date.
	There is a risk that if asset end of life dates, purchase dates or location of assets are not accurate or populated and assets are not being identified to be disposed of, the authority cannot appropriately make budgetary decisions due to the asset log being inflated.

Management Action 2	The Authority will utilise the asset end of life and purchase date functionality within Miquest. This can be completed by a script entry to populate the information within Miquest.	Responsible Owner:	Date:	Priority:
		GC Ben Fawcitt	January 2022	Medium
	The Authority will also review its assets where the location is unknown to identify where assets require being investigated or disposed of after a period of time. In respect of disposals, the Authority will consider implementing a set time scale as to when to consider an asset is fully missing.			

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Area: Inspections and End of Life Assets

The Authority will run an all assets report and ascertain which assets still have no cost associated and request a script be run to fill in these details once cost to type has been fully established.

Area: Reconciliations

Control	Weekly inspections of all equipment are undertaken at each station and automatically recorded on station reports, ensuring audit trail and record of next reconciliation due dates are captured. All assets over £150 are fitted with a bar code and provides a scanning functionality within the system to help track the items during weekly reconciliations.	**Assessment:**	
		Design	×
	Only stations are subject to weekly inventories and that Fleet and Workshop have not had any reconciliations completed.	**Compliance**	n/a

Findings / Implications	Through review of the last five reconciliations for five stations, Ely, Huntingdon, Ramsey, Sutton and Whittlesey, we found that inventories for two of the stations were being carried out fortnightly and three stations were being carried out monthly. In addition, we found that only stations are subject to regular inventories and that Fleet and Workshop have not had any reconciliations completed.
	In addition, as part of our sample testing of 20 assets, we found that one item, a thermal image camera costing £3,000 has not been scanned since 21 October 2020. Through discussion with the Asset Database Systems Administrator, we found that the asset was located on a vehicle which is currently not operational, therefore has not been subject to regular inspections. Whilst we note that the vehicle is not operational, the assets should still be scanned to ensure accounted for.
	There is a risk that assets may not be located, increasing the risk of loss or theft if all assets and locations are not subject to regular inventory checks.

Management Action 4	The Authority will agree an appropriate timescale for performing regular inventories at Fleet and Workshop locations and for assets that are located on non-operational vehicles, to ensure all assets can be accounted for.	**Responsible Owner:**	**Date:**	**Priority:**
		Graham Wiggins	December 2021	Medium

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Area: Reconciliations

Fleet will provide areas to be included, the frequency, and items by type and quantity at each location. The results of the checks will be displayed on the relevant Dashboards

Area: Disposals

Control	The Authority does not have a documented process for asset disposals. End of life dates are recorded within the Finance System, DREAM and as part of the end of year process and the annual Capital Programme, the Assistant Financial Accountant reviews all assets above £10,000 that reach their depreciation date with the Equipment Advisor. The Equipment Advisor will review the assets to confirm any items which require being disposed of. Items are then removed from the global asset list by an authorised employee. Approvals of disposals are set within the system, ensuring only those authorised can dispose of an asset.	**Assessment:** **Design** × **Compliance** n/a
Findings / Implications	Through Review of the Equipment Asset List for 2021, we confirmed that there was a total of 119 items, totalling £2.7m which have reached their depreciation date, with the oldest being 31 March 2014. Through review of an email from the Equipment Advisor to the Assistant Financial Accountant, we noted that the assets were currently in use and no items were disposed of during the March 2021 review. We further reviewed the Miquest Asset Disposal List and found that 486 assets have been disposed of during 2020 and 2021, however the highest value asset was £3,831, therefore no assets over £10,000 have been disposed of this financial year. We have noted that 328 of those assets disposed of within Miquest did not have a cost associated to it, therefore unable to confirm if any assets were above the £10,000 threshold. We further selected a sample of 20 assets disposed of within Miquest, we confirmed that 11 items were disposed of by the Asset Database Systems Administrator, two were disposed of by the Project Manager for Database, one asset was disposed of by the Maintenance Technician and six were electronically disposed of in 2018 as part of the system change. The authorisation to dispose of items were in compliance with the Authorities approval levels, as confirmed by the Asset Database Systems Administrator, however three assets in our sample did not include a cost.	

