Internal Audit quarterly report

Audit Committee

Date: 22 October 2021

Agenda Item:

6

Submitted By: Chief Finance and Procurement Officer

Purpose	To present the Internal Audit Quarterly Report for July to September 2021
Recommendations	That Members note the content of the report
Summary	This report provides a summary of internal audit activity for the period July to September 2021 and to report the findings to the Committee

Local Government (Access to information) Act 1972

Exemption Category: None

Contact Officer: Simon Straker

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Background papers open to inspection: None

Annexes: Internal Audit Quarterly report Q2

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# 1	Introduction

1.1	This Committee has the responsibility for monitoring the work of internal audit. In order to facilitate this, Internal Audit provide a quarterly report of its progress which includes a summary of the work completed and an assessment of the level of assurance provided by the systems examined. This report covers the period from July to September 2021.

1.2	On completion of each audit the Auditors provide an assessment of the level of assurance that the control systems in place provide. There are four rankings as detailed below:-

> Substantial assurance
> Adequate assurance
> Limited assurance
> No assurance

1.3	This report includes a detailed explanation of action which has been taken on any audits which are ranked as providing either limited assurance or no assurance.

# 2	Audit Work

2.1	In the period July to September, four audits have been completed and two are in progress, all of which received a positive assurance opinion.

# 3	Financial Implications

3.1	There are no financial implications associated with this report.

# 4	Legal Implications

4.1	The Monitoring Officer has considered this report and has no observations to make at the time of submission of this report but may provide legal advice at the committee meeting and/or respond to any requests by Members for legal advice made at the meeting.

# 5	Human Resource and Diversity Implications

5.1	There are no human resource or diversity implications with this report.

# 6	Equality Impact Assessment

Are the recommendations within this report subject to Equality Impact Assessment as outlined in the EIA guidance? (EIA guidance and form 2020 form.docx (westyorksfire.gov.uk)	No

7   Health, Safety and Wellbeing Implications

7.1   There are no health, safety or wellbeing implications with this report.

8   Environmental Implications

8.1   There are no environmental implications with this report.

9   Your Fire and Rescue Service Priorities

9.1   The provision of internal audit satisfies all the fire and rescue service priorities.

INTERNAL AUDIT QUARTERLY REPORT

2021/22

July to September2021

Simon Straker: Audit Manager

ABOUT THIS REPORT

This report contains information about the work of the Authority's Internal Audit provided by Kirklees Council. The 2021/22 Audit Plan was approved by this Committee at the start of the year covering a variety of areas enabling an annual opinion to be formed on the Authority's governance, risk management and internal control arrangements.

For ease of reference the audits are categorised as follows:
1.   Summary
2.   Major and Special Investigations
3.   Key Financial Systems
4.   Other Financial Systems & Risks
5.   Locations and Departments
6.   Business Risks & Controls
7.   Follow Up Audits
8.   Recommendation Implementation
9.   Advice, Consultancy & Other Work
10.   Audit Plan Delivery

Investigation summaries may be included as a separate appendix depending upon the findings.
When reports have been agreed and finalised with the Director concerned and an Action Plan drawn up to implement any improvements, the findings are shown in the text. Incomplete audits are shown as Work in Progress together with the status reached: these will be reported in detail in a subsequent report once finalised.
Good practice suggests that the Authority's management and the Audit Committee should receive an audit opinion reached at the time of an audit based upon the management of risk concerning the activity and the operation of financial and other controls. At the first meeting of the Audit Committee, Members resolved to adopt an arrangement relating to the level of assurance that each audit provides.
As agreed with the Audit Committee, the report has been expanded to include details of the key recommendations applicable to each audit that does not result in a formal follow up visit and the action taken by management regarding their implementation. The final section of the report concerns Audit Plan delivery.
It is the practice of Internal Audit to undertake follow up audits to ensure that agreed actions have been undertaken. Any audits that produce less than "adequate assurance" will be followed up, together with a sample of the remainder and a new opinion will be expressed about the level of assurance that can be derived from action taken by management to address the weaknesses identified.

1.   **SUMMARY**

This report contains details of completed work from the current 2021/22 Audit Plan.

Each of the four audits herein has produced a positive assurance opinion. Two further audits have commenced.

So overall, the delivery of the Plan is at the point where it was anticipated that it would be half way through the year.

2. **SPECIAL INVESTIGATIONS & REVIEWS**

None during this time.

3. **KEY FINANCIAL SYSTEMS & RISKS**

None during this time.

4. **OTHER FINANCIAL SYSTEMS & RISKS**

System	Findings	Audit Opinion

Director of Service Support		
Stores	Audit in Progress	
Chief Employment Services Officer / Chief Finance & Procurement Officer		
HR & Rostering Systems Implementation	Audit in Progress	

5. **LOCATION & DEPARTMENT AUDITS**

   None during this period.

6. **BUSINESS RISK AUDITS**

   This category of audits reflects the Audit Strategy to incorporate coverage of the controls and management actions to respond to the key risks to the Authority's objectives as codified in the Corporate Risk Matrix.

