



OFFICIAL

Internal Audit Quarterly report

Audit Committee

Date: 19 October 2018

Agenda Item:

5

Submitted By: Chief Finance and Procurement Officer

Purpose	To present the Internal Audit report (July to September 2018) to Members
Recommendations	That Members note the content of the report
Summary	To provide a summary of the audit activity for the period July to September 2018 and to report the findings to the Committee.

Local Government (Access to information) Act 1972

Exemption Category: None

Contact Officer:

Alison Wood

alison.wood@westyorksfire.gov.uk

01274 655711

Background papers open to inspection: None

Annexes: Internal Audit quarterly report

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 2018.

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

More details of how these classifications are measured are provided in the attached appendix.

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 Information

- 2.1 In the second quarter of 2018/19 there has been one business risk audit which received limited assurance. There are currently three audits in progress, one of which is a special investigation into the payment of additional responsibility allowances.

Internal audit continue to provide support to the Joint Command and Control project and the Emergency Services Mobile Communications Project (ESMCP).

- 2.2 Section 10 of the attached appendix compares current audit performance in the current financial year with the previous year.

3 Financial Implications

- 3.1 There are no financial implications associated with this report

4 Legal Implications

- 4.1 The Chief Legal & Governance 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 associated with this report

6 Health and Safety Implications

6.1 There are no health and safety implications associated with this report



INTERNAL AUDIT QUARTERLY REPORT

2018/19

July to Sept 2018

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 2018/19 Audit Plan as approved by this Committee earlier in the year is risk based and includes 19 pieces of work 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 an update on audit work over the summer. In accordance with our established practice the opinion and outcome of each audit needs to be agreed with management before it is included herein. A review of Additional Responsibility Allowances has been completed and management are determining their response, so it may be possible to give a verbal update at the Meeting on 19 October on progress in addressing the issues raised.

A Limited Assurance opinion has been allocated to the management of the risk of not maintaining an effective Commercial Premises Database of potential hazards.

A number of pieces of work are in progress.

2. **SPECIAL INVESTIGATIONS & REVIEWS**

Additional Responsibility Allowances Policy

A review of compliance with the Policy was requested by the Chief Employment Services Officer and Chief Finance & Procurement Officer. Payments of the wide ranging number and types of allowance across operational personnel totalled £375,000 in 2017/18.

A draft report was issued recently and once agreed and finalised, details of the findings and management response will be included in the next quarterly report.

3. KEY FINANCIAL SYSTEMS

Risk	Findings	Audit Opinion
Chief Finance & Procurement Officer		
Insurance Cover and Claims	A review of insurance cover and claims history in connection with the key risks in the corporate Risk Matrix is in progress.	
Capital Plan Delivery (2017/18)	Audit scheduled Quarter 3.	
Creditors & Direct Debit Payments	Audit in progress	
National Fraud Initiative 2018/19	<p>The National Fraud Initiative is a biennial mandatory exercise overseen by the Cabinet Office that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The Chief Finance & Procurement Officer has overall responsibility, the Audit Manager acts as the Key Contact.</p> <p>Data is uploaded via secure website at the start of October and various exception reports containing potential anomalies and inconsistencies for review and investigation are produced the following January. Payroll, including Members' allowances and creditor payments data is submitted on behalf of the Authority. Pensioners' data – firefighters and support staff - is provided by Bradford MDC.</p>	

	<p>Prior to data submission a variety of preparatory tasks were completed:</p>	
--	--	--

- Refreshing the data matching statement on the website
- Informing employees, trades unions and Members of the use of their data (consent is not required)
- Validation of data extracts against the required data specification and formats
- Correction of any incomplete records on (Kirklees) SAP

Data extraction was timetabled week commencing 1 October with upload the following week.

4. OTHER FINANCIAL SYSTEMS & RISKS

None during this period.

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.

Risk	Findings	Audit Opinion
Director of Service Delivery		
<p>Commercial Premises Risk Management system (of potential hazards) is incomplete and/or not up to date</p>	<p>The Fire and Rescue National Framework includes a requirement to have effective arrangements for gathering risk information and making it readily available to operational crews, including an effective audit and review system to ensure that the information is relevant, timely and accurate. Premises risk information enables crews to be familiar with the hazards they may face and also to inform effective operational training based on the risks identified.</p> <p>The choice of supplier of this system has been subject to internal management and audit scrutiny a number of times in recent years due to concerns regarding non-compliance with procurement rules and resilience issues, as he is a sole trader of retirement age. This is to be addressed as part of the ICT strategy programme; in the interim period a 12 month contract agreement was drafted with the current supplier but a signed copy from the supplier could not be located at the time of the audit. Assurance was provided by the ICT Manager that business continuity arrangements are robust and the database can be managed in-house in its current state. All the data is stored on internal servers which are backed up on a daily basis and the contract provides for legal action to be taken should the supplier (whose relationship with the IT department is already noted as "difficult") maliciously or otherwise, compromises the database, or fails to provide the full source code.</p> <p>A revised risk based property identification and inspection system has been compiled and at the time of the audit there were 783 premises still requiring a visit representing a considerable commitment. The allocation and inspection arrangements include some lack of clarity and consistency between teams and the need for considerable manual intervention with attendant risks, rather than automation, for example on determining a visiting schedule, and management information reporting, e.g. on visit programme delivery.</p>	<p>Limited Assurance</p>

Director of Service Support

Operational Competence and other Mandatory Training Records	A review of completeness and accuracy is in progress.	
Poor Data Quality	Audit in Progress	

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.