Area: Disposals

There is a risk that assets are not being appropriately disposed if there is no formally documented asset disposal process in place. There is a further risk that if cost of assets is not populated within Miquest, the Authority cannot make appropriate financial decisions, ultimately impacting on budget management.

Management Action 5	The Authority will formally define its disposal policy to ensure there are clear processes in place, including identifying and monitoring when an asset comes to its end of life and approvals for disposing of assets to include who can dispose of assets and when.	Responsible Owner: GC Ben Fawcitt	Date: November 2021	Priority: Medium
	The Authority will populate the cost of assets in Miquest, which can be completed by a script entry for all assets.			

Area: Use of Miquest

Control	All stations have access to live data from Miquest, via the Station Dashboard which is used to monitor tasks and ensure they are completed timely.	Assessment:	
		Design	✓
	The Station Dashboard provides information including, latest Inventory, excess items, missing items, overdue inspections, and outstanding H&S work orders.	Compliance	×

Findings / Implications	As part of our review we planned to interview five users to assess how they access and use the data available on Miquest. However, due to COVID-19, the stations were short staffed, therefore we received three responses from three fire fighters.
	From the three responses, we confirmed that Miquest data is easily accessible via tablets and that dashboards are located at each station. We noted that users found Miquest provides for numerous tasks, such as vehicle driver checks, performing inventories, equipment checks and defected equipment which automatically informs relevant personnel to address in a timely manner. We further noted that training on utilising Miquest has been received, however if further training was available, this would be welcomed.
	We have noted from the feedback, that it is considered that information shared on Miquest can sometimes be missed or not followed up which can result in additional work or chasing.

Area: Use of Miquest
For example, if equipment is missing but not defective this data wouldn't notify relevant personnel so emails would be sent to notify even though data was completed to say it was missing. There is a risk that, if data is not available, this could have an impact in the delay of tasks or non-completion. In addition, there is a risk of duplication or avoidable administrative tasks if relevant personnel are not being notified of missing items.

For more information contact

Name: Dan Harris, Head of Internal Audit

Email address: daniel.harris@rsmuk.com

Telephone number: 07792 948767

Name: Suzanne Rowlett, Senior Manager

Email address: suzanne.rowlett@rsmuk.com

Telephone number: 07720 508148

rsmuk.com

OVERVIEW & SCRUTINY MEMBER LED REVIEW - TERMS OF REFERENCE

Review Title:	Estates, Property Management and Capital Programme	
Review Group Lead:	TBC	
Participants:	TBC	
Start Date	7 October 2021	

1. Strategic Aims (how does this review relate to the Authority's strategic aims?)

The vision of CFRS is an aspirational statement of where the Service hope to be one day and that is for safe communities where there are no preventable deaths or injuries. To succeed in this the organisation must achieve, amongst other things, **operational excellence** in the most cost effective way, putting **people** both in the community (safety and diverse needs) and its own employees (training, development, health and safety and wellbeing) at the centre of everything it does. As a public service it must also ensure it provides **value for money** and is transparent and open to scrutiny.

2. Overall Purpose (why is this work being undertaken?)

A 2016/17 internal audit review of estates and property maintenance identified significant issues and concluded with a no assurance opinion. When appointed in early 2018 the current Property Manager was tasked with delivering changes which were driven by the Integrated Service Management Plan. This review is being undertaken to assess the progress made in modernising community fire stations, increasing training facilities and the management of the condition of the Authority's properties.

It further seeks to scrutinise the (risk) data that informs the location and assignment of physical assets and provide assurance that they and the facilities they provide allow the Service to achieve having the right people in the right place at the right time. Where this is found not to be the case, comment will be made on any plans to address the gaps.

Since 2010 the Service has delivered financial savings to meet the comprehensive savings review cuts and anticipates further reductions in the coming years. It recognises that it must ensure value for money is a major and continuing priority. This review will scrutinise the property related aspects of the capital programme and make comment on the level of collaboration with other blue light services with regard to rationalisation and sharing of estates as well as joined up working practices.

3. Objectives

Review estates and property related internal audit reports, management actions and progress against them to ensure completeness and momentum is maintained.

Review progress of estates and property related improvements and general condition and management of the portfolio.

Scrutinise (risk) data and location of assets to provide assurance that they are positioned and staffed appropriately.

Scrutinise capital programme and property related collaborations to ensure the Service is maximising opportunities.

4. Outcomes

A report to the Overview and Scrutiny Committee detailing findings of the review and any recommendations.

5. Key Lines of Enquiry

This review will document the findings of the review group to provide the Authority with assurance that the Service is managing its estates and property assets effectively and efficiently and is responsive in a positive manner to audit findings. It will also provide assurance that the physical assets are located in the right place with the right facilities to allow excellent, value for money service provision to the communities of Cambridgeshire and Peterborough. The review will also scrutinise and document any opportunities identified to further improve collaborations with other blue light services and partners. Finally, it will document the governance structure in place to oversee estates, property and capital programme activities to ensure all aspects are transparent.

6. Risks (are there any risks in doing this review, and how can they be minimised?)

Risks	Mitigations

7. Equality & Diversity (does this review address these issues either in terms of the subject matter or the way in which the activities will be conducted?)

EQIA's are expected to have been completed at source

8. Timescale (how long will the work take?)

Six months

9. Target body for Findings/Recommendations

Overview and Scrutiny Committee – 21 April 2022
Fire Authority – 16 June 2022

10. Evidence (what do we need to inform the review?)

Information Required:	Already Held	To Be Produced
IRMP	x	
Capital Programme	x	
Reporting to Committees	x	
Collaboration documents	x	

11. Witnesses/Interviews (who & why?)

COG - senior officers with responsibility for all aspects covered by the review.

Property Manager and team – day to day management of assets.

Operational and professional support employees.

Other stakeholders.

12. Site Visits (why, where & when?)

St Johns, Huntingdon development site – tbc

On-Call and wholetime station - tbc

OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

MEETINGS 2021/22

Date	Meeting Time	Venue
Thursday 7 October	1400 hours	SHQ
2022		
Wednesday 12 January	1400 hours	SHQ
Thursday 21 April	1400 hours	SHQ

WORK PROGRAMME 2021/22

Thursday 7 October 2021			
Time	**Agenda Item**	**Member/Officer**	
1400 - 1630	Minutes of Overview and Scrutiny Committee Meeting 21 July 2021		
	Overview IRMP Performance Measures	ACFO/Head of Service Transformation	
	Scrutiny Draft Annual Governance Statement 2020/21	DCEO	
	Annual Review - CPFA Compliance with the Local Government Transparency Code	DCEO/Head of Media, Communication and Transparency	
	ToR's for Member-led Review of Estates, Property Management and Capital Programme	DCEO	
	Audit Internal Audit Progress Report	Suzanne Rowlett, RSM	
	Work Programme 2021/22	Chairman	
Wednesday 12 January 2022			
Time	**Agenda Item**	**Member/Officer**	
1400 - 1630	Minutes of Overview and Scrutiny Committee		

	Meeting 7 October 2021		
	Overview IRMP Performance Measures	Head of Service Transformation	
	Fire Authority Programme Management – Monitoring Report	Head of Service Transformation	
	Scrutiny Member-led Review Engagement with Representative Bodies	Councillors McGuire and Gowing	
	Audit External Audit Progress Report 2021/22	BDO	
	Internal Audit Progress Report	RSM	
	Work Programme 2021/22	Chairman	
Thursday 21 April 2022			
Time	**Agenda Item**	**Member/Officer**	
	Minutes of Overview and Scrutiny Committee Meeting 12 January 2022		
	Overview IRMP Performance Measures	Head of Service Transformation	
	Scrutiny Member-led Review of Estates, Property Management and Capital Programme	TBC	
	Audit External Audit Progress Report 2021/22	BDO	
	Annual Internal Audit Report 2021/22	RSM	
	Internal Audit Strategy Report 2022/23	RSM	
	Work Programme 2022/23	Chairman	