Director of Service Delivery

Faulty Respiratory Personal Protection Equipment (PPE) Risk	Management Board requested a review of this particular area of the wider PPE risk contained in the corporate Risk Matrix that was due this year. The actions for effectively managing health and safety risk associated with Faulty Respiratory PPE are, on the whole, operating as intended and the current control arrangements are in line with best practice and are adequate and proportionate to the risk, including equipment manuals, the Equipment Management System (EMS), the independent testing of equipment, investigations / learning outcomes and strategic risk assessments. Areas of improvement were also identified. In particular, it was identified in sample testing that whilst the vast majority of scheduled annual checks by the manufacturer do occur, there appeared to be some omissions, as there were regarding planned kit checks by firefighters, possibly only in the system recording. These cases were reported for investigation. Subsequently, a revised quarterly monitoring and testing regime has been implemented by the Operational Equipment Team.	Adequate Assurance
Availability of On-call Staff	Audit testing confirmed that the current control arrangements are adequate and proportionate to the risks involved and the opinion has therefore been improved to "*Substantial Assurance*". Since the previous audit, the implementation of the new rostering system application represents a significant improvement over the spreadsheet-based system it replaced. Specifically, this addressed both recommendations in the previous report which were to develop a more automated process and to be able to effectively monitor staff availability. It was noted that an On-Call Support & Liaison Officer is now in place and that the number of on-call firefighters has significantly increased since the previous 2016 audit.	Substantial Assurance
Director of Service Support		

Asbestos in Building Estate	Since the previous audit, asbestos risks arising from operational duties had been separated and included in the Risk Matrix accordingly. This audit concerned the risks arising from asbestos presence in Authority buildings. Audit testing provided assurance that the required actions for effectively managing the risks are generally operating as required and the current control arrangements are in line with best practice and are adequate and proportionate to the risks involved. The Asbestos Management Plan and Asbestos Policy were due for review to take account of any changes made to relevant legislation, personnel changes or changes to the structure of the organisation. For a sample of 20 station buildings, audit testing confirmed that asbestos management surveys and the associated annual reinspection surveys were in place for each. It was noted that a small number of outstanding actions had been identified as part of the surveys examined; two were incomplete due to an access issue, as room keys are held by utility companies, and it was noted that one location, a railway carriage used for training, was listed as overdue on the inspection schedule. Contractors are given access to the "Teams" system which contains all the relevant documentation in relation to the location of asbestos containing materials in the site in which they are based, so they can ensure safe systems of work. The description of management actions within the Risk Matrix lacks specificity and the inclusion of the term "…other uninsured claims…" is vague and requires clarification. Asbestos management services are provided under contract by a third party. All information is accessible through the "Team" portal and there was uncertainty about accessing records in the event the portal was unavailable.	Adequate Assurance

7. FOLLOW UP AUDITS

Any audits that result in a less than adequate assurance opinion are followed up usually within six months, depending upon the timescale for implementing the agreed recommendations. Additionally, a sample of other audits is followed up periodically too.

System	Findings	Audit Opinion

Director of Service Delivery		
Additional Responsibility Allowances (ARAs)	This area was originally reviewed in 2018, when ARAs totalled £375,000 per annum, following a request from the Chief Employment Services Officer due to an overpayment being identified, raising a concern that some ARAs were in payment that should have ceased and that the reason for payment was not clearly defined. The audit concluded in a *Limited Assurance* opinion. A follow up was undertaken in 2019 which concluded that good progress had been made in reviewing the ARAs, however, issues with the integrity and content of the systems recording competencies and qualifications continued to impact on the validation of evidence needed to substantiate ARAs in payment. The follow up audit was therefore given an *Adequate Assurance* opinion. The Staff Allowances Policy details the circumstances where additional payments can be received and what the employee must fulfil to qualify for it. They are only payable where the duty sits outside the firefighter role map. The Policy was collectively agreed between the Authority and the FBU in September 2020. Good progress has been made since to improve the processes for awarding and monitoring ARAs. The responsibility for recording allowances is assigned to the Employee Resources Team (ERT) who check and approve as appropriate. A central record is now in place recording allowances to firefighters on each station, and the requisite numbers of skill sets required which cannot be exceeded. Payments now total £464,000 (including subsequent pay awards, as the allowances are a percentage of salary), although there has been a shift in the total from more general ARA types to the specialist skills ones where competency can be evidenced. Sample testing identified only minimal exceptions to the Policy, so those in payment were attributable to suitably competent officers, at the correct rank and at the requisite numbers per station. SAP payroll has been updated to improve clarity and all the recommendations from the follow up audit in 2019 have been addressed. The key risk identified during the original audit was that staff were undertaking duties which required a competency or qualification that had expired or could not be evidenced due to poor recording systems. This has now been rectified and as such there is a far clearer audit trail, and alerts for training/competencies. Training and qualifications are now recorded on the HR system application and this allows users to review the currency of all training needs	Substantial Assurance

at an individual, team or station level. An interface to the rostering application helps ensure the deployment of personnel that are suitably skilled.

The process is still reliant on pro-active and regular monitoring of records by the Station Managers, who forward any changes required to the ERT. Some minor anomalies were noted between the central record and payments to staff, and although these were minimal, it demonstrates that there is still scope for improved management review, particularly now that records are easier to access, check and monitor.

8. **REVIEW OF KEY RECOMMENDATIONS & EXTENSIONS OF TIME TO IMPLEMENT**

No key recommendations were outstanding.

9. **ADVICE, CONSULTANCY & OTHER WORK**

None this period.

10 **AUDIT PLAN DELIVERY 2021/22**

Performance Indicators	19/20 Actual	20/21 Revised Actual	21/22 Target	21/22 Actual
Audits completed within the planned time allowance	80%	80%	90%	60 %
Draft reports issued within 10 days of fieldwork completion	90%	90%	90%	100%
Client satisfaction in post audit questionnaires	90%	90%	90%	n/a
Chargeable audit days	130*	110*	160	60
QA compliance sample checks – percentage pass	100	100	100	100%

Planned Audits Completed	10	15	13	5
Planned Audits in Progress				2
Planned Audit Deferred				0
Planned Audits Postponed				0
Unplanned Work Completed				0
Unplanned Work in Progress				0

*Shortfall from 160 refunded, 80 days in total.

Service Improvement and Assurance Policy

Audit Committee

Date: 22 October 2021

Agenda Item:

7

Submitted By: Director of Service Support

Purpose

To update the Audit Committee with changes within the Service Improvement and Assurance Policy

Recommendations

That Members note the changes to the Policy.

Summary

The Service Improvement and Assurance Policy has been updated to reflect changes to the Assurance Framework with reference to the reporting and approval process.

The changes are referenced on page 12 of the Policy.

Local Government (Access to information) Act 1972

Exemption Category: None

Contact Officer: Judith Haigh

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Background papers open to inspection: None

Annexes: Service Improvement and Assurance policy

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1 Introduction

1.1 The Service Improvement and Assurance Team (SIAT) provide high level assurance to Management Board and the Fire Authority through the management of the HMICFRS and Service Assurance processes. They also deliver and manage a number of Service Improvement and Assurance work streams.

1.2 The Service Assurance Process was introduced in September 2017 and coincided with the introduction of the Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) inspection programme. It was agreed that the process would be put on hold to ensure sufficient time and resources could be applied to the HMICFRS inspection, and to assess if there was repetition between the two processes.

1.3 In July 2018 a gap analysis of the two processes was undertaken. It was evident from the analysis that there was stark contrast between the question sets, with very little overlap; therefore, moving forward, the two processes will run independently.

1.4 Revisions have been made to the Service Assurance Process to ensure it adds real value without being bureaucratic, onerous, and time consuming for managers to complete.

1.5 The National Framework document was revised in 2018, and on the back of this, SIAT are undertaking a gap analysis of the revised Framework to ensure compliance.

2 Information

2.1 The Service Assurance Self-Assessment Process is an internal process which has been designed to complement the HMICFRS inspection programme. Whilst the HMICFRS process is strongly focused on service delivery, the internal Service Assurance Process incorporates the Service Support functions and governance within individual departments.

2.2 HMICFRS is a rolling independent inspection process which gathers evidence about the performance of the service via three key pillars:

- Efficiency

- Effectiveness

- People.

2.3 The evidence is gathered from a number of different areas such as self-assessments, data, documents, interviewing, and observations. The inspectorate will provide the service with graded judgements on performance.

2.4 The outcomes of this process will feed the Annual Statement of Assurance which will reported to the Audit Committee as and when required.

2.5 This process will satisfy some requirements of the Fire and Rescue Service National Framework, and in conjunction with the Fire Standards and the outcomes of the HMICFRS process give WYFRS a sound basis on which to drive improvement.

2.6 The Service Assurance process requires departments to carry out a self-assessment on an annual basis.

2.7   SIAT will produce a high-level assurance overview annually which summarises the work carried out. The overview will be presented to Management Team, Management Board, and Audit Committee. The report will include current levels of assurance, identified actions, and areas of best practice.

2.8   Taking this into consideration, SIAT have amended the Service Improvement and Assurance Policy to reflect changes to the Assurance Framework with reference to the reporting and approval process.

3   Financial Implications

3.1   There are no direct financial implications associated with this report.

4   Legal Implications

4.1   The Monitoring Officer has considered this report and has no observations to make at the time of submission of this report but may provide legal advice at the committee meeting and/or respond to any requests by Members for legal advice made at the meeting.

5   Human Resource and Diversity Implications

5.1   There are no direct Human Resource and Diversity implications associated with this report.

6   Equality Impact Assessment

Are the recommendations within this report subject to Equality Impact Assessment as outlined in the EIA guidance? (EIA guidance and form 2020 form.docx (westyorksfire.gov.uk)	No

7   Health, Safety and Wellbeing Implications

7.1   Health and Safety is a fundamental consideration for all aspects of service delivery. Identified issues relating the Health and Safety will be addressed and dealt with depending on their level of urgency either through the action plan or directly if required.

8   Environmental Implications

8.1   There are no direct environmental implications associated with this report.

9   Your Fire and Rescue Service Priorities

9.1   This report details the updated Service Improvement and Assurance Policy and as such underpins all the fire and rescue service priorities.

10   Conclusions

10.1   Audit Committee Members are asked to note that the Service Improvement and Assurance Policy has been updated to reflect changes to the Assurance Framework with reference to the reporting and approval process.

Service Improvement & Assurance Policy

Ownership: Director of Service Support
Date Issued: 08/02/2019
Version: 3

Revision and Sign off Sheet

Change Record

Date	Author	Version	Comments
10/01/2019	Matthew Walsh	1	Draft
11/01/2019	Gareth Atkins	2	Draft
31/08/2021	Judith Haigh	3	Final

Reviewers

Name	Version Approved	Position	Organisation	Date
N Smith	3	ACO	WYFRS	28/09/2021

Distribution

Name	Position	Organisation

Document Properties

Item	Details
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Author	Administrator
Creation Date	10/01/2019
Last Updated	31/08/2021

Contents

1 Introduction

Service improvement and assurance forms part of WYFRS's performance management framework and:

- Supports Your Fire and Rescue Service 2020-2023
- Assists WYFRS to identify its strengths, and areas for improvement.
- Integrates with the wider performance assessment criteria.
- Delivers a robust process for assessing operational performance.
- Monitors and shares areas of best practice.

The emphasis of service improvement and assurance is on the outcomes and impact of activities carried out by personnel within all directorates, ensuring resources are utilised safely, effectively, efficiently and economically.

The specified high level reference for audits conducted by the Service Improvement and Assurance Team are generally the legal and regulatory requirements as set out in the Fire Service Act 2004, Fire and Rescue Service (Emergencies) (England) Order 2007, Civil Contingencies Act 2004, the National Framework Document 2018, and the Regulatory Reform (Fire Safety) Order 2005. The Fire and Rescue Service National Framework 2018 states that:

> *"Each fire and rescue authority is required to produce an Annual Statement of Assurance that should outline the way in which the authority and its fire and rescue service has had regard – in the period covered by the document – to this National Framework, the Integrated Risk Management Plan and to any strategic plan prepared by the authority for that period. The authority must also provide assurance to their community and to government on financial, governance and operational matters."*

West Yorkshire Fire and Rescue Authority standing orders, regulations and policies, along with WYFRS policies and procedures provide a more detailed structure for undertaking audit work. The assurance framework is based on compliance and assessment from four key areas:

- Fire and Rescue National Framework 2018.
- HMICFRS inspection programme.
- WYFRS – Service Assurance Process.
- Service Delivery Assurance.

The assurance functions have been developed through assessment of best practice within the audit / assurance industry, combined with WYFRS's specific outcome requirements. The output and audit information from the areas above provides the supporting detail to inform the Annual Statement of Assurance.

The Assurance Framework

The diagram below shows how each of the key assurance mechanisms within the framework feed into the overall assurance level for WYFRS.
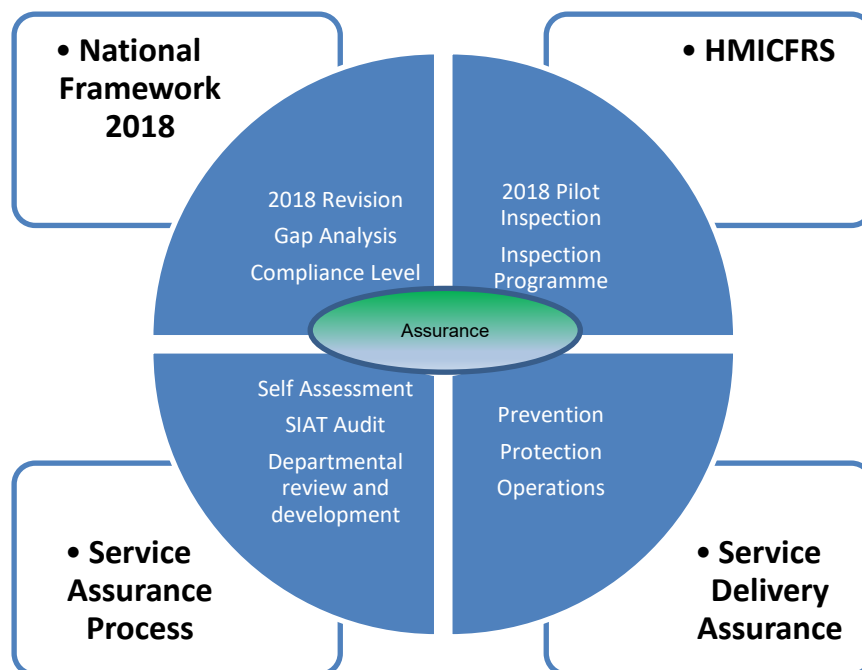
FRS National Framework 2018

The National Framework sets out the Government's expectations and requirements for fire and rescue authorities. The Government has a duty under the Fire and Rescue Services Act 2004 to produce the Framework and keep it current. Fire and rescue authorities must have regard to the Framework in carrying out their duties. On 15 December 2014 an addendum on firefighter fitness was added to the Framework, and in 2018 the Framework was updated and revised.

A key element of WYFRS's assurance framework is ensuring compliance with the requirements of the FRS National Framework.

The Service Improvement and Assurance Team will:

- Periodically check the current Framework for updates and amendments.
- Carry out a annual gap analysis between the requirements of the Framework and current performance.
- Provide strategic management with the outcomes of the gap analysis.
- Produce and monitor action plans arising from the gap analysis, if required.

2 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)

In July 2017, Her Majesty's Inspectorate of Constabulary extended its remit to include inspections of England's Fire and Rescue Service and was renamed HMICFRS. HMICFRS assess how well fire and rescue services prevent, protect against, and respond to fires and other emergencies, and how well they look after their people.

The fire and rescue services inspection programme enables HMICFRS to draw together evidence from inspections of all 45 fire and rescue services in England. The inspection programme was developed with the fire and rescue service by recruiting experts, and taking advice from senior service representatives.

The principal questions which the fire and rescue services inspection programme is designed to answer are set out in the table below:

Principle Question	Inspection Focus
How effective is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service understands its current and future risks, works to prevent fires and other risks, protects the public through the regulation of fire safety, responds to fires and other emergencies, and responds to national risks.
How efficient is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service uses its resources to manage risk, and secures an affordable way of providing its service, now and in the future
How well does the fire and rescue service look after its people?	How well the fire and rescue service promotes its values/culture, trains its staff and ensures that they have the necessary skills, ensures fairness and diversity for its workforce, and develops leaders.

Below each of the principal questions is a set of more detailed sub-diagnostics which form the basis of the inspections. In addition to the question set the inspection team will utilise some or all of the following assessment methods:

- Data
- Self Assessments
- Documents
- Observations
- Interviews and professional discussions.

Fire and rescue services will be assessed and given graded judgments. The categories of graded judgment are:

- Outstanding
- Good
- Requires improvement
- Inadequate.

Good is the 'expected' graded judgment and is based on policy, practice and performance that meets pre-defined grading criteria.

If the policy, practice or performance exceeds what is expected for good, then consideration will be given to a graded judgment of outstanding. If there are shortcomings in policy, practice, or performance then consideration will be given to a graded judgment of requires improvement. If there are serious critical failings of policy, practice or performance then consideration will be given to a graded judgment of inadequate.

The Service Improvement and Assurance Team will:
- Designate a HMICFRS Service Liaison Officer.
- Assist directorates and departments to complete the HMICFRS Self-assessment.
- Provide data and documents as requested to HMICFRS.
- Faciliatate the inspectors and their requirements during the inspection process.
- Provide the service with detail around the inspection process and the expectations of individuals and departments.
- Liaise with senior management and departments heads throughout the inspection process.

- Produce and monitor any action plans arising from the inspection process.
- Share good or best practice identified as part of the inspection process.

3 Service Assurance Process

The service assurance process has been established to compliment the HMICFRS inspection programme. The HMICFRS inspection focuses on the service delivery side of the fire and rescue service. The service assurance process, whilst still being completed by service delivery departments and teams, also includes the service support functions within the organistion. This is key to ensuring WYFRS are compliant with all apects of the Fire and Rescue Service National Framework 2018.

The service assurance toolkit is in the form of a self-assessment and will be completed on an annual basis. The new process is designed to provide assurance at three distinct levels:

Level 1 (Business Operations - Direct Assurance)

This level will look at the day to day operations and structures within the department and how they can assure themselves against the descriptors within the table below; it focuses on areas such as:

- Clearly defined departmental objectives.
- Statutory provisions, legislation and guidance.

Level 2 (Corporate Governance Oversight – Risk Assurance)

This level will look at how departments assure they comply with areas such as organisational policies, risk assessments, and how they manage their own internal policies.

Level 3 (Third Party Review – Independent Assurance)

The final level of assurance is carried out independently, which includes internal and external audits.

The three separate levels contain a number of descriptors that will be completed as part of the self-assessment. These areas have been established by investigating industry best practice and organisational requirements. Each of the descriptors contains a number of

sub-questions that will assist departments to provide a judgment of how they feel they are performing in each area. A detailed guidance document has been produced to assist both the departments carrying out the self-assessment, and the Service Improvement and Assurance Team members carrying out the audits.

The table below identifies each of the descriptors and the overarching question that will need to be answered.

Ref No.	Descriptor Title	Self-assessment
1.1	Objectives	Does the department have clearly defined departmental objectives?
1.2	Action Plan	Does the department have a clearly defined action plan?
1.3	Performance Indicators	Does the department have clearly defined performance indicators?
1.4	Health and Safety	Does the department have clearly defined and effective arrangements to take into account its health, safety and welfare responsibilities?
1.5	Legal/Policy Compliance	Does the department take into account statutory provisions, legislation and guidance?
1.6	Training and Competence	Does the department ensure that all employees have had suitable and sufficient training to carry out their role in line with the organisational Training and Development Strategy?
1.7	Financial Controls	Does the department have sufficient controls and systems in place to ensure its financial obligations are met?
1.8	Staffing and Resourcing	Does the department have sufficient staff and resources to operate effectively?
1.9	Value for Money	Does the department provide value for money?
2.1	Policies	Does the department comply with departmental and organisational policy?
2.2	Reporting and Monitoring	Does the department have comprehensive procedures in place for reporting and monitoring?
2.3	Corporate Risk Management	Does the department comply with the organisations Corporate Risk Management procedures i.e. Business Continuity?
2.4	Equality Impact Assessment	Does the department ensure that all activities are subject to an Equality Impact Assessment, where required?
2.5	Service Improvement and Assurance Team	Has the department been subject to a review within the last 12 months?
3.1	Internal Audit	Has the department been subject to any internal audits in the past 12 months?
3.2	External Audit	Has the department been subject to any external audits within the last 12 months?
3.3	External Inspectorate (Peer Challenge)	Has the department been involved in an external inspectorate process or peer challenge process within the last 12 months?

The following departments will carry out an annual self assessment:

1	Service Improvement and Assurance Team
2	Logistics
3	Property
4	ICT Services
5	Central Prevention
6	Fire Protection
7	Fire Investigation
8	Ops Risk
9	Ops Resilience
10	Strategic Development
11	Training
12	Control
13	5 x Districts (Including Prevention)
14	Ops Support
15	HR
16	Occupational Health & Safety
17	Employee Resourcing
18	Corporate Communications
19	Finance
20	Legal Services
21	Corporate Service
22	Organisational Development & Learning

Review and audit frequencies will be set by the Service Improvement and Assurance Team. The table below highlights the minimum expected frequency of visits based on the outcome of the self-assessment:

Grade	Action
Outstanding	Service Improvement and Assurance Team will visit on an annual basis to update the self-assessment with the department lead
Good	Service Improvement and Assurance Team will visit on an annual basis to update the self-assessment with the department lead
Requires Improvement	Service Improvement and Assurance Team will visit on a 6 monthly basis to update the self-assessment and monitor the progress of any actions
Inadequate	Service Improvement and Assurance Team will initially visit on a quarterly basis to update the self-assessment and monitor the progress of any actions

The Service Improvement and Assurance Team will:

- Provide each identified department with their confidential toolkit and guidance document.
- Assist departments in completing an initial self-assessment.
- Visit each department to audit the assessment findings and assist departments in producing indivduial action plans.
- Set review frequencies based on self-assessments judgements.
- Carry out an annual review of the process based on feedback.

4 Service Delivery Assurance

Assurance of service delivery includes prevention, protection, response, resilience, and call handling. This assurance will focus on:

- Firefighter Safety
- Public Safety
- Effectiveness
- Value for Money.

The Service Improvement and Assurance Team will:

- Liaise with the individual teams to assist in developing robust assurance processes.
- Monitor and review the assurance frameworks and policies.

5 Statement of Assurance

West Yorkshire Fire and Rescue Authority is required to produce an annual Statement of Assurance as part of the Fire and Rescue National Framework for England. The purpose of the statement is to provide independent assurance to communities and the Government that the service is being delivered efficiently and effectively. Whilst the Fire and Rescue National Framework sets out the Government's priorities and objectives for fire and rescue authorities in England, it does not prescribe operational matters, as these are determined locally by fire and rescue authorities.

In April 2015, WYFRA published the Service Plan 2015-2020 which outlines key priorities and objectives. Annual action plans are produced during the five year period to focus the work of WYFRS, and to manage and monitor performance to achieve our ambition of 'Making West Yorkshire Safer'.

This Statement of Assurance provides assurance that WYFRA is delivering an efficient, effective, and value for money service to the communities of West Yorkshire.

Assurance Overview

The Service Improvement and Assurance Team will produce a high level assurance overview at the end of each year which summarises the work carried out. The overview will be presented to Management Team, Management Board, and Audit Committee. The report will include current levels of assurance, identified actions, and areas of best practice.

Reporting Process

Reporting on all elements of the assurance framework will be carried out as follows:

| Service Improvement and Assurance Reporting and Approvals Process			
Report	**Frequency**	**Report**	**Approval**
Fire Authority	Annual	Annual Statement of Assurance	Yes
Audit Commitee	Annual	Assurance Overview	Yes
Audit Commitee	As required	HMICFRS Update	No
Other Commitees	As required	As required	As required
Management Board	Annual	Annual Statement of Assurance	Yes
Management Board	Annual	Assurance Overview	Yes
Management Board	As required	Assurance Update	No
Management Team	As required	As required	As required

Service Improvement & Assurance Team

In addition to the responsibilities detailed previously within ths policy, the Service Improvement and Assurance Team will:

- Carry out specific audits on request following approval from the Director of Service Support.
- Manage and monitor the WYFRS Audit Tracking Tool.
- Assist the Kirklees Audit Team.
- Support external audits.

6 The Role of the Audit Committee

The role of the Audit Committee is to oversee the assurance process and direct audit activity. They will:

- Approve recommendations as appropriate.
- Receive annual reports based on the information contained within this policy.
- Provide scrutiny and challenge.
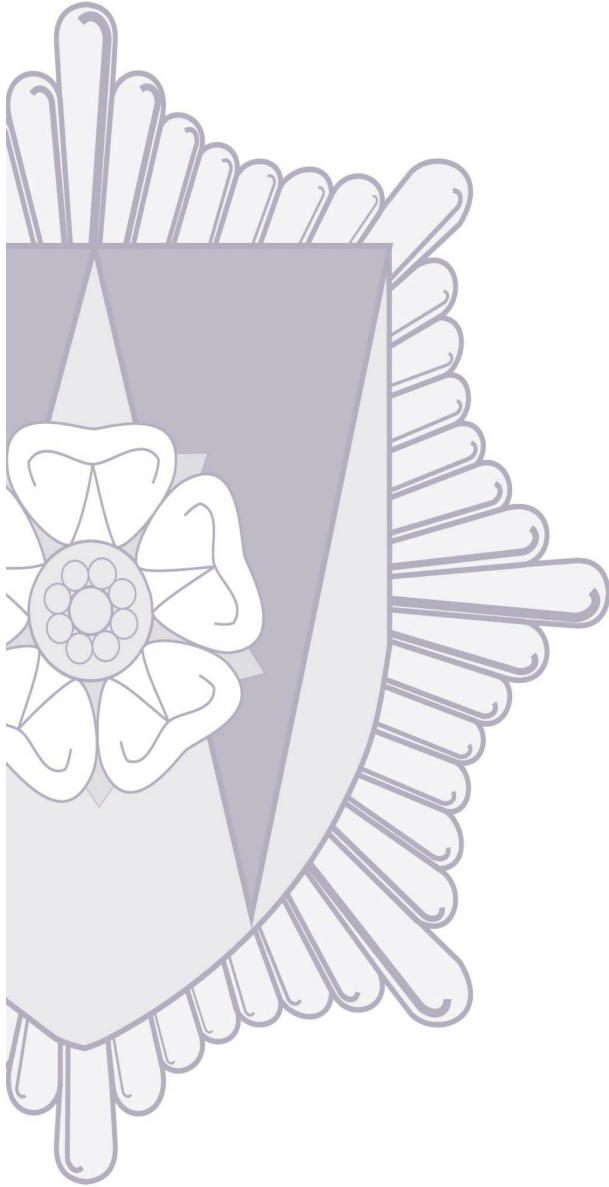
West Yorkshire Fire & Rescue Service

Oakroyd Hall

Birkenshaw

BD11 2DY

West Yorkshire
Fire & Rescue Authority

Abridged Performance Management report

Audit Committee

Date: 22 October 2021

Submitted By: Director of Service Delivery

Agenda Item:

8

Purpose	To inform Members of the Authority's performance against Key Performance Indicators where targets are not being achieved
Recommendations	That Members note the report
Summary	The Performance Management and Activity Report which is presented to the Full Authority outlines the Authority's performance against key performance indicators thereby enabling the Authority to measure, monitor and evaluate performance against targets. This report highlights the key performance indicators where targets are not being achieved.

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1 Introduction

1.1 The Performance Management and Activity Report, which is presented quarterly to the Full Authority meeting outlines the Authority's performance against key performance indicators thereby enabling the Authority to measure, monitor and evaluate performance against targets. These are detailed in three categories as shown below:

- o Key Performance Indicators

- o Service Delivery Indicators

- o Corporate Health Indicators

1.2 The Performance Management and Activity Report is monitored quarterly by Management Team and the Full Authority.

1.3 A traffic light system is used to provide a clear visual indicator of performance against each specific target and comparison is made with the same period the previous year to indicate whether performance has improved, remained the same or deteriorated.

2 Information

2.1 The attached report highlights the key performance indicators where the targets are not being achieved.

2.2 Information regarding reasons why performance is not at the required level, together with actions being taken to address this, is provided within the report.

3 Financial Implications

3.1 There are no financial implications arising from this report.

4 Human Resources and Diversity Implications

4.1 Measurement against key indicators on human resources and diversity are included in the Performance Management Report.

5 Legal Implications

5.1 The Monitoring Officer has considered this report and has no observations to make at the time of submission of this report but may provide legal advice at the committee meeting and/or respond to any requests by Members for legal advice made at the meeting.

6 Health and Safety Implications

5.1 There are no health and safety implications associated with this report.

7 Environmental Implications

6.1 There are no environmental implications associated with this report.

8 Your Fire and Rescue Service 2019 – 2023 Priorities

7.1 This report links to all the Your Fire and Rescue Service priorities.

9 Conclusions

8.1 That Members note the report.

West Yorkshire Fire & Rescue Service

Performance Management and Activity Report (Abridged) 2021/22

Period covered: 1 April – 30 June 2021
Date Issued: 22 October 2021

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1. Introduction/Summary

The purpose of this report is to provide information regarding the performance of West Yorkshire Fire and Rescue Service against selected performance indicators for which performance has decreased compared with the same period the previous year.

The first section provides a summary of performance against all performance indicators detailed within the full Performance Management and Activity Report which is presented to Full Authority Committee meetings.

In this report, appropriate and progressive monthly statistics have been utilised to identify trends in performance, with corresponding information regarding the action being taken to address areas of under-performance.

All data, unless specified, is for the reporting period 1 April – 30 June 2021.

A traffic light system has been employed to provide straightforward visual indication of performance against each specific indicator.

If further data is available following the last Performance Management Report presented to the Full Authority, this has been included to show the performance trend.

2. Service Delivery Targets

🟥	Not achieving target (by more than 10%)		
🟨	Satisfactory performance (within 10% of target)		
🟩	Achieving or exceeding target		

	Actual Data (2011/12)	Three Year Average Target (2017/20)	Actual Data to date (2020/21)	Actual Data to date (2021/22)	Performance Against Three Year Average (2021/22)	End of Year Projection (2021/22)
Arson	8723	6641	1802	1978	19.5%	7934
Actual Rescues	821	1655	174	300	-16.7%	1203
Total Activity	30103	23990	6743	6829	14.2%	27391
Dwelling Fires	1492	1141	286	280	-1.8%	1123
Non-Domestic Building Fires	493	416	73	92	-11.3%	369
Prevalence of False Alarms	14714	10439	2842	2605	0.1%	10449
Fire-Related Injuries	282	193	47	41	-14.8%	164
Road Traffic Collisions	874	655	75	138	-15.5%	554
Malicious False Alarms	641	348	55	87	-0.3%	349

3. Service Delivery Indicators – Performance compared to previous year

Description	2020-21	2021-22
Accidental Dwelling Fires (per 10,000 dwellings)	2.54	2.44
Number of deaths arising from accidental fires in dwellings (per 100,000 population)	0.09	0.09
Number of Fire-Related Deaths (per 100,000 population) arising from fires other than Accidental Dwelling Fires	0.04	0.04
Number of Injuries arising from accidental fires in dwellings (per 100,000 population)	1.39	1.30
(a) Number of Serious Injuries (per 100,000 population)	0.26	0.13
(b) Number of Slight Injuries (per 100,000 population)	1.13	1.30
The percentage of dwelling fires attended where there was a working smoke alarm which activated	56.99%	57.30%
The percentage of dwelling fires attended where a working smoke alarm was correctly fitted but did not activate	17.48%	18.86%
The percentage of dwelling fires attended where a smoke alarm, because it was faulty or incorrectly sited, did not activate	3.50%	3.56%
The percentage of dwelling fires attended where no smoke alarm was fitted	22.03%	20.28%
Number of calls to malicious false alarms (per 1000 population) – attended	0.02	0.04
False alarms caused by automatic fire detection equipment (per 1000 non-domestic properties)	8.14	7.84
False alarms caused by automatic fire detection equipment (per 1000 domestic properties)	1.00	1.01
Fires in non-domestic premises (per 1000 non-domestic premises)	0.87	1.07
Number of Primary Fires (per 100,000 population)	33.68	34.85
Number of Fire Casualties – excluding Precautionary Checks (per 100,000 population)	1.91	1.65
Arson Incidents – All Deliberate Fires (per 10,000 population)	7.81	8.56
Arson Incidents – Deliberate Primary Fires (per 10,000 population)	1.19	1.30
Arson Incidents – Deliberate Secondary Fires (per 10,000 population)	6.62	7.26

4. Service Delivery Indicators – WYFRS not achieving target

Description	Cumulative Year to Date Performance												Performance in 2020-21
	To 30 Apr	To 31 May	To 30 Jun	To 31 Jul	To 31 Aug	To 30 Sep	To 31 Oct	To 30 Nov	To 31 Dec	To 31 Jan	To 28 Feb	To 31 Mar	
Malicious false alarms attended	0.02 (37)	0.03 (59)	0.04 (88)										0.24 (55)

Comments: In the main, we see malicious false alarms occurring in buildings with higher public footfall. As we have progressed through 2021 - 22 we have seen a higher occurrence when compared to the same period last year. It must be remembered that last year a large proportion of our public spaces were closed due to Covid which directly impacts on this incident type. Our Control staff continue to challenge people making calls were they believe it to be a hoax, this does have an impact on the number of false alarms we mobilise to. Additional work is ongoing to ensure consistency across district when it come to defining what is a malicious false alarm.

Description	Cumulative Year to Date Performance												Performance in 2020-21
	To 30 Apr	To 31 May	To 30 Jun	To 31 Jul	To 31 Aug	To 30 Sep	To 31 Oct	To 30 Nov	To 31 Dec	To 31 Jan	To 28 Feb	To 31 Mar	
Fires in non-domestic premises	0.37 (31)	0.71 (60)	1.07 (90)										0.87 (73)

Comments: During the first quarter of last year a large proportion of our non-domestic properties were closed as part of the Covid lockdown. This led to reduced people in the workplace and restricted processes being undertaken. This significantly drove down the number of non-domestic fires we attended last year. Although we have attended more incidents this year, we are still performing strongly against the three year average.

PREVENTING PROTECTING RESPONDING
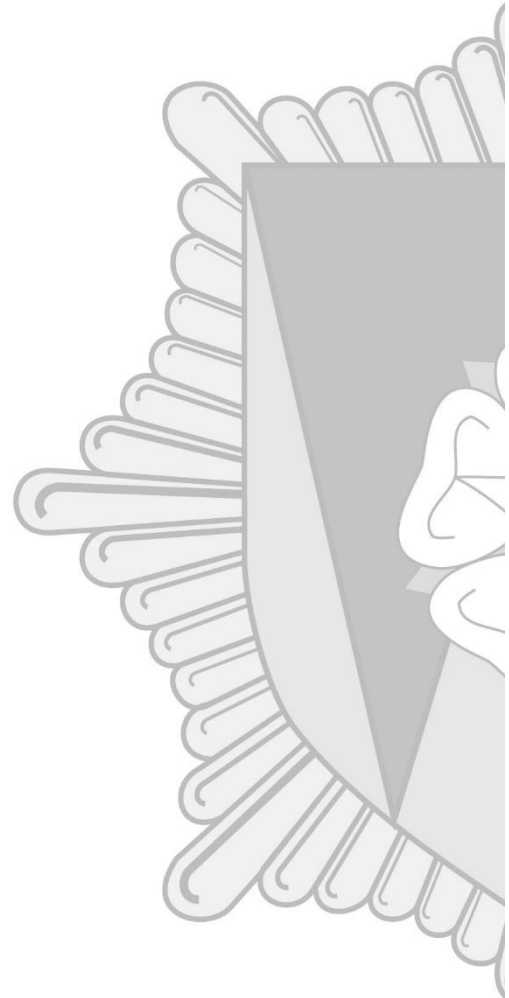
West Yorkshire Fire and Rescue Service

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Performance Management Report