

**BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY  
BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE**



Director of Legal & Governance, Graham Britten  
Buckinghamshire Fire & Rescue Service  
Brigade HQ, Stocklake, Aylesbury, Bucks HP20 1BD  
Tel: 01296 744441

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Chief Fire Officer and Chief Executive  
Jason Thelwell

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To: The Members of the Overview and Audit Committee

10 July 2023

**MEMBERS OF THE PRESS  
AND PUBLIC**

Please note the content of  
Page 2 of this Agenda Pack

Dear Councillor

Your attendance is requested at a meeting of the **OVERVIEW AND AUDIT COMMITTEE** of the **BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY** to be held in **MEETING ROOM 1, BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE HEADQUARTERS, STOCKLAKE, AYLESBURY, BUCKS, HP20 1BD** on **WEDNESDAY 19 JULY 2023 at 10.00 AM** when the business set out overleaf will be transacted.

Yours faithfully

A handwritten signature in black ink that reads 'Graham Britten'.

Graham Britten  
Director of Legal and Governance

**Health and Safety**

There will be extremely limited facilities for members of the public to observe the meeting in person, therefore a recording of the meeting will be available after the meeting at the web address provided overleaf.

Councillors Adoh, Bagge, Carroll, Chapple OBE, Exon, Fuller, Hussain, Stuchbury and Waite



**MAKING YOU SAFER**



### **To observe the meeting as a member of the Press and Public**

The Authority supports the principles of openness and transparency. To enable members of the press and public to see or hear the meeting this meeting will be livestreamed. Please visit: <https://www.youtube.com/channel/UCWmIXPWAscxpL3vIiv7bh1Q>

The Authority also allows the use of social networking websites and blogging to communicate with people about what is happening, as it happens.

### **Adjournment and Rights to Speak – Public**

The Authority may adjourn a Meeting to hear a member of the public on a particular agenda item. The proposal to adjourn must be moved by a Member, seconded and agreed by a majority of the Members present and voting.

A request to speak on a specified agenda item should be submitted by email to [gbritten@bucksfire.gov.uk](mailto:gbritten@bucksfire.gov.uk) by 4pm on the Monday prior to the meeting. Please state if you would like the Director of Legal and Governance to read out the statement on your behalf, or if you would like to be sent a 'teams' meeting invitation to join the meeting at the specified agenda item.

If the meeting is then adjourned, prior to inviting a member of the public to speak, the Chairman should advise that they:

- (a) speak for no more than four minutes,
- (b) should only speak once unless the Chairman agrees otherwise.

The Chairman should resume the Meeting as soon as possible, with the agreement of the other Members present. Adjournments do not form part of the Meeting.

### **Rights to Speak - Members**

A Member of the constituent Councils who is not a Member of the Authority may attend Meetings of the Authority or its Committees to make a statement on behalf of the Member's constituents in the case of any item under discussion which directly affects the Member's division, with the prior consent of the Chairman of the Meeting which will not be unreasonably withheld. The Member's statement will not last longer than four minutes. Such attendance will be facilitated if requests are made to [enquiries@bucksfire.gov.uk](mailto:enquiries@bucksfire.gov.uk) at least two clear working days before the meeting.

Statements can be read out on behalf of the Member by the Director of Legal and Governance, or the Member may request a 'teams' meeting invitation to join the meeting at the specified agenda item.

Where the Chairman of a Committee has agreed to extend an invitation to all Members of the Authority to attend when major matters of policy are being considered, a Member who is not a member of the Committee may attend and speak at such Meetings at the invitation of the Chairman of that Committee.

### **Questions**

Members of the Authority, or its constituent councils, District, or Parish Councils may submit written questions prior to the Meeting to allow their full and proper consideration. Such questions shall be received by the Monitoring Officer to the Authority, *in writing*, at least two clear working days before the day of the Meeting of the Authority or the Committee.

# OVERVIEW AND AUDIT COMMITTEE

## TERMS OF REFERENCE

### Overview

1. To review current and emerging organisational issues and make recommendations to the Executive Committee as appropriate.
2. To comment upon proposed new policies and make recommendations to the Executive Committee as appropriate.
3. To review issues referred by the Authority and its other bodies and make recommendations to those bodies as appropriate.
4. To make recommendations to the Executive Committee on:
  - (a) the Electronic Services Delivery Plan;
  - (b) the Brigade Personnel Strategy;
  - (c) Levels of Incident Response;
  - (d) the Corporate Risk Management Policy;
  - (e) the Authority's Information Policy; andother such policies and procedures as are required from time to time
5. To consider and make recommendations to the Authority on the Annual Treasury Management Strategy.

### Audit

1. To determine the internal and external audit plans and the Internal Audit Strategy
2. To determine the Internal Audit Annual Plan and Annual Report (including a summary of internal audit activity and the level of assurance it can give over the Authority's governance arrangements).
3. To consider and make recommendations on action plans arising from internal and external audit reports, including arrangements to ensure that processes which deliver value for money are maintained and developed.
4. To consider and make recommendations to the Executive Committee on reports dealing with the management and performance of the providers of internal audit services.
5. To consider and make recommendations on the external auditor's Annual Audit Letter and Action Plan, relevant reports and the report to those charged with governance.
6. To consider specific reports as agreed with the Treasurer, Internal Audit, Monitoring Officer, Chief Fire Officer, or external audit and to make decisions as appropriate.
7. To comment on the scope and depth of external audit work and to ensure it gives value for money.
8. To oversee investigations arising out of fraud and corruption allegations.

9. To determine Insurance matters not delegated to officers, or another committee.
10. To consider and determine as appropriate such other matters as are required in legislation or guidance to be within the proper remit of this Committee.

## **Governance**

1. To:
  - (a) make recommendations to the Authority in respect of:
    - (i) variations to Financial Regulations; and
    - (ii) variations to Contract Standing Orders.
  - (b) receive a report from the Chief Finance Officer/Treasurer when there has been any variation to the Financial Instructions in the preceding twelve month period.
2. To determine the following issues:
  - (a) the Authority's Anti-Money Laundering Policy;
  - (b) the Authority's Whistleblowing Policy; and
  - (c) the Authority's Anti Fraud and Corruption Policy.
3. To determine the Statement of Accounts and the Authority's Annual Governance Statement. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Authority.
4. To consider the Authority's arrangements for corporate governance and make recommendations to ensure compliance with best practice.
5. To monitor the Authority's compliance with its own and other published standards and controls.
6. To maintain and promote high standards of conduct by the Members and co-opted members of the Authority.
7. To assist Members and co-opted members of the Authority to observe the Authority's Code of Conduct.
8. To advise the Authority on the adoption or revision of a code of conduct.
9. To monitor the operation of the Authority's Code of Conduct
10. To deal with cases referred by the Monitoring Officer.
11. To advise on training, or arranging to train Members and co-opted members of the Authority on matters relating to the Authority's Code of Conduct.
12. To monitor the operation of any registers of interest, of disclosures of interests and disclosures of gifts and hospitality in respect of officers or Members

## **Risk**

1. To monitor the effective development and operation of risk management and corporate governance within the Authority.

2. To consider reports dealing with the management of risk across the organisation, identifying the key risks facing the Authority and seeking assurance of appropriate management action.

### **Employees**

1. To be a sounding board to help the Authority promote and maintain high standards of conduct by employees of the Authority.
2. To advise the Executive Committee on the adoption or revision of any policies, codes or guidance:
  - (a) regulating working relationships between members and co-opted members of the Authority and the employees of the Authority;
  - (b) governing the conduct of employees of the Authority; or
  - (c) relating to complaints; andother such policies and procedures as are required from time to time.
3. To monitor the operation of any such policies, codes or guidance mentioned at 2 above.
4. To comment on the training arrangements in connection with any of the above.

### **General**

1. To make such other recommendations to the Executive Committee on the issues within the remit of the Overview and Audit Committee as required.
2. To review any issue referred to it by the Chief Fire Officer, Treasurer, or Monitoring Officer, or any Authority body within the remit of these terms of reference.
3. To consider such other matters as are required in legislation or guidance to be within the proper remit of this Committee.
4. To commission reports from the Chief Fire Officer, the Internal Audit Service, the Monitoring Officer, or such other officer as is appropriate, when the Committee agrees that such reports are necessary.
5. To support the Monitoring Officer and the Treasurer in their statutory roles and in the issue of any guidance by them.
6. To receiving reports from the Monitoring Officer in his/her statutory role or otherwise relating to ethical standards and deciding action as appropriate.
7. To respond to consultation on probity and the ethical standards of public authorities.

## AGENDA

### Item No:

**1. Election of Chairman**

To elect a Chairman for 2023/24

**2. Appointment of Vice-Chairman**

To appoint a Vice-Chairman for 2023/24

**3. Apologies**

**4. Minutes**

To approve, and sign as a correct record the Minutes of the meeting of the Overview and Audit Committee held on 15 March 2023 (Item 4) **(Pages 9 - 20)**

**5. Matters Arising from the Previous Meeting**

The Chairman to invite officers to provide verbal updates on any actions noted in the Minutes from the previous meeting.

**6. Disclosure of Interests**

Members to declare any disclosable pecuniary interests they may have in any matter being considered which are not entered onto the Authority's Register, and officers to disclose any interests they may have in any contract to be considered.

**7. Questions**

To receive questions in accordance with Standing Order SOA7.

**8. RIPA Policy (Minute OA39 – 090316) - To note that there has been no covert surveillance conducted by officers since the last meeting of the Committee.**

**9. 2022/23 Annual Audit Report**

To consider item 9 **(Pages 21 - 42)**

**10. Statement of Accounts**

To receive a verbal update (note of Audit Progress Update FY21-22 included) **(Pages 43 - 46)**

**11. Protocol on Member and Officer Relations**

To consider item 11 (Pages 47 - 64)

**12. 2021/22 Statement of Assurance**

To consider item 12 (Pages 65 - 92)

**13. Annual Governance Statement 2022/23**

To consider item 13 (Pages 93 - 124)

**14. Corporate Risk Management**

To consider item 14 (Pages 125 - 146)

**15. Treasury Management Performance 2022/23**

To consider item 15 (Pages 147 - 154)

**16. His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) - Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update: May 2023**

To consider item 16 (Pages 155 - 168)

**17. Prevention Improvement Plan - Mid-term Review**

To consider item 17 (Pages 169 - 174)

**18. Forward Plan**

To note item 18 (Pages 175 - 176)

**19. Date of next meeting**

To note that the next meeting of the Overview and Audit Committee will be held on Wednesday 8 November 2023 at 10 am.

If you have any enquiries about this agenda please contact: Katie Nellist (Democratic Services Officer) – Tel: (01296) 744633 email: [knellist@bucksfire.gov.uk](mailto:knellist@bucksfire.gov.uk)

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# Buckinghamshire & Milton Keynes Fire Authority

Minutes of the Meeting of the OVERVIEW AND AUDIT COMMITTEE of the BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY held on WEDNESDAY 15 MARCH 2023 at 10.00 AM.

**Present:** Councillors Bagge, Carroll (Chairman), Chapple OBE, Exon, Hussain, Stuchbury and Waite

**Officers:** J Thelwell (Chief Fire Officer), M Osborne (Deputy Chief Fire Officer), M Hemming (Director of Finance and Assets), M Hussey (Principal Accountant), A Carter (Head of Technology, Transformation and PMO), K Nellist (Democratic Services Officer), S Gowanlock (Corporate Planning Manager), S Harlock (Internal Audit Manager, Buckinghamshire Council), A Prestige (Internal Audit), J Cook (Community Safety and Safeguarding Manager), A Stunell (Head of Human Resources), F Mansfield (HR Advisory and Development Manager), S Tuffley (Head of Prevention, Response and Resilience), A Stunell (Head of Human Resources), A Brittain (External Audit Manager EY) and F Keates (External Audit EY).

Remotely: G Britten (Director of Legal and Governance), C Bell (Head of Protection, Assurance and Development), A Hussain (Deputy Director of Finance and Assets) and Councillor Simon Rouse (Chairman)

**Apologies:** Councillors Adoh and Mahendran

The Chairman, welcomed Members to the Overview and Audit Committee Meeting of the Buckinghamshire & Milton Keynes Fire Authority and advised that although members of the public were allowed to attend and observe in limited numbers, the meeting was being recorded and a copy would be uploaded onto the Authority's YouTube channel.

<https://www.youtube.com/channel/UCWmIXPWAscxpL3vliv7bh1Q>

## OA38 MINUTES

RESOLVED –

That the Minutes of the meeting of the Overview and Audit Committee held on Wednesday 9 November 2022, be approved, and signed by the Chairman as a correct record.

## OA39 EXEMPT MINUTES

RESOLVED –

That the Exempt Minutes of the meeting of the Overview and Audit Committee held on Wednesday 9 November 2022, be approved, and signed by the Chairman as a correct record.

**OA40 MATTERS ARISING FROM THE PREVIOUS MINUTES**

The Director of Finance and Assets confirmed that all the actions from the previous meeting had been addressed, with the exception of OA26 which was a longer term aspiration, which was to bring an update on the benefits achieved in terms of social value, sustainability around procurement to a future meeting of the Committee, which would come later in the year.

**OA41 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**OA42 RIPA POLICY (MINUTE OA39 – 090316)**

The Director of Finance and Assets advised Members that the Authority was the enforcing authority investigating potential breaches of fire safety legislation and confirmed that in the last reporting period, no covert surveillance under the Regulation Investigatory Powers Act 2000 had been undertaken.

RESOLVED –

To note that there had been no covert surveillance conducted by officers since the last meeting of the Committee.

**OA43 INTERNAL AUDIT REPORTS: (a) INTERNAL AUDIT STRATEGY AND ANNUAL INTERNAL AUDIT PLAN 2023/24**

The Internal Audit Manager advised Members that this report set out the Internal Audit Strategy and the proposed internal Audit Plan for 2023/24 for the approval of the Committee. There were no material changes to the strategy, however, Internal Audit continued to maintain a small provision of contingency days to enable the Director of Finance and Assets to work with Internal Audit teams to direct them to any emerging risk areas to be considered in the year.

The Buckinghamshire Council Business Assurance Team was responsible for implementing the Authority's Internal Audit Strategy. The Accounts and Audit Regulations 2015 required the Authority to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The Authority must undertake an effective internal audit to evaluate effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards of guidance. Proper

internal audit practices were defined in the Public Sector Internal Audit Standards 2017. A key part of the strategy was ensuring the right skills mix and resources exist to deliver an effective service. For the 2023/24 Internal Audit Plan, Internal Audit aim to provide continuity in the resources it allocates for the audit assignments. The Audit Manager would oversee the programme of work, ensure work was delivered on time and to the correct quality, and would present the quarterly plans and progress reports to the Committee.

RESOLVED –

That Members note the Internal Audit Strategy and approve the Annual Internal Audit Plan.

#### **0A44 INTERNAL AUDIT REPORTS: (b) FINAL AUDIT REPORTS**

The Internal Audit Manager advised that the purpose of this report was to update Members on the progress of the annual Internal Audit Plan since the last meeting. Work had progressed according to the approved 2022/23 plan, and regular discussions had been held with the Director of Finance and Assets to monitor progress. Since the last meeting, four audits had been finalised.

For the 2022/23 Core Financial Controls audit, Internal Audit looked at the financial control framework, creditors, debtors, payroll, general ledger, grant income, capital, banking and reconciliations, VAT and treasury management. There were three low priority actions raised around purchasing card spending limits, an update to the financial instructions and a second officer check of the payroll processing valuation task. The overall conclusion on the system of internal control being maintained was substantial.

For the Risk Management and Business Continuity Planning audit, the overall conclusion on the system of internal control being maintained was reasonable. There were no findings raised relating to the risk management aspect, however, seven findings were raised for the business continuity element of the audit, which included two high, four medium and one low priority finding. The key findings related to testing of the plans, reviewing the plans, training and lessons learned.

With regard to the Pension Fund Administration audit. West Yorkshire Pension Fund were responsible for administering the firefighter's pension. The audit reviewed eight key risk areas and the overall opinion for this report was substantial, with only one low priority finding raised which related to performance monitoring. It was noted on page 77, Risk Management Fraud Risks 'substantial' should be green and not yellow.

The HR Payroll Process Review involved an element of discovery work and the processes were mapped focusing on various controls and system access. There were two recommendations raised to streamline the process because both teams sat in different departments. All the follow up actions had been fully implemented.

A Member asked about 'Match and Gap – compares the attributes of an individual an applicant with the requirements of a vacancy' and was advised that it was around making sure the attributes of applicants and people recruited match any skills gaps or staff gaps.

RESOLVED –

That Members note the final audit reports for FY 2022/23.

#### **OA45 INTERNAL AUDIT REPORTS: (c) UPDATE ON PROGRESS OF AUDIT MANAGEMENT ACTIONS**

The Internal Audit Manager advised Members that the purpose of this report was to update on progress of the implementation of audit actions. In total there were 96 audit actions, 79 had been implemented (82%), 5 were in progress (5%) and 12 were past their due date (13%). Internal audit continued to actively monitor implementation of all outstanding audit actions throughout the year.

RESOLVED –

That the progress on implementation of recommendations be noted.

#### **OA46 AUDIT RESULTS REPORT 2021/22**

The External Audit Manager advised Members that this report summarised the findings from the 2021/22 audit. Members would note from the report, that EY were not in a position to finalise the 2021/22 audit. In line with the governance process, the signing of the accounts and the completion of the audit would be deferred to the next meeting due to be held in July. There were a couple of points to highlight in the report. The original planning report set out the planning materiality for the audit and was updated based on actual results. This resulted in a slightly higher materiality based on a slightly higher outturn for the Authority in terms of the 2022 accounts. External Audit had updated the overall materiality assessment to £920k, this resulted in an updated performance materiality at 75% or overall materiality of £690k, and an updated threshold for reporting misstatements of £46k.

The audit work in respect of the Authority's opinion was substantially complete. The following items relating to the completion of the audit procedures were outstanding. Property and plant and equipment valuations were waiting for final signed

valuation reports from the Authority's valuer; conclusion on Great Holm Fire Station and Gerrards Cross house valuations, and final conclusions on land values used in the valuation of land and buildings. With regard to IAS19 pension liability, External Audit were waiting on a response from the auditor of the Buckinghamshire Pension Fund (Grant Thornton).

There were two elements to the audit opinion, the opinion on the financial statements, whether they were a true and fair reflection of the Authority's financial position and also the value for money conclusion. Work had been completed on the value for money conclusion, and there were no matters to report on this as the Authority had put in place proper arrangements to secure economy, efficiency and effectiveness on its use of resources.

The External Audit Manager advised that External Audit were also asked to review the Annual Governance Statement for consistency and there were no matters to report, and they were also asked to report to the National Audit Office on the whole of government accounts return and they did not anticipate any issues in relation to this.

A Member asked regarding the situation of Great Holm Fire Station and was advised by the Director of Finance and Assets that this information was commercially sensitive as the sale had not yet been completed.

RESOLVED –

That the content of the report be noted.

#### **OA47 CORPORATE RISK MANAGEMENT**

The Corporate Planning Manager advised Members that this was the regular report on the status of corporate risks presented to every meeting of this Committee. The report reflected any changes and updates made to the Corporate Risk Register since the last meeting on 9 November 2022. The risk register had been subject to regular review by officers at the Performance Monitoring and Strategic Management Boards and also by Lead Members where individual risks fall within their areas of reference.

Appendix 3 contained the detailed evaluations and updates on the status of the individual corporate risks. With regard to the risk map there had been some changes since the last report in November. Most notably, the inclusion of a specific industrial relations risk following the outcome of the Fire Brigades Union's (FBU) ballot for strike action. At the point at which the papers went to press for this meeting, the outcome of the FBU's subsequent ballot in relation to the Employers' revised pay offer of 7% and 5% for 22/23 & 23/24

respectively was unknown. It was therefore agreed that this risk would remain on the register with its initial risk score and RAG status until the outcome of the ballot was known. As Members would be aware, FBU Members voted overwhelmingly in favour of accepting the revised offer (96% voted to accept on an 84% turnout) thus ending the dispute and risk of industrial action over this issue. The risk would be reassessed and would likely be reverted to the relevant directorate risk register for background monitoring.

As Members would see from the staff availability risk, there were other factors that could disrupt operations, including ongoing industrial action in other sectors. For example, in the education sector which can affect attendance of staff with childcare responsibilities. This risk had been kept at red RAG status as although steady progress with recruitment towards the target of 300 wholetime firefighters was being made, retention remained a challenge and also recruitment and retention of staff in specialist functions such as ICT and Vehicle Workshops.

The Deputy Chief Fire Officer advised Members that officers continued to work hard with staff retention and recruitment. Recruitment was open for both transferees and wholetime firefighters. Officers had attended the Milton Keynes Apprenticeship Fair, the Buckinghamshire Skills Show and an Armed Forces event. Officers had also recently visited two local Mosques to talk about recruitment.

The Corporate Planning Manager advised Members that with regard to financial sustainability, the risk score and RAG status had been reduced in light of the more positive position arising from decisions in relation to the Council Tax Precept and Government Grant provisions. This risk had been reduced to amber given the ongoing uncertainties in relation to things like fuel and energy prices and also the USAR grant provision.

The Information security risk status was unchanged since November, and Members would see the Covid risk score and RAG status had reduced at the last review in February following the decision to withdraw specific Covid related absence and mitigation measures with residual controls absorbed into business as usual processes and procedures. As with the industrial relations risk, it was proposed to de-escalate this risk to the HR Directorate Risk Register for ongoing background monitoring.

The McCloud / Sargeant pensions risk remained unchanged as there had been no significant developments since last reporting.

Finally, in relation to Climate Change, Members would see what had been achieved in the short term, in particular the re-purposing and

Corporate  
Planning  
Manager

adaption of existing 4x4 vehicles in relation wildfire risks. Longer term requirements would be considered as part of the development of the 2025/30 Community Risk Management Plan.

A Member asked about the Urban Search and Rescue risk.

The Chief Fire Officer advised Members that the current position was that the Authority had been informed informally that it was likely the Authority was going to lose the Urban Search and Rescue grant, but it had still not received written notice from the Home Office.

Chief Fire Officer

The Chairman, as Lead Member for Service Delivery, Protection and Collaboration, advised that it was right Members scrutinised the financial risk, as this was about the financial grant for the Service, it was not about the Urban Search and Rescue team. It was important to recognise it was not a formal communication, the risk was being managed and officers were in active dialogue with both Ministers and Civil Servants.

A Member asked that both the fire and rescue service and the Police be thanked for how they carried out their duties at an incident in High Wycombe the previous day.

Chief Fire Officer

RESOLVED –

1. That the status on identified corporate risks at Annex C be reviewed and approved.
2. That comments be provided to officers for consideration and attention in future updates / reports.

#### **OA48 UPDATED CODE OF CONDUCT (V4.0)**

The HR Advisory and Development Manager advised Members that as part of the review process for procedures, the Code of Conduct was updated and had gone out for formal consultation through September to October 2022. If approved, this document would be presented to the Executive Committee on 22 March 2023 for recommendation for adoption as the Service's Code of Conduct for the following three years.

The HR Advisory and Development Manager advised members that feedback received through the consultation process, as highlighted in Appendix 2, had been considered and incorporated into the updated Code where appropriate. Apart from accepted minor amendments, changes were shown as either additional text underlined, or deleted text struck through.

Further to the normal consultation process and being mindful that external scrutiny would be appreciated due to the allegations surrounding London Fire Brigade, and other fire and rescue services, further amendments had been made to the document. The

implementation of the Code of Conduct and Whistleblowing Procedure form part of a wider culture review.

The Head of Human Resources advised Members that the objective of the culture review was for all employees to be aware of the procedures and feel able to come forward with any discrimination or inappropriate behaviour, or concerns they had experienced or they had witnessed. All employees were assured they would be listened to and action taken. Allegations would be dealt with robustly and employees were aware of expected behaviours. The main piece of work was around a 'Speak Up' campaign to ensure employees understand the procedure and what it covered. Also for employees to understand the Grievance Policy and how to report issues and concerns there.

RESOLVED –

1. That the Code of Conduct, as detailed in Appendix one, be approved for presentation at the Executive Committee for adoption.
2. That the consultation feedback, as detailed in Appendix two, be noted.

#### **OA49 UPDATED WHISTLEBLOWING PROCEDURE (V10)**

The HR Advisory and Development Manager advised Members that as part of the review process for procedures, the Whistleblowing Procedure was updated, and went out for formal consultation between September - October 2022. The procedure had been reviewed in line with normal practice. No feedback was received during the consultation process on the proposed amendments to the document. However, further to the normal consultation process and being mindful that external scrutiny would be appreciated due to the allegations surrounding London Fire Brigade and other fire and rescue services, further amendments had been made to the document.

The Chief Fire Officer advised Members that it was important that people came forward if they had concerns and these concerns would be treated confidentially and taken seriously. If Members looked at the number of issues across the whole fire and rescue service in terms of sector, there was evidence where people had been treated appallingly and had not been able to raise issues with their line managers, senior managers, union representatives, or with whistleblowing policies and procedures and would just leave the organisation. It was important that the Authority and Service understand and encourage people if they have concerns to come forward.



RESOLVED –

That the updated Whistleblowing Procedure as detailed in Appendix one, noting the proposed additional wording in the updated documents, be approved for publication.

**OA50 HER MAJESTY’S INSPECTORATE OF CONSTABULARY AND FIRE AND RESCUE SERVICES (HMICFRS) – BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE (BFRS) IMPROVEMENT PLAN UPDATE: SEPTEMBER 2022**

The Head of Technology, Transformation and PMO advised Members that this report was to provide an update on the HMICFRS Improvement Plan. The first part was the Action Plan. The Service was making progress against the Action Plan with one change since the last report following the sign off of the Prevention Strategy. The Prevention Improvement Plan which feeds into this plan was being presented today and showed further detail of the progress being made.

The second area covered in the report was the revisit debrief. Following the previous inspection, HMICFRS came back for a revisit. The revisit was to review progress against the cause of concerns, and this took place the week commencing 2 January. The revisit highlighted the progress made on the two areas and the HMICFRS team were looking forward to seeing further progress in May. The revisit letter can be found at Appendix 2.

The third area covered was the Round 3 Inspection. This would commence in mid-April. The inspection covered ten weeks and over fifty interactions with staff including interviews, desktop reviews, workshops and would allow HMRCFRS the opportunity to interact with about 25% of staff. There were a number of changes to the inspection, including an additional grade of ‘adequate’, that would include five grades in total and the removal of the pillar judgements.

RESOLVED –

That the Committee note the updated HMICFRS - BFRS Improvement Plan: March 2023

**OA51 PREVENTION IMPROVEMENT PLAN NOVEMBER/DECEMBER 2022**

The Community Safety and Safeguarding Manager advised Members that this report gave an update on the Prevention Improvement Plan which was put in place in November 2021, combining elements from the HMICFRS Inspection Plan and a Prevention Evaluation over the period 2020-2021, and the areas required to meet the Prevention Fire Standard and associated National Operational Guidance. All of these came together to formulate 60 recommendations and this

report was the update for the November/December 2022 period. It was pleasing to note that 21 of the recommendations had been completed, and the Service was on track for the mid-term review.

Within the report there were some highlights to note, particularly around recruitment. The Prevention headcount was at full capacity for the first time since October 2021 and whilst onboarding and the probationary period takes time, the impact of increased staff on delivery capacity was beginning to show. Since the approval of the Prevention Strategy in October 2021, the preparedness and improvement audits which were ongoing at present, showed that it had been well received and understood by key users. There was also continued improvement of the management oversight of the referral process. There were mechanisms in place to ensure the referral processes had the appropriate level of scrutiny and oversight.

A Member asked about firefighters being able to identify mental capacity when they were visiting members of the public.

The Community Safety and Safeguarding Manager advised that there was a strong overlap between prevention activity and safeguarding activity. The mental capacity side was more around safeguarding. The Service equips staff to highlight where capacity is questionable and may impact on that person's safety and wellbeing and that would come through the safeguarding process. Safeguarding training highlighted the risk and the need for staff to be aware of their colleague's wellbeing when dealing with incidents and there was also the welfare team and trauma support. For staff who were in regular contact, such as the Prevention Delivery team, there were daily debriefings where they can share with colleagues.

RESOLVED –

That the Committee note the Prevention Improvement Plan highlight report (November - December 2022) summarising the progress made against the measures required to secure long-term improvements to prevention delivery in Buckinghamshire Fire and Rescue Service.

#### **OA52 TREASURY MANAGEMENT PERFORMANCE 2022/23 – QUARTER 3**

The Principal Accountant advised Members that the accrued interest earned for this period was £201k, which was £179k higher than the budget set for the same period. In terms of investments, as at 31 December 2022, the Authority had £17.6m invested in various counterparties including, banks, buildings societies, Money Market Funds and current accounts. By March 2023 this would reduce to approximately £15m. Looking at the investment chart, there were

deals maturing frequently to ensure the Authority was able to meet its short-term expenditure requirements.

In terms of borrowing, a maturing PWLB loan was repaid during 2022/23 for £620k. This loan repayment did not impact the revenue budget. The next loan of £1m was due to mature in March 2024. Funds had been set aside to repay this when due.