None during this period.

8. REVIEW OF KEY RECOMMENDATIONS

No key recommendations were outstanding other than those in follow up audits.

9. ADVICE, CONSULTANCY & OTHER WORK

System	Comments
Director of Service Support	
Emergency Services Mobile Communications Project (ESMCP)	<p>Internal Audit has been requested to provide ongoing assurance about the financial probity and governance arising from the delivery of the project, both as regards WYFRS and within the Yorkshire & Humber region as a whole. WYFRS acts as custodian for the region of grant monies from the Home Office. The terms of reference of the former have been agreed by the Project Board.</p> <p>Assurance has been provided concerning validation of a grant and VFM return to the Home Office for monies received and expended on the project to date. National Project slippage and revision to financial support from Government has necessitated a review of the financing arrangements locally, which is still ongoing.</p>

10 **AUDIT PLAN DELIVERY 2018/19**

Performance Indicators	16/17 Actual	17/18 Actual	18/19 Target	18/19 Actual
Audits completed within the planned time allowance	88%	67%	80%	100 %
Draft reports issued within 10 days of fieldwork completion	100%	92%	90%	100%
Client satisfaction in post audit questionnaires	100%	100%	90%	100%
Chargeable audit days	156	141+	160	70
QA compliance sample checks – percentage pass	100	100	100	100
Planned Audits Completed	17	16	19	3
Planned Audits in Progress	0	0		5
Planned Audits Outstanding				11
Unplanned Work Completed	2	2		1
Unplanned Work in Progress	0	0		0

2018/19 AUDIT PLAN

<u>Planned audits</u>	<u>Status</u>
<p><u>Key Financial Systems</u></p> <ul style="list-style-type: none"> • Payroll Key Controls • Creditor / Direct Debits Payments • Additional Responsibility Allowance Policy • Treasury Management • Debtors System <p><u>Other Systems</u></p> <ul style="list-style-type: none"> • Insurance Cover & Claims • Operational Competence & Other Mandatory Training <p><u>Business Risks & Controls</u></p> <ul style="list-style-type: none"> • Commercial Premises Risk Database • Industrial Dispute • Responding to a Marauding Terrorist Attack • Rise in National Threat Level • Failure to provide an Effective Control Function • Poor Data Quality • Incident Staff Fatality • Staff Safeguarding Issues • Loss of Key Staff <p><u>Corporate Governance</u></p> <ul style="list-style-type: none"> • Freedom of Information Compliance • National Fraud Initiative 2018/19 • Officer Delegation Scheme Compliance <p>Project Assurance - ESMCP</p>	<p>WIP Complete</p> <p>WIP WIP</p> <p>Complete</p> <p>WIP</p> <p>Complete Ongoing</p>
<u>Unplanned audits</u>	<u>Status</u>
ESMCP Grant Verification	Complete



OFFICIAL

Abridged Performance Management Report

Audit Committee

Date: 19 October 2018

Agenda Item:

6

Submitted By: Chief Legal and Governance Officer

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. The report also includes details of applications, authorisations and rejections under the Regulation of Investigatory Powers Act (RIPA) 2000

Local Government (Access to information) Act 1972

Exemption Category: None

Contact Officer: Alison Davey
Corporate Services Manager
alison.davey@westyorkshire.gov.uk
T: 01274 655801

Background papers open to inspection: None

Annexes: Abridged Performance Management Report

1 Introduction

- 1.1 The Performance Management and Activity Report, which is presented to each 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 bi-monthly by Management Team and by the Full Authority at each meeting.
- 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.
- 2.3 The report also includes details of the applications, authorisations and rejections under the Regulation of Investigatory Powers Act (RIPA) 2000.

3 Financial Implications

- 3.1 There are no financial implications arising from this report.

4 Legal Implications

- 4.1 The Chief Legal & Governance 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 Resources and Diversity Implications

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

6 Health and Safety Implications

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

7 Service Plan Links

- 7.1 This report links to all the Service Plan priorities.

8 Conclusions

- 8.1 That Members note the report.

Performance Management and Activity Report (Abridged) 2018/19

Period covered: 1 April – 31 July 2018
Date Issued: 19 October 2018



Table of Contents

1.	Introduction/Summary	2
2.	Service Delivery Targets	3
3.	Service Delivery Indicators – Overview	4
4.	Service Delivery Indicators – WYFRS not achieving target	5
5.	Regulation of Investigatory Powers Act (RIPA) 2000	7

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 each Full Authority Committee meeting.

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 – 31 July 2018.

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 (2009/10)	Three Year Average Target (2014/17)	Actual Data to date (2017/18)	Actual Data to date (2018/19)	Performance Against Three Year Average (2018/19)	End of Year Projection (2018/19)
Arson	10897	6355	2946	3433	61.6%	10271
Actual Rescues	875	784	256	305	16.4%	913
Total Activity	34270	22504	8686	10449	38.9%	31261
Dwelling Fires	1549	1169	382	405	3.7%	1212
Non-Domestic Building Fires	513	448	160	135	-9.8%	404
Prevalence of False Alarms	16750	11249	3428	3727	-0.9%	11150
Fire-Related Injuries	270	214	81	76	6.3%	227
Road Traffic Collisions	1060	634	197	186	-12.2%	556
Malicious False Alarms	713	352	115	121	2.8%	362

3. Service Delivery Indicators – Performance compared to previous year

Description	2018-19 To Date	Same Period 2017-18
Accidental Dwelling Fires (per 10,000 dwellings)	3.42	3.39
Number of deaths arising from accidental fires in dwellings (per 100,000 population)	0.04	0.13
Number of Fire-Related Deaths (per 100,000 population) arising from fires other than Accidental Dwelling Fires	0.04	0
Number of Injuries arising from accidental fires in dwellings (per 100,000 population)	2.24	2.15
(a) Number of Serious Injuries(per 100,000 population)	0.22	0.18
(b) Number of Slight Injuries (per 100,000 population)	2.02	1.97
The percentage of dwelling fires attended where there was a working smoke alarm which activated	50.98%	56.81%
The percentage of dwelling fires attended where a working smoke alarm was correctly fitted but did not activate	22.79%	20.94%
The percentage of dwelling fires attended where a smoke alarm, because it was faulty or incorrectly sited, did not activate	3.19%	2.88%
The percentage of dwelling fires attended where no smoke alarm was fitted	23.04%	19.37%
Number of calls to malicious false alarms (per 1000 population) – attended	0.05	0.05
False alarms caused by automatic fire detection equipment (per 1000 non-domestic properties)	11.73	11.86
False alarms caused by automatic fire detection equipment (per 1000 domestic properties)	1.26	1.31
Fires in non-domestic premises (per 1000 non-domestic premises)	1.68	1.98
Number of Primary Fires (per 100,000 population)	57.37	54.70
Number of Fire Casualties – excluding Precautionary Checks (per 100,000 population)	3.24	3.42
Arson Incidents – All Deliberate Fires (per 10,000 population)	15.05	12.91
Arson Incidents – Deliberate Primary Fires (per 10,000 population)	2.47	2.59
Arson Incidents – Deliberate Secondary Fires (per 10,000 population)	12.58	10.32

4. Service Delivery Indicators – WYFRS not achieving target

Description	Cumulative Year to Date Performance												Performance in 2017-18
	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	
Number of serious Injuries arising from accidental fires in dwellings (per 100,000 population)	0.13 (3)	0.00 (0)	0.18 (4)	0.22 (5)									0.18 (4)
<p>There were five injuries from fire in the reporting period that have been recorded as serious. This is an increase of one compared to figures from the same period in 2017. The sensitivity of the statistic is increased when the numbers are so low. A serious injury is recorded when a casualty is admitted to hospital and operational crews recorded that their injuries appear to have been serious. Two incidents were due to the occupant making attempts to extinguish the fire and receiving burns, one was due to blast injuries while attempting to make honey oil and the other two injuries were sustained when the occupants discovered the fire. The home Safe and Well advice discussed escape plans and not to attempt to deal with the fire if it has grown and we will continue to remind residents to prioritise their own safety during our home visit programme.</p>													

Description	Cumulative Year to Date Performance												Performance in 2017-18
	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	
The percentage of dwelling fires attended where there was a working smoke alarm which activated	50.00%	50.00%	50.34%	50.98%									56.81%
<p>We have seen a slight reduction in the number of dwelling fires attended where the smoke alarm activated. This is cause for concern as we move towards delivering fewer home safe and well visits but we do now focus on risk and vulnerability. The importance of having working smoke detection is a message that is still delivered on all opportunities in our interaction with members of the public and our policy on home visits is that regardless of risk factors, if there is no working smoke alarm present in the property, the occupant will qualify for a visit.</p>													

Description	Cumulative Year to Date Performance												Performance in 2017-18
	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	
The percentage of dwelling fires attended where no smoke alarm was fitted	21.88%	25.00%	23.83%	23.04%									19.37%
<p>The importance of having working smoke detection is a message that will continue to be a priority for WYFRS. It is often the case that before our interventions, many occupants in properties that we would assess as high risk do not have working smoke detection. Having a smoke alarm allows early warning and gives occupants more time to escape the property in the event of a fire. Although the number of dwelling fires has continued to fall in recent years, we must continue to raise the awareness of the importance of having smoke alarms installed and it is not just the responsibility of the FRS to do this. Private landlords need to act on their legal obligations to install smoke detection in their properties and private homeowners are offered smoke detection free of charge if they qualify for a home Safe and Well visit.</p>													

Description	Cumulative Year to Date Performance												Performance in 2016-17
	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	
Arson Incidents – All Deliberate Fires (per 10,000 population)	1.68	4.67	8.71	15.05									12.91
<p>The significant weather event in June and July 2018 has resulted in a huge increase in fires recorded as deliberate. The month of April saw WYFRS attend 383 incidents which was a very positive start to the year compared to April 2017 where we attended 869 arson incidents. Figures for May were also lower than the previous year but then the hot, dry weather in June and July resulted in us attending 907 and 1448 arson incidents respectively. This busy period has been well documented with attendance at some of the most significant wildfires in recent history as well as crews attending many fires in the open. Vegetation and refuse are the most frequent incident type recorded as arson and account for 71 % of such incidents over the period.</p>													

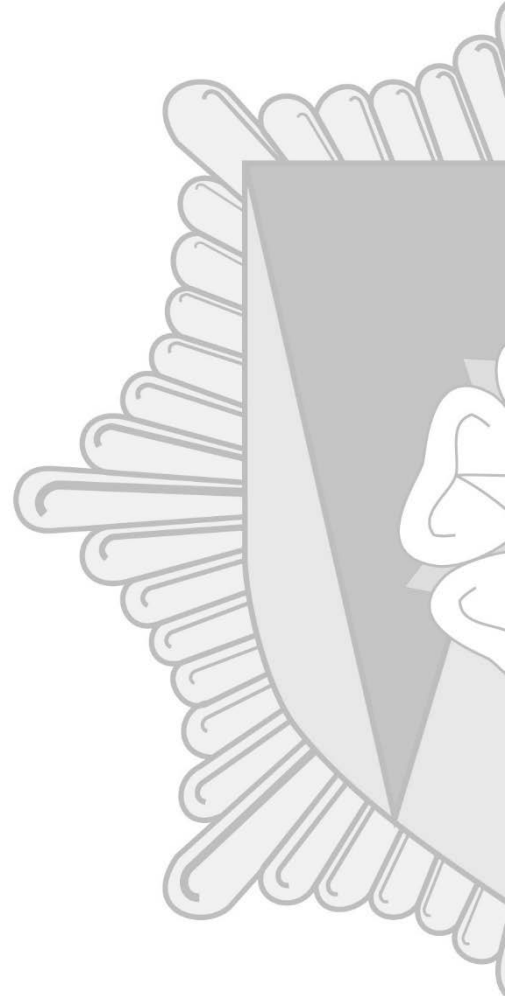
Description	Cumulative Year to Date Performance												Performance in 2017-18
	To 30 Apr	To 31 May	To 30 Jun	To 31 Jul	To 31 Aug	To 30 Sep	To 31 Oct	To 30 Nov	To 31 Dec	To 31 Jan	To 28 Feb	To 31 Mar	
Arson Incidents – Deliberate Secondary Fires (per 10,000 population)	1.26	3.60	7.03	12.58									10.32
<p>The weather over the summer months has resulted in much of the grassland being parched and as such, WYFRS crews have responded to many field fires, crop fires and general vegetation fires across the County. Operational crews and prevention teams continue to visit homes, schools and businesses to raise awareness of the dangers of fires and how to prevent them.</p>													

5. Regulation of Investigatory Powers Act (RIPA) 2000

The Regulation of Investigatory Powers Act (RIPA) 2000 regulates the use of the powers to conduct covert surveillance by public bodies including West Yorkshire Fire and Rescue Authority. The Authority adheres to procedures based on the Codes of Practice produced by the Home Office. Annual returns are submitted to the Office of Surveillance Commissioners and the Interception of Communications Commissioners Office. The annual number of applications, authorisations and rejections are stated in the Annual Corporate Health Report which is submitted to the Full Authority Annual General meeting. A breakdown for this period is stated below.

Period: 1 April to 31 July 2018	Applications	Authorisations	Rejections
Directed Surveillance	0	0	0
Covert Human Intelligence Sources	0	0	0
Disclosure of Communications Data	0	0	0

PREVENTING PROTECTING RESPONDING



West Yorkshire Fire and Rescue Service
Oakroyd Hall
Birkenshaw
Bradford BD11 2DY



OFFICIAL

ICT Strategy Programme Review

Audit Committee

Date: 19 October 2018

Agenda Item:

7

Submitted By: Director of Service Support

Purpose	To provide Audit Committee with the review of the second year of the ICT strategy programme.
Recommendations	That Committee note the content of the report.
Summary	The ICT strategy programme is subject to an annual review to assess the progress and identify challenges and areas of learning that can be fed into future programmes and projects. This report provides an evaluation of the second year of the programme.

Local Government (Access to information) Act 1972

Exemption Category: [Click here to enter text.](#)

Contact Officer: Gayle Seekins, ICT Service Delivery Manager
E: gayle.seekins@westyorksfire.gov.uk T: 01274 655802

Background papers open to inspection: [Click here to enter text.](#)

Annexes: ICT Strategy Review July 2018

1 Introduction

- 1.1 The ICT strategy programme was first approved by Finance and Resource Committee in April 2016. It is reviewed annually to assess the progress made and identify challenges and learning that can be applied to future projects and programmes. The review also enables the strategy to remain aligned to the overall service strategy.

2 Information

- 2.1 The attached report is the review of the second year of the ICT strategy programme as at July 2018. The main learning points can be found in section 1.3 of the report. As in year one, the main challenge has been project resourcing against a shrinking workforce and the overall portfolio of change currently underway. The ability to resource the substantial change programme underway is increasingly challenging.
- 2.2 Within the report, a brief update on each of the projects as at July 2018 is provided. The charts in section 1.6 provide a summary of the objectives for the projects underway.

3 Financial Implications

- 3.1 There are no direct financial implications arising from this report.

4 Legal Implications

- 4.1 There are no legal implications arising from this report.

5 Human Resource and Diversity Implications

- 5.1 There are no direct HR or diversity implications arising from this report.

6 Health and Safety Implications

- 6.1 There are no direct health and safety implications arising from this report.

7 Service Plan Links

- 7.1 Provide effective and ethical governance and achieve value for money.

8 Conclusions

- 8.1 The report provides the evaluation of the second year of the ICT strategy programme for Committee to note.

ICT Strategy Programme Progress Report

OFFICIAL

Ownership: Programme Framework

Date Issued:

Version: 1.0 Status: Draft



Revision and Signoff Sheet

Revision History

Revision date	Version	Summary of changes	Author
31/07/201	0.1	Initial draft	Gayle Seekins

Approvals

Name	Position	Version approved	Date

Distribution

Name	Position	Date of issue	Version

Document Properties

Item	Details
Document Title	07a - ICT Strategy Review July2018 annex - Audit 19.10.18
Author	Administrator

Contents

1	Progress Report	4
1.1.	Programme Details	4
1.2.	Summary.....	4
1.3.	Projects.....	4
1.3.1.	Projects completed in the previous year	4
1.3.2.	HR & Rostering Solution	4
1.3.3.	Information Management Strategy	5
1.3.4.	System Security	6
1.3.5.	SharePoint Upgrade.....	6
1.3.6.	ITIL Service Management	7
1.3.7.	Paperless Meeting Solution.....	8
1.3.9	Mobile Device Management (MDM)	9
1.3.10	Protection and Risk Information Database	9
1.3.11	Other projects	9
1.3.12	Potential Projects	11
1.4.	Challenges & Lessons Learned.....	12
1.5.	Budget	12
1.6	Project Objective Summary Charts.....	14

1 Progress Report

1.1. Programme Details

Project name	ICT Strategy Programme
Location	WYFRS
Reporting period	May 2017 to June 2018
Report compiled by	Gayle Seekins
Date submitted	<Insert date>

1.2. Summary

The second year of the programme has seen considerable progress in some areas and slower progress in others.

- In December 2017 the dedicated Programme Manager returned to their business as usual role and has been managing the strategy programme alongside this work.
- The HR and rostering and System security projects have both been realigned following tender processes that resulted in significantly higher than expected costs.
- The Information security project was superseded by the need to be GDPR compliant by the 25th May 2018, however there is crossover between the work needed for both.
- The ITIL project was successfully delivered and the restructure that took place as part of this is currently under evaluation.
- The biggest challenge across all the projects remains to be resourcing, due to a shrinking workforce and limited funds to bring in suitably skilled project managers from outside the organisation.

1.3. Projects

1.3.1. Objectives completed in the previous year

- Produce a WYFRS ICT strategy and implementation plan
- Establish programme governance
- Establish and ICT training function

1.3.2. HR & Rostering Solution

Status	Challenges – In Progress
Objective	Provide a HR and Rostering solution which encompasses the needs of WYFRS. This should be simpler, smarter and more engaging than the existing system and should interface with the required embedded systems within WYFRS
Activity dates	<i>Planned start: 01/07/2016</i> <i>Planned completion: 31/07/2019</i>

Progress	<p>Following the decision to not use Kirklees core SAP HR the project explored the possibility of upgrading our SAP to the cloud version and using SAP's preferred partner for the rostering solution. A tender process was undertaken following numerous meetings and workshops. Unfortunately when the tenders were opened it became apparent that the suppliers could not deliver the solution we needed at a cost that was affordable and offered best value.</p> <p>The project team undertook an exercise to re-evaluate our requirements and several workshops were held to critically challenge all the existing processes that had been mapped as part of the project. In parallel a wide range of suppliers of both HR and rostering solutions were asked to come in and demonstrate their systems. Each was given a clear set of criteria to work through at those demonstrations. Where a system appeared to be a good fit to our requirements more detailed analysis work was undertaken, including cost estimations. Some suppliers also provided us with access to their demonstration systems.</p> <p>The project team established that there were suitable systems available at a cost that would be within our budget for implementation and also provide potential revenue savings in the future. A tender exercise is now underway to procure both a HR and a rostering solution.</p> <p>This project has a dedicated project manager supported by three members of staff from HR and CST (not all full time on the project). The delays in the project are due to changes in direction rather than a lack of resources. Once the solutions are procured further resources will be needed to undertake the implementation and training. A change control will be submitted for the project shortly to realign the timeline.</p> <p>Note: Contracts have now been awarded to Access HR and Gartan Rostering and implementation is underway.</p>
----------	--

1.3.3. Information Management Strategy

Status	Challenges – In Progress
Objective	<p>To develop and implement an information management strategy and the associated tools to enable all staff to understand how to manage the information they collect and use. The strategy will include an asset register, the retention schedule, naming conventions, use of metadata and compliance criteria.</p> <p>It should reflect any changes required under the General Data Protection Regulation (GDPR) 2018.</p>
Activity dates	<p><i>Planned start:</i> 16/01/2017</p> <p><i>Planned completion:</i> 31/07/2018</p>

Progress	<p>An information management strategy has been produced and approved by F&R Committee along with several supporting documents and assessments of our current position against where we need to be.</p> <p>A tool to update and maintain our information asset register and incorporate the retention schedule has been procured but not yet implemented.</p> <p>The primary focus of the Information Governance Manager has been GDPR, however much of the GDPR work also applies to this project. Therefore although the project requires change control and shows little progress this is not the case. It is anticipated that this project will be near to completion within the current financial year and will fall in with the revised timeline for the SharePoint project. This is due to the SharePoint upgrade incorporating the information governance standards to more effectively support users in the management of information.</p> <p>This project and GDPR both draw on the specific skills of the Information Governance Manager and have therefore experienced delays due to capacity.</p>
----------	---

1.3.4. System Security

Status	Challenges - In Progress
Objective	<p>To support the management of relevant information / data in an efficient and secure way accounting for the following requirements:</p> <ul style="list-style-type: none"> • Simple administration • Reduced administrative time / cost • Improved reporting for investigation / audit requirements • Provide more proactive management increasing efficiency • Streamline the user experience supporting easy access to relevant information • Streamline the management of access to required information / data
Activity dates	<p><i>Planned start: 06/07/2016</i></p> <p><i>Planned completion: 22/06/2018</i></p>
Progress	<p>Following procurement, issues were identified with the cost of the chosen solution and the award of contract was cancelled. It was felt that the benefits of proceeding with the solution were not justified in the additional cost. This is now a matter of dispute. Work is now underway to identify how the benefits can be delivered in a more cost effective way. In light of the new HR solution being procured it may be that changes to ways of working will resolve some of the current issues with new starters, movers and leavers. Advances in existing technology already in use are also being explored. Once the outcomes of this work are assessed the project will be change controlled to reflect the agreed way forward.</p> <p>This project is being resourced in addition to business as usual work and has experienced some delays due to capacity of those involved.</p>

1.3.5. SharePoint Upgrade

Status	In Progress
--------	--------------------

Objective	<p>Create a new SharePoint 2016 installation and migrate relevant content across</p> <p>Ensure security model is updated in line with the security audit recommendations Ensure lessons learnt and new data management requirements are reflected in how the new version is structured.</p> <ul style="list-style-type: none"> • New SharePoint structure is more flexible to meet the needs of the users • Access permissions and workflows are easier to manage • Document management and version control are in place in all libraries • User and champion training packages are established and rolled out
Activity dates	<p><i>Planned start:</i> July 2016</p> <p><i>Planned completion:</i> 31/04/2019</p>
Progress	<p>Work is progressing on designing the architecture for the sites, the structure of the records centre and document management centre and the security. This project links closely with the Information Management Strategy which will provide the governance and rules for the records centre within the new version. Work has progressed on the governance and rules such as version control, naming standards, metadata and retention schedule which will be built into the new version to help guide users through creating and managing their information.</p> <p>Users are being asked to undertake a cleansing process to prevent information that is no longer required from being migrated and to identify what can go in an archive record centre. Reports are being generated to support departments in undertaking this work which also links to the requirements under GDPR to only keep information for as long as it is needed and for the purpose it was collected.</p> <p>This project is being managed in addition to business as usual work and this along with some staffing changes within the department has caused delays.</p>

1.3.6. ITIL Service Management

Status	<p>Complete</p>
Objective	<p>Assess the requirements and impact of implementing ITIL service management and implement the business case recommendations. Undertake a review of the ICT resource requirements and location to maximise skills, streamline business processes and enhance support to the business. Develop and implement ICT service levels and KPIs.</p> <p>Review of the helpdesk functions including IT, Data and Communications and assess the implications and benefits of implementing ITIL service management. Review the use of resources to ensure there are sufficient skills in place to effectively support the business in a proactive way. Review where the teams are based to determine best use of resources. Review skills and knowledge to determine training requirements and develop personal development plans. Assess what the business expects from the department and develop ICT service levels and KPIs. Procure suitable software to enable the management of services delivered and ensure all the policies, processes and procedures are in place to ensure the most effective use of all the resources available. Ensure the governance is in place for the review of existing systems and management of 3rd party suppliers.</p>
Activity dates	<p><i>Planned start:</i> July 2016</p> <p><i>Actual completion:</i> 02/07/2018</p>

Progress	<p>The project included the introduction of a customer charter and SLAs based on the requirements and priorities of all the departments. The ICT team was restructured to enable the delivery of the customer charter along with creating greater capacity for ICT change and proactive management of the infrastructure and systems. New service desk software was implemented that enables the tracking of all calls for incidents and requests such as password resets to be logged and managed. It also provided a user portal so incidents can be logged without needing to ring or email the service desk. The service desk is now the single point of contact for all ICT incidents and requests. The hours of service desk availability were extended to cover 07:30 to 20:00 Monday to Friday to cover operational shift change and 08:30 to 16:30 on weekends. Feedback has shown the extended hours to be well received.</p> <p>All staff received training to ITIL Foundation level as a minimum with the managers attaining Practitioner level.</p> <p>The service desk software also enables a short survey to be sent to users who have logged a call or request. Once closed the survey asks for feedback on how their call was handled and how they rate the ICT service overall. All survey outcomes are followed up to see where our service is not meeting needs and how this can be improved.</p> <p>Although the project has completed several areas are now being advanced as business as usual. These include:</p> <ul style="list-style-type: none"> • Review of the restructure now it has been in place for 12 months • On-going review and development of all the policies, procedures and guidance information • Implementation of knowledge management and problem management to ITIL best practice standards • On-going identification and move of all ICT 3rd party supplier management back into ICT
----------	--

1.3.7. Paperless Meeting Solution

Status	In Progress
Objective	<p>Develop a business case for a paperless meeting solution and implement the approved recommendations. As part of this ensure meeting environments have infrastructure in place for electronic working.</p> <p>The project will see a reduction in the volume of paper produced and used at meetings and associated costs, reduce administration time and better utilise the mobile hardware that is being rolled out.</p> <p>Users should be comfortable to attend meetings without paper copies</p>
Activity dates	<p><i>Planned start:</i> September 2016</p> <p><i>Planned completion:</i> 31/03/2018</p>
Progress	<p>Research into available solutions and associated costs has been undertaken and a decision made to trial functionality available within Microsoft OneNote has been made. OneNote is already available to all users as part of the standard Microsoft suite of products. Training for Management Team on the use of OneNote has recently taken place and trials can now commence.</p> <p>All Management Team have been issued with either a laptop or tablet device to enable easy access to papers without the need to print them. It is now up to individuals to use the tools provided to them.</p> <p>Progress has been slower than anticipated with the project manager undertaking the work alongside business as usual.</p>

1.3.9 Mobile Device Management (MDM)

Status	In Progress
Objective	Provide a software platform for the management and secure access of all mobile devices including but not limited to smartphones, tablets and laptops.
Activity dates	<i>Planned start:</i> January 2017 <i>Planned completion:</i> 31/08/2017
Progress	<p>The MDM project was initiated prior to the start of the ICT strategy but due to resourcing issues it became delayed and was brought into the strategy programme. A suitable solution was identified and procured and following extensive testing, it is now being rolled out to all Authority issued mobile phones. As part of the rollout all remaining Windows phones are being replaced with Android devices as Windows phones are no longer supported. It is anticipated that the rollout will be completed by the end of September 2018.</p> <p>Tablets that will be procured as part of the mobile working project will also have the MDM software installed.</p> <p>The mobile computing policy is being updated to reflect the use of MDM and will also support the future use of Bring your own Device (BYOD) should we wish to go down this route.</p>

1.3.10 Protection and Risk Information Database

Status	On hold
Objective	Review the ways of working for protection and risk information and look at the best option for capturing, managing and reporting the information including electronic data capture and integration with other systems to prevent data duplication and improve data quality.
Activity dates	<i>Planned start:</i> January 2017 <i>Planned completion:</i> TBC
Progress	The project was initially started with the review of the ways of working for risk information but due to capacity and financial constraints the project was put on hold whilst some initial trials were undertaken.

1.3.11 Other projects

Project	Objective	Comments
Voice Over IP (VOIP)	Ability to make voice calls over the network rather than telephone lines. Potential for revenue savings as calls between WYFRS locations would not cost. Each station has a primary and backup network connection so greater resilience.	The scoping phase of this project has now begun to determine benefits, implications and cost to implement and identify any potential savings. The recommendations of this scoping will be taken back to change management board for approval to progress.

Vehicle CCTV	The current vehicle CCTV is unreliable and not all vehicles are using the same system. Supplier maintenance and support is also inconsistent with some of the systems no longer supported.	The scoping phase of this project has now begun. This will identify why CCTV is required, what it will be used for and therefore what it should look like. E.g. number of cameras needed, requirement for audio, where the footage will be stored, etc. The recommendations of this scoping will be taken back to change management board for approval to progress.
Command Support Software	Enable the ability to collect, manage and transfer information between incident sectors and incident command electronically	This project has been attempted in various formats but due to limited options on the market a suitable solution has not been found. It has now been brought under the strategy; however work is underway to determine the viability of Resilience Direct to provide a solution.
Electronic Forms	Review methods of producing consistent electronic forms with a standard look and feel that can be used across desktop and mobile working technologies that will simplify and enhance the end user experience.	The initial stage of the project is to determine what the actual requirements of the organisation are for electronic forms. Trials of some software are underway as part of a Prevention mobile working project that sits outside this programme.
ID Cards	Establish whether use of ID cards can be maximised to manage access to systems and technology including replacing system logins and accessing print.	Scheduled for 2019/20
BYOD – Bring your own device	Review internal communication methods including BYOD and implement the recommendations from the approved business case.	Scheduled for 2018/19
(Electronic Maintenance of Competence) EMOC Review	Assess whether the EMOC system meets the requirements for input, management and reporting and is easy to use.	Training records will form part of the HR and Rostering project as qualifications and courses are currently held in the SAP system. EMOCs are outside the initial scope of that project but will need to be reviewed following implementation of the chosen solution.
Performance Management	As part of the review of systems look at how performance management solutions can be enhanced including more corporate performance management.	On-going as part of each project
Thin Client	Develop the business case to determine whether to move to a thin client infrastructure and implement the approved recommendations.	Scheduled for 2019/20

Hydrant Management	Assess how the hydrant management system can be updated or replaced to more effectively manage hydrant information and remove the manual processes to ensure hydrant information is as current as possible.	Scheduled for 2019/20
Equipment Management and electronic tagging of equipment	Assess the impact and benefits of electronic tagging of equipment. Assess whether EMS is meeting the requirements for the effective management of operational equipment. Determine what other equipment can be managed through EMS.	Scheduled for 2019/20
OPEX Upgrade	Assess whether the current OPEX system meets requirements and determine whether upgrade or replacement is required. Ensure that the current manual ordering processes can be automated.	OPEX upgrade was undertaken by Supplies and trials of electronic 314s are due to commence in Autumn 2017. Therefore this project is now outside this programme.
Tranman Upgrade	Assess whether the Tranman system meets the requirements for effective vehicle management. Determine whether it should be upgraded or replaced and implement the findings.	Scheduled for 2018/19
Rich Media	Asses the requirements to be able to store, access and share rich media content in a secure but flexible way that is easy to manage and scalable.	Scheduled for 2019/20
Printer Estate	Review the number and type of printers against requirements taking into account the use of electronic meetings and secure printing	Scheduled for 2019/20
Financial Management Solution	Undertake a review of the finance system and assess whether the KMC solution is meeting the requirements. Assess where paper based processes can be automated.	Following a Management Board decision to remain with the current financial system this project has been removed from the programme.
Commercial Viability of in-house ICT solutions	Establish whether there is a market for in house products, the implications to resources and cost and the benefits of establishing a trading arm.	Scheduled for 2020/21

1.3.12 Potential Projects

Project	Description
---------	-------------

Electronic PDRs	The current form requires a high level of ICT support and general feedback is that it is not well liked. The preferred HR solution may provide a better solution for PDRs and will link into the work being undertaken to review the PDR process. This review sits outside the ICT strategy programme.
Resource Booking	Current resource / room booking is inconsistent and depends on the room and location as to who to contact and how.

1.4. Challenges & Lessons Learned

The following table summarises the challenges we have faced during the reporting period and the lessons learned / solutions for each challenge.

Challenge	Lessons learned / solutions
Underestimation of the involvement and capacity of the departments involved	Spend more time on the stakeholder engagement in the early stages of each project initiation to help develop the project timeline
Financial approvals	Ensure the financial approval levels are clear from the outset so the appropriate approval committee cycle can be built into the timeline
Project costs	To get a full understanding of project cost, the revenue cost of those working on the project needs to be included
Requirements gathering	If enough time is not allocated to requirements gathering there will be more problems and potentially costs during implementation due to the solution not meeting the actual requirements of all stakeholders
Determining actual requirements	Over specifying the requirements leads to more expensive / complex solutions that do not get used to their full potential. Ensure the requirements are clearly split into Must, Should and Could and critically reviewed and challenged to make sure each requirement is in the right category.
Resources	Factor in the lead time to recruit external resources whether this is into the project or to back fill people who are moved onto the project. Shrinking organisation and the large number of change projects underway means that appropriate resources are difficult to find and release. Departments may keep pulling project resources back into BAU but this may not be the right decision based on the organisational requirements rather than the department requirements.

1.5. Budget

All the budget figures shown are the revised budgets following Star Chamber in December 2017 to determine affordability of the total capital plan. The plan will be revised further for 2019/20.

Budget heading	Total budget allocated	Expenditure this reporting period	Total expenditure to date
ITIL Service Management Software	£72,000	£72,000	£72,000

Budget heading	Total budget allocated	Expenditure this reporting period	Total expenditure to date
Information Management Strategy	£10,000	£3,200	£3,200
HR & Rostering	£300,000	£0	£0
System Security	£220,000	£0	£0
Paperless Meetings	£41,000	£0	£0
Electronic Forms	£80,000	£0	£0
Protection and Operational Risk Database	£100,000	£0	£0
Command Support Software	£100,000	£0	£0
Thin Client	£340,000	£0	£0
ID Cards	£15,300	£0	£0
Hydrant Management	£30,000	£0	£0
Equipment Management and RFID tagging	£293,000	£0	£0
BYOD	£116,000	£0	£0
Tranman Upgrade	£51,600	£0	£0
TOTAL	£1,768,900	£75,200	£75,200

1.6 Project Objective Summary Charts