The Principal Accountant advised Members that the Bank of England's Monetary Policy Committee (MPC) had increased the base rate on ten consecutive occasions since December 2021. As at 2 February 2023 it was now 4%. The next review date was 23 March 2023. Treasury advisors were projecting the base rate to increase again and could potentially hit 4.5% in the next 3 to 6 months.

The Authority had been able benefit from these rates increasing, when reinvesting surplus funds and therefore generating additional income for the Service. The Authority had achieved the £30k budget set for 2022/23 and was projecting to achieve in the region of £300k, which was more than being paid out in loan interest - £281k.

For 2023/24 the investment budget had increased by £320k bringing the new income target via investments to £350k. The Treasury Strategy for 2023/24 had been approved at the recent Authority meeting. Officers would continue to monitor the cashflow position on a regular basis to ensure the Authority could meet the short-term expenditure requirements and maintain adequate liquidity.

RESOLVED –

That the Treasury Management Performance 2022/23 – Quarter 3 report be noted.

#### **OA53 FORWARD PLAN**

RESOLVED –

That the Forward Plan be noted.

THE CHAIRMAN CLOSED THE MEETING AT 11.30 AM

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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** 2022/23 Annual Audit Report

**Lead Member:** Councillor David Carroll

**Report sponsor:** Mark Hemming – Director of Finance and Assets

**Author and contact:** Maggie Gibb – Chief Internal Auditor,  
[Maggie.Gibb@buckinghamshire.gov.uk](mailto:Maggie.Gibb@buckinghamshire.gov.uk), 01296 387327

**Action:** Noting

**Recommendations:** That Members note the 2022/23 Annual Audit Report

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## Executive summary:

The Account and Audit Regulations require the Fire Authority to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The CIPFA Public Sector Internal Audit Standards (PSIAS), which sets out proper practice for Internal Audit, requires the Chief Internal Auditor (CIA) to provide a written report to those charged with governance, to support the Annual Governance Statement (AGS), which should include an opinion on the overall adequacy and effectiveness of the Fire Authority's control environment.

The Chief Internal Auditor's opinion is that the Fire Authority's system of internal control and risk management facilitates the effective exercise of the Authority's functions. This provides **Reasonable** assurance regarding the effective efficient and economic exercise of the Authority's functions.

This opinion is reflected in the Annual Governance Statement.

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**Financial implications:** The audit work is contained within the 2022/23 budget.

**Risk management:** There are no risk implications arising from this report.

**Legal implications:** There are no legal implications arising from this report.

**Privacy and security implications:** There are no privacy and security implications arising from this report.

**Duty to collaborate:** Not applicable.

**Health and safety implications:** There are no health and safety implications arising from this report.

**Environmental implications:** There are no environmental implications arising from this report.

**Equality, diversity, and inclusion implications:** There are no equality and diversity implications arising from this report.

**Consultation and communication:** Not applicable.

**Background papers:**

Appendix	Title	Protective Marking
1	Annual Audit Report	Not applicable

# Buckinghamshire & Milton Keynes Fire Authority



**Internal Audit Service  
Annual Report of the Chief Internal Auditor 2022/23**

**July 2023**

## Introduction

- 1.1 This report outlines the Internal Audit work undertaken by the Internal Audit Service for the year ending 31 March 2023 and seeks to provide an opinion on the adequacy and effectiveness of the control environment detailing the incidences of any significant control failings or weaknesses.
- 1.2 The Account and Audit Regulations require the Fire Authority to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The CIPFA Public Sector Internal Audit Standards (PSIAS), which sets out proper practice for Internal Audit, requires the Chief Internal Auditor (CIA) to provide a written report to those charged with governance, to support the Annual Governance Statement (AGS), which should include an opinion on the overall adequacy and effectiveness of the Fire Authority's control environment.
- 1.3 This is achieved through a risk-based plan of work, agreed with management, and approved by the Overview and Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described in this report. The updated CIPFA Statement on the role of the Chief Internal Auditor (CIA) in Local Government issued in April 2019 notes that the CIA in a local authority plays a critical role in delivering the authority's strategic objectives by:
  - objectively assessing the adequacy and effectiveness of governance and management of risks, giving an evidence-based opinion on all aspects of governance, risk management and internal control; and
  - championing best practice in governance and commenting on responses to emerging risks and proposed developments.

The updated CIPFA Statement notes that the CIA may look to the work of other assurance providers as evidence for their assurance.

## 2. Responsibilities

- 2.1 Section 151 of the 1972 Local Government Act and the Accounts and Audit Regulations 2015 sets out the requirement for all Authorities to maintain an adequate and effective Internal Audit Service in accordance with proper internal audit practices. The PSIAS define internal auditing as "an independent, objective assurance and consulting activity designed to add value and improve



an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

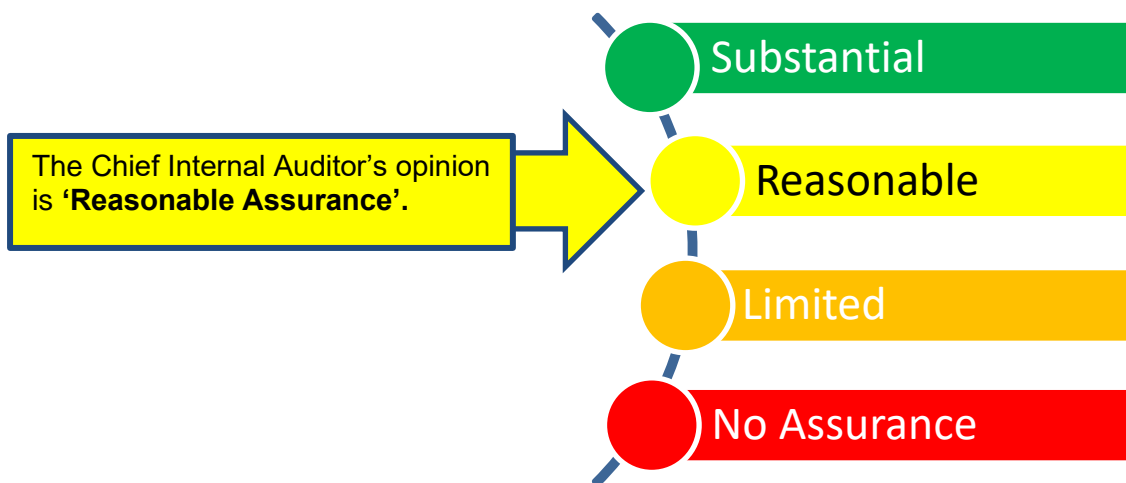
2.2 Internal Audit is not responsible for the control system. This responsibility sits with management who are accountable for maintaining a sound system of internal control and is responsible for ensuring that adequate arrangements are in place for gaining assurance about the effectiveness of the overall system of control. Management should ensure that the Authority operates in accordance with the law and proper standards, that public funds are safeguarded, properly accounted for, and used economically, efficiently, and effectively.

2.3 The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of the Authority's internal control system because it measures and evaluates the adequacy and effectiveness of other controls so that:

- The Fire Authority can establish the extent to which they can rely on the whole system; and
- Individual managers can establish how reliable the systems and controls for which they are responsible are.

2.4 It should be noted that no system of internal control can provide absolute assurance against material misstatement or loss, nor can internal audit give absolute assurance.

### 3. Chief Internal Auditor Opinion



*\* See Appendix 3 for definitions of the assurance opinions.*

3.1 The results of the audit work undertaken, when combined with our experience and knowledge of previous years' performance and the current climate in which the Authority is operating, form the basis for the overall opinion. As such, in my opinion the system of internal control provides **reasonable assurance** regarding the effective, efficient and economic exercise of the Authority's functions. The work undertaken during 2022/23 has identified areas that require further improvements to ensure that the internal control framework remains adequate and effective. Findings raised from the 2022/23 internal audit reviews have not identified any material weaknesses. Overall, the Fire Authority has continued to demonstrate a robust and effective internal control and risk management environment.

3.2 The table below outlines the audit assurance opinions for the work delivered in 2022/23 for which the overall opinion is derived:

Audit	Assurance Opinion				Direction of Travel
	No Assurance	Limited	Reasonable	Substantial	
Core Financial controls				✓	↔
HR/Payroll – Process Mapping	No opinion given for this review as an assurance mapping exercises was undertaken to assist the service in identifying the key control weaknesses in the current processes. This approach was taken due to the previous control weakness identified in previous audit reports in this area.				
Risk Management and Business Continuity Planning			✓		↔
Pension Fund Administration				✓	↔
Number of Findings	-	-	7	4	
Percentage	-	-	64%	36%	

3.3 Internal Audit did not undertake a specific review of Corporate Governance in 2022/23. However, a number of audits considered the management oversight and decision-making processes as part

of each audit assignment, and no concerns were raised. We would like to acknowledge that the Authority has continued to make significant progress to implement the required improvements which were highlighted in the May-June 2021 inspection undertaken by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) which reached a 'cause of concern' conclusion. A robust governance structure and a substantial resource structure was established and during 2022/23 these arrangements have continued to work towards implementing the improvement plans. Good progress has been made to deliver the actions plans and this was recognised in the February 2023 Cause of Concern Revisit Letter from HMICFRS. For the coming year, Internal Audit will be working with the Authority to provide assurance on the improvement plans.

#### **4. Basis of Audit Opinion**

4.1 The Internal Audit Service continues to operate in accordance with the Public Sector Internal Audit Standards (PSIAs). The Audit Strategy complies with the PSIAs and is summarised within the Service Level Agreement. This requires Internal Audit to objectively examine, evaluate and report on the adequacy of internal controls as a contribution to the proper, economic, efficient and effective use of resources.

4.2 The Internal Audit Plan was developed in consultation with the Director of Finance and Assets to focus specifically on financial management, corporate processes and key risk areas. There were no constraints placed on the scope of audit work in the year and there were sufficient resources to provide an adequate and effective audit coverage, however we would like to highlighted that the Inspection and Operational Improvement Plan Assurance review which was part of the approved Internal Audit Plan for 2022/23 was deferred in agreement with the Director of Finance & Assets and was approved by the Overview and Audit Committee.

4.3 The strategy for delivery of the Internal Audit Service is reviewed triennially and subject to the approval of the Overview and Audit Committee.

4.4 In reaching the overall opinion, the follow was taken into account:

- The results of all audits undertaken as part of the 2022/23 Internal Audit Plan. **Appendix 1** provides a detailed summary of the findings raised for each internal audit review undertaken.
- The results of follow-up action taken in respect of audits from previous years. **Appendix 2** provides a detailed summary of the implementation progress. It is management's responsibility for monitoring the implementation of the agreed actions following each audit review.
- Whether or not any 'high' priority recommendations have not been accepted by management and the consequent risks. It should be noted that all findings raised from the audit work undertaken were accepted by management and implementation of agreed actions is being progressed.
- The effects of any material changes in the Authority's objectives or activities.
- Whether or not any limitations have been placed on the scope of internal audit.
- Findings of work performed by other assurance providers (e.g. the External Auditors who we have liaised with throughout the year in order to share information and reduce any duplication of audit activity).
- The scope of the internal control environment - which comprises the whole framework of systems and controls established to manage BMKFRS to ensure that its objectives are met.
- Consideration of third-party assurances.

4.5 It should be noted that the Chief Internal Auditor opinion does not imply that Internal Audit has reviewed **all** risks relating to the Fire Authority. The most that the Internal Audit Service can provide to the Accountable Officers and Overview and Audit Committee is a **reasonable** assurance that there are no major weaknesses in control processes. The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

## 5. Anti-Fraud

5.1 There have been no suspected frauds or financial irregularity brought to the attention of the Chief Internal Auditor during 2022/23. Throughout the year we continued to work closely with the Director of Finance and Assets on fraud awareness and our work on the core financial systems

included a review of the key anti-fraud controls.

## 6. The Internal Audit Team

6.1 The Internal Audit Service is provided by the Business Assurance Team at Buckinghamshire Council. All staff are qualified or part-qualified with either ACCA, CIAA, QICA or AAT qualifications, and all audit work is subject to a rigorous quality assurance process.

6.2 The quality of work is assured through the close supervision of staff and the subsequent review of reports, audit files and working papers by an Audit Manager. Exit meetings are held with the relevant officers to ensure factual accuracy of findings and subsequent reporting, and to agree appropriate action where additional risk mitigation is required.

## 7. Our Performance

7.1 With effect from 1 April 2013, the Public Sector Internal Audit Standards were introduced as mandatory guidance that constitutes the principles of the fundamental requirements for the professional practice of internal auditing within the public sector. All public sector internal audit services are required to measure how well they are conforming to the standards. This can be achieved through undertaking periodic self-assessments, external quality assessments, or a combination of both methods. However, the standards state that an external reviewer must undertake a full assessment or validate the internal audit service's own self-assessment at least once in a five-year period.

7.2 The Buckinghamshire Council Internal Audit Service was subject to its first external quality assessment of conformance to the PSIAS in quarter four of 2021/22. The assessment was conducted by CIPFA and the review concluded that:

*'It is our opinion that Buckinghamshire Internal Audit Service's self-assessment is accurate and as such we conclude that they **FULLY CONFORM** to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note.'*

7.3 We continue to monitor our performance standards as outlined in the service level agreement. This includes ensuring requests for assistance with suspected cases of fraud (% of responses

made within 24 working hours) as appropriate and monitor relationship management issues in the areas of:

- Timeliness
- Willingness to cooperate/helpfulness
- Responsiveness
- Methodical approach to dealing with requests
- Quality of work/service provided

7.4 The 2022/23 Internal Audit Strategy set out six performance indicators that the Internal Audit Service was measured against. Below is a summary of our performance against the set indicators:

Performance Measure	Target	Method	2020/21 Results
Elapsed time between start of the audit (opening meeting) and Exit Meeting.	Target date agreed for each assignment by the Audit manager, stated on Terms of Reference, but should be no more than 3 X the total audit assignment days (excepting annual leave etc.)	Internal Audit Performance Monitoring System	90%
Elapsed Time for completion of audit work (exit meeting) to issue of draft report.	15 Days	Internal Audit Performance Monitoring System	90%
Elapsed Time between issue of Draft report and issue of Final Report	15 Days	Internal Audit Performance Monitoring System	*100%
% of Internal Audit Planned Activity delivered by 30 April 2019	100% of Plan by End of April 2019	Internal Audit Performance Monitoring System	100%
% of High and Medium priority recommendations followed up after implementation date	All High and Medium recommendations followed up within three months of the date of expected implementation	Internal Audit Performance Monitoring System	100%
Customer satisfaction questionnaire (Audit Assignments)	Overall customer satisfaction 95%	Questionnaire	**Nil – questionnaires not utilised for this year

*\* Please note that measure looks at the timeliness of reporting by the team, and delays caused by the auditees are not factored in.*

*\*\* Whilst questionnaires were not utilised this year, feedback was provided on completion of each audit and is also discussed as part of the regular meetings with the Director of Finance & Assets.*

**Maggie Gibb**

Chief Internal Auditor

July 2023

## Appendix 1: Summary of 2022/23 Audits Performed Informing the Annual Opinion

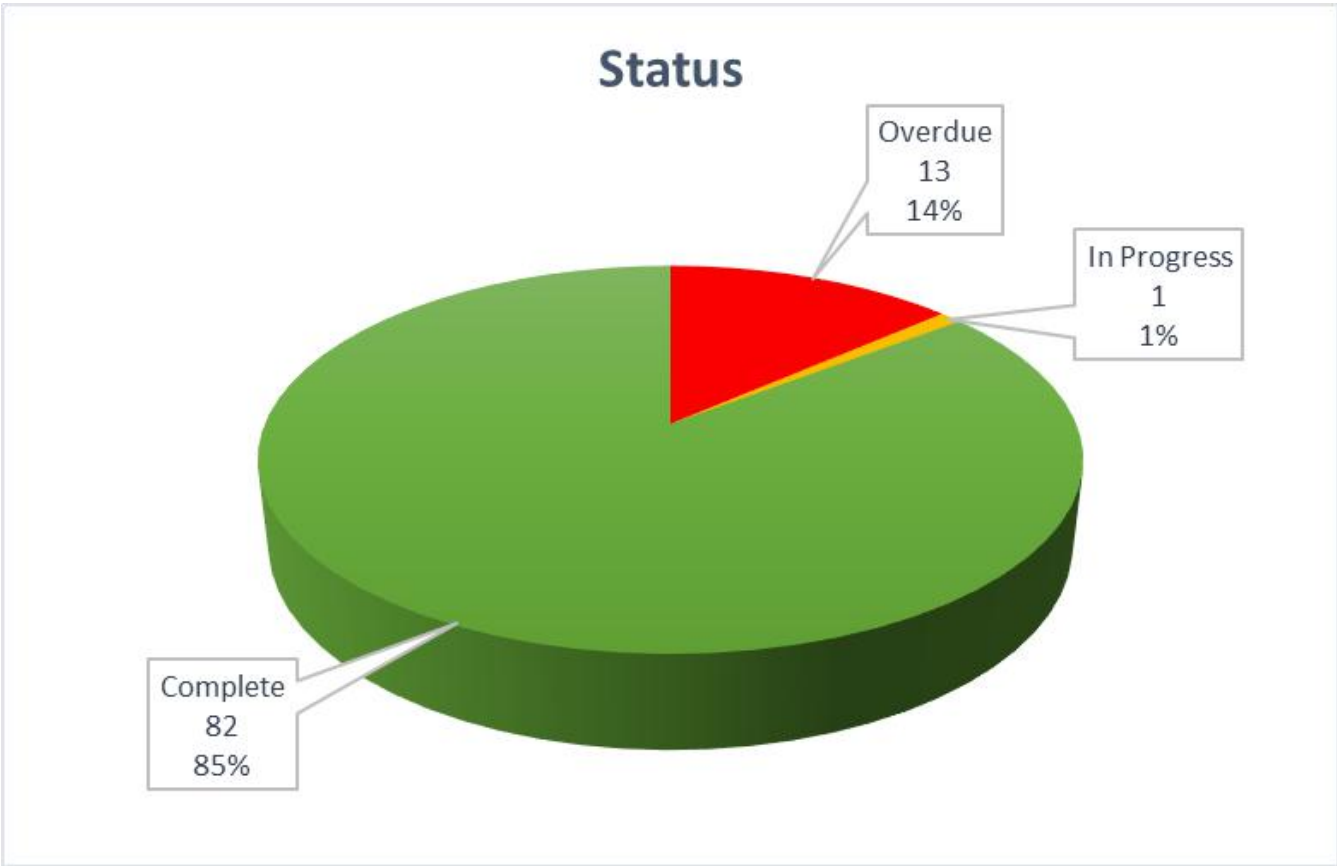
Audit Assignment	Audit Opinion	No. of Audit Actions by Priority	Summary of Audit Findings
Core Financial Controls	Substantial	<p>High = 0 Medium = 0 Low = 3</p>	<p><b><u>1. Creditors – Purchasing card spending limits (Low)</u></b>  <b>Finding:</b> In six out of 20 cases, total spend for the month of the transactions was not within the cardholder’s monthly spending limit. In one of these cases, a single purchase of £2,248 exceeded the cardholder’s spending limit of £1,000. Whilst a temporary increase to the cardholders’ spend limit was approved by the budget holder and actioned by Finance in all six cases, and all spend was within the temporary increase to the limit, analysis of all Purchasing Card transactions found 16 instances (spread across ten cardholders) where monthly spend was higher than the designated spend limit in the period between 1 December 2021 and 30 November 2022, indicating that the officers were exceeding their limits with relative frequency.</p> <p><b>Risk:</b> If purchasing card spend limits do not reflect actual purchasing card spend, there is a risk that temporary increases to spend limits become increasingly frequent, leading to inconsistent purchasing card usage across the Fire Authority.</p> <p><b><u>2. Financial Control Framework – Financial Instructions (Low)</u></b>  <b>Finding:</b> We noted that the Financial Instructions document was last updated and approved in January 2018 and has therefore not been reviewed for five years, whereas best practice suggests that financial policies and procedures are reviewed regularly as well as when known changes are implemented.</p> <p><b>Risk:</b> If Financial Instructions are not kept under regular review there is a risk that they are not up to date and do not reflect the current operations and strategic objectives of the Fire Authority, as well as any changes to legislation.</p> <p><b><u>3. Payroll – Second officer check (Low)</u></b>  <b>Finding:</b> Examination of a sample of ten permanent changes made to payroll between December 2021 and November 2022 found that in four cases, there was no evidence that inputs relating to the change were checked by a second officer.</p> <p>Examination of a sample of ten employees who left the Fire Authority’s employment between December 2021 and November 2022 found that in four cases there was no evidence on the checklist that a second check was carried out.</p> <p><b>Risk:</b> If inputs into Integra are not checked by a second officer, there is a risk that permanent changes and leavers are processed incorrectly and the pay information is not accurate, leading to an overpayment or underpayment.</p>
Pension Fund Administration	Substantial	<p>High = 0 Medium = 0 Low = 1</p>	<p><b><u>1. Performance Monitoring/KPIs (Low)</u></b>  <b>Finding:</b> There were issues in July 2022 where Pension Set Up/Payment of Lump Sum, Retirement Actual and Deferred Benefits Set Up on Leaving did not reach their targets. This was highlighted in the following Pension Board meeting. However, there is a lack of evidence concerning scrutiny and challenge within minutes. In addition, no review of whether KPIs are still fit for purpose or whether they should be amended has taken place.</p> <p><b>Risk:</b> If KPIs are not scrutinised in detail, and this is documented in minutes, there is a risk that any underperformance is not being rectified in time. This could lead to continuous poor performance, which could impact the Authority’s reputation and/or create financial loss.</p>



Audit Assignment	Audit Opinion	No. of Assurance Recommendations by Priority	Summary of Audit Findings
HR Payroll Process Review (Assurance)	N/A	<p>High = 0  Medium = 1  Low = 1</p>	<p><b>1. Starters (Medium)</b></p> <p><b>Finding:</b> Review of the HR and Payroll checklists established that separate checklists are completed by the HR and Payroll teams and that each team does not have sight of the other team’s checklist. The following tasks and document checks were found to be duplicated across both checklists:</p> <ul style="list-style-type: none"> <li>• Offer letter and signed contract;</li> <li>• Personal Details form;</li> <li>• HMRC New Starter Declaration;</li> <li>• Right to work check; and</li> <li>• Entry of pay and contract information into iTrent.</li> </ul> <p>Additionally, discussion with the Payroll Manager established that Pension-related inputs are sometimes completed by HR, although this is the responsibility of the Payroll and Benefits team. Where such tasks are completed by the team not usually responsible for completion of the task, the other team is not notified.</p> <p><b>Recommendation:</b> Review tasks listed on both the HR Starter checklist and Payroll Starter checklist and ensure they are not duplicated across the two functions but that sufficient checks remain in place. Produce a new Starter checklist that is accessed by both HR and Payroll and includes all tasks related to processing Starters for both functions.</p> <p><b>2. Leavers (Low)</b></p> <p><b>Finding:</b> It was noted that HR and the Payroll and Benefits team were working from separate checklists and did not have sight of actions completed by the other team. Whilst there were no apparent duplications in tasks, or discrepancies over the responsibility for actions between the checklists, it would benefit the Leavers process to have a Leaver processing checklist that can be accessed by both teams so that relevant officers are aware that data has been input and checked by other officers involved in the process, to enable them to continue with subsequent process steps and to avoid any duplication or missed steps.</p> <p><b>Recommendation:</b> Review tasks listed on both the HR Leaver checklist and Payroll Leaver checklist and ensure they are not duplicated across teams but that sufficient checks remain in place. Produce a new Leaver checklist that is accessed by both HR and Payroll and includes all tasks related to processing Leavers for both functions.</p>
Risk Management and Business Continuity Planning	Reasonable	<p>High = 2  Medium = 4  Low = 1</p>	<p><b>1. Business Continuity Plans - Testing (High)</b></p> <p><b>Finding:</b> We could not obtain evidence to support that the BCPs were tested annually as the business continuity guidance requires. Management indicated that this was not done due to capacity constraints in the business continuity section.</p> <p><b>Risk:</b> Without developing and implementing a formal testing program, there is the risk that appropriate levels of testing are not undertaken to establish the ability of the BCP to support an effective and efficient response to business disruption. The lack of business continuity tests increases the risk that existing plans are not fit for purpose. The Authority would fail in its statutory duty to maintain services in an emergency or major incident.</p>

Audit Assignment	Audit Opinion	No. of Audit Actions by Priority	Summary of Audit Findings
<p style="text-align: center;">Risk Management and Business Continuity Planning</p>	<p style="text-align: center;">Reasonable</p>	<p>High = 2 Medium = 4 Low =</p>	<p><b><u>2. ICT Disaster Recovery Plan - Testing (High)</u></b></p> <p><b>Finding:</b> We confirmed that the ICT disaster recovery (DR) Plan was last tested in 2019.</p> <p><b>Risk:</b> BMKFA is faced with the risk of not being certain if the DR Plan is still functional, and also, there is a risk of missed opportunities.</p> <p><b><u>3. Business Continuity - Employee Awareness and Training (Medium)</u></b></p> <p><b>Finding:</b> We confirmed that the business continuity manager holds a Certificate of the Business Continuity Institute (CBCI). However, there has been limited awareness training provided for relevant staff (typically responsible managers) in relation to Business Continuity.</p> <p><b>Risk:</b> If a positive business continuity culture is not embedded within the Authority, there is the risk that staff members will not have the required level of knowledge and will not fully understand their responsibilities effectively should BCPs be invoked.</p> <p><b><u>4. Business Continuity Plans Review (Medium)</u></b></p> <p><b>Finding:</b> As of December 2022, the Authority had a total of sixteen directorates and nineteen fire stations; each had a BCP. Whilst the existence was confirmed, no evidence could be obtained that the BCPs were reviewed by the planned date. Management indicated an issue with the capacity of the business continuity section.</p> <p><b>Risk:</b> There is a risk that critical changes might be missed due to failure to update the BCPs and result in an ultimate failure to recover should an event.</p> <p><b><u>5. BCP Lessons Learned (Medium)</u></b></p> <p><b>Finding:</b> We noted that the lessons learned were not identified since the BCPs were not tested since 2019.</p> <p><b>Risk:</b> The Authority cannot, therefore, identify the BCP's positive or negative experiences due to failure to perform the BCP testing.</p> <p><b><u>6. BCP Monitoring and Reporting (Medium)</u></b></p> <p><b>Finding:</b> While we noted that BCP is discussed at a PMB forum as an overlap as part of risk management reporting, we confirmed that no regular reports regarding business continuity are produced.</p> <p><b>Risk:</b> There is an increased risk that an ineffective or inappropriate business continuity system is not identified through regular monitoring and reporting, placing the Authority at risk of being unable to carry out its statutory duties effectively in the event of an incident or emergency.</p> <p><b><u>7. ICT Disaster Recovery Plan - Roles and Responsibilities (Low)</u></b></p> <p><b>Finding:</b> Upon review of the BMKFA ICT disaster recovery plan, we noted that although there are names and job titles of the individuals with the responsibilities of activating the plan mentioned within the ICT disaster recovery plan, there are no further contact details. Those individuals are the Head of Technology Transformation &amp; PMO, ICT (ICT Manager), and ICT (Service Desk Manager).</p> <p><b>Risk:</b> There is a risk that staff would not know how to contact key staff members in the event of a disaster.</p>

Appendix 2: Current Status of Audit Actions as at 12 June 2023



\* This is a summary status of all audit recommendations raised from 2017/18 to date.

## Detailed Description of Overdue Audit Actions as at 12 June 2023

Audit Title & Management Action	Description	Due Date	Priority	Latest Note
BMKFA 2122 2215 Blue Light Hub Post Project Evaluation (10) 2018/19 Follow Up Recommendations – Risk Registers	<p><b>Finding</b>                      Additionally, risk registers should include all present risks. We reviewed each risk in the Project Risk Registers and Transition Activities Risk Register obtained and did not identify any specific risks relating to poor performance of the construction consultant.</p> <p><b>Risk</b>                      If all relevant risks are not included within a risk register, there is a risk that further preventative actions are not identified to mitigate the risk in a timely manner, leading to an increased likelihood of the event occurring/escalating.</p> <p><b>Action</b>                      Recommendations from this audit regarding risk to be incorporated into future major projects. This will be reflected in updated budget/project management guidance.</p>	31-Mar-2023	High Priority	Update from Director of Finance and Assets 21/06/2023:  This requirement has been incorporated into the extension of the existing Property Strategy to 2025, which will be presented to the Executive Committee for approval in July 2023.
BMKFA 2122 2215 Blue Light Hub Post Project Evaluation (2) Governance Framework - Amount of Contingency	<p><b>Finding</b>                      The Executive Committee report from 15 September 2021 states, “The West Ashland build is now complete. The final account, including retention fees, is yet to be finalised. The Authority will also be looking to recover some of the increased costs from the professional design team. The forecast variance for West Ashland total project costs is expected to be offset by additional capital receipts and contributions which will result in a net variance of circa £1m against the forecast expenditure and risks previously reported to Committee”.</p> <p>As stated on 19 September 2018 Executive Committee meeting minutes, “There was no contingency originally as the planned BIM process would not have required any. This is now allocated at £100k given that a number of the adverse variance issues have already presented themselves in the period since construction began and are therefore accounted for elsewhere in this document.”</p> <p>The contingency allocated of £100k is &lt;1% of the initial £13.1145m budget. The January 2020 Learning Points created by the former Director of Finance and Assets indicates that “Every major public sector construction project overspends. Include a general contingency of at least 15%”.</p> <p><b>Risk</b>                      If the contingency is not adequate, there is a risk that insufficient funds are available for the project delivery. This could result in reputational damage and/or financial loss.</p> <p><b>Action</b>                      The contingency value for future projects will be set at a level much greater than 1% of the overall value. Guidance on setting an appropriate level of contingency will be added to updated budget/project management guidance.</p>	31-Mar-2023	High Priority	Update from Director of Finance and Assets 21/06/2023:  This requirement has been incorporated into the extension of the existing Property Strategy to 2025, which will be presented to the Executive Committee for approval in July 2023.
BMKFA 1819 1947 Project Management BLH (2) The Hub Performance	<p><b>Finding</b>                      During the Audit it was confirmed that the construction consultant have had difficulties with technical support; which has had an impact of the timeliness of design work, changes or updates and which in turn has led to delays in providing information that is required by the construction firm. The Quantity Surveyor maintains a schedule of delays caused by the construction consultant and the associated costs. It was confirmed that any financial implications that arise as a result of the construction consultant’s poor performance could potentially be recoverable. However Audit found that whilst these potentially recoverable costs are reflected in the Budget Monitoring Financial Statements, they are not separately identified as attributable to any party as this will be the subject of negotiation between all parties depending on final outcomes at the conclusion of construction. The risk of construction consultant poor performance has been recorded in the risk register.</p> <p>It was confirmed that the Director for the construction consultant Professional Services has been made aware of potentially recoverable costs and the issues that were causing poor performance have been addressed.</p> <p><b>Risk</b></p>	31-Oct-2019	Medium Priority	Update from Director of Finance and Assets 21/06/2023:  Work to substantiate the value of the claim is ongoing.

Audit Title & Management Action	Description	Due Date	Priority	Latest Note
	<p>Where the impact of poor performance is not completely and accurately reflected in the budget and/or risk register, this may lead to project overspend as the budget will not be forecasting all expected costs.</p> <p><b>Action</b>  The necessary actions to deal with potential financial loss arising from delays on the part of construction consultant have already been addressed during 2018 and a significant improvement has been seen. The current delay in the construction programme (5-6 weeks) has not altered for some months.  Both the construction consultant and construction firm have a responsibility to mitigate any delay as much as possible and with some 8 months of construction still to take place at the time of writing (Feb 2019) they must both maintain the opportunity to do so.  Only at post construction and during the period when the final account will be negotiated and agreed, will any financial loss due to delays or failures be attributed.  The Director of construction consultant parent company has been in discussions with both DFA and Property Manager and he is well aware of the potential claim the Authority may have in due course.  The financial statements produced by the QS do show all costs (i.e. worst case) but do not at this stage set out which potentially claimable costs are attributable to which parties.  The Authority's officers will continue to maintain dialogue with senior representatives at both the construction consultant and the construction firm over any potential situation (either worsening or improving) that may lead to a claim.</p>			
BMKFA 2021 2119 GDPR (4) Retention and Destruction	<p><b>Finding:</b>  The Records Retention and Disposal Information Asset Register procedure states that information stewards are responsible for ensuring the timely archiving and/or destruction of records and advising the Information Owners where it is believed a retention timescale should be amended following legislation or business needs.  The Information Governance and Compliance Manager is responsible for maintaining and reviewing records management processes. The retention schedules for departments and stations are defined within the ROPA.  The Authority relies on stewards to ensure that electronic data is disposed of per the retention schedule. However, there is no mechanism in place to ensure this takes place.  <b>Risk:</b> If no adequate processes are in place to ensure lawful retention schedules and/or destruction of electronic records, there is a risk of accidental and/or unlawful alteration, destruction, or authorised personal data disclosure.  <b>Action:</b> Agreed. A mechanism to review data disposals inline with the retention schedules will be formalised and monitored.</p>	31-Dec-2021	Medium Priority	<p>Update from Director of Legal &amp; Governance 21/06/2023:</p> <p>Training package being developed by the provider (Buckinghamshire Council)</p>
BMKFA 2122 2215 Blue Light Hub Post Project Evaluation (1) Governance Framework	<p><b>Finding</b>  The agenda and papers from the Fire Authority meeting held on 7 June 2017 outline the delivery plan for the Blue Light Hub project. It also details who the project will be managed by. A Governance Arrangements document was developed, which provides a basis to manage and control the project implementation.  However, we established that key tasks for the project team were not defined in a schedule of activities. Besides the 7 June 2017 paper delivery plan, there was no formalised project governance framework.</p> <p><b>Risk</b>  If a formalised project governance framework is not in place, there is a risk that project objects, including time scales and budgets, are not met, leading to financial loss to the Fire Authority.</p> <p><b>Action</b>  When future projects of this scale are undertaken a formalised governance framework will be agreed. This will be reflected in updated budget/project management guidance.  This finding also links to Finding 4, as the type of governance will be determined by the risk sharing arrangements.</p>	31-Mar-2023	Medium Priority	<p>Update from Director of Finance and Assets 21/06/2023:</p> <p>This requirement has been incorporated into the extension of the existing Property Strategy to 2025, which will be presented to the Executive Committee for approval in July 2023.</p>
BMKFA 2122 2215 Blue Light Hub Post Project	<p><b>Finding</b>  Examination of the BMKFA Delivery Plan found that it included:</p> <ul style="list-style-type: none"> <li>• an initial project plan;</li> <li>• use of resources;</li> </ul>	30-Nov-2022	Medium Priority	Update from Director of Finance & Assets 21/06/2023:

Audit Title & Management Action	Description	Due Date	Priority	Latest Note
Evaluation (3) Implementation Strategy and Project Delivery - Project Implementation Process	<ul style="list-style-type: none"> <li>• project management;</li> <li>• a design release schedule and</li> <li>• an Indicative Procurement Timetable.</li> </ul> However, from a review of the design release schedule, we found that there were 18 activities that did not have the actual release dates recorded, of which 12 activities did not have a supplementary note to give a clear indication as to why the target design release date was not met and what the related construction issue may be. <p><b>Risk</b> If a clear project implementation process is not documented, there is a risk that project objectives, including time scales and budgets, are not met, leading to financial loss to the Fire Authority.</p> <p><b>Action</b> The design release schedule was the responsibility of the main contractor, and due to the nature of the project, target deadlines for some activities were added as the project progressed.</p> The “learning points” document produced by the previous Director of Finance and Assets highlighted that there may be more suitable methods of engaging a main contractor (e.g., design and build) in the future. This will be considered within a formal “lessons learned” report (see also findings 7 and 8).			Evaluation paused pending further work on potential claim.
BMKFA 2122 2228 PMO Assurance (2) The PMO’s Standardisation of Project Processes	<p><b>Finding</b> The Head of Transformation, Technology, and PMO provided the Authority’s guidelines around a project’s process to ensure consistent and effective delivery. This included a detailed PMO presentation, a project life-cycle and various templated documents available for project managers. Furthermore, evidence was provided of an eLearning package and a page on the Fire Authority’s intranet for PMs to review, explaining the process. In its design, the PMO’s outlined a clear framework for consistency and successful delivery of projects. However, testing a sample of projects commencing after the PMO’s creation outlined inconsistencies in the process they should follow and discrepancies regarding which documentation was completed for each project. The findings are as follows:</p> <ul style="list-style-type: none"> <li>• 1/3 projects is without a completed project mandate;</li> <li>• 2/3 projects are without a completed business case;</li> <li>• 1/3 project is without a completed PID;</li> <li>• 3/3 projects are without a completed risk register which is key to reviewing the risks and controls in place within a project;</li> <li>• 3/3 projects are without a completed project plan, resulting in a lack of progress monitoring during the life of a project;</li> <li>• 3/3 projects are without a highlight report that updates management on key areas such as managing risks and their impact; and</li> <li>• 3/3 projects are without evidence of stakeholder communication for any of the projects that have commenced after creating the Authorities PMO function, despite stakeholders being outlined within the early project documentation.</li> </ul> Furthermore, we were informed that Property capital projects do not follow the process outlined within the PMO’s lifecycle document. Consequently, they did not have evidence of the key documentation such as mandates, PID, business case and risk registers. These are key documents for successful project delivery and should be evident across all types of projects. <p><b>Risk</b> If project managers fail to follow the standardised process set out by the PMO and neglect certain documentation which should be completed, best practice will not be consistently followed throughout the Authority. This could result in the failure to deliver projects to the standard expected.</p> <p><b>Action</b> 1. Launch Project Management e-Learning package. 2. Document a Property capital project process. 3. Introduce a PMO KPI relating to following the project process as part of finding 1.</p>	30-Jun-2022	Medium Priority	Update from Head of Technology, Transformation & PM 12/06/2023  Action 1: Project Management eLearning package is ready to rollout. Launch plan to be agreed.  Action 2: Property Capital process has been agreed and will be incorporated into the next Property Strategy  Action 3: A KPI showing the projects that have the correct documentation is now part of BMKFA 2122 2228 (Closed)

Audit Title & Management Action	Description	Due Date	Priority	Latest Note
BMKFA 2122 2228 PMO Assurance (3) Projects Over Budget/Time Request Approval	<p><b>Finding</b> The Head of Transformation, Technology and PMO confirmed that the Authority does not currently have an official process for extensions and instead held informal conversations with project managers. They encourage RAG ratings for updates within a project regarding budgets and timescales. However, going beyond estimated figures does not require approval. We were informed that this was due to the PMO being in its infancy.</p> <p><b>Risk</b> If there is no formal process to request additional budget requirements and timescale extensions, the budget may be exceeded without the Authority's notice and approval, putting unnecessary pressure on the Authority's overall budget.</p> <p><b>Action</b> Refresh and relaunch the change control process relating to projects.</p>	30-Jun-2022	Medium Priority	<p>Update from Head of Technology, Transformation &amp; PMO, 12/06/2023</p> <p>The training has been delayed linked to BMKFA 2122 2228 PMO Assurance (2) The PMO's Standardisation of Project Processes</p>
BMKFA 2122 2234 Procurement Governance and Compliance (4) Financial Approval Limits	<p><b>Finding</b> The Authority should ensure it formalises financial approval limits within its Financial Instructions at the earliest opportunity, including the identification of individual roles and their respective financial limits.</p> <p><b>Risk</b> A lack of formalised, up to date financial approval limits can increase the risk that financial activity will not be appropriately managed and be subject to fraudulent activity/financial loss.</p> <p><b>Action</b> Existing financial limits to be formalised within Financial Instructions.</p>	30-Mar-2023	Medium Priority	<p>Update from Director of Finance &amp; Assets 21/06/2023:</p> <p>Updated Financial Instructions were issued during June 2023.</p>
BMKFA 2122 2228 PMO Assurance (5) Centralised System	<p><b>Finding</b> The Head of Transformation, Technology and PMO confirmed there was no centralised system for the storage of project documentation. There was evidence of a project dashboard, presented on an excel spreadsheet, which summarised the progress of all projects underway and in the review stage. This stated some key dates, the names of PMs and progress updates. However, there is no evidence of a system where documents can be accessed for each project. This would be beneficial from an audit trail perspective and allow PMs to follow previous projects' processes and learn from their mistakes.</p> <p><b>Risk</b> Without a centralised system to store and access project documentation, there are missed opportunities to share important lessons learned across the organisation and avoid re-occurrences.</p> <p><b>Action</b> Review the options available and launch a centralised system to store/review/access project documentation.</p>	30-Sep-2022	Low Priority	<p>Update from Head of Technology, Transformation &amp; PMO 12/06/2023</p> <p>This has not yet been started but will be part of the scope of reviewing our Performance management system requirements</p>
BMKFA 2122 2215 Blue Light Hub Post Project Evaluation (6) Implementation Strategy and Project Delivery-Resources	<p><b>Finding</b> Additionally, there was a change of the Director of Finance and Assets in 2020. Ideally, this individual would have been present throughout the project to provide continuity from the top level. We were informed that the resources available to the Property Manager did not impact the project's outcomes. However, it made an impact on the individual's workload. Prior to occupation of the building, additional resources were allocated to the project from across the organisation to ensure a successful transition to the new station.</p> <p><b>Risk</b> There is a risk that those who manage project deliverables in an operational setting do not have the necessary resources and training to manage them.</p> <p><b>Action</b> Consideration to be given to allocating additional resources to major projects in the future. Guidance on this to be included in updated budget/project management guidance.</p>	31-Mar-2023	Low Priority	<p>Update from Director of Finance and Assets 21/06/2023:</p> <p>This requirement has been incorporated into the extension of the existing Property Strategy to 2025, which will be presented to the Executive Committee for approval in July 2023.</p>

Audit Title & Management Action	Description	Due Date	Priority	Latest Note
BMKFA 2122 2215 Blue Light Hub Post Project Evaluation (7) Monitoring of Project Benefits	<p><b>Finding</b>            The Director of Finance and Assets and the Property Manager established that there are no formal processes to monitor the continued benefits of the project since the transition of the three services. The Director of Finance and Assets informed us that the Portfolio Management Office will assess strategic level views.</p> <p><b>Risk</b>            If project benefits are not monitored there is a risk that stakeholders are not aware of the improvements resulting from the project, and additionally whether, or not, the expected project benefits have been met.</p> <p><b>Action</b>            This will be included within a formal “lessons learned” report (see also findings 3 and 8).</p>	30-Nov-2022	Low Priority	Update from Director of Finance & Assets 21/06/2023:  Evaluation paused pending further work on potential claim.
BMKFA 2122 2234 Procurement Governance and Compliance (5) Contract Register	<p><b>Finding</b>            We noted that the register did not include the name of the officer responsible for the contract in the register of contracts over £5,000, as required by Standing Order 2.2(g). As per regulation 31 of the Local Government Transparency Code 2015, it is only legally required for the Authority to state the local authority department instead of the officer responsible. We found that the department was included in the Authority’s contract register. The Procurement Manager suggested that listing the officer was unfeasible given that officers in the authority often change departments.</p> <p><b>Risk</b>            If CSOs relating to the ownership of contracts is unclear, the responsibilities associated with the performance of a contract may be unclear, resulting in improper management of the agreement, and queries regarding specific agreements may be ineffectively communicated.</p> <p><b>Action</b>            This will be reviewed as part of the forthcoming update to CSOs.</p>	30-Jun-2022	Low Priority	Update from Director of Finance & Assets 21/06/2023:  The updated Standing Orders were approved by the Fire Authority at its meeting of 7 December 2022.



## Appendix 3 Definition of Assurance Opinions

For each audit an opinion was determined firstly on the framework of controls that exist for that operational area and secondly on compliance with the controls. From this an overall audit opinion is given for each audit. An opinion on the quality of risk management in place is also provided. Work has been planned and performed so as to obtain all the information and explanations which were considered necessary to provide sufficient evidence in forming an audit opinion. The range of audit opinions is:-

### No Assurance

*"Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited."*

### Limited Assurance

*"Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited."*

### Reasonable Assurance

*"There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited."*

### Substantial Assurance

*"A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited."*

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Buckinghamshire and  
Milton Keynes Fire  
Authority

Audit progress update  
FY 21-22

June 2023



Building a better  
working world



Overview and Audit Committee

June 2023

Buckinghamshire & Milton Keynes Fire Authority

Brigade Headquarters

Stocklake

Aylesbury

Buckinghamshire

HP20 1BD

Dear Overview and Audit Committee Members Audit Progress Report

Please find below our Audit Progress Report for financial year 21-22.

The purpose of this report is to provide the Audit Committee with an overview of our progress with regards to the Authority's Accounts for the year ended 31 March 2022.

This report is intended solely for the information and use of the Overview and Audit Committee, other members of the Authority and senior management. It is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss the contents of this report with you at the Overview and Audit Committee meeting on 15 July 2023.

Yours sincerely

Andrew Brittain

For and on behalf of Ernst & Young LLP

Enc



## Audit progress



Public Sector Audit Appointments Ltd (PSAA) issued the "Statement of responsibilities of auditors and audited bodies". It is available from the PSAA website (<https://www.psa.co.uk/audit-quality/statement-of-responsibilities/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas. The "Terms of Appointment and further guidance (updated July 2021)" issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature. This report is made solely to the Overview and Audit Committee and management of Buckinghamshire & Milton Keynes Fire Authority in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Overview and Audit Committee and management of Buckinghamshire & Milton Keynes Fire Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Overview and Audit Committee and management of Buckinghamshire & Milton Keynes Fire Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.

# Status of the audit

## Status of the audit

### Triennial Valuation

- When the accounts were prepared, the 2019 triennial valuation informed key judgements and estimates in the 2021/22 financial statements, including the defined benefit liability derived from a roll-forward of the 2019 valuation. In March 2023 the triennial valuation as at March 2022 for Buckinghamshire Pension Fund was finalised. This counts as new information available for any open accounts and therefore following the receipt of the final triennial valuation for 2022, account preparers need to consider whether there is a material difference to the information used in the roll forward and whether amendments need to be made to the 21/22 accounts under Section 3.8 of the CIPFA Code of Practice. Audit teams are also be required to consider this information when reviewing their testing of those judgments and estimates. As this is an emerging issue we are working with officers to assess the potential impact. We have made progress in this area and will provide an update at the Overview and Audit Committee on 19 July 2023.

Our audit work in respect of the Authority opinion is substantially complete. Since the date of our last report we have concluded on the following areas.

- Great Holm Fire Station Valuation
- Gerrards Cross House Valuations

We have received the response from the auditor of Buckinghamshire Pension Fund, which is required for our IAS 19 procedures.

The following items relating to the completion of our audit procedures were outstanding at the date of this report.

- Property, plant and equipment valuations
  - Final conclusions on land values used in the valuation of land and buildings
  - Final signed valuation report from the Authority's valuer
- Completion of journals testing
- Work on going concern disclosure
- Final Manager and Partner review of the audit file.
- Receipt of signed management representation letter.
- Completion of subsequent event review.

Given that the audit process is still ongoing, we will continue to challenge the remaining evidence provided and the final disclosures in the Narrative Report and Accounts which could influence our final audit opinion, a current draft of which is included in Section 3.



# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** Protocol on Member and Officer Relations

**Lead Member:** Chairman of the Authority

**Report sponsor:** Graham Britten, Director of Legal and Governance

**Author and contact:** Katie Nellist, Democratic Service Officer

[knellist@bucksfire.gov.uk](mailto:knellist@bucksfire.gov.uk)

**Action:** Decision

**Recommendations:**

It is recommended that the Protocol on Member and Officer Relations be approved and be recommended to the Authority for adoption.

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**Executive summary:**

The purpose of this report is for Members to review and approve the draft Protocol on Member and Officer Relations (Appendix 1) for adoption by the Authority.

The Protocol requires that it be reviewed on a four-yearly cycle. The substantive amendments are shown underlined in the Appendix and reflect the incorporation of the five ethical principles from the [Core Code of Ethics for Fire and Rescue Services – England](#).

---

**Financial implications:** There are no financial implications arising from this report.

**Risk management:** Failure to have an established protocol that clarifies member and officer roles could place members and officers at risk of compromising their respective positions.

**Legal implications:** The recommendation that local authorities have in place a protocol on member and officer relations derives from the Third Report of the Committee on Standards of Conduct in Public Life: *“Standards of Conduct in Local Government in England, Scotland and Wales”* 1997.

Common law has established that if the actions of an individual member adversely affect the ability of an officer to execute his or her contract of employment, it can undermine the implied contractual obligation of trust and confidence for which the Authority may be vicariously liable (for which compensation might be payable). The

promulgation of a protocol on member and officer relations is a practical measure to mitigate the Authority from vicarious liability.

**Privacy and security implications:** There are no privacy and security implications.

**Duty to collaborate:** There are no identified collaboration opportunities with the ambulance or police services due to their different governance models.

**Health and safety implications:** There are no health and safety implications arising from this report.

**Environmental implications:** There are no environmental implications arising from this report.

**Equality, diversity, and inclusion implications:** An equality impact assessment was completed in advance of the internal staff Joint Consultation Forum 1 March 2023 [ and is appended for the purposes of PMB and SMB as appendix 2]

**Consultation and communication:**

The Protocol was reviewed by employee representatives via the Joint Consultation Forum at its meeting on 1 March 2023 who were in agreement that the Protocol should include reference to the five ethical principles from the Core Code of Ethics for Fire and Rescue Services – England, which were also subsequently incorporated into the [updated employee Code of Conduct 2023](#) when approved by the Executive Committee at its meeting on 22 March 2023.

**Background papers:**

[THE THIRD REPORT OF THE COMMITTEE ON STANDARDS IN PUBLIC LIFE \(Chairman Lord Nolan\) July 1997 Recommendation 20](#)

[Report to the Annual Meeting of the Authority 10 June 2015 - Item 14a](#)

[Report to the Meeting of the Authority 18 September 2019 - Item 7](#)

[Core Code of Ethics for Fire and Rescue Services – England](#)

[Minutes of the meeting of the Executive Committee 22 March 2023](#)

Appendix	Title	Protective Marking
1	Draft Protocol on Member and Officer Relations	





# **Buckinghamshire & Milton Keynes Fire Authority**

## **Protocol on Member and Officer Relations**

### **Policy Statement**

**Buckinghamshire & Milton Keynes Fire Authority is committed to ensuring there is a strong, constructive and trusting relationship between Members and officers. This policy aims to provide a formal protocol for the working relationship between Members and officers to ensure that current good practice continues.**

**The protocol provides guidance on the behaviour, roles and responsibilities of both Members and officers, and puts in place a mechanism should any issues arise surrounding this subject.**

#### **Document history**

Version 1.0 Issued March 2011 following adoption by Standards Committee

Version 1.2 Issued September 2014 following change of information asset owner from Deputy Chief Fire Officer Adrian Crook to Director of Legal and Governance Graham Britten.

Version 2.0 NOTE: By resolution of the Authority at its meeting on 13 June 2012, responsibilities of its Standards Committee were transferred to its Overview and Audit Committee. References to the Standards Committee should be construed accordingly.

Version 3.0 Issued June 2015 following adoption by the Fire Authority.

Version 4.0 Issued July 2019 following adoption by the Overview and Audit Committee at its meeting on 17 July 2019. [Correction: version 4.0 was adopted by the Fire Authority at its meeting on 18 September 2019 after recommendation from the Overview and Audit Committee at its meeting on 17 July 2019]

Draft Version 5.0



## **Policy**

The aims of this policy are to:

Provide a formal protocol which covers the relationship between elected Members and officers.

Provide a mechanism to deal with any issues that may arise which affect the relationship between elected Members and officers.

Support the Authority's commitment to upholding standards of conduct in public life.

## **Organisation**

Throughout the policy document details have been included for people and organisations that have roles and responsibilities in this policy.

The Chief Fire Officer/Chief Executive is responsible for monitoring this policy and any feedback from Members and officers to ensure that it is working effectively.

## **Planning & Implementation**

Members will be made aware of this policy via the Committee structure and presentation to the meeting of the full Fire Authority. It will be included in any induction pack to new Members following the annual meeting in June.

The policy will be made available via the intranet and managers will be urged to ensure that all staff are familiar with the policy.

## **Measuring, Audit & Review**

The policy performance will be monitored as described at 'organisation' above. Unless a change is required sooner, the policy will be reviewed by the Overview and Audit Committee every four years after approval.



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## Protocol on Member and Officer Relations

*"Every Local Authority should have its own written statement or protocol governing relations between Members and Officers."* (**Third report of the committee on standards in public life, the Nolan Committee**).

### 1. Introduction

- 1.1 The relationship between elected Members of Buckinghamshire & Milton Keynes Fire Authority (the Authority) and officers has always been and continues to be one of the main organisational strengths. However, the Authority accepts it is required to have a formal protocol which covers the relationship between elected Members and officers. This protocol is prepared to meet those requirements but against a background of a good working partnership which is well-established, widely accepted and benefits everyone who serves or is employed in the Authority. It will provide a safe guide to help ensure that current good practice continues.
- 1.2 The Authority recognises that a strong, constructive and trusting relationship between Members and officers is essential to the effective and efficient working of the organisation. Members and officers should work in partnership in developing the policies of the Authority and in ensuring the delivery of services to the people of Buckinghamshire and Milton Keynes.
- 1.3 This protocol takes into account the respective and different roles of Members and officers and does not seek to change or influence these roles. It is accepted that from time to time issues may arise which need to be addressed. This protocol provides a mechanism by which to address any such matters.
- 1.4 It is recognised that the Authority is a corporate entity but that in terms of its political structure there is an Administration and Opposition and this dimension involves both Members and officers operating in a political sensitive climate. Officers have an overriding obligation to serve the Authority as a corporate body but must be aware of the political dimension.
- 1.5 This protocol forms a key part of the Authority's approach to corporate governance and its commitment to uphold standards of conduct in public life. The Authority supports the wider aims of protecting and enhancing the integrity and reputation of public services and high standards of personal conduct.

### 2. Operation of this protocol

- 2.1 This protocol will be applied having regard to the requirements of the Members' Code of conduct and the Officers' Code of Conduct, as set



out in the Authority's Constitution, and relevant Authority policies, procedures and processes. Members and officers must at all times observe this protocol; where there is a conflict or discrepancy between this protocol and those codes and policies referred to above, then those codes and policies shall have precedence. Account will also be taken of any conventions in the case of conflict or discrepancy.

- 2.2 This protocol does not affect or interfere with any rights of or protection which a person may have in law.

### **3. Responsibility for the protocol**

- 3.1 The Chief Fire Officer/Chief Executive is responsible for the operation of this protocol and will ensure that it is reviewed on a four yearly cycle. However, the Overview and Audit Committee may request a review at any time.
- 3.2 He or she will rule on the interpretation and/or the application of the protocol in matters of dispute and such rulings will be final. Where such a matter is relevant to or involves the Chief Fire Officer/Chief Executive then the Monitoring Officer shall be the appropriate officer under this paragraph.
- 3.3 Buckinghamshire & Milton Keynes Fire Authority is responsible for approving any amendments or additions to the protocol following consultation with Member and officer representatives and the Overview and Audit Committee where appropriate.

### **4. Members' access to information**

- 4.1 Members have a statutory right under the Local Government Act 1972 to inspect any document which contains material relating to any business which is to be transacted at an Authority meeting. This extends to background papers. If there are any concerns about the rights of members to inspect documents, those involved should consult with the Monitoring Officer.
- 4.2 Members are free to approach the service to provide them with such information, explanation and advice as they may reasonably need to assist them in discharging their role as Members of the Authority. Such approaches should normally be directed to the appropriate senior officer or, in cases of doubt, to the Chief Fire Officer/Chief Executive. Members should not put undue pressure on officers to release information and documents to which they are not entitled to have access.
- 4.3 An exception to the above will be information or reports that contain confidential personal information about employees or other persons. (examples would be a report containing personal medical information



or annual appraisal details of an individual). If the Chief Fire Officer/Chief Executive wishes to withhold a confidential report then he will consult with the Chairman and the Monitoring Officer and, where a report is to be withheld, reasons will be given to the member concerned.

## **5. Member and Officer Roles**

- 5.1 This protocol recognises that Members are elected and officers are appointed to serve the people of Buckinghamshire and Milton Keynes and that their roles are distinct.
- 5.2 The Members are accountable to the electorate who determine the people they wish to represent them on the local authorities. The local authorities of Buckinghamshire and Milton Keynes then nominate elected Members to sit on Buckinghamshire & Milton Keynes Fire Authority.
- 5.3 Officers are accountable to the people of Buckinghamshire and Milton Keynes through this Authority.
- 5.4 Members are primarily responsible for:
- 5.4.1 Political direction and leadership of the Authority. The determination of policies, plans and strategies and deciding matters to give effect to or implement those policies, plans and strategies, particularly in service delivery terms.
  - 5.4.2 Performing the Authority's regulatory functions.
  - 5.4.3 Monitoring and reviewing, primarily through the Executive Committee and the Overview and Audit Committee functions, the Authority's performance in implementing its plans and strategies and in delivering its services.
  - 5.4.4 Participation in partnership working.
  - 5.4.5 Representing the Authority on national, regional and local bodies and organisations.
  - 5.4.6 Representing the views of their communities and individual constituents in respect of the work of the Authority.
- 5.5 Members should not involve themselves in the day to day management of the Authority's services as the responsibility rests with the Chief Fire Officer/Chief Executive and senior managers and there are clearly defined lines of accountability to Members. However, applying this part of the protocol, it has to be recognised that Members do have specific responsibilities under the Authority's Executive Committee and the Overview and Audit Committee as set out in part nine of this document.



- 5.6 Under the Authority's Constitution some Members have additional responsibility at Member level, for example being Chairman of a committee or panel or as lead or champion Member for a specific area of the service. The holding of these offices will involve a different relationship with certain officers in areas where the Member has a particular role and responsibility. Also, the relationships will be more complex and expectations will be different from other Members.
- 5.7 It is important that Members of the Authority:
- 5.7.1 Respect the impartiality of officers and not undermine their role in carrying out their duties.
  - 5.7.2 Do not ask officers to undertake work or to act in a way which seeks to support or benefit a particular political party or gives rise to the officer being criticised for operating in a party political manner.
  - 5.7.3 Do not ask officers to exceed their authority where that authority is given to them in law, by the Authority or by their managers.
- 5.8 This protocol recognises the role of opposition groups in the Authority, acting individually or jointly, and that relationships will be different and complex. Members in opposition have the same rights and obligations in their relationships with officers and should be treated equally. Where opposition groups, individually or collectively, appoint their Members to perform shadow or spokesperson roles, then the requirement of 5.6 above will apply.
- 5.9 It is however envisaged that all Members will work co-operatively to ensure that the Authority meets its statutory obligations and provides an effective and efficient fire and rescue service to the people of Buckinghamshire and Milton Keynes.
- 5.10 The primary role of officers is to advise, inform and support all Members and to implement the lawfully agreed policies of the Fire Authority.
- 5.11 In performing this role, officers will act professionally, impartially and with political neutrality. Whilst officers will report a Member's view on an issue, the officer should not be influenced or pressured to make comments or recommendations which are contrary to his or her professional judgement or views.
- 5.12 The Chief Fire Officer/Chief Executive, the Monitoring Officer and the Chief Finance Officer have specific responsibilities placed on them by law. These responsibilities go beyond their obligations as employees of the Authority. Where an officer is discharging his or her



responsibilities under any statutory office, a Member or Members shall not:-

5.12.1 Interfere with or obstruct the officer in exercising those responsibilities.

5.12.2 Victimise any officer who is discharging or has discharged his or her responsibilities of the statutory office.

5.13 Both Members and officers will, regardless of their role always act in accordance with the Core Values of the Authority and the five ethical principles of the Core Code of Ethics for Fire and Rescue Services – England (Appendix 1).

## **6. Member/officer obligations and expectations**

6.1 Members will require and expect officers:-

6.1.1 To be committed to the Authority as a whole and not to any political group or individual.

6.1.2 To work in partnership with Members in an impartial and professional manner.

6.1.3 To understand and support the roles of Members and the associated workloads and pressures.

6.1.4 To implement decisions of the Authority and its subordinate committees which:

- are lawful
- have been properly approved in accordance with the law and the Authority's constitution and;
- formally recorded.

6.1.5 To respond to enquiries and complaints in accordance with the Authority's standards.

6.1.6 To provide professional advice, which is not influenced by political views or preferences, and which does not compromise the political neutrality of officers.

6.1.7 To provide information to Members on matters that can reasonably be considered appropriate and relevant taking into account the Members' individual responsibilities and position and the Members' rights to access documents and information, subject to specific exclusions, eg personal interests and confidentiality.

6.1.8 To be aware of, and sensitive to, the internal and external political environment.

6.1.9 To act with honesty, respect, dignity and courtesy at all times.





6.1.10 To provide support and learning and development opportunities for Members to help them in performing their various roles in respect of their Authority Membership.

6.1.11 To act with integrity and appropriate confidentiality.

6.1.12 Not to raise issues of a personal nature outside agreed procedures.

6.1.13 Not to use their relationship with Members to advance their personal interests or to influence decisions improperly.

6.1.14 To comply at all times with the officer Code of Conduct and such other policies or procedures approved by the Authority to support the role of Members with any policy or procedure agreed by the Authority.

6.1.15 Not to support Members in any role other than that of Authority Members and not to undertake any actions which are not compatible with this protocol.

## 6.2 Officers can expect Members: -

6.2.1 To act within the policies, practices, processes and conventions established by the Authority.

6.2.2 To work constructively with officers, acknowledging their separate and distinct roles and responsibilities.

6.2.3 To understand and support the respective roles and responsibilities of officers and their associated workloads, pressures and reporting lines.

6.2.4 To give political leadership and direction and to seek to further their agreed policies and objectives with the understanding that Members have the right to take the final decision and issues based on advice and within the competence of the Authority.

6.2.5 To treat them fairly and with respect, dignity and courtesy.

6.2.6 To act with integrity, to give support and to recognise appropriate confidentiality.

6.2.7 To recognise that officers work to the instructions of their senior officers and not to individual Members.

6.2.8 Not to subject them to intimidation, harassment or put them under pressure. Members will have regard to the seniority of officers in determining what reasonable requests are, having regard to the relationship between Member and officer and the potential vulnerability of officers, particularly at junior levels.



6.2.9 Not to request them to exercise discretion which involves acting outside the Authority's competence, policies and procedures.

6.2.10 Not to authorise, initiate or certify any financial transactions or enter into any contract, agreement or undertaking on behalf of the Authority, or in their role as Member of the Authority without proper and lawful authority.

6.2.11 Not to use their position or relationship with officers to advance their personal interest or those of others, or to influence decisions improperly.

6.2.12 To comply at all times with the Members' Code of Conduct, the law, the constitution and such other policies, procedures, protocols and conventions agreed by the Authority.

## **7. Behaviour limitations**

7.1 The different roles of Members and officers require particular limitations upon behaviour. Both Members and officers need to ensure that their working relationship is appropriate to their respective role and that they do not act in any way which would lead to their behaviour being questioned. It is not possible to provide a list of circumstances where behavioural issues might be of concern. The main examples below help to illustrate the point.

7.1.1 A close personal relationship between a Member and an officer can confuse their separate roles and influence the proper discharge of the Authority's functions, not least in creating a perception that a Member or officer may be securing advantageous treatment.

7.1.2 The need to maintain the separation of roles means that there are limits to those matters on which a Member may seek the advice of an officer, both in relation to personal matters and party political issues.

7.1.3 Relationships with a particular individual or party group should not be such as to create public suspicion that an employee favours one Member or group above the others.

## **8. Political groups**

8.1 It is in the interests of the Authority to support, to some degree, the effective operation of all its political groups and not one particular group. The operation of political groups may, however, pose particular issues for officers in terms of their impartiality.



- 8.2 A political group may request the Chief Fire Officer/Chief Executive or member of the Senior Management Team to prepare a written report on a matter or matters relating to the Authority for consideration by the group.
- 8.3 An officer report to a political group will be restricted to a statement of material facts and identification of options and the merits or otherwise of such options for the Authority. Such reports will not cover any political implications on the matter or any option. Such reports will not include any recommendations.
- 8.4 The release of such reports to other political groups shall be dealt with in accordance with any conventions in existence at the time.
- 8.5 A political group may request the Chief Fire Officer/Chief Executive or a member of the Senior Management Team to attend a meeting of the group to advise on particular matter relating to the Authority. The Chief Fire Officer/Chief Executive or member of the Senior Management Team may arrange for the attendance of a representative on his or her behalf, or may decline to attend or send a representative where he or she is of the opinion that the particular issue is of such a political nature that it would be inappropriate to attend.
- 8.6 Officer advice at a meeting of a political group will be restricted to a statement of material facts and identification of options and the merits or otherwise of such options for the Authority. The advice will not cover any political implications of any matter or any option.
- 8.7 All officers will respect the confidentiality of any matter which they hear in the course of attending any political group meeting or in respect of any requests for advice and the giving of that advice.

## **9. Attendance of officers at Executive Committee and Overview and Audit Committee**

- 9.1 It is accepted that in carrying out its role, the Executive Committee and Overview and Audit Committee may require an officer to attend to answer questions or to discuss issues. In requiring an officer to attend, a Committee will consider the seniority of the officer it would be appropriate to invite. There is a presumption against inviting officers outside the senior officers' range to attend in this capacity. Requests for officer attendance shall also have regard to workloads of officers.
- 9.2 Where an officer attends such a meeting his or her contributions should be confined to matters of fact and explanation. However, an officer may be asked to explain and justify advice which he or she has given prior to a decision having been made, including decisions taken by him or her and delegated powers.



- 9.3 Officers should not be drawn into discussions of a political nature which would be inconsistent with the political neutrality requirement, nor should any questioning of an officer be reasonably interpreted as constituting harassment.
- 9.4 In Executive or Overview and Audit proceedings the capability or competence of officers must not be questioned. The distinction needs to be drawn between reviewing the policies, performance and decisions of the Authority and its services and the appraisal of staffs' individual performance. The latter is not a function of the Executive Committee or the Overview and Audit Committee.
- 9.5 The approach here is consistent with the committee terms of reference as set out in the Authority's standing orders.
- 9.6 In applying this part of the protocol, account will be taken of any guidance agreed by Executive Committee and/or the Overview and Audit Committee provided that guidance is consistent with the principles of this protocol.

## **10. Breaches of the protocol**

- 10.1 Where a Member is dissatisfied with the conduct, behaviour or performance of an officer, the matter should, in the first instance, be raised with the officer concerned. Where any matter remains unresolved or is of significant concern it should be raised with the appropriate senior manager. Where the officer concerned is a senior manager, the matter should be made with the Chief Fire Officer/Chief Executive. Where the employee concerned is the Chief Fire Officer/Chief Executive, the matter should be raised with the Monitoring Officer.
- 10.2 Where the relationship between Members and officers or other Members breaks down or becomes strained, every effort will be made to resolve matters informally. This can be achieved through conciliation by an appropriate senior manager, group leader and if necessary the Chairman. Officers will also have recourse to the Grievance Procedure or to the Authority's Monitoring Officer as appropriate.
- 10.3 In the event of a grievance or complaint being upheld, the matter will be referred to the Chief Fire Officer/Chief Executive. The Chief Fire Officer/Chief Executive, having advised the Chairman of the Authority and the other appropriate party spokespersons, will decide on the course of action to be taken. Consultation with the Overview and Audit Committee should be considered if appropriate.
- 10.4 Breaches of protocol by a Member may result in a complaint to the Overview and Audit Committee and, in the case of officers, may lead to disciplinary action. In all cases, a resolution should be timely and ideally concluded within 28 days.



10.5 Any issues arising from or in relation to this protocol will be reported to the next appropriate Overview and Audit Committee meeting.



## Appendix 1

### **Core Values of Buckinghamshire & Milton Keynes Fire Authority**

#### **Service to the Community**

We value service to the community by:

- Working with all groups to reduce risk
- Treating everyone fairly and with respect
- Striving for excellence in all we do
- Being answerable to those we serve

#### **People**

We value people by everyone practising and promoting:

- Fairness and respect
- Recognising commitment and the achievement of excellent service
- Honesty and trust
- Opportunities to develop and learn
- Co-operation and inclusive working

#### **Diversity**

We value diversity in the Service and the community by:

- Treating everyone fairly and with respect
- Challenging prejudice and discrimination
- Creating opportunities to meet the different needs of people in our communities
- Promoting equal opportunities in terms of recruitment, promotion and retention

#### **Improvement**

We value improvement at all levels of the Service by:

- Accepting responsibility for our performance and actions
- Being open-minded and receptive to alternative approaches
- Learning from our experience
- Supporting others to enable them to achieve their goals
- Encourage innovation and creativity



## **Core Code of Ethics for Fire and Rescue Services: five ethical Principles**

1. Putting our communities first  
- we put the interest of the public, the community and service users first
2. Integrity  
- we act with integrity being open, honest and consistent in everything we do
3. Dignity and respect  
- we treat people with dignity and respect, making decisions objectively based on evidence, without discrimination or bias
4. Leadership  
- we are all positive role models, always demonstrating flexible and resilient leadership.  
We are all accountable for everything we do and challenge all behaviour that falls short of the highest standards
5. Equality, diversity and inclusion (EDI)  
- we continually recognise and promote the value of EDI, both within the Fire Service and the wider communities in which we serve. We stand against all forms of discrimination, create equal opportunities, promote equality foster good relations and celebrate difference

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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** 2021/22 Statement of Assurance

**Lead Member:** Chairman, Overview and Audit Committee

**Report sponsor:** Graham Britten, Director of Legal and Governance

**Author and contact:** Stuart Gowanlock, Corporate Planning Manager

**Action:** Decision

**Recommendations:** That the 2021/22 Statement of Assurance be approved for signature by the Chairman of the Overview and Audit Committee and the Chief Fire Officer.

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## **Executive summary:**

The Fire and Rescue National Framework, published by the Department of Communities and Local Government in July 2012, introduced the requirement for fire and rescue authorities in England to produce a 'Statement of Assurance' on an annual basis. An updated National Framework was published in May 2018. This maintained the requirement that every authority must publish an annual statement of assurance of compliance with the Framework. The statements are intended to provide assurance to the public on financial, governance and operational matters and demonstrate that National Framework requirements, including those relating to integrated risk management planning, are being met.

The precise form, content and methodology used to prepare the statements are left to local discretion. Where authorities "have already set out relevant information that is clear, accessible, and user-friendly within existing documents" they may draw on these in preparing their statements of assurance.

Buckinghamshire and Milton Keynes Fire Authority already produces and publishes a variety of separate statements relating to financial, governance and operational performance such as the Annual Governance Statement and Annual Financial Statements. The draft 2021/22 Statement of Assurance, shown at Appendix 1, draws on, summarises, and includes relevant extracts from these more detailed assessments. Changes from the 2020/21 Statement of Assurance are shown as shaded text. Officers are of the view that collectively the assurance processes underpinning the range of existing statements covers the scope and nature of what is

required for the statement of assurance. However, with regard to section 2 of the Statement, concerning financial assurance, note that there have been delays to:

- the audit of the annual financial statements for the year ending 31 March 2022 (further details can be found within the public notice: <https://bucksfire.gov.uk/authority/audit-of-accounts/>); and,
- production of the appointed external auditors Audit Results Report for the year ended 31 March 2022.

The above items will be presented to the Overview and Audit Committee following completion and any material findings from them, included in the 2022/23 Statement of Assurance.

The statement of assurance should be signed off by an elected member of the Authority who is able to take responsibility for its contents. It is for authorities to decide who the most appropriate person is.

In respect of Buckinghamshire and Milton Keynes Fire Authority, officers are of the view that the most appropriate person is the Chairman of the Overview and Audit Committee.

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#### **Financial implications:**

There are no direct financial implications arising from the production of the annual Statement of Assurance.

#### **Risk management:**

Financial, governance and operational assurance processes form part of the Authority's risk management framework. The effectiveness of these contributes to the identification, reduction, and mitigation of corporate and operational risks.

#### **Legal implications:**

Section 21 of the Fire and Rescue Services Act 2004 (FRSA 2004) provides the statutory authority for the National Framework and requires Fire and Rescue Authorities to 'have regard' to it in carrying out their functions. However, Section 22 of the Act gives the Secretary of State the power to intervene if he considers that "...a fire and rescue authority is failing, or is likely to fail, to act in accordance with the Framework prepared under section 21".

Also "The Secretary of State must report to Parliament on—

(a) the extent to which fire and rescue authorities are acting in accordance with the Framework prepared under section 21;

(b) any steps taken by him for the purpose of securing that fire and rescue authorities act in accordance with the Framework".

The Statement of Assurance will be used as a source of information by the Secretary of State when preparing biennial reports required by section 25 of the Fire & Rescue Services Act 2004.

**Privacy and security implications:**

Following consultation with the Data Protection Officer, no privacy or security issues have been identified or associated with the Statement of Assurance.

**Duty to collaborate:**

The statement is designed to provide assurance in relation to the operations of the Authority and details any relevant collaborative work with the other Thames Valley Fire Authorities and other agencies.

**Health and safety implications:**

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

**Environmental implications:**

None identified.

**Equality, diversity, and inclusion implications:**

There are no direct equality, diversity or inclusion implications arising from this report.

**Consultation and communication:**

The requirement for Statements of Assurance arose from the revisions to the National Framework published by the Department for Communities and Local Government in July 2012. An evaluation of the implications of the new Framework was reported to the Fire Authority at its 27 September 2012 meeting.

The 2020/21 Statement of Assurance was approved on 16 March 2022:

<https://bucksfire.gov.uk/documents/2022/03/oa-item-12-160322.pdf/>

**Background papers:**

Appendix	Title	Protective Marking
1	Draft 2021/22 Statement of Assurance	None
2	CLG Guidance on Statements of Assurance	None

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Approval date: 19 July 2023



**Statement of Assurance  
2021/2022**

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## 1. INTRODUCTION

- 1.1 Although Fire and Rescue Services in England are run by local government bodies, the Fire and Rescue Services Act 2004 requires that local fire and rescue authorities must have regard to direction from central government. This direction, issued in the form of a 'National Framework', sets out the Government's strategic aims and requirements for Fire and Rescue Services in England. An updated National Framework was published in May 2018. This maintained the requirement, introduced by Government in 2012, that every authority must publish an annual statement of assurance of compliance with the Framework 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”.*

- 1.2 The purpose of this document is to provide the public and Government with assurance that Buckinghamshire and Milton Keynes Fire Authority ('The Authority') met the requirements set out in the National Framework and accompanying Government guidance<sup>1</sup> during the 2021/22 financial year.
- 1.3 Where relevant, the document draws on, consolidates and summarises the findings of existing assurance processes relating to financial, governance and operational matters that were set up to meet other statutory and regulatory requirements of fire and rescue authorities.
- 1.4 During the year, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)<sup>2</sup> carried out a second formal inspection of the Service. An overview of the findings from this inspection is set out at section 6 of this document.

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<sup>1</sup> 'Guidance on Statements of assurance for fire and rescue authorities in England, Department for Communities and Local Government, May 2013.

<sup>2</sup> The inspection was carried out during the reign of Her Majesty Queen Elizabeth II.

## 2. FINANCIAL ASSURANCE

- 2.1 It is a statutory requirement under the Accounts and Audit Regulations 2015 for authorities to publish the financial results of their activities for the year. This 'Statement of Accounts', shows the annual costs of providing the Service and is determined by a Code of Practice which aims to give a "true and fair" view of the financial position and transactions of the authority.
- 2.2 The unaudited annual financial statements for the Year Ending 31 March 2022 can be accessed via this hyperlink:  
<https://bucksfire.gov.uk/documents/2022/07/statement-of-accounts-2021-22-unaudited.pdf/>
- 2.3 The financial statements are required to be audited under the Local Audit and Accountability Act 2014. The auditors are responsible for:
- forming an opinion on the financial statements;
  - reviewing the Annual Governance Statement;
  - forming a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources.

There has been a delay to the audit of the annual financial statements for the year ending 31 March 2022. Further details can be found within the public notice, which is available here:

<https://bucksfire.gov.uk/authority/audit-of-accounts/>

- 2.4 Regarding the requirement to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness in its use of resources – known as the 'value for money conclusion' - the auditors, will assess this within their Audit Planning Report. Previous reports did not identify any risks of significant weaknesses against the three reporting criteria of financial sustainability, governance and improving economy, efficiency and effectiveness, and there is no reason to expect this will be any different when the audit is concluded for the 2021/22 financial year.



The detailed results and conclusions from the appointed external auditors audit process will be found in the Audit Results Report for the year ended 31 March 2022, which will be published following the conclusion of the audit.

- 2.5 The Authority is required to report annually on progress against the financial strategy 2020/21-2024/25 which was approved by the Fire Authority in December 2020. The financial strategy is the link between the organisation's long-term service objectives and its financial capacity. It also helps organisations to consider the feasibility of different options in terms of affordability and financial sustainability. An update on progress made during the first year of the strategy was provided to the Fire Authority in December 2021 (see Agenda Item 9 at pages 39-64):  
[\(Public Pack\)Agenda Document for Buckinghamshire & Milton Keynes Fire Authority, 08/12/2021 11:00 \(bucksfire.gov.uk\)](#)

- 2.6 The Authority's internal auditors also produce an annual report on the internal control environment. In this report, the Chief Internal Auditor stated that:

*"The results of the audit work undertaken, when combined with our experience and knowledge of previous years' performance and the current climate in which the Authority is operating, form the basis for the overall opinion. As such, in my opinion the system of internal control provides reasonable assurance regarding the effective, efficient and economic exercise of the Authority's functions. However, the work undertaken during 2021/22 has identified further improvements that are required to ensure that the internal control framework remains adequate and effective. Findings raised from the 2021/22 internal audit reviews have not identified any material weaknesses. Overall, the Fire Authority has continued to demonstrate a robust and effective internal control and risk management environment."*

The full internal audit report containing the Internal Auditors opinion can be viewed via the following hyperlink:

<https://bucksfire.gov.uk/documents/2022/07/oa-item-9b.pdf/>

- 2.7 In addition to the statutory requirement to publish annual financial results, the government is committed to increasing transparency across local authorities. One of the steps in this process is for the publication online of

information relating to spend items in excess of £500. In accordance with that requirement, the Authority is publishing monthly schedules of payments, which can be found on our website:

<https://bucksfire.gov.uk/authority/financial-transparency/>

### **3. GOVERNANCE**

- 3.1 The Authority is responsible for maintaining a sound system of internal control that supports the achievement of its policies, aims and objectives whilst safeguarding public money and organisational assets. There is also a requirement to ensure that the Authority is administered prudently and economically and that resources are used efficiently and effectively and that sound arrangements are in place for the identification and management of risks.
- 3.2 The Authority's approach to governance is based on the seven core principles of good governance set out in the CIPFA / SOLACE Framework for Delivering Good Governance in Local Government (2016):

**Principle A** Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

**Principle B** Ensuring openness and comprehensive stakeholder engagement.

**Principle C** Defining outcomes in terms of sustainable economic, social, and environmental benefits.

**Principle D** Determining the interventions necessary to optimise the achievement of the intended outcomes.

**Principle E** Developing the entity's capacity, including the capability of its leadership and the individuals within it.

**Principle F** Managing risks and performance through robust internal control and strong public financial management.

**Principle G** Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

- 3.3 There is already a statutory requirement for the Authority to produce an annual governance statement to demonstrate and evidence that it operates an effective system of internal control. The internal control systems underlying the annual governance statement are assessed by Internal Audit to ensure that they are adequate and effective so that:
- The Authority can establish the extent to which they can rely on the whole system; and,
  - Individual managers can establish the reliability of the systems and controls for which they are responsible.
- 3.4 Details of the Authority's governance arrangements and the internal auditor's findings in relation to these (summarised at paragraph 2.7 above) can be found in the Annual Governance Statement 2021/2022:  
<https://bucksfire.gov.uk/documents/2022/08/annual-governance-statement-2021-22.pdf/>
- 3.5 The Annual Governance Statement also confirms that the Authority met its statutory obligation to review its Pay Policy Statement annually. This sets out its policies on the remuneration of its chief officers, the remuneration of its lowest paid employees and the relationship between the remuneration of its chief officers and the remuneration of its employees who are not chief officers. This was approved and adopted by the Authority at its February 2022 meeting, and can be viewed via the following link to the Authority's website:  
<https://bucksfire.gov.uk/documents/2022/02/fa-item-11-16022022.pdf/>

#### **4. OPERATIONAL ASSURANCE**

- 4.1 The Government requires Fire Authorities to provide assurance that they meet the requirements arising out of the legislative and policy framework for fire and rescue services. In particular:
- Details of specific events that raise issues of operational competence or delivery such as advice received under health and safety or other legislation together with assurance that these matters have been considered and, where appropriate, acted on;

- That integrated risk management plans are consulted on and that during the consultations appropriate information was provided to enable active and informed participation;
- Details of any agreements and / or mutual aid arrangements with other relevant bodies such as neighbouring fire and rescue services.

### Statutory Duties and Operational Effectiveness

Fire and rescue authorities operate within in a clearly defined legislative and policy framework comprising of:

- The Fire and Rescue Services Act 2004;
- The Civil Contingencies Act 2004;
- The Regulatory Reform (Fire Safety) Order 2005;
- The Fire and Rescue Services (Emergencies) (England) Order 2007;
- The Localism Act 2011;
- The Fire and Rescue National Framework for England;
- Policing and Crime Act 2017.

4.2 The Service has well established internal structures and processes for assuring its operational effectiveness. A dedicated Operational Assurance Team (OAT) monitor and review performance at operational incidents as well as coordinate any information that is shared through National Operational Learning (NOL), Joint Organisational Learning (JOL) through the Joint Emergency Services Interoperability Principles (JESIP) as well as relevant findings from HMICFRS inspections. An Operational Assurance Improvement Plan (OAIP) captures and prioritises any recommended changes to processes, practices and procedures. The work of the OAT and the OAIP is overseen by the Operational Assurance Group comprised of Service officers. Progress in relation to the OAIP is reviewed by the Performance Monitoring and Strategic Management Boards and also reported to the Fire Authority's Overview and Audit Committee on a regular basis (for example, see agenda item 15 at pages 111-120):

<https://bucksfire.gov.uk/documents/2021/10/overview-and-audit-committee-agenda-and-reports-10-11-21.pdf/>

4.3 The opportunity to align operational assurance processes across the Thames Valley is currently being explored with Royal Berkshire and Oxfordshire fire and rescue services. Progress in relation to this will be reported in the 22/23 Statement of Assurance.

4.4 Independent, external assurance of the Service's operational performance is now provided by HMICFRS via the [effectiveness pillar](#) of their inspection framework.

## 5. INTEGRATED RISK MANAGEMENT PLANNING

5.1 The National Framework requires that Fire Authorities must produce an Integrated Risk Management Plan (IRMP) that identifies and assesses all foreseeable fire and rescue related risks that could affect its community, including those of a cross-border, multi-authority and / or national nature. The plan must have regard to the community risk registers produced by Local Resilience Forums and any other local risk analyses as appropriate. Each fire and rescue authority integrated IRMP must:

- be easily accessible and publicly available; and,
- reflect effective consultation throughout its development and at all review stages with the community, its workforce and representative bodies, and partners.

5.2 The Government guidance relating to statements of assurance requires that they should include details of IRMP consultations and, in particular, that appropriate information was provided to enable active and informed participation.

5.3 Buckinghamshire and Milton Keynes Fire Authority regularly reviews the fire and rescue related risks to the community it serves and updates its IRMP in response to any material changes to the nature and level of the risks identified and assessed.

5.4 The Authority's current IRMP, known as the '2020-25 Public Safety Plan', is published on its website. This sets out the Authority's strategy for achieving its vision of making *'Buckinghamshire and Milton Keynes the safest areas in England in which to live, work and travel'*:

[https://bucksfire.gov.uk/documents/2020/03/public\\_safety\\_plan\\_2020\\_to\\_2025.pdf/](https://bucksfire.gov.uk/documents/2020/03/public_safety_plan_2020_to_2025.pdf/)

- 5.5 The plan was approved by Buckinghamshire & Milton Keynes Fire Authority on 12 February 2020 following the outcomes of a public consultation which took place between 23 September and 18 November 2019. The consultation process embraced key stakeholder groups including the general public, Authority staff, neighbouring fire and rescue services and a range of other organisations with a potential interest in the development of the plan. It also included the use of qualitative consultation methods via focus groups which encourage participants to reflect in depth about their priorities for the Authority while both receiving and questioning background information and discussing service delivery issues in detail. Full details of the consultation process and its outcomes are available on the Authority's website:

[https://bucksfire.gov.uk/documents/2020/03/item\\_7d\\_2020-25\\_psp\\_5\\_feb\\_20\\_executive\\_cmte\\_cover\\_paper\\_annexes-min-2.pdf/](https://bucksfire.gov.uk/documents/2020/03/item_7d_2020-25_psp_5_feb_20_executive_cmte_cover_paper_annexes-min-2.pdf/)

The Authority has also established a framework of key performance indicators and measures to help it assess progress towards the achievement of its vision. Performance in relation to these is reported to the Authority's Overview and Audit Committee on a regular basis whose role is to scrutinise any areas of under-performance together with proposals for corrective action. A report on performance outcomes for 2021/22 against the framework of indicators and measures can be viewed on the Authority's website by following this link:

<https://bucksfire.gov.uk/documents/2022/10/oa-091122-item-16.pdf/>

## 6. HMICFRS INSPECTION

The HMICFRS published the findings from its **second** formal inspection of the Service **on 15 December 2021:**

[www.justiceinspectors.gov.uk/hmicfrs/fire-and-rescue-services/buckinghamshire/](http://www.justiceinspectors.gov.uk/hmicfrs/fire-and-rescue-services/buckinghamshire/)

The report found that the Service required improvement across the three inspection 'pillars' of effectiveness, efficiency and people. It also identified 22 areas for improvement, and two causes of concern, accompanied by eight recommendations. Additionally, the previous cause of concern arising from the

first round of inspections in relation to the Service's financial position at the time, was closed. Also, the work undertaken to address key areas from the last report against the context of a global pandemic and only a short period since the first inspection was acknowledged:

*'Since there was a gap of only 18 months between our first and latest inspections and much of the intervening time was overshadowed by the COVID-19 pandemic, it isn't surprising that many of our findings are like those in our first report. The Service has worked hard to address the cause of concern from our 2019 inspection about whether its resources can meet its unique model of operational response. It has increased its capacity to meet its public safety plan and so this cause of concern has been closed.'*

Further details of the two new causes of concern, relating to prevention activity and equality diversity and inclusion, together with the Service's response to these and approach to addressing them, are available to view via the following link:

<https://bucksfire.gov.uk/documents/2022/02/fa-item-10-16022022.pdf/>

The Service's existing Improvement Plan was updated to include the recommendations and areas for improvement identified in the second round of HMICFRS inspection. Reports on progress against this was scrutinised by the Fire Authority's Overview and Audit Committee in July 2021, November 2021 and March 2022 and are available to view via the following links:

[\(Public Pack\)Agenda Document for BMKFA Overview & Audit Committee, 21/07/2021 10:00 \(bucksfire.gov.uk\)](#) (see pages 189 – 202);

[\(Public Pack\)Agenda Document for BMKFA Overview & Audit Committee, 10/11/2021 10:00 \(bucksfire.gov.uk\)](#) (see pages 205 – 226);

<https://bucksfire.gov.uk/documents/2022/03/oa-item-14-160322.pdf/>

## **7. MUTUAL AID, REGIONAL AND NATIONAL RESILIENCE**

- 7.1 The National Framework requires fire authorities to consider risks of a cross-border, multi-authority and / or national nature and to make appropriate provision for dealing with these. The Authority does this via:

- Its active participation in the Thames Valley Local Resilience Forum which comprises other Category 1 and 2 responders. The forum maintains a community risk register which the Authority considers as part of its integrated risk management planning process;
- Review of the National Risk Register, National Risk Assessment and National Resilience Planning Assumptions which are maintained by the UK Government Cabinet Office to inform planning in relation to major civil emergencies of a national or regional nature;
- Mutual aid agreements with neighbouring fire and rescue authorities which enable authorities to provide each other with additional resources to deal with emergencies that cannot be dealt with by an authority acting alone. Buckinghamshire and Milton Keynes Fire Authority maintains formal mutual aid agreements with all six of its neighbours – Bedfordshire, Hertfordshire, London, Royal Berkshire, Oxfordshire and Northamptonshire.
- Working with South Central Ambulance Service (SCAS) to enhance the level of both medical and trauma care training delivered to operational frontline Firefighters, provide co-responding services to medical emergencies and allowing SCAS crews to use Authority premises.

7.2 The Authority maintains specialist assets to enable it to deal with major civil emergencies such as major transport incidents, natural disasters and terrorist incidents. The capabilities, which include Urban Search and Rescue (USAR), Detection, Identification & Monitoring Officers (DIM) and water rescue are available on a local, regional and national scale, and have been deployed in support of other Authorities during major emergencies. The Authority's USAR and water rescue assets are included on the National Asset Register. The National Asset DIM capability is overseen by Oxfordshire FRS, with support from specially trained officers from across the three Thames Valley FRS's.

7.3 The Authority also has an established cadre of National Inter-Agency Liaison Officers (NILO) who are trained and qualified officers who can advise and support FRS Incident Commanders, police, medical, military and other government agencies on the FRS's operational capacity and capability to reduce risk and safety resolve incidents at which an FRS attendance may be required.



- 7.4 The Authority collaborates with all the other South-East Fire and Rescue Services to jointly fund the post of a NILO who is seconded to the Counter Terrorism Policing South East (CTPSE). This post acts as a focal point for advice to and from the unit.
- 7.5 As a Category 1 responder as defined in the Civil Contingencies Act 2004, business continuity is a high priority for Buckinghamshire and Milton Keynes Fire Authority. The Authority has secured a number of employees who work on flexible resilience contracts. These contracts ensure the Authority maintains availability of local, regional and national assets during the full range of foreseeable business continuity events.
- 7.6 At all times we also maintain sufficient numbers of trained USAR staff on duty to provide an initial response to incidents in line with the USAR Concept of Operations. Additionally, we have staff who maintain cover through a recall to duty contract, who deliver our second set of staff as detailed under the USAR Concept of Operations and enable us to maintain operational cover locally if USAR is deployed for an extended period, this includes national exercising. Under their contractual arrangements these staff are required to maintain this cover during periods of industrial action.
- 7.7 The Service remains committed to continued improvement in relation to joint-working between the emergency services and other responders through the adoption of the 'Joint Emergency Services Interoperability Principles (JESIP). This is supported and delivered by a local structure that includes nominated Strategic, Training and Joint Organisational Learning (JOL) leads.
- 7.8 Operational multi-agency exercises are routinely undertaken, utilising the fire-ground facilities at the Fire Service College with identified learning captured during a facilitated debrief. Any captured learning, along with notable practices originating from exercises or incidents have been entered onto JOL Online, so to ensure that the lessons identified are available to other responder agencies. Furthermore, all operational commanders, along with colleagues from the other Thames Valley fire & rescue services, Thames Valley Police and South Central Ambulance, undergo routine training. This training has been designed to allow delegates the opportunity to demonstrate and apply knowledge of JESIP to any given situation, utilising the Joint Decision Model (JDM) in collaboration with our blue light partners, to help bring

together available information, reconcile objectives and make effective decisions.

- 7.9 All activities relating to JESIP are included within the embedding self-assessment questionnaire, submitted every quarter to the JESIP team, which is intended to provide assurance that JESIP is being embedded with the Service.
- 7.10 Since 3 April 2017 section 2 of the Policing and Crime Act 2017 has placed a duty on the Authority to keep opportunities for collaboration with the police and ambulance services under review. Where two or more of the emergency services consider it would be in the interests of their efficiency or effectiveness to collaborate, there then arises a duty to enter into a collaboration agreement.
- 7.11 A Thames Valley Emergency Services Collaboration Executive Board was established in 2017, comprised of the Chief Fire Officers from the Thames Valley Fire and Rescue Authorities, the Thames Valley Police Deputy Chief Constable and the Chief Executive from South Central Ambulance Service, as the forum to determine collaboration opportunities and enter collaboration agreements.
- 7.12 Following the move to a jointly funded Thames Valley Fire Control Service (TVFCS) in April 2015, the Authority has continued its commitment to collaboration through a Thames Valley Operational Alignment Programme. Amongst other things, the programme sets out to align:
- 7.12.1 Operational Alignment - Equipment, procedures, training and practice across the region. The key benefits are improved interoperability, enhanced resilience, a reduction in cross border mobilisations and maximised Best Value through collaborative contract negotiation and joint procurement. An example is the jointly procured red fleet replacement, which has standardised the frontline fire appliances and equipment across the Thames Valley. More recently all three services have procured the same Breathing Apparatus set as part of a 10-year contract, these joint initiatives have and will continue to generate significant savings for the public purse;

7.12.2 Fire Investigation – in partnership with Thames Valley Police and the three Thames Valley fire services, we have developed and established a singular Tier 2 Fire Investigation team. This will ensure that all four agencies will comply with the new International Organisation for Standardisation (ISO)/ International Electrotechnical Commission (IEC) 17020 - Accreditation for Fire Investigation standard, in a cost effective and efficient manner.

7.12.3 Throughout 2021/22 support to the recovery from the Covid-19 pandemic continued, both within the Service and with our partners. The Service remained committed to mass vaccination centres and the managed quarantine and bridging hotels that were established to mitigate risks at the border from emerging variants of concern.

In August 2021, the Service supported Milton Keynes Council when establishing specific hotel accommodation to support the Afghan Repatriation and subsequent Afghan Relocations and Assistance Policy. Targeted Prevention activity and support from our Protection and Response teams ensured those being repatriated were given the necessary support and advice needed to keep them safe from fire.

In February 2022, following Russia's invasion of Ukraine, the Service supported the Local Authorities during the evacuation of people from Ukraine by ensuring our Prevention teams were available to offer Home Fire Safety Visits to those hosting families.

## **8. DECLARATION**

Buckinghamshire and Milton Keynes Fire Authority are satisfied that the financial, governance and operational assurance arrangements in place across the organisation meet the requirements set out in the National Framework.

**Jason Thelwell**  
**Chief Fire Officer and Chief Executive**

**Chairman, Overview and Audit Committee**



Department for  
Communities and  
Local Government

# Guidance on statements of assurance for fire and rescue authorities in England

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## Introduction

1. The Government is committed to unburdening local government; eliminating top-down bureaucracy and increasing local flexibility. For fire and rescue authorities, this ethos is demonstrated by the revised Fire and Rescue National Framework for England (the Framework), and in the provisions of the Localism Act 2011, which helps to let them run their services as they see fit.
2. This freedom and flexibility is accompanied by the need for accountability and transparency. Providing an excellent service is only the starting point - communities expect to know how their services are being provided.
3. It is against this background that the Framework sets out a requirement for fire and rescue authorities to publish Statements of Assurance. It says:

***‘Fire and rescue authorities must provide annual assurance on financial, governance and operational matters and show how they have had due regard to the expectations set out in their integrated risk management plan and the requirements included in the Framework. To provide assurance, fire and rescue authorities must publish an annual statement of assurance’.***

4. This document provides guidance on the content of statements of assurance, and indicates how existing assessment processes might feed into the statements in order to avoid duplication.
5. Guidance should not be taken to constitute legal advice. We have indicated what should be included in the statements of assurance, while allowing the flexibility to tailor the format and presentation. It is for fire and rescue authorities to decide how to best present the information with their communities in mind.

## Context

6. Fire and rescue authorities are accountable for their performance and should be open to evaluation by the communities they serve. Information on their performance should be accessible, robust, fit-for-purpose and accurately report on effectiveness and value for money.
7. One of the principal aims of the statement of assurance is to provide an accessible way in which communities, Government, local authorities and other partners may make a valid assessment of their local fire and rescue authority’s performance.
8. Where fire and rescue authorities have already set out relevant information that is clear, accessible, and user-friendly within existing documents, they may wish to include extracts, or links to these documents within their statement of assurance.



9. The statement of assurance will be used as a source of information on which to base the Secretary of State's biennial report under section 25 of the *Fire and Rescue Act 2004*.<sup>1</sup>

## Assessment and ownership

10. Authorities should assess their performance across a number of key areas. The areas to be included for assessment, and the methodology used, are a matter for local determination, although authorities will need to satisfy themselves that the measures and methods used are appropriate and fit for purpose.
11. The statement of assurance should be signed off by an elected member of the relevant authority who is able to take responsibility for its contents. It is up to the individual authority to ensure that this is done by an appropriate person (or persons) who can approve it on behalf of the authority.
12. Statements of assurance should be published annually by fire and rescue authorities. It is for fire and rescue authorities to decide when they should publish depending on individual reporting arrangements. The first statements are due for publication in the financial year 2013-14, and annually thereafter.

## Content of the annual statement of assurance

### Financial

13. Fire and rescue authorities are responsible for ensuring that their business is conducted in accordance with the law and proper standards, and that public money is properly accounted for and used economically, efficiently and effectively.<sup>2</sup>
14. It is a statutory requirement under the *Accounts and Audit (England) Regulations 2011*<sup>3</sup> for authorities to publish the financial results of their activities for the year. This 'Statement of Accounts', shows the annual costs of providing the service and is determined by a Code of Practice<sup>4</sup> which aims to give a "true and fair" view of the financial position and transactions of the authority. The authority is responsible for approval of the statement of accounts prior to publication.
15. The statement of assurance may briefly set out what assessment procedures are in place with regard to the authorities' statements of account.

### Governance

16. The *Accounts and Audit (England) Regulations 2011* also requires authorities to prepare an annual governance statement in support of this statement of accounts. This governance statement is an expression of the measures taken by the authority to ensure appropriate business practice, high standards of conduct and sound governance. The statement of assurance may set out what work authorities

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2004/21/section/25>

<sup>2</sup> Section 3 of the Local Government Act 1999

<sup>3</sup> <http://www.legislation.gov.uk/uksi/2011/817/contents/made>

<sup>4</sup> *Code of Practice on Local Authority Accounting* - Chartered Institute of Public Finance and Accountancy

have undertaken to review the effectiveness of their governance framework, including the system of internal control.

17. Greater transparency is a key element of the Framework and is at the heart of the Government's commitment to enable the public to hold their authorities to account for the way they spend public money. In preparing the statement of assurance, fire and rescue authorities may consider the principles of transparency set out in the *Code of Recommended Practice for Local Authorities on Data Transparency*.<sup>5</sup>

## Operational

18. Fire and rescue authorities function within a clearly defined statutory and policy framework. The key documents setting this out are:
- the [Fire and Rescue Services Act 2004](https://www.legislation.gov.uk/ukpga/2004/21/contents)<sup>6</sup>
  - the [Civil Contingencies Act 2004](http://www.legislation.gov.uk/ukpga/2004/36/contents)<sup>7</sup>
  - the [Regulatory Reform \(Fire Safety\) Order 2005](http://www.legislation.gov.uk/uksi/2005/1541/contents/made)<sup>8</sup>
  - the [Fire and Rescue Services \(Emergencies\) \(England\) Order 2007](http://www.legislation.gov.uk/uksi/2007/735/contents/made)<sup>9</sup>
  - the [Localism Act 2011](http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted)<sup>10</sup>
  - the [Fire and Rescue National Framework for England](https://www.gov.uk/government/publications/fire-and-rescue-national-framework-for-england)<sup>11</sup>
19. Fire and rescue authorities already consult on, and publish, their integrated risk management plans, which set out local strategies including cross-border, multi-authority and national arrangements where appropriate. The statement of assurance should include details of consultation on these plans, and confirm that appropriate information was provided to enable active and informed participation.
20. The statement of assurance may also indicate where fire and rescue authorities have entered into agreements and/or mutual aid arrangements with other relevant bodies. The level of detail included will be a matter for each individual fire and rescue authority and may be linked to their integrated risk management plan.
21. It is not the aim of statements of assurance to set out the operational procedures for fire and rescue authorities. However, statements of assurance are the appropriate vehicle with regard to specific events which raise issues of operational competence or delivery. For example, when advice is received under health and safety or other legislation, it is appropriate for the fire and rescue authority to use the statement of assurance as a means to inform their communities that these matters have been considered and, where appropriate, acted on.

## Framework requirements

<sup>5</sup> <https://www.gov.uk/government/publications/local-authority-data-transparency-code>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2004/21/contents>

<sup>7</sup> <http://www.legislation.gov.uk/ukpga/2004/36/contents>

<sup>8</sup> <http://www.legislation.gov.uk/uksi/2005/1541/contents/made>

<sup>9</sup> <http://www.legislation.gov.uk/uksi/2007/735/contents/made>

<sup>10</sup> <http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted>

<sup>11</sup> <https://www.gov.uk/government/publications/fire-and-rescue-national-framework-for-england>

22. Where fire and rescue authorities are satisfied that the systems they have in place, and any specific measures they have undertaken, fulfil their Framework requirements, this should be clearly stated in the statement of assurance. Accordingly, where appropriate, authorities may consider making a simple declaration that the Framework requirements have been met.

### **Future improvements**

23. Fire and rescue authorities may wish to include a section in their statements of assurance on any potential improvements they have identified across their accounting, governance or operational responsibilities to communities, particularly where plans are underway.

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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** Annual Governance Statement 2022/23

**Lead Member:** Chairman of the Overview and Audit Committee

**Report sponsor:** Graham Britten, Director of Legal and Governance  
Mark Hemming, Director of Finance and Assets

**Author and contact:** Graham Britten, [gbritten@bucksfire.gov.uk](mailto:gbritten@bucksfire.gov.uk)

**Action:** Decision

**Recommendations:**

1. That the Annual Governance Statement 2022/23 be approved.
  2. That the progress on the implementation of recommendations of the previous Annual Governance Statement (Appendix A to the Annual Governance Statement) be noted.
  3. That the priorities for 2022/23 (Appendix B to the Annual Governance Statement) be agreed.
- 

**Executive summary:**

The purpose of this report is to present the 2022/23 Annual Governance Statement (appended as Appendices to the report) for approval. It contains the progress on the implementation of the recommendations of the 2021/22 Annual Governance Statement and recommendations for 2023/2024.

CIPFA (Chartered Institute of Public Finance and Accountancy) and SOLACE (Society of Local Authority Chief Executives and Senior Managers) published a revised framework document on governance: Delivering Good Governance in Local Government Framework 2016 (2016 Guidance). This was a significantly revised version of the previous 2012 guidance. The new framework is taken from the International Framework: Good Governance in the Public Sector (CIPFA/International Federation of Accountants 2014).

The framework envisages that delivering good governance will be a continuous process of seven principles with a core of principles A and B permeating principles C to G.

The Annual Governance Statement 2022/23 has been formatted to reflect those principles.

The seven principles are:

Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

Principle B - Ensuring openness and comprehensive stakeholder engagement.

Principle C - Defining outcomes in terms of sustainable economic, social, and environmental benefits.

Principle D - Determining the interventions necessary to optimise the achievement of the intended outcomes.

Principle E - Developing the Authority's capacity, including the capability of its leadership and the individuals within it.

Principle F - Managing risks and performance through robust internal control and strong public financial management.

Principle G - Implementing good practices in transparency, reporting, and audit to deliver effective accountability.

---

**Financial implications:** There are no direct financial implications arising from the report. The proposed areas for improvement can be accommodated within existing budgets.

**Risk management:** One of the principles of the CIPFA/SOLACE framework is the management of risk through robust internal control and strong public financial management. The Annual Governance Statement details the management arrangements in place, as well as highlighting recent improvements and plans for future areas of development.

**Legal implications:** Regulations 6(1)(b) and 6(4)(b) of the Accounts and Audit Regulations 2015 require the Committee to approve an annual governance statement which must accompany the statement of accounts and be approved in advance of the approval of the statement of accounts.

While the 2016 Guidance is the product of CIPFA and SOLACE, it amounts to statutory guidance as Regulation 6(4)(b) of the Accounts and Audit Regulations 2015 requires the Annual Governance Statement to be prepared in accordance with proper practices in relation to accounts.

**Privacy and security implications:** There are no privacy issues or security implications that need to be considered and assessed.

**Duty to collaborate:** No direct impact. Each public body is required to approve its own Annual Governance Statement.

**Health and safety implications:**

There are no direct health and safety implications arising from the report.

**Environmental implications:** Following a review undertaken by CIPFA and SOLACE, in 2016, the ‘Delivering Good Governance in Local Government: Framework’ was reissued. The document was based on the ‘International Framework: Good Governance in the Public Sector (2014)’ which included sustainable economic, societal and environmental outcomes as a key focus for governance processes and structure. CIPFA/SOLACE therefore revised its 6 principles to create 7 new principles which included specifically ‘Defining outcomes in terms of sustainable economic, social, and environmental benefits’.

**Equality, diversity, and inclusion implications:**

There are no direct equality and diversity implications arising from this report.

**Consultation and communication:**

The officers with responsibility for functions across Buckinghamshire Fire & Rescue Service have been responsible for supplying the information and responses necessary to compile the Annual Governance Statement.

The draft Annual Governance Statement was considered at the Performance Monitoring Board on 1 June 2023 for recommendation to the Chief Fire Officer at the Strategic Management Board on 20 June 2023.

**Progress monitoring**

Progress against the areas identified to be addressed in 2023/24 will be monitored through the internal boards and the Overview and Audit Committee.

**Background papers:**

CIPFA / SOLACE ‘Delivering Good Governance in Local Government - Guidance Notes for English Authorities’ 2016 Edition, copyrighted document is accessible by this [link](#)

Appendix	Title	Protective Marking
1	Annual Governance Statement 2022/23.	None
1A	Progress against recommendations from the Annual Governance Statement 2021/22.	None
1B	Recommendations for Priorities for 2023/24.	None

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## Appendix 1

### Annual Governance Statement 2022/23

#### Scope of Responsibility

Buckinghamshire & Milton Keynes Fire Authority ('the Authority') is responsible for maintaining a sound system of internal control that supports the achievement of its policies, aims and objectives whilst safeguarding the public funds and organisational assets. There is also a responsibility for ensuring that the Authority is administered prudently and economically and that resources are applied efficiently and effectively, which includes arrangements for the management of risk.

This statement explains how the Authority has complied with the principles of the CIPFA/SOLACE 'Delivering Good Governance in Local Government Framework' (2016 Edition) and meets the requirements of regulation 6(1) of the Accounts and Audit Regulations 2015 in relation to the review of its systems of internal control and the publication of an annual statement on its governance.

Under the Accounts and Audit Regulations 2015, the Authority must ensure that it has a sound system of internal control which—

- (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;
- (b) ensures that the financial and operational management of the Authority is effective; and
- (c) includes effective arrangements for the management of risk.

#### The Purpose of the Governance Framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievements of the strategic objectives of the Authority, to evaluate the likelihood of those risks being realised and the impact should they occur, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2023 and up to the date of approval of the Statement of Accounts.

## **The Governance Framework**

The governance measures in place reflect the seven principles of good governance set out in the CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework (2016)'.

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***Core Principle A: Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.***

**Members' Code of Conduct and Register of Interests.** A local [Code of Conduct](#) for all Members has been agreed by the Authority and a Register of disclosable pecuniary interests for each Member is reviewed annually and [published on the Authority's website](#). To ensure legal compliance and to avoid a conflict of interest arising, there is a panel of four "Independent Persons" appointed by the Authority in December 2020 until 30 September 2024 for the purposes of assisting both an individual Member and the Authority itself in the event of an allegation being made that a member has breached the Authority's Code of Conduct.

In 2020 an audit was undertaken by officers to compare the Authority's procedures against the 15 best practice recommendations contained in the [Review by the Committee on Standards in Public Life - Local Government Ethical Standards](#) ('the CSPL Report'). The CSPL Report published January 2019 "represent a benchmark for ethical practice, and which we expect any local authority to implement."

The findings of the audit were considered by the Overview and Audit Committee on 11 November 2020 which made recommendations to the Authority at its meeting on 9 December 2020. In light of those recommendations the [complaints procedure](#) was revised and updated to reflect the recommendations in the CSPL Report.

**Member Officer Protocol.** [The Protocol on Member and Officer Relations](#) sets out the respective obligations and expectations and contains a reminder of the Authority's core values. This was subject to a quadrennial review and approved by the Overview and Audit Committee at its meeting on 17 July 2019 for recommendation to the Authority whereupon it was adopted on 18 September 2019.

**Leadership.** There are nominated [Lead Members](#) for various work streams and departments. This collaborative approach ensures levels of trust, confidence and awareness improve for the benefit of the public and the service. Following a recommendation from the Overview and Audit Committee meeting on 10 November 2021, at the Authority meeting on 8 December 2021 it was agreed that the Lead Member for Finance and Assets, Information Security and IT be appointed as Lead Member for Finance and Assets, Information Security, IT and Climate Change. To bring more focus on the issue of climate change, at its Annual Meeting on 15 June 2022, the Authority resolve that the Vice Chairman be appointed to lead on Climate Change (and to lead on the Authority's response to any matters relating to HMICFRS).

**Ethical Framework.** The Authority's objective is to embed Equality, Diversity and Inclusion (EDI) into everything it does, both internally and externally. The EDI objectives are set out and published against the Authority's core values: Diversity; Service to the Community; Improvement and People. The Authority has published its EDI [Policy Statement](#) and [Vision and Values Policy](#). An annual update on the EDI objectives is provided to the Fire Authority, this includes headlines and workforce data. The Authority's updated Code of Conduct for staff (below) incorporates the [LGA/NFCC Core Code of Ethics for Fire and Rescue Services – England](#) which sets out five ethical principles, intended to provide a basis for promoting good behaviour and challenging in appropriate behaviour thereby to help improve organisational culture and workforce diversity.

**Code of Conduct for Staff.** The Code provides individuals with an understanding of the standards expected when performing duties as an employee and guides behaviour, placing an obligation on all employees to take responsibility for their own conduct. An updated Code of Conduct was approved by the Executive Committee at its meeting on 22 March 2023, following scrutiny by the Overview and Audit Committee at its meeting on 15 March 2023. The updated Code of Conduct incorporates

**Register of Gifts and Hospitality.** In accordance with the Code of Conduct, staff are required to register offers and acceptances of gifts or hospitality in the [Register](#), summaries of the entries are publicly available.

**Whistleblowing Policy.** A procedure is in place and published for employees or contractors to raise concerns about a dangerous or illegal activity that they are aware of through their work. An updated Whistleblowing procedure was approved by the Overview and Audit Committee at its meeting on 15 March 2023. At its meeting on 22 March 2023, the Executive Committee received a presentation on the steps the Service is taking to highlight the importance of staff raising concerns. As part of this, the Service has re-branded its independent reporting service for staff to raise potential issues in confidence as part of its wider 'Speak Up' campaign to encourage our staff to report wrong-doing.

**Complaints process.** The [procedure](#) is published explaining how complaints from the public will be handled and investigated. All concerns and complaints are treated seriously, and people asked what resolution they are seeking. We keep them up to date with

progress and check that they are satisfied when the issue is resolved. We take any learning from the investigation and incorporate it in our processes. We are a learning organisation.

**Counter-Fraud and Corruption Policy.** The Authority has a zero tolerance approach to fraud, bribery and corruption, whether it is attempted from inside or outside the organisation. A copy of the policy is available on our [website](#).

**Statutory Officers.** The Monitoring Officer provides advice on the scope of the powers and responsibilities of the Authority and has a statutory duty to ensure lawfulness and fairness of decision making and also to receive allegations of breaches of the Code of Conduct by Authority Members. The Director of Legal & Governance acts as the Authority's Monitoring Officer and is governed by the professional standards set by the Solicitors' Regulation Authority.

The Monitoring Officer acted as the Authority's Data Protection Officer (DPO) for 2022/23 following an interim designation by the Chief Fire Officer/Chief Executive while, in accordance with the Authority's succession plan opportunities for options were explored for GDPR compliance including via an appointed external DPO on a service contract or a single DPO to act for more than one authority. This led to an agreement being entered into with Buckinghamshire Council in January 2023 for one of its staff to undertake key aspects of the DPO role.

The Chief Finance Officer and Monitoring Officer are both members of the Strategic Management Board (SMB), helping to develop and implement strategy and to resource and deliver the Authority's strategic objectives.

***Core Principle B: Ensuring openness and comprehensive stakeholder engagement.***

**The Public Safety Plan 2020-25.** This is the Authority's Integrated Risk Management Plan that sets out future improvements to the services provided by the Authority to the community within the constraints that it faces whilst managing risk. The community was consulted and encouraged to engage in debating the issues and priorities set out in the plan, allowing the public to hold the Authority accountable for its decisions and actions in an open and transparent manner.

A fundamental element of the [Public Safety Plan 2020-25](#) is ensuring service delivery is linked closely to local requirements. The strategies for Prevention and Response cover the Milton Keynes and Buckinghamshire Area, supported by service delivery area objectives reflecting local data led issues and actions. Operational staff work closely with their protection and prevention colleagues leading to a more joined up approach.

The Public Safety Plan 2020-25 was approved by the Authority on 12 February 2020 following the outcomes of a [public consultation](#) which took place between 23 September and 18 November 2019. This plan superseded the previous 2015-2020 plan and took effect from April 2020.

During 2022/23 the Service commenced planning for its next Public Safety Plan, which in line with new guidance, will be known as the Community Risk Management Plan and cover the period 2025-2030. An outline timeline for the planning process was presented to the Fire Authority on 7 December 2022 - <https://bucksfire.gov.uk/documents/2022/11/item-10-fire-authority-meeting-7-december-2022-2025-2030-service-planning.pdf/>

**Public engagement.** In 22/23 we invested in a temporary resource, Digital Marketing Apprentice to increase the Communication and Marketing team, this has allowed the team to increase our presence both on social media and through community events. The messages delivered range from 'Why BFRS is a great place to work' through to 'How to keep your home safe'



As stated above (Core Principle A) our complaints [procedure](#) is published explaining how complaints from the public will be handled and investigated. To encourage communications with us, our privacy statement aims to reassure people how we will protect their privacy. It explains their rights to personal information we hold about them and how to access this. We have a [Subject Access Request](#) form on our website which people may choose to use to contact us although they may contact us in other ways if they prefer

Fundamentally, Prevention performance is viewed in terms of the number of Home Fire Safety Visits (HFSV) delivered, with this being the only performance measure reported annually to the Home Office. Not including post incident advice, with or without the provision of risk reduction equipment (e.g. smoke detection) the number of HFSVs completed in 2022/23 increased by 93 percent to its highest level in five years with 2,403 pure HFSVs visits completed. When the post incident activity eligible for Home Office reporting is added to the HFSVs completed, the total prevention activity for 2022/23 is 2,678, a 76 percent increase on the combined prevention activity total of 1,524 reported in 2021/22.

During the peak of the Covid pandemic in 2020 and 2021, reluctance to permit entry to homes was experienced from people with a disability or aged 70 or above who were advised to self-isolate, however this has subsequently been overcome with 85 percent of people receiving a HFSV in 2022/23 having a disability or age-related vulnerability.

38 percent of Home Fire Safety Visits completed in 2022/23 were in Milton Keynes which is slightly higher than the proportion of the population residing there in the 2021 census data (34 percent). The most likely reason for this is the proactive work undertaken at high-rise premises in Milton Keynes, which has a 69 percent of the residential high-rise premises in the Service's area.

**Engagement with partners.** The Authority fulfils its role as a statutory community safety partner in the Safer MK Partnership and the Safer Buckinghamshire Board where it is the deputy sponsor for Priority One (Neighbourhood Crime) of the Safer Buckinghamshire Strategy 2023-2026, raising awareness of fraud, scams and hate crime during its work in the community.

In January 2023, Fire and Rescue services became a statutory specified authority under the Serious Violence Duty and as such the Service is a member of the Violence Reduction Partnership Strategic and Operational Boards and the Buckinghamshire Serious Violence Task Force. Aligned to this is membership of the Thames Valley Violence Against Women and Girls (VAWG) Strategic Board.

The Service also has representation on the MK Together Management Board; Milton Keynes Exploitation Network, Buckinghamshire Anti-slavery & Exploitation Network and Buckinghamshire Safeguarding Adults Board. Service personnel are also engaged and involved in a number of Community Boards, practitioner groups and fora where appropriate, ensuring public engagement and safety initiatives are focussed, effective and measured, whilst working with partner organisations with similar goals and objectives.

The Chairman was the Authority's representative on the Thames Valley Fire Control Service Joint Committee (together with a Lead Member) and for the year 22/23 was its appointed Chairman. Through the Chairman the Authority participates in the Thames Valley Collaboration Steering Group through which the Authority complies with its obligations under Section 2 of the Policing and Crime Act 2017 to keep collaboration opportunities with the Thames Valley Police and South Central Ambulance Service under review and, where



it would be in the interests of efficiency or effectiveness of at least two of the services, for those services to give effect to such collaboration.

**Authority meetings.** The [meetings](#) of the Authority and its committee meetings are accessible to the public and the dates are published on the website as are the agendas and committee papers, minutes and decisions for those meetings and those of the [Thames Valley Fire Control Service Joint Committee](#) to which the Authority appoints two Members.

**Internal Boards.** To improve the effectiveness and transparency of decision making within the Authority there are internal, officer 'boards' aligned to the Authority committee structure. These comprise:

- A Strategic Management Board, which focuses on strategic direction, strategic risk and acts as a gateway to the Authority;
- A Performance Monitoring Board which focuses on in year performance against agreed performance indicators and budgets;
- A Business Transformation Board which focuses on strategic change and project portfolio management.

**The Joint Consultation Forum.** The objective of the Joint Consultation Forum is to continuously improve organisational performance by developing greater trust and increased job satisfaction through employee engagement. Its current membership comprises a senior management representative, the Head of HR, the HR Advisory and Development Manager and up to two representatives from each of the recognised Representative Bodies namely Fire Brigades Union, Fire Officers' Association, and UNISON. The Forum facilitates joint examination and discussion of issues of mutual interest with the aim of seeking acceptable solutions to matters through a genuine exchange of views and information. Consultation does not remove the right of managers to manage – they must still make the final decision – but it does require that the views of employees will be sought and considered before significant decisions are taken. The Forum membership has the ability to extend its membership to representatives of other recognised Representative Bodies, such as the Fire and Rescue Services Association, and non-affiliated staff representatives, should the request for employee representation arise.

***Core Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits.***

**Authority Corporate Plan.** The 2020-25 Corporate Plan sets out how the Authority intends to equip and develop the Service and its people to meet the challenges that we face over the next five years, in particular the need to:

- develop the Service to address the strategic context and priorities set out in our 2020-25 Public Safety Plan;
- address the 'Areas for Improvement' identified by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in their report on the findings from their first inspection of the Service undertaken in 2019. Recommendations and Areas for Improvement from the 2021 HMICFRS inspection of the Service are addressed in an HMICFRS Action Plan which was presented to the Overview and Audit Committee in March 2021

The new plan became effective following approval by the Authority at its 10 June 2020 meeting, succeeding the previous [2015-20 Corporate Plan](#). In the last quarter of the 2020/21 financial year, a review and refresh of the Corporate Plan was undertaken in order to address the impact of the Covid-19 pandemic on the timing and scope of the projects and workstreams specified within the plan. The updated plan was submitted to the Authority for approval at its 16 June 2021 meeting. A year 2 progress review and year 3 updated was presented to the Fire Authority at its meeting on 15 June 2022 - <https://bucksfire.gov.uk/documents/2022/05/fa-item-15.pdf/> Following this initial review, the plan was updated in response to feedback from Authority Members and subsequently approved by the Fire Authority at its meeting on 12 October 2022 - <https://bucksfire.gov.uk/documents/2022/09/fa-item-11-121022.pdf/>

**Environment and Climate Action Plan.** The Authority approved the adoption of its [Environment and Climate Action Plan](#) at its meeting on 8 December 2021. At the same meeting, the Authority also approved that the Lead Member for Finance and Assets, Information Security and IT be appointed as Lead Member for Finance and Assets, Information Security, IT and Climate Change.

**Partnership Register.** The Authority has identified and recorded all partnership arrangements. All partnerships are the subject of formal agreements ensuring that these articulate their legal status; respective liabilities and obligations; governance and audit; dispute

resolutions and exit provisions. A review of partnership arrangements is undertaken regularly and reported to the Executive Committee in order to provide assurance on risks associated with delivering services through third parties. Other key services provided through third parties are overseen by specific governance arrangements, namely:

- The Thames Valley Fire Control Service (hosted by Royal Berkshire Fire and Rescue Service) is overseen by a joint committee with Member representatives appointed by the three participating fire and rescue services, supported by Officers from the three services.
- The Authority is represented at Officer and Member level on the three levels of decision-making bodies of the [Thames Valley Emergency Services Collaboration Programme](#).
- Firefighters Pension Administration is overseen by the Local Pension Board. The administrators (West Yorkshire Pension Fund) attend the Board on a quarterly basis to discuss emerging risks, issues and performance against key performance indicators. An annual report from the Local Pension Board is received by the Overview & Audit Committee and pensions issues are flagged in the corporate risk register which is regularly reviewed by the Overview & Audit Committee.

***Core Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes.***

**Performance Management Framework.** During 2022-23 a suite of 75 performance measures was introduced split across the four quadrants of: 1. Public Impact 2. Response 3. Great Place to Work 4. Public Value

This Key Performance Measures report has been designed as a rounded and balanced picture of how the Service is performing at a local level. The report is presented to Members quarterly and includes a summary of key measures to be highlighted, a performance measures overview (each quadrant on a single page) and performance measures details showing actual performance alongside relevant trend information and (where needed) commentary.

The report contains many types of targets and methods of comparison. Some targets are aspirational, some are there to ensure minimum standards are met and others are there to identify exceptions within trends, allowing us to identify possible needs for change/reaction.

**Medium Term Financial Plan.** This is approved annually by the Authority and sets out the resources needed to deliver services.

**[Financial Strategy 2020-21 to 24-25](#)** The financial strategy is the link between the organisation's long-term service objectives and its financial capacity. The long-term service objectives for the Authority are set out in the Public Safety Plan and Corporate Plan.

**[Capital Strategy](#)** The strategy outlines the Authority's approach to capital investment ensuring it is in line with its corporate priorities and objectives set out in the Public Safety Plan. It provides a strategic overview of how capital expenditure; capital financing and treasury management activity contribute to the delivery of outcomes, as well as overview of the management of risk and future financial sustainability.

**[Corporate Risk Register](#)** This identifies controls to mitigate identified risks and is monitored on an on-going basis with reporting to every Strategic Management Board and to the Overview & Audit Committee.

**Departmental Risk Registers.** Each Directorate maintains its own risk register. These are reviewed on a quarterly basis by the Performance Monitoring Board which considers whether there are any risks which require escalation to the Strategic Management Board for potential inclusion in the Corporate Risk Register. Corporate risks are also scrutinised by the Authority's at each of its meetings - <https://bucksfire.gov.uk/documents/2023/03/overview-and-audit-committee-meeting-15-march-2023-item-9-corporate-risk-management.pdf/>

**Safeguarding.** The Service works in partnership with local safeguarding, anti-slavery and exploitation, and domestic violence networks to support and improve the lives of the people at risk in its community. Assurance of safeguarding processes is provided through participation in the annual audits conducted under Section 11 of the Children Act 2004 and contributing to the formation of the safeguarding board Annual Report required under the Care Act 2014. Further assurance is provided through participation in the National Fire Chiefs Council (NFCC) safeguarding groups and alignment with national guidance on safeguarding processes developed by the NFCC.

Where safeguarding needs are identified, referrals are made in line with the safeguarding procedure, and escalation is used where an agency response is not in line with service expectations. Complex cases and those at heightened risk of fire through self-neglect or arson are supported through interaction between relevant agencies and the provision of an enhanced level of safety equipment. The Service participates in Safeguarding Adult Reviews and Domestic Homicide Reviews as required by the Care Act 2014 and the Domestic Violence, Crime and Victims Act 2004, ensuring multi-agency learning is acted upon.

In line with the Prevent Duty introduced under the Counter-Terrorism and Security Act 2015, the Service also has representation on the Prevent Board working in partnership to safeguard people and the community from the threat of terrorism and radicalisation, disseminating the information shared in the annual Counter Terrorism Local Profile to appropriate staff groups.

***Core Principle E: Developing the Authority's capacity, including the capability of its leadership and the individuals within it.***

**Authority Constitutional Documents.** The Authority's [Standing Orders](#) define the roles and responsibilities of the Authority, Committees, Members and Officers and the protocols to be followed. The respective roles and responsibilities for members and officers are set out in the [Combination Order](#) (the statutory instrument that formed the Authority in 1997). Members of the Authority are also members of either Buckinghamshire Council or Milton Keynes Council. Some members may also be members of other agencies with which we may be working. Members are reminded of their responsibility to declare interests at each meeting. There is a [scheme of delegation](#) from the Authority to the Chief Fire Officer and statutory officers. The Chief Fire Officer is also the Chief Executive of the Authority.

There are two ordinary committees of the Authority: the [Executive Committee](#), and the [Overview & Audit Committee](#).

**Member Development.** In 2022/23 two new members were appointed onto the Authority including a new Chairman. Members are given an induction welcome pack, which includes information on the Service's vision and values, Members' Allowances, Code of Conduct, Protocol on Member and Officer Relations, principal officers and a general overview of the Service. Members have a training and development programme with regular workshops and a dedicated Member Support Officer.

**[People Strategy](#).** The People Strategy's purpose, which is approved and endorsed by the Authority's Members, is to deliver the Authority's goals by linking strategic aims to service-wide initiatives and projects. This approach aims to develop the organisation through the promotion of a culture of employee involvement, ownership, responsibility and trust. It also ensures our employees, alongside our partners and key stakeholders, can see how strategic aims are translated into day-to-day business, highlighting the importance of every person's contribution to achieving the Authority's vision.

The strategic framework highlights the five key areas supporting our overarching People Strategy; Equality, Diversity and Inclusion, Employee Engagement, Organisational Development and Resourcing, Training, Learning and Development and Employee Health and Wellbeing. Within each area there are a number of strategic outcomes which are aligned with the direction of the Service.

All employees are required to have an annual appraisal, where their commitment to their behaviours linked to the Authority's values is an essential element. Quality assurance of appraisal returns is undertaken to identify themes, and to assist with training requirements. Performance Management s forms part of the Authority's Leadership and Management Development Programme and will support and assist with the development of existing and newly recruited or promoted managers.

**Staff Development Process.** The Authority's succession planning processes continue to ensure replenished development pools at each level, resulting in staff with the required skills to fulfil the roles as and when needed.

Following a pilot to evaluate the impact of temporarily changing our promotion processes, whereby we enabled more people to apply for Development Centres prior to securing their Technical Qualifications, we are planning to adopt these changes for the longer term.

Feedback on our current development process and some of the perceived barriers to staff development has been received via staff engagement sessions. The introduction of a staff development pathway and the processes within it, which is aligned to the National Fire Chief Council's (NFCC's) Core Learning Pathway and Leadership Framework will provide clarity to staff looking to develop themselves either within their existing role, or with aspiration for the next level role. The pathway will improve the effectiveness and efficiency of existing managers by identifying the acquisition training required for their role, as well as provide development opportunities and pathways for future managers and leaders of the organisation.

**Succession planning.** Regular systematic and rigorous Strategic Workforce and Succession Planning processes are in place, which incorporate current Public Safety Plan requirements and horizon scanning of likely future external and internal challenges. Outcomes from these processes are subsequently translated into timely interventions to ensure the Authority continues to meet workforce capacity requirements and build capability. In addition, it provides opportunity to refresh the workforce through the identification of people; internal and where required external to fill identified key positions.

**Health and wellbeing.** Support is in place for employees and has regularly been communicated to employees through various means such as the intranet, wellbeing roadshows and the Health and Safety department update programme. The Employee Relations team support managers with attendance management cases, to ensure employees have tailored support whilst off work and can return to work in a timely manner. External support is available via our Employee Assistance Programme.

In addition to the internal and external physical and mental wellbeing support networks available to staff, there are 37 trained Mental Health First Aiders across the organisation. In Spring 2022, refresher training was undertaken for First Aiders, Champions were trained to First Aider level and the establishment strengthened with new representatives added to the mental wellbeing support network. Trauma Support was relaunched during 2021 and the trauma support debriefing team undertake sessions as requested.

In May 2022, we introduced a Hybrid working guidance providing a flexible approach to an employee's work location.

**Training Needs Analysis.** The 'TNA' process assesses the need for staff training at least annually. This TNA is translated into prioritised learning programmes, approved by the Training Strategy Group and scrutinised to ensure alignment with business priorities, business continuity succession plans and approved budgets. The Authority continues to invest in its staff by way of training and development. Across all staff groups, we spent £230k on training in 2022/23. We offer a broad portfolio of training and development, some generic and some tailored to individuals via their appraisal and development plans which factors into our TNA.

**Fire Service College.** The current contract the Service has with the Fire Service College (the FSC), commenced in June 2022 and will continue until the end of May 2025. A feature of the arrangement is that our instructors can take the lead and run the FSC instructor courses. This ensures that our instructors are kept up to date with best practice within other fire and rescue services, rather than becoming insular.

The FSC facilities are used to assess and maintain the competence of operational staff for Breathing Apparatus and 'Incident Command (IC) Level 1 and to deliver training on fire behaviour and road traffic collisions.



Refresher training and assessment for Incident Command Levels 2 and 3 is also covered in the arrangement with the FSC. This covers Station and Group Commanders. Furthermore, we have piloted Incident Command refresher training and assessment with L 4 commanders at the FSC.

The facilities at the FSC enable large scale exercises to be run which helps us to test operational capability under the Joint Emergency Services Interoperability Principles (JESIP), further developing relationships with partner agencies, such as South Central Ambulance Service and Thames Valley Police, who are keen to remain involved in these exercises.

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***Core Principle F: Managing risks and performance through robust internal control and strong public financial management.***

**Managing Data.** The Authority has a data management framework which includes a programme of auditing the quality and accuracy of data used in decision making and performance monitoring; a training programme; data quality policy; and procedures for identifying personal and other sensitive information, assessing the impact of systems, processes and procedures, and for sharing information with other agencies and members of the public. The Performance Monitoring Board (PMB) reviews and challenges performance against targets and objectives.

The Authority uses encrypted email for the transmission of information outside of its Virtual Private Network (VPN) and has resilient back-up arrangements to assist in compliance and accountability to the confidentiality, integrity and availability of information.

**Overview & Audit Committee.** This committee reviews arrangements for identifying and managing the Authority's business risks and the approval or recommendation of policies in respect of the Authority's governance framework.

**Chief Finance Officer.** The Director of Finance & Assets ensures the sound administration of the financial affairs of the Authority, as required by the statutory duties associated with section 112 of the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015. The Chief Financial Officer is required to adhere to professional and ethical standards set by CIPFA.

**Risk Management Strategy.** This ensures that the Authority identifies strategic risks and applies the most cost-effective control mechanisms to manage those risks and reduce impact on the service provided to the public. The Authority's [Risk Management Policy and Guidance](#) is reviewed and approved by the Executive Committee.

**Business Continuity Management.** This is to ensure the Authority is resilient to interruptions which have the potential to adversely affect the delivery of core functions. The Authority's business continuity management processes include specific guidance for the management of pandemics. Under these arrangements, a 'Pandemic Management Group' was formed to act as a focal point for contingency planning in relation to the emerging Covid-19 pandemic outbreak from 14 February 2020 and was active until 31 March

2022. The business continuity management process was invoked with effect from 17 March 2020 to comply with Government guidance relating to the management of the pandemic.

These arrangements were also put in place 27 June 2022, to enable planning and preparations ahead of potential Industrial Action, due to the Fire Brigade Unions National Pay Dispute. September 13 2022 a Strategic Manager was put in place to oversee Business Continuity arrangements, specifically in relation to Industrial Action. Tactical and Strategic groups were set up to monitor and support planning activities and decision making. Review and debriefing have been undertaken to capture any challenges or opportunities, to inform future planning.

**Governance Structure.** All material business decisions are taken by the Chief Fire Officer in consultation with the Strategic Management Board (SMB) or by Members. Papers submitted for decision-making purposes must be referred to the Chief Finance Officer and the Monitoring Officer for financial and legal scrutiny prior to any decision being taken. The Chief Finance Officer, supported by the Chief Fire Officer leads the promotion and delivery of good financial management so that public money is safeguarded and used appropriately, economically, efficiently and effectively. This is achieved by a finance team that is suitably resourced, professionally qualified and suitably experienced. The Chief Finance Officer meets regularly with the Lead Member responsible for Finance, as well as with the leaders of the political groups represented on the Authority.

***Core Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability***

**Pay Policy Statement**. This is reviewed at least annually (most recently approved by the Authority in February 2023) setting out its policies on the remuneration of its chief officers, the remuneration of its lowest paid employees and the relationship between the remuneration of its chief officers and the remuneration of its employees who are not chief officers.

**Gender Pay Gap Reporting**. This is reported annually to the Authority's Executive Committee (most recently approved in March 2023). The Authority publishes six pieces of prescribed data about the pay and bonuses of male and female workers within the organisation. The report is published annually on the <https://gender-pay-gap.service.gov.uk> website as well as the Authority's website.

**Transparency Information**. Data is published on the website in accordance with the [Local Government Transparency Code](#) (latest version published February 2015) to promote openness and accountability through reporting on local decision making, public spending and democratic processes.

**Agendas, minutes and decisions**. These are published on the website and include the rationale and considerations on which decisions are based.

**Internal Audit**. Buckinghamshire Council Internal Audit service provides the internal audit function for the Authority and reports to the Overview & Audit Committee. Regulation 5 of the Accounts and Audit Regulations 2015 states that the Authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. Proper internal audit practices are defined in the Public Sector Internal Audit Standards 2017. The Chief Internal Auditor provides this opinion in an annual report on the System of Internal Control, which is used to inform the Authority's Annual Governance Statement.

**External Audit**. Ernst & Young LLP provides the external audit services to the Authority and reports regularly to the Overview and Audit Committee. They provide an opinion on whether the financial statements of the Authority give a true and fair view of the financial

position and of the income and expenditure for the year. They also provide a conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness, as well as reporting to the National Audit Office on the Authority's Whole of Government Accounts return.

**His Majesty's Inspectorate of Constabulary and Fire & Rescue Services.** The 'HMICFRS' [published the findings](#) from its latest inspection of the Service on 15 December 2021. The report identified 22 areas for improvement and two causes of concern accompanied by eight recommendations. The Fire and Rescue Service National Framework requires fire and rescue services to give due regard to HMICFRS reports and recommendations. Where recommendations are made, the receiving Service is required to prepare, update and regularly publish an action plan detailing how such recommendations are actioned ([Fire and Rescue National Framework](#), section 7.5). The Service's latest inspection report was presented to the Fire Authority at its 16 February 2022 meeting and the revised Action Plan was published and approved by the Overview and Audit Committee at its 16 March 2022 meeting.

On the 31 March 2023, HMICFRS released a report focused on the values and culture of all 44 fire and rescue services (FRSs) in England and draws on the evidence collected through the inspections of FRSs since 2018. The Service has fed this into their Culture Action plan.

**[Statement of Assurance.](#)** This provides staff, partners and local communities with an assurance that the Authority is doing everything it can to keep them safe and that it is providing value for money.

### **Review of effectiveness**

Buckinghamshire & Milton Keynes Fire Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the officers within the Authority who have responsibility for the development and maintenance of the governance environment.

In addition, the Chief Internal Auditor's annual report, comments made by the external auditors (Ernst & Young), the Operational Assessment, other review agencies and inspectorates (referred to earlier) and the Overview & Audit Committee are all sources providing scrutiny and recommendations upon which the management have drawn to compile the action plan set out in Appendix B.

It is a management responsibility to develop and maintain the internal control framework and to ensure compliance. It is the responsibility of Internal Audit to form an independent opinion on the adequacy of the system of internal control.

This opinion should be used as a key strand of the assurance framework which management use to develop their Annual Governance Statement.

The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of the Authority's internal control system because it measures and evaluates the adequacy and effectiveness of other controls so that:

- The Authority can establish the extent to which they can rely on the whole system; and
- Individual managers can establish the reliability of the systems and controls for which they are responsible.

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This is presented as the Chief Internal Auditor’s opinion:

“The results of the audit work undertaken, when combined with our experience and knowledge of previous years’ performance and the current climate in which the Authority is operating, form the basis for the overall opinion. As such, in my opinion the system of internal control provides **reasonable assurance** regarding the effective, efficient and economic exercise of the Authority’s functions. The work undertaken during 2022/23 has identified areas that require further improvements to ensure that the internal control framework remains adequate and effective. Findings raised from the 2022/23 internal audit reviews have not identified any material weaknesses. Overall, the Fire Authority has continued to demonstrate a robust and effective internal control and risk management environment.”

Source: Internal Audit Service Annual Report of the Chief Internal Auditor 2022/23 July 2023

### Conclusion

As a result of the extensive work undertaken by the management team in reviewing internal structures and reviewing roles and responsibilities as well as the introduction of new systems and processes, working together with the Chief Internal Auditor, the External Auditors and our own Overview & Audit Committee, a plan (see Appendix B) is in place to address the weaknesses identified and ensure continuous improvement of the governance system is in place. Appendix A sets out progress against the delivery of the 21/22 Annual Governance Statement action plan.

Further to the Chief Internal Auditor’s comments, we propose over the coming year to take steps set out in Appendix B to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Signed ..... Date .....

Cllr Simon Rouse - Chairman of the Buckinghamshire & Milton Keynes Fire Authority

Signed ..... Date .....

Jason Thelwell – Chief Executive and Chief Fire Officer of the Buckinghamshire & Milton Keynes Fire Authority

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## Appendix A

### Significant Governance Issues identified to be addressed in 2022/23

	Issue	Action Plan (as per 2020/21 Statement – Appendix B)	Lead Officer	RAG Status	Comments	Target Date
1.	Integrated / Community Risk Management Planning Process.	Review of improvement opportunities identified by the HMICFRS in their 2nd inspection of the Service and the requirements of the new Community Risk Management Planning (CRMP) Fire Standard in readiness for preparation of the next Public Safety Plan (2025-30) which will begin in 2023/24.	Corporate Planning Manager	Green	Scope and timelines for production of new 2025-30 CRMP approved by the Fire Authority on 7 December 2022.  Detailed planning underway with first stage 'listening and engagement' consultation with a representative sample of the public scheduled for June 2023.	Draft CRMP for public consultation to be approved by the Fire Authority in February 2024. Finalised CRMP following outcomes of consultation to be approved by the Fire Authority in Autumn 2024.
2.	To produce a performance strategy for BFRS	Review and agree Service wide performance measures and ongoing monitoring, to ensure the Service is meeting	Head of Technology, Transformation & PMO	Green	At the start of 22/23 we expanded our suite of reportable performance measure to 75 covering the whole Service. These are reviewed and reported on, quarterly	

		its Corporate Plan objectives.			by our Performance Monitoring board, Strategic Management Board and fed up to the Fire Authority Executive Committee and the full Fire Authority	
3.	Counter-Fraud and Corruption and Anti Money Laundering Polices	Both policies were last reviewed in 2018. It would be good practice for these to be reviewed by officers and Members of the Overview and Audit Committee during the financial year 2022-23.	Director of Finance and Assets	Amber	To be deferred to 2023/24	November 2023

## Appendix B

### Significant Governance Issues to be addressed in 2023/24

	Issue	Action Plan	Lead Officer	Target Date
1.	An Internal Audit of Risk Management and Business Continuity Planning undertaken in 22/23 identified a number of issues and, in particular, was only able to offer limited assurance in relation to Business Continuity testing.	<p>An exploratory testing programme, targeting those functions considered most at risk, will be developed and piloted during 23/24. Also, the options and associated costs and resources required to develop, implement, and sustain a fully recordable business continuity testing and exercising programme will be investigated during 23/24.</p> <p>The full audit findings, recommendations and management action plan can be viewed here:</p> <p><a href="https://bucksfire.gov.uk/documents/2023/03/overview-and-audit-committee-meeting-15-march-2023-item-7b-internal-audit-final-audit-reports.pdf/">https://bucksfire.gov.uk/documents/2023/03/overview-and-audit-committee-meeting-15-march-2023-item-7b-internal-audit-final-audit-reports.pdf/</a></p>	Station Commander Resilience and Business Continuity	31 March 2024 for completion of pilot and review of future development options.
2.	To give greater priority to how the Services increases awareness of equality, diversity and inclusion across the organisation.	Roll out EDI training to employees across the Service in order that awareness is raised of its EDI objectives and employees actively embed EDI considerations into everything that they do.	Head of Human Resources	31 March 2024

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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** Corporate Risk Management

**Lead Member:** Councillor Keith McLean, Health, Safety and Corporate Risk

**Report sponsor:** Graham Britten, Director of Legal & Governance

**Author and contact:** Stuart Gowanlock, Corporate Planning Manager

[sgowanlock@bucksfire.gov.uk](mailto:sgowanlock@bucksfire.gov.uk)

**Action:** Decision

**Recommendations:**

1. That the status of identified corporate risks at Annex C be reviewed and approved.
2. That comments be provided to officers for consideration and attention in future updates / reports.

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**Executive summary:**

This report provides an update on the current status of identified corporate risks. Risk registers are maintained at project, departmental and directorate levels. Corporate risks are those that have been escalated from these levels for scrutiny by the Strategic Management Board (SMB) because of their magnitude, proximity or because the treatments and controls require significant development.

Officers draw on a range of sources to assist with the identification and evaluation of corporate risks. For example, membership of the Thames Valley Local Resilience Forum (TVLRF)'s Strategic Coordinating Group (SCG) facilitates active monitoring of a range of risks with the potential for impacts on local communities and services.

Involvement with the Local Resilience Forum directly links officers into national Government agencies and departments such as the UK Health Security Agency and the Department for Levelling Up, Housing and Communities. This allows the sharing of intelligence and information with those who are making decisions at the very highest levels.

The TVLRF SCG enables its partners to jointly develop combined responses to civil emergencies, and strategic consequence management. This multi-agency partnership approach helps target activity directly to the needs of the public.

The Corporate Risk Register was last reviewed by the Overview and Audit Committee at its 15 March 2023 meeting. Since then, it has been subject to review by the Performance Monitoring Board (PMB), at which all the directorate and departmental

risk registers are reviewed, and by SMB at its monthly meetings. Also, Lead Members have been consulted during the evaluation process for risks falling within their portfolios of responsibility.

Since the last Overview and Audit Committee review, the Corporate Risk Register has been updated to reflect:

- An amendment to the staff availability risk description following feedback from 27 April PMB review regarding the effects of recruitment at scale on the ratio of inexperienced to experienced staff (see pages 1-2 of Appendix 3);
- Ongoing monitoring of industrial action across other sectors for any potential impacts on Service delivery functions (see page 3 of Appendix 3);
- A reduction in the Financial Sustainability risk score and RAG status, as specified at pages 4-5 of Appendix 3;
- Progress with improving capabilities to deal with outdoor fire risks (including wildfire) as specified at page 12 of Appendix 3.
- The inclusion of a new risk, addressing the issues identified in the HMICFRS 'Values and culture in fire and rescue services' [report](#), (as set out at page 13 - 14 of Appendix 3) following recommendation at the 27 April PMB;

The current distribution of corporate risks relative to probability and potential impact is shown at Appendix 1.

Changes to the corporate risk ratings over the last 12 months are shown at Appendix 2.

Detailed assessments of identified corporate risks are shown in the Corporate Risk Register at Appendix 3.

The next Overview and Audit Committee review is scheduled for 8 November 2023, preceded by review at the 17 October 2023 SMB meeting.

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### **Financial implications:**

No direct financial implications arising from the presentation of this report. It is envisaged that the further development of the Authority's corporate risk management framework will be undertaken from within agreed budgets.

### **Risk management:**

The development, implementation and operation of effective corporate risk management structures, processes and procedures are considered critical to assure continuity of service to the public, compliance with relevant statutory and regulatory

requirements and the successful delivery of the Authority's strategic aims, priorities and plans.

**Legal implications:**

None directly arising from this report. Any legal consequences associated with the crystallisation of individual risks are detailed in the Risk Register report at Appendix 3.

Within the role description of a Lead Member is a requirement 'to attend the Overview and Audit Committee, at its request, in connection with any issues associated with the portfolio which is the subject of scrutiny'.

**Privacy and security implications:**

None directly arising from the presentation of this report. However, potential risks to privacy and security together with mitigating actions are captured within applicable risk evaluations.

**Duty to collaborate:**

The potential to share corporate risk intelligence with neighbouring fire and rescue services and other relevant agencies will be considered. Buckinghamshire and Milton Keynes Fire Authority already participates in the multi-agency Thames Valley Local Resilience Forum which produces a Community Risk Register which is among the sources used to identify potential risks to the Authority.

**Health and safety implications:**

Development of the framework does not impact directly on the legal compliance to health and safety, however if risks are not appropriately identified or evaluated then this may present Health and Safety risks.

**Environmental implications:**

None directly arising from the presentation of this report. However, potential environmental implications together with mitigating actions are captured within applicable risk evaluations.

**Equality, diversity, and inclusion implications:**

No direct implications from the presentation of this report. However, risks to achieving the Authority's equality, diversity and inclusion objectives or compliance with relevant statutes or regulations are identified assessed and managed via this process and are currently monitored within the HR Risk Register. Equality Impact Assessments are undertaken on strategies, change, procedures and projects.

**Consultation and communication:**

Senior managers and principal officers are key stakeholders in the development of the corporate risk management framework and have an active role in this at every stage as well as in ongoing identification, evaluation and monitoring of corporate risks. The Lead Member for Health, Safety and Corporate Risk is also be involved in the development of the framework with particular responsibility for determining the reporting arrangements for the Authority.

### Background papers:

The current Corporate Risk Management Policy was approved at the 24 March 2021 Executive Committee:

<https://bucksfire.gov.uk/documents/2021/03/ec-240321-item-5.pdf/>

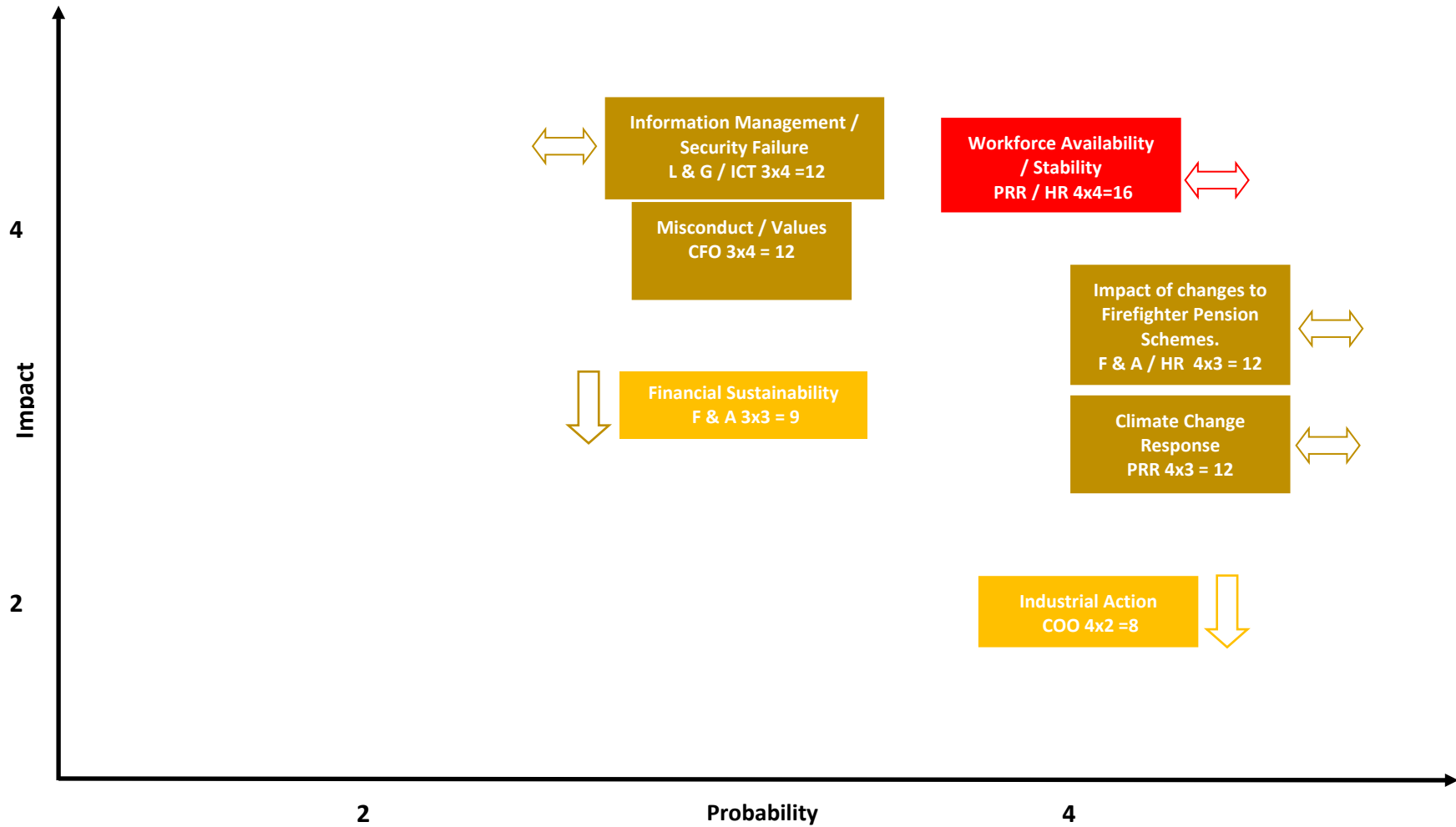
Fire Authority Members were last updated on the status of the Authority's Corporate Risks at the 15 March 2023 Overview and Audit Committee meeting:

<https://bucksfire.gov.uk/documents/2023/03/overview-and-audit-committee-meeting-15-march-2023-item-9-corporate-risk-management.pdf/>

Appendix	Title	Protective Marking
1	Distribution of Corporate Risks as at 20 June 2023.	None
2	12 Month View of Changes to Corporate Risks	None
3	Corporate Risk Register Report	None



# Appendix 1: Corporate Risk Map – As at 20 June 2023 SMB



RAG

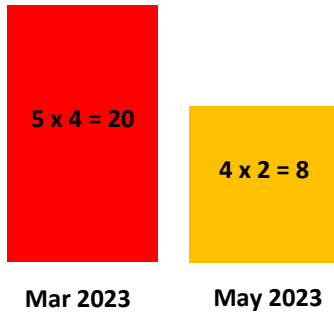
P x I = Score

**Risk Trend Indicator**  
 Risk increasing = ↑  
 No change = ↔  
 Risk Reducing = ↓

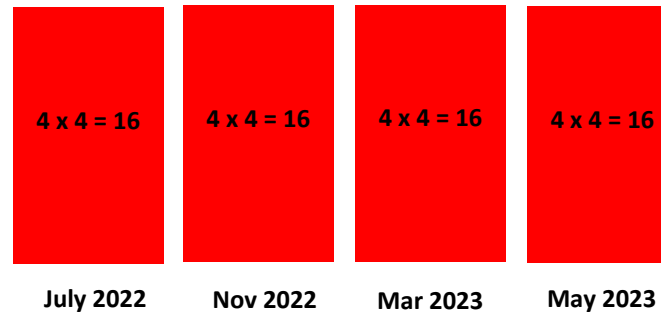
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## Appendix 2 – Risk Register Changes (12 Month View)

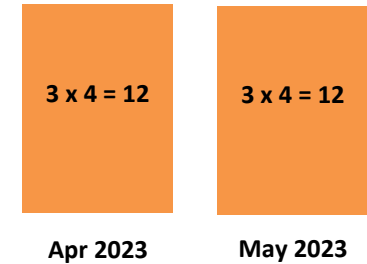
### Industrial Action



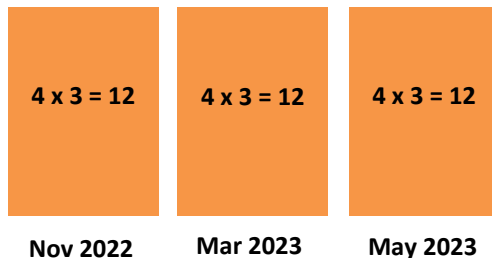
### Workforce Availability / Stability



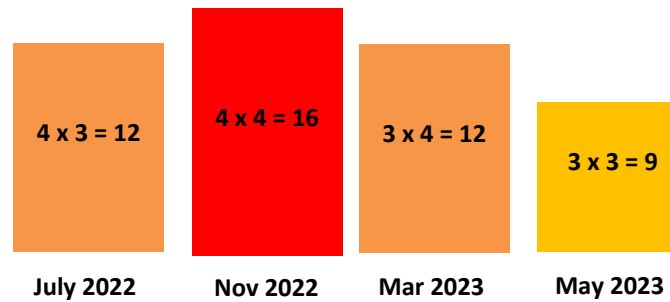
### Misconduct / Values



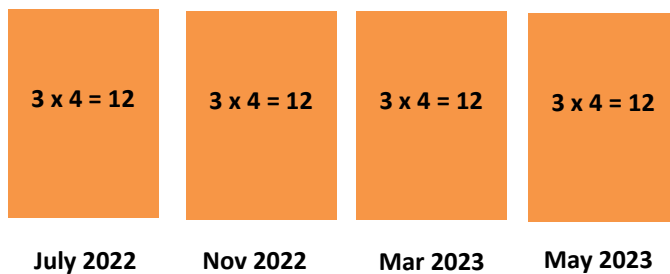
### Climate Change Response



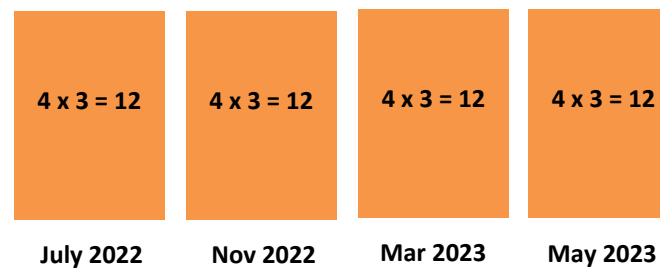
### Financial Sustainability



### Information Management / Security Failure



### Impact of Changes to Firefighter Pension Schemes



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## Appendix 3 - Corporate Risk Register – as at 20 June 2023

### Corporate Risks

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	R A G	Comments / Further Treatment Proposed
			P	I	Σ				
<p><b>Workforce Availability / Stability:</b> 1/ Staff inability or reduced ability to work due to disruption caused by factors such as Pandemic Flu, fuel supply issues, industrial action etc.</p> <p>2/Impact of employment market conditions on attraction of new staff, retention of existing staff, and overall workforce stability (specifically the ratio of experienced / competent staff to inexperienced</p>	Lead Member for Service Delivery, Protection & Collaboration	Potential detrimental effects on service delivery to the community and the Service's reputation.	(2)	(5)	(10)	(M)	<ul style="list-style-type: none"> <li>Business continuity plans in place &amp; uploaded to Resilience Direct.</li> <li>Succession Plans in place for key leadership and management personnel.</li> <li>Contingency arrangements in place to mitigate risks to Principal Officer operational rota capacity.</li> <li>Peer review of the business continuity arrangements</li> <li>Bank System</li> <li>Flexi-Duty System Pilot</li> <li>Staff Transfer Procedure</li> <li>Employee assistance and welfare support</li> <li>Training Needs Assessment process</li> <li>Monitoring of staff 'stability ratio' relative to best practice and sector norms</li> <li>Review of Resourcing and Retention strategies</li> <li>Wider range of contracts offering more flexible ways of working</li> <li>A variety of approaches are being adopted to replenish the workforce. These include more operational apprentices, transferees, and re-engagement options</li> <li>Workforce planning data is regularly reviewed with Prevention, Response &amp; Resilience, HR and Finance.</li> </ul>	<p><b>R</b></p> <p><b>18 October 2022 SMB</b> The FBU have recommended that their members reject a revised offer of a five per cent increase to firefighter pay from national employer representatives. A consultative ballot of FBU members will now take place: <a href="https://www.fbu.org.uk">All members briefing on revised 5% pay offer   Fire Brigades Union (fbu.org.uk)</a></p> <p><b>15 November 2022 SMB</b> On 31 October the <a href="https://www.fbu.org.uk">FBU launched a consultative ballot</a> of members on whether to accept the 5 per cent pay offer from the employers. The FBU's Executive Council is recommending that members vote to reject the offer. The ballot is on the pay offer itself, with rejection not automatically leading to strike action for which a further ballot would be required. Preparation and Communications with employees continue. Meetings with Support Services staff taking place in early November. Wholetime, transferee, On call and support recruitment continues. The Workforce Planning Group meets monthly to ensure a joined up approach.</p> <p><b>17 January 2023 SMB</b> Risk of industrial action by FBU members migrated to separate entry in Corporate Risk Register given potential imminence of risk crystallisation following rejection of national employers' pay offer and ongoing strike ballot. Further recruitment for Apprentices planned for October intake.</p>	
			(5)	(5)	(25)	(H)			
			(3)	(5)	(15)	(H)			
			(4)	(5)	(20)	(H)			
			(3)	(5)	(15)	(H)			
			(5)	(4)	(20)	(H)			
	Chief Operating Officer	Failure to discharge statutory duties.	(4)	(3)	(12)	(M)			
			(5)	(3)	(15)	(H)			
			(4)	(3)	(12)	(M)			
			(5)	(3)	(15)	(H)			
			(3)	(3)	(9)	(M)			
			(4)	(3)	(12)	(M)			
			<b>4</b>	<b>4</b>	<b>16</b>	<b>H</b>			
Disruption to integrity and continuity of the incident command structure and / or Service strategic leadership structure.									

## Appendix 3 - Corporate Risk Register – as at 20 June 2023

<p><b>staff / staff in development.</b></p> <p><b>3/ Simultaneous loss of Principal Officers / Senior Management Team members.</b></p> <p><b>This is a composite risk more detailed evaluations of individual risk components are contained in Directorate Risk Registers.</b></p>							<ul style="list-style-type: none"> <li>• Growth bids to be considered to support future resourcing demands.</li> <li>• HR are reviewing the future promotion and career development options</li> <li>• Resourcing levels are constantly monitored to ensure coverage.</li> <li>• The Recruitment Oversight Board meets periodically to review resourcing and ensure a joined-up approach.</li> <li>• Pensions remedy consultation received, response to be drafted. Workforce planning to be reviewed for implications and plans put in place</li> <li>• GC/AC development centre held.</li> <li>• CC/WC/SC development centre held in September 2020.</li> <li>• On-call virtual awareness evenings held, and recruitment continues ensuring compliance with government guidance.</li> </ul>	<p><b><u>21 February 2023 SMB</u></b> Workforce planning group due to meet 13 February. OnCall to Wholetime transferee (internal) advert open. 16 Apprentices plus 1 Firefighter trainee to start 1 March. 2 March cohort applicants, starting in October, as can't be released from RAF before then. Wholetime advert 20 February to 26 March. On Call and Wholetime Crew and Watch Commander (internal and external) transferee advert opens 16 February and On Call and Wholetime Firefighter (internal and external) transferee advert opens 12 May. Recruitment Fairs planned in throughout 2023. Updates given at SMB and Executive Committee.</p> <p><b><u>4 April 2023 SMB</u></b> Nothing further to report. No change to risk score or RAG status.</p> <p><b><u>16 May 2023 SMB</u></b> Risk description updated following feedback from 27 April PMB review regarding the effects of recruitment at scale on the ratio of inexperienced to experienced staff. WPG met on 15 May. Recruitment now a standing item at PMB. 42 currently being interviewed for Apprenticeship. 10 Transferees starting on 5 June. No August course for On Call due to low candidate numbers / not passing tests.</p> <p><b><u>20 June 2023 SMB:</u></b> 18 candidates have been offered employment to commence on 27 September 2023. A pool of candidates has been created should any of them leave the course unexpectedly. 9 Firefighter transferees commenced on 5 June 2023. The Workforce Planning Group meet monthly to ensure consistency across the organisation and to ensure the target of 300 is met. The advert for the Junior Officer Transferee planned for September 2023 intake is in discussions.</p>
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### Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ				
<b>Disruption to key Service functions due to third party industrial action potentially leading to reduced staff availability and / or diversion of resources to help partner services maintain continuity of service.</b>	Lead Member for Service Delivery, Protection & Collaboration	Detrimental effects on service delivery to the community and the Service’s reputation.	4	2	8	M	<ul style="list-style-type: none"> <li>• Business continuity plans in place &amp; uploaded to Resilience Direct.</li> <li>• Bank System</li> <li>• Flexi-Duty System Pilot</li> <li>• Staff Transfer Procedure</li> <li>• Wider range of contracts offering more flexible ways of working</li> <li>• Flexible and hybrid working procedures.</li> <li>• Remote working technologies.</li> <li>• Regular communication with staff, rep bodies and, where appropriate, third party organisations.</li> </ul>	<b>M</b>	
	Chief Operating Officer	Increased risk to the public (including life and property), economy and the environment due to inadequate or insufficient response to emergency incidents.							
		Failure to discharge statutory target duties.							
		Disruption to service delivery and support functions due to loss of capacity.							
		Delay to implementation of Service plans and projects due to loss of capacity.							
<p><b>April 2023:</b> Industrial action is currently underway across a number of sectors that can potentially affect staff availability and / or deployment. In particular, schools and the NHS. Next strike action affecting schools take place 27 April and 2 May.</p> <p><b>16 May 2023 SMB:</b> Following resolution of the national dispute relating to pay between the Fire Brigades Union and the employers this risk has been re-defined to focus on the potential effects of industrial action in other sectors on staff availability. Re-defined risk approved for inclusion in the Corporate Risk Register.</p> <p><b>20 June 2023 SMB:</b> The Industrial Action picture continues to be monitored, as a number of Trade Unions continue to ballot for, or announce dates, for Industrial Action. The Royal College of Nursing’s Industrial Action formally came to an end on 27 June 2023. On 17 June 2023, the executive of the National Education Union (NEU) voted for further strike action in England’s schools on 5 and 7 July. Should the strikes go ahead, it is up to individual head teachers to decide on whether they close their school. This is likely to be dependent on teacher availability. We are currently evaluating any potential implications for BFRS staff with childcare responsibilities together with options for minimising any impact on core service delivery functions.</p>									

### Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequence if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ	HML			
<b>Financial Sustainability</b>	Lead Member for Finance and Assets, Information Security & IT  Director Finance & Assets	The Medium-Term Financial Plan (MTFP) factors in several assumptions when forecasting the financial position. Future costs are significantly affected by the level of pay awards (which for most staff are determined nationally), general price inflation and changes to employer pension contributions. Future funding levels are affected by council tax referendum limits, growth in council tax and business rate bases, the level of general government funding and specific grants. If a number of these areas are	(4)	(4)	(16)	(H)	Proactive management of the MTFP is in force and is very closely aligned to workforce planning.  As part of the budget setting process, Officers will seek to identify savings opportunities to address potential future cost pressures.  A risk-assessed General Fund reserve of £1.5m (circa five per cent of the net budget requirement) is held to cover a range of potential financial risks. In addition, earmarked reserves are held to fund specific anticipated future costs.	<b>A</b>	<p><b><u>20 September 2022 SMB</u></b> Awaiting details of Government support for non-domestic energy users to facilitate assessment of likely impact on revenue budget forecast.</p> <p><b><u>18 October 2022 SMB</u></b> The announcement of the energy price cap for non-domestic customers has reduced the forecast spend for the year on gas and electricity by £400k. However, the cap is currently only confirmed to apply for six months until 31 March 2023. On 4 October 2022, the UK National Employers for Fire &amp; Rescue Services have agreed to make an improved pay offer of five per cent on all basic pay rates and continual professional development payments. While a five per cent pay award can be absorbed this year, it is because of the recent non-domestic energy support announcement and assumes no further financial pressures emerging. However, without additional funding through either grant funding and/or precept flexibility in the forthcoming Local Government Finance Settlement, the Service would not be on a sustainable footing in future years.</p> <p><b><u>17 January 2023 SMB</u></b> Outlook for funding improved following: government confirmation that fire and rescue authorities may raise Council Tax by £5 (Band D equivalent) without recourse to a referendum; and confirmation that Settlement Funding Assessment will be raised by CPI inflation rate as at September 2022 (10.1%). These measures will enable the Authority to offset the effect of inflationary pressures and reduce the likelihood of needing to draw on reserves. However, the Service has also received notification that the Government will look to discontinue the USAR grant funding that the Service receives at the end of March 2023. This is</p>
			(3)	(4)	(12)	(M)			
			(3)	(4)	(12)	(M)			
			(4)	(4)	(16)	(H)			
			(4)	(3)	(12)	(M)			
			(4)	(4)	(16)	(H)			
			(3)	(4)	(12)	M			
<b>3</b>	<b>3</b>	<b>9</b>	<b>M</b>						



### Appendix 3 - Corporate Risk Register – as at 20 June 2023

		<p>significantly worse than forecast there is a risk the Authority will not meet its commitment to the PSP 2020 - 25 and that a fundamental re-think of service provision would be required.</p>						<p>currently worth over £800k and the loss of this will need to be factored into the MTFP for 2024/25.</p> <p><b><u>21 February 2023 SMB</u></b>  The Authority approved the MTFP for 2023/24 to 2027/28 at its meeting on 15 February 2023. As noted in the update of 17 January 2023 (see above) this factored in the discontinuation of the USAR grant funding that the Service has been informally notified of. It was also updated to reflect the latest NJC pay offer of 7% from 1 July 2022 and 5% from 1 July 2023, the recently agreed twelve-month utilities contracts from 1 April 2023 and confirmed business rates payments from the billing authorities.  The net impact of all the above is that reserves are now forecast to increase very slightly during 2023-24 before remaining broadly level during the period of the MTFP. The risk is to remain at amber due to uncertainty about energy prices over the next 12 months and the sensitivity of the finances to small changes in assumed pay awards after July 2023.</p> <p><b><u>4 April 23 SMB</u></b>  No further developments to report. No change to risk score or RAG status.</p> <p><b><u>16 May 2023 SMB</u></b>  Agreed that the risk impact score be reduced from 4 to 3, in light of improved MTFP outlook resulting in overall reduction to low-medium RAG status.</p> <p><b><u>20 June 2023 SMB</u></b>  No new developments of significance to report. No changes to risk score or RAG status.</p>
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## Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ				
<p><b>Information Management* / Security failure to -</b></p> <p><b>a) comply with statutory or regulatory requirements</b></p> <p><b>b) manage technology</b></p> <p><b>c) manage organisational resources</b></p> <p>Deliberate: unauthorised access and theft or encryption of data.</p> <p>Accidental: loss, damage or destruction of data</p>	<p>Lead Member for Finance and Assets, Information Security &amp; IT</p> <p>Senior Information Risk Owner (SIRO)</p> <p>Director Legal &amp; Governance</p>	<ul style="list-style-type: none"> <li>Inability to access/use the e-information systems.</li> <li>Severe financial penalties from the Information Commissioner</li> <li>Lawsuits from the public whose sensitive personal information is accessed causing damage and distress.</li> </ul> <p>*Information management is concerned with the acquisition, custodianship and the distribution of information to those who need it, and its ultimate disposition through archiving or deletion. Information security is the practice of protecting information by mitigating risks such as unauthorised access and its unlawful use, disclosure, disruption,</p>	(4) <b>3</b>	(4) <b>4</b>	(16) <b>12</b>	(H) <b>M</b>	<p><b>1. Appropriate roles:</b></p> <ul style="list-style-type: none"> <li>SIRO has overall responsibility for the management of risk</li> <li>Information and information systems assigned to relevant Information Asset Owners (IAO's)</li> <li>Department Security Officer (DSO) the Information Governance &amp; Compliance Manager has day-to-day responsibility for the identification of information risks and their treatments</li> <li>'Stewards' assigned by IAO's with day-to-day responsibility for relevant information.</li> </ul> <p><b>2. Virus detection/avoidance:</b></p> <p>Anti-Malware report – no significant adverse trends identified which indicates that improved security measures such as new email and web filters are being successful in intercepting infected emails and links.</p> <p><b>3. Policies / procedure:</b></p> <p>Comprehensive review and amendment of the retention and disposal schedules / Information Asset Registers,</p> <ul style="list-style-type: none"> <li>current and tested business continuity plans / disaster recovery plans</li> <li>employee training/education</li> <li>tested data/systems protection clauses in contracts and data-sharing agreements</li> <li>Integrated Impact Assessments (IIA)</li> <li>disincentives to unauthorised access e.g. disciplinary action</li> </ul> <p><b>4. Premises security:</b></p> <ul style="list-style-type: none"> <li>Preventative maintenance schedule</li> <li>Frequent audits at Stations and inventory aligned to asset management system.</li> </ul> <p><b>5. Training:</b></p> <p>The biennial "Responsible for Information" training supplemented by the National Cyber Security Centre's</p>	<b>A</b>	<p><b>21 June 2022 SMB</b></p> <p>Against South-East Government Warning, Advisory and Reporting Point (SEGWARP) criteria, due to interventions applied by ICT, BMKFA's email security ranking has improved since last evaluated in March 2022.</p> <p><b>20 September 2022 SMB</b></p> <p>In August Oxford Health NHS foundation trust reported that it was the subject of a ransomware attack, declaring a critical incident over the outage which targeted systems affecting its patients' care and its finance system. A reminder to BFRS staff about the danger of 'phishing' by which ransomware can be introduced to BFRS systems was published on the intranet.</p> <p><b>18 October 2022 SMB</b></p> <p>The Data Protection and Digital Information Bill (DPDI Bill) was introduced into Parliament on 18 July 2022. The second reading of the DPDI Bill did not take place on 5 September 2022 as scheduled, with a new date not yet published. The potential effects of the DPDI Bill on the Authority if it were to be enacted in substantially the same form have yet to be fully evaluated, however they will likely reduce the resources needed to achieve regulatory compliance.</p> <p><b>15 November 2022 SMB</b></p> <p>No change to risk score or RAG status</p>

### Appendix 3 - Corporate Risk Register – as at 20 June 2023

		<p>deletion and corruption. As more and more information is held electronically risks have become systems, as well as process and people based and are therefore vulnerable to cyber-attacks. Cyber-crime is unrelenting and issues arise at a greater frequency than existing intrusion attempts can be resolved. As such, this is a constant on the CRR.</p>					<p>new e-learning package 'Top Tips for Staff' which has been built into the Heat training platform as a mandatory biennial package.</p>	<p><b><u>17 January 2023 SMB</u></b>          The UK Government Resilience Framework , published by the Cabinet Office 19 December 2022 reported that 39% of all UK businesses reported a cyber breach or attack in 2022 and warns of the risks of a Hostile State using cyber to disrupt emergency services operations, or malicious communications to reduce public cooperation with emergency services and authorities in a crisis.</p> <p><b><u>21 February 2023 SMB</u></b>          Since last reported to the O&amp;A Committee (20 July 2022), against South-East Government Warning, Advisory and Reporting Point (SEGWARP) criteria, BMKFA's email security ranking continues to improve and is expected to improve further with the installation of <a href="#">MTA-STX (Mail Transfer Agent Strict Transport Security)</a></p> <p><b><u>4 April 23 SMB</u></b>          Nothing further to report. No change to risk score or RAG status.</p> <p><b><u>20 June 2023 SMB</u></b>          The investment in Microsoft Defender, its additional layer of protection to the existing firewall, and its reporting tools since March 2023 enable BFRS to better monitor its exposure and vulnerability to cyberattacks via email and prioritise remedial actions.</p>
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### Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ	HML			
<b>Court of Appeal ruling on the McCloud / Sargeant cases: potential impact on staff retirement profile, resourcing to implement required changes and financial impacts thereof.</b>	Lead Member for Finance and Assets, Information Security & IT	Failure to discharge statutory duties.  Failure to comply with legal requirements.  Unknown / unquantified budgetary impacts.	(5) 4	(3) 3	(15) 12	H M	<ul style="list-style-type: none"> <li>Potential impacts on costs to be factored into future Medium-Term Financial Planning process.</li> <li>Recruitment of dedicated specialist resource to evaluate requirements arising from the Court of Appeal ruling and implement necessary administrative changes.</li> </ul>	<b>M</b>	<p><b>18 January 2022 SMB</b> On 17 November 2021 the Executive Committee adopted the Framework with the proviso that the timescale for payments may be extended where it is beneficial to the recipient and the Service to do so. On 29 November 2021 the Home Office withdrew its informal and non-statutory guidance on processing certain kinds of immediate detriment case ahead of legislation, with immediate effect. However, the MoU and the accompanying Framework is separate from, and is not subject to or dependent on, any guidance issued in relation to immediate detriment before the legislation comes into force.</p> <p><b>22 February 2022 SMB</b> No changes to the risks identified since the meeting on 18 January 2022.</p> <p><b>5 April 2022 SMB</b> Staff retirement trends remain manageable with near term exits effected by 31 March 2022, following which remaining affected staff revert to the revised 2015 scheme. Potential financial risks arising from the 4 yearly revaluation of the scheme will be mitigated as part of the MTFP process. No change to risk score or RAG status recommended.</p> <p><b>21 June 2022 SMB</b> Claimants' representatives have submitted schedules of test claimants for the purposes of the levels of financial awards to be paid by employers for 'injury to feelings'. The LGA's position is that employers should be recompensed by government for any awards.</p> <p><b>20 September 2022 SMB</b> No significant developments to report. Monitoring continues. No change to risk score / RAG status.</p> <p><b>18 October 2022 SMB</b> Cases are being processed as they arise. A provision of circa £250k had been made in the 2020-21 financial</p>
	Director Finance & Assets								



### Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ	HML			
<p>Increased risk of wildfires, flooding, gales and altered hydrology due to effects of climate change.</p> <p><a href="#">UK Climate Change Risk Assessment 2022 (publishing.service.gov.uk)</a></p>	<p>Vice Chairman of the Authority.</p> <p>Chief Operating Officer.</p>	<p>Failure to protect people from the risks associated with climate change including potential damage to:</p> <ul style="list-style-type: none"> <li>• Infrastructure and local businesses</li> <li>• Housing</li> <li>• Agriculture</li> <li>• Food production and distribution</li> <li>• Forestry</li> <li>• Heritage</li> <li>• Sensitive environments</li> <li>• BFRS premises (building fabric)</li> <li>• Education</li> <li>• CNI sites</li> </ul> <p>Inability to effectively respond during extreme weather events.</p> <p>Inability to effectively deal with increasing incidents within recycling, electricity generation and distribution, largescale battery storage, and electric/hydrogen fuelled vehicles.</p>	4	3	12	M	<p>Provision of National Operational Guidance programme which adapts to changing environment. Adoption of guidance as best practice across Thames Valley. Strategic gap analysis underway to identify and close gaps relative to national best practice.</p> <p>Provision of equipment and training to deal with wildfire, water rescue and flooding, and extreme weather events. Adverse weather procedure in place and business continuity plans for all sites. Research and development officer continues to identify new equipment and practice to mitigate emerging risks (e.g. new equipment to reduce risk involving fires with photovoltaics)</p> <p>Access to and provision of specialist tactical advisors through national resilience framework.</p> <p>Urban Search and Rescue team in-service equipped to deal with major building/infrastructure collapse</p> <p>Specialist boat rescue capability situated in north and south of county. Both included on national asset register. All staff trained appropriately in working in flood water.</p> <p>Site-specific risk assessments and risk information for high risk sites – being expanded to include broader risks such as wildfire, water rescue and flooding and transport. Access to wildfire severity index</p>	A	<p><b>20 September 2022 SMB:</b></p> <p>Added to Corporate Risk Register. The likelihood and impact of extreme weather-related incidents has been reviewed and escalated following the exceptional summer conditions which stretched the sector beyond what was previously foreseeable.</p> <p>This has prompted a focus to ensure our capabilities are prepared for future similar events, which are now foreseeable to occur again.</p> <p>The Operational debrief process of the major incidents will capture learning to inform future decisions. Where appropriate this will be shared nationally with other Services and agencies.</p> <p>The terms of reference for the Strategic Infrastructure Resilience Group (SIRG) are to be reviewed to include analysis of current capability against foreseeable risks.</p> <p>The Service will explore possibilities of short-term adaptations to existing capabilities and consider long term requirements to inform development of new Community Risk Management Plan</p> <p>Consider any recent PESTEL factors that may have increased the risks and potential impacts to inform the next CRMP, e.g. expanding rural/urban interface increasing wildfire risks, or increased risks of flooding etc.</p> <p>The operational debriefs for the summer major incidents are underway for a 'Lessons Learned' report relating to extreme heat conditions experienced in July.</p>

### Appendix 3 - Corporate Risk Register – as at 20 June 2023

						<p>and flood forecasting data to assist planning.</p> <p>Targeted national and local prevention messaging to mitigate risks at key points in the calendar (e.g. water safety summer/winter – Barbecues spring/summer – Chimneys – Autumn).</p> <p>Back-up power generators to protect emergency response sites from power outages. Regular building surveys from facilities team. Fleet replacement programme ongoing.</p> <p>Bunkered fuel stocks and establishing fleet of alternative fuel vehicles where appropriate to mitigate risk of fuel disruption</p> <p>Strategic infrastructure group in place to horizon scan and ensure preparedness for future risks.</p> <p>Engaged with NFCC to identify and prepare for longer term “fit for the future” considerations</p> <p>Engaged in local resilience groups for flood management</p> <p>Isotonic supplements and cool boxes added to appliance inventories</p>	<p>The NFCC is also planning to capture national work on learning and capability gaps. Potential to use Northumberland FRS for Wildfire risk assessment, and learn from other services who are more influenced by prominent wildfire risks</p> <p>Impact of extreme spate / simultaneous demand risks on operating model / capacity gap to feed into future community risk management planning.</p> <p><b><u>18 October 2022 SMB</u></b> As per September update. The debrief/operational learning process is progressing through the operational assurance team and a report will be presented to the Authority once complete.</p> <p><b><u>15 November 2022 SMB</u></b> No change to risk score or RAG status.</p> <p><b><u>17 January 2023 SMB</u></b> Quotes sourced to adapt two existing 4x4 vehicles for wildfire/small fires purposes. Exploring options to enable existing Iveco 7.5 tonne fire appliance to be resourced as a specialist wildfire appliance.</p> <p><b><u>21 February 2023 SMB</u></b> Quotes and finance secured for 2 wildfire vehicle adaptations, and Iveco 4x4 to be recategorized as a specialist 4x4 appliance – training / fleet requirements being explored.</p> <p><b><u>4 April 23 SMB</u></b> Supplier for 2 x Wildfire vehicle conversations identified. Lex Autolease have agreed vehicle adaptations and lease extension. Driver training scheduled for 7.5 tonne 4x4 off road vehicle to be relocated to WAS. 3 officers to attend wildfire training course in Surrey in April. Objectives set to introduce long-term wildfire project, to include scope for prevention and effective response. Funding approved for 2 wildfire tac advisor training courses.</p>
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### Appendix 3 - Corporate Risk Register – as at 20 June 2023

								<p><b>20 June 23 SMB</b> Iveco 7.5 tonne pumping appliance is now prepared for mobilisation as a specialist off-road appliance. The vehicle is switch crewed at WAS and will be positively crewed during periods of high wildfire risk. Two further utility vehicles are being modified to include a high-pressure hose and off-road capability. Training to improve resilience of our existing bulk water carriers is also underway. Two officers have been trained as wildfire tactical advisors by Surrey FRS. Officers are engaging with the NFU and Forestry Commission as well as developing prevention materials for use across the Thames Valley.</p>
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### Appendix 3 - Corporate Risk Register – as at 20 June 2023

Risk Description	Resp.	Consequences if Untreated Risk Occurs	Risk Score (Former) / New			Risk Level	Current Treatment	RAG	Comments / Further Treatment Proposed
			P	I	Σ	HML			
<b>Risk of misconduct / behaviours at odds with Service Values on the part of individuals or groups in the employ of, or associated with, the Service and / or the Fire Authority.</b>	Lead Member for Service Delivery, Protection & Collaboration	Harm to members of the public and / or Service personnel.	3	4	12	M		<p>M</p> <p>There have been a number of recent high profile cases of unacceptable behaviours by employees of Fire and Rescue Services that have attracted national media attention e.g. <a href="#">South Wales FRS</a> and <a href="#">Dorset and Wiltshire FRS</a>.</p> <p>Alongside these are the findings of recent FRS Culture reviews identifying cases of bullying, harassment and discrimination including: <a href="#">London Fire Brigade</a> and, more widely, in a national report produced by the <a href="#">HMICFRS</a>.</p> <p>The Service’s <a href="#">initial response</a> (‘Exploring our Culture’) to the issues raised by the above was presented to the Fire Authority Executive Committee on 22 March 2023.</p> <p>Steps being taken by Service management to address the recommendations made by the HMICFRS in their national ‘Values and culture in fire and rescue services’ will be considered at an exceptional meeting of the Fire Authority on 28 April 2023.</p> <p><b>Further Treatments</b></p> <ul style="list-style-type: none"> <li>Review and relaunch of confidential whistleblowing line planned supported by a promotional ‘speak up’ campaign.</li> <li>Gap analysis underway in relation to the Fire Standards Board’s ‘Leading the Service’ and Leading and Developing People standards.</li> <li>Staff survey frequency to be increased to annually.</li> </ul>	
	Chief Fire Officer	<p>Potential exposure to litigation and financial loss</p> <p>Reputational damage resulting in negative publicity locally / nationally leading to public loss of confidence in the Authority / Service.</p> <p>Staff / member loss of confidence in Authority and / or Service leadership / management.</p>							<ul style="list-style-type: none"> <li>Updated employee Code of Conduct approved by the Authority’s Executive Committee on 22 March 2023.</li> <li>Updated Whistleblowing procedure and reporting process in place.</li> <li>Since 2016, DBS checks on all relevant staff, including all frontline staff, undertaken. In 2019 additional vetting implemented with move to annual Enhanced with barred list DBS checks.</li> <li>A range of support in place for staff to raise concerns, including access to the Welfare Officer and Occupational Health and also, in relation to investigations, the allocation of a point of contact who is not part of the investigation.</li> <li>Procedure for members of the public to raise concerns and complaints in place and reported on annually to the Overview and Audit Committee.</li> <li>Biennial staff surveys undertaken since 2017.</li> <li>Quarterly performance reporting of key people related measures to Fire Authority members.</li> <li>Thorough review of the Equality Impact Assessment process undertaken in 2022. This led to the update of the template and supporting guidance. A e-learning package was created and face to face support available across the service. This remains a key focus when items are presented at our governance meetings.</li> </ul>

### Appendix 3 - Corporate Risk Register – as at 20 June 2023

							<ul style="list-style-type: none"> <li>• Ongoing engagement with the representative bodies issues to identify potential issues / concerns.</li> <li>• Analysis of feedback from staff leaver exit interviews.</li> <li>• Analysis of grievance / complaint procedure findings to identify recurring issues that could indicate systemic origins.</li> </ul>	<p><b><u>16 May 2023 SMB</u></b>  Risk approved for inclusion in the Corporate Risk Register.  Exploring our Culture report presented to June Fire Authority.  HMICFRS values and culture in Fire and Rescue Services presented to Extraordinary Fire Authority on 28 April 2023</p> <p><b><u>20 June 2023 SMB</u></b>  Exploring our Culture report presented to the June Fire Authority, incorporating the HMICFRS action plan. Head of HR working with Marketing and Communications team to raise awareness of the report and follow on internal staff 'Speak Up' campaign.</p>
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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** Treasury Management Performance 2022/23

**Lead Member:** Councillor Matthew Walsh

**Report sponsor:** Mark Hemming, Director of Finance & Assets

**Author and contact:** Marcus Hussey [mhussey@bucksfire.gov.uk](mailto:mhussey@bucksfire.gov.uk)

**Action:** Noting.

**Recommendations:** That the Treasury Management Performance 2022/23 be noted.

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## **Executive summary:**

This report is being presented to provide the treasury investment position as at the end of 2022/23. It is best practice to review on a regular basis how Treasury Management activity is performing.

The accrued interest earned for 2022/23 is £328k, which is £298k higher than the budget for the same period.

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## **Financial implications:**

The budget for 2022/23 relating to interest earned on balances invested is £30k. Performance against the budget is included within Appendix 1.

## **Risk management:**

Making investments in the Authority's own name means that the Authority bears the risk of any counterparty failure. This risk is managed in accordance with the strategy and with advice from external treasury management advisors.

The Director of Finance and Assets will act in accordance with the Authority's policy statement; Treasury Management Practices and CIPFA's Standard of Professional Practice on Treasury Management.

The risk of counterparty failure is monitored on the directorate level risk register within Finance and Assets.

There are no direct staffing implications.

## **Legal implications:**

The Authority is required by section 15(1) of the Local Government Act 2003 to have regard to the Department for Communities and Local Government Guidance on Local

Government Investments; and by regulation 24 of the Local Authorities (Finance and Accounting) (England) Regulations 2003 [SI 3146] to have regard to any prevailing CIPFA Treasury Management Code of Practice.

**Privacy and security implications:**

No direct impact.

**Duty to collaborate:**

No direct impact.

**Health and safety implications:**

No direct impact.

**Environmental implications:**

The Authority have invested £2m in sustainable investments during 2022/23. Officers will continue to explore sustainable investments.

**Equality, diversity, and inclusion implications:**

No direct impact.

**Consultation and communication:**

No direct impact.

**Background papers:**

Treasury Management Policy Statement, Treasury Management Strategy Statement and the Annual Investment Strategy

<https://bucksfire.gov.uk/documents/2022/06/treasury-management-strategy.pdf/>

Appendix	Title	Protective Marking
1	Treasury Management Performance 2022/23	

## Appendix 1 – Treasury Management Performance 2022/23

### Background

Up until 31 March 2013, the Authority's cash balances were managed by Buckinghamshire Council under a Service Level Agreement (SLA). From 2013/14 the Authority began investing in its own name. Since the treasury management function has been managed in-house, the Authority has achieved investment returns of £1.639m between 2013/14 and 2022/23.

This report highlights the performance to date of the in-house treasury management function for as at the end of financial year 2022/23.

### Security of Investments

The primary investment priority as set out in the Treasury Management Policy Statement is the security of capital. The Authority applies the creditworthiness service provided by Link Treasury Services Limited (Link). This determines whether or not a counterparty is suitable to invest with and if so, the maximum duration an investment could be placed with them. In the Annual Investment Strategy (AIS), the Authority resolved that the balances invested with any single counterparty at any point in time would be 30% of the total investment portfolio to a maximum of £5m (with the exception of Lloyds Bank, who as our banking provider that have a limit of £7.5m, of which at least £2.5m must be instant access). During 2022/23, Link made no relevant changes to the counterparty listing. The amount invested with each counterparty on the approved lending list as at 31 March 2023 is detailed below:

Counterparty	Credit Ratings						Amount (£000)
	Fitch		Moody's		S&P		
	Long Term	Short Term	Long Term	Short Term	Long Term	Short Term	
Close Brothers Group Plc	A	F2	Aaa	P-1	-	-	3,000
Goldman Sachs International	A	F1	A	P-1	A	A-1	2,000
Standard Chartered Bank (SD)	A	F1	A	P-1	A	A-1	2,000
West Brom BS	-	-	Ba	NP	-	-	2,000
Leeds BS	A	F1	A	P-2	-	-	1,000
Newcastle BS	-	-	-	-	-	-	1,000
Principality BS	BBB	F2	Baa	P-2	-	-	1,000
CCLA Fund Managers Ltd (MMF)	-	-	-	-	AAA	A-1	1,540
Aberdeen Asset Management PLC (MMF)	AAA	F1	Aaa	P-1	AAA	A-1	1,024
Lloyds Bank plc (CA)	A	F1	A	P-1	A	A-1	750
<b>Total</b>							<b>15,314</b>

BS = Building Society, MMF = Money Market Fund, CA = Current Account, SD Sustainable Deposit. Rating as at 31 March 2023.

During this period, no counterparty limits were breached.

## Treasury Management Performance 2022/23

### Credit Rating

Link monitor and supply the Authority with a weekly credit rating list for all counterparties listed in the Treasury Strategy 2022/23. In addition to this Link will also supply the Authority with any changes to the counterparties credit ratings as and when they occur. The credit ratings are not set by Link, these are obtained through rating agencies (Fitch, Moody's and Standard & Poor's (S&P)). The Authority will not place sole reliance on the credit ratings supplied by Link. The Authority will also use market data and market information, information on government support for banks and the credit ratings of that supporting government.

There are some counterparties that are not rated by the rating agencies. These are mainly Building Societies. The Authority will review the counterparties market data, market information (asset portfolio) before committing to an investment deal with the counterparty.

Below are the rating definitions for each rating agency:

#### Fitch:

Short Term	Long Term	Rating Definition
F1	AAA, AA, A	Highest Credit Quality
F2	A, BBB	Good Credit Quality
F3	BBB	Fair Credit Quality
B	BB, B	Speculative Credit Quality
C	CCC, CC, C	High Default Risk
RD	RD	Restricted Default
D	D	Default

#### Moody's:

Short Term	Long Term	Rating Definition
P-1	Aaa, Aa, A	Superior ability to repay debt obligation
P-2	A, Baa	Strong ability to repay debt obligation
P-3	Baa	Acceptable ability to repay debt obligation
NP	Ba, B, Caa, Ca, C	do not fall within any prime rating

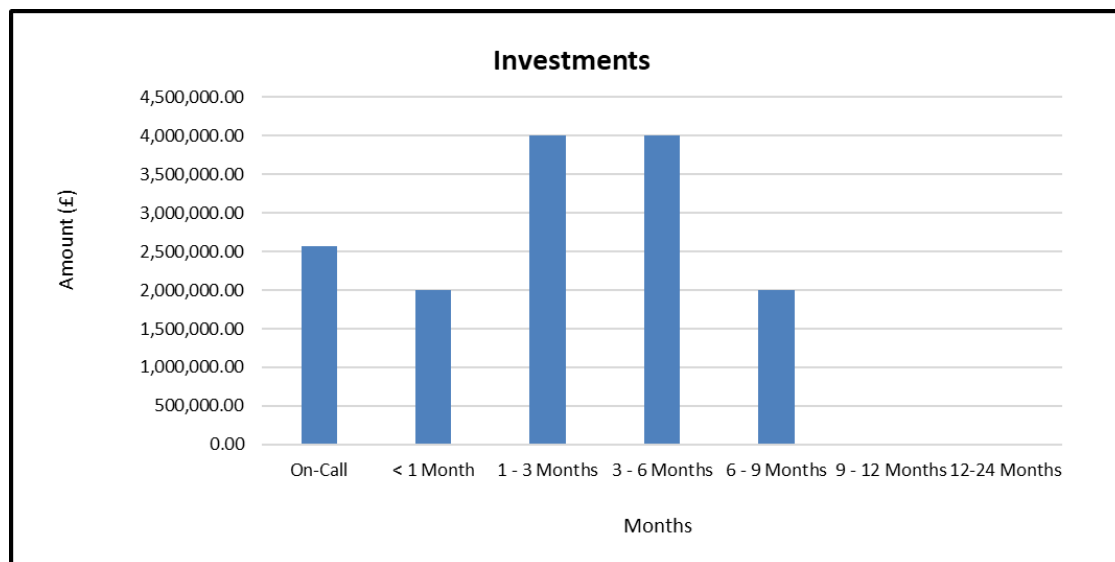
#### Standard & Poor's:

Short Term	Long Term	Rating Definition
A1	AAA, AA, A	Extremely Strong
A2	A, BBB	Satisfactory
A3	BBB	Adequate
B	BB, B	Vulnerable and has significant speculative characteristics.
C	CCC, CC, C	Vulnerable to non-payment
D	RD	Restricted Default
D	D	Default

## Liquidity

### Investments

The second objective set out within the Treasury Management Policy Statement is the liquidity of investments (i.e., keeping the money readily available for expenditure when needed). Investments have been placed at a range of maturities, including having money on-call in order to maintain adequate liquidity. The current investment allocation by remaining duration can be seen on the chart below:



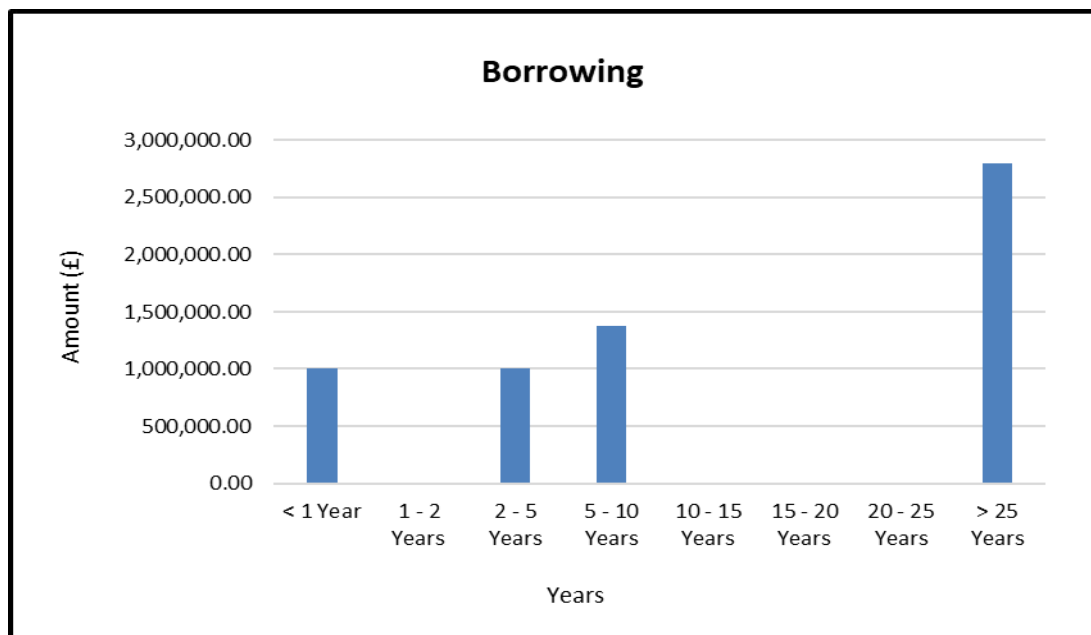
In order to cover expenditure such as salaries, pensions, creditor payments, and potential liabilities for which the Authority have made provisions within the Statement of Accounts, the balances are invested as short fixed-term deposits.

There are eight investments currently falling in the <1 Month, 1-3 Months and 3-6 Months periods. At least one deal matures each month for the next seven months and were all originally invested for different terms and will be re-invested for varying terms upon maturity to maintain liquidity and meet future commitments. The Authority continues to hold Money Market Funds to help improve the liquidity of the Authority's balances. By investing collectively, the Authority benefits from liquidity contributed by others and from the knowledge they are all unlikely to need to call on that money at the same time.

## Treasury Management Performance 2022/23

### Borrowing

As part of managing the liquidity of investments, it is important to have regard to the maturity structure of outstanding borrowing. This can be seen in the following chart:



The total borrowing outstanding as at 31 March 2023 is £6.177m. A repayment for a maturing loan was completed in May 2022, the value of this loan was £0.620m. The next maturing loan is March 2024. These repayments do not directly affect the revenue budget, as they simply reflect the use of cash accumulated by setting aside the appropriate minimum revenue provision (MRP) to settle the outstanding liability.

Historically with low levels of interest rates, the level of penalties on the early repayment of borrowing has made it difficult to restructure debt effectively. However, with the significant rise in interest rates over the last 12 months, this makes it more viable to look at restructuring debt. As part of the 2023/24 Treasury Strategy, Officers will review the opportunity to restructure debt with our treasury advisors.

### **Investment Yield**

Having determined proper levels of security and liquidity, it is reasonable to consider the level of yield that could be obtained that is consistent with those priorities.

### Performance Against Budget

The interest receivables budget was reviewed as part of the Medium-Term Financial Plan (MTFP) 2022/23 process with the outcome for the budget to remain at £30k. This was approved by at the Fire Authority in February 2022. The reason for the same level of investment income is due to the volatility of the market and taking a prudent approach not to increase the investment budget at the time, with any additional investment income above the set budget being greatly received. The interest base rate in February 2022 when the budget was set was 0.50%.

Since the Bank of England's two unprecedented emergency interest rate cuts in March 2020 to a base rate record low of 0.10%. The Monetary Policy Committee (MPC) has voted to increase the interest base rate at each of the last nine (MPC) meetings (December 2021



## Treasury Management Performance 2022/23

(0.25%), February 2022 (0.50%), March 2022 (0.75%), May 2022 (1.00%), June 2022 (1.25%), August 2022 (1.75%), September (2.25%), November 2022 (3.00%), December 2022 (3.50%), February 2023 (4.00%) and March 2023 (4.25%). The Authority has seen the benefits in the interest base rate increase both in short term investment deals and Money Market Funds interest.

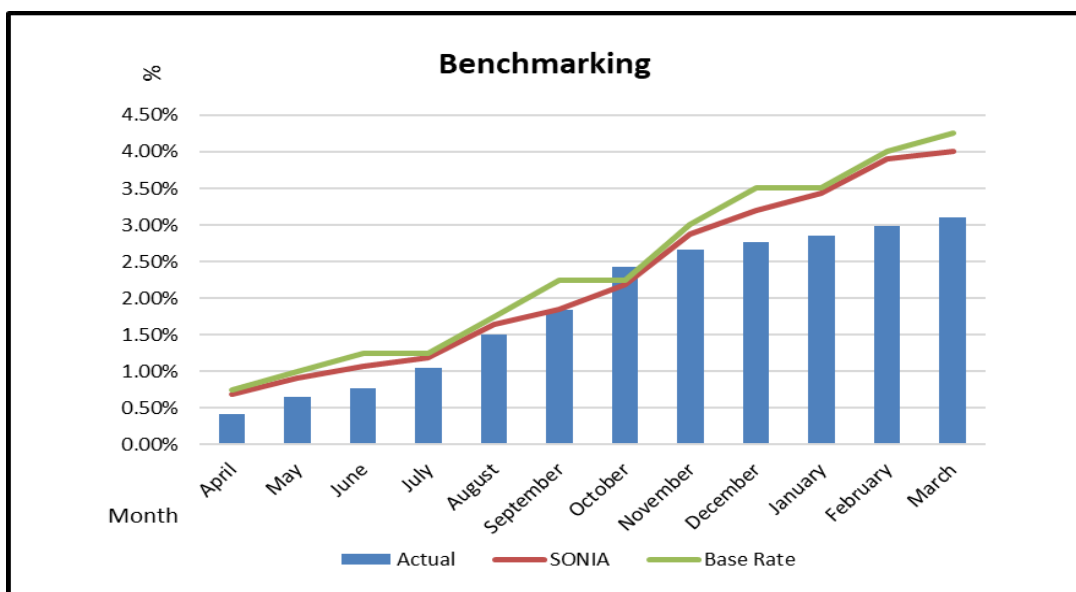
The accrued interest earned for financial year 2022/23 is £328k, against the planned budget of £30k for the same period. This is an over achievement of £298k and the Authority managed to achieve the budgeted target for financial year 2022/23 of £30k within the first six months of the financial year.

Link are forecasting for the current interest base rate of 4.25% (as 23 March 2023) to potentially increase to 4.5% in the next twelve months before gradually reducing in the following twelve months. With this projection in mind, as part of the MTFP 2023/24 process, the investment income budget will significantly increase to reflect the rise in interest rates. This will consider the funds available to invest and ensuring the Authority is able to maintain sufficient liquidity to cover the day-to-day expenditure.

### Performance Against the Benchmark

The relative performance of the investments is measured against two benchmark figures:

- SONIA (Sterling Overnight Index Averages) – SONIA is based on actual transactions and reflects the average of the interest rates that banks pay to borrow sterling overnight from other financial institutions and other institutional investors.
- Base Rate – This is the interest base rate set by the Bank of England’s MPC.
- The weighted average rate (%) (Actual) is compared to the two benchmark figures in the following chart for each month.



The Authority for April to March 2023 underperformed against the interest base rate and SONIA rates except for October 2022. This was due to several investment deals being placed prior to the MPC increasing the interest base rate in the last eleven consecutive MPC meetings. With those investment deals maturing, the Authority has been able to re-invest these funds achieving a higher interest rate return.

## Treasury Management Performance 2022/23

It must also be noted that the level of funds available for investment have reduced because of the reduction in reserves in the last five years. The Authority will continue to re-invest any surplus funds with varying maturity dates to ensure the Authority makes a return on investments and has sufficient liquidity to cover the day-to-day expenditure.



# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update: May 2023

**Lead Member:** Councillor David Hopkins

**Report sponsor:** Deputy Chief Fire Officer Mick Osborne

**Author and contact:** Anne-Marie Carter, Head of Technology, Transformation and PMO – [Acarter@bucksfire.gov.uk](mailto:Acarter@bucksfire.gov.uk)

**Action:** Noting

**Recommendations:** That the Committee note the updated HMICFRS - BFRS improvement plan: May 2023

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## **Executive summary:**

BFRS's second round inspection took place between 24 May 2021 and 9 July 2021.

The latest report for this Service, was published on 15 December 2021, identified 22 areas for improvement, and two causes of concern – Effectiveness: Prevention and People: Equality, Diversity and Inclusion (EDI) accompanied by eight recommendations.

An improvement plan (Appendix 1) is in place to specifically progress the report recommendations and areas for improvement.

BFRS's third round inspection took place between 17 April 2023 and 9 June 2023. The inspection involved document reviews, interviews, desktop reviews and stations visits.

The high level debrief took place at the end of June 2023, with the full report due for publication by the end of October 2023.

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## **Financial implications:**

The prioritisation of improvements to address the specific recommendations raised within the causes of concern may introduce additional financial implications, either through reprioritisation of other projects, or through new workstreams.

Consideration will be given to ensure associated costs, both direct and indirect, are fully understood and managed effectively.

FRSs are not funded for the preparation for, HMICFRS inspections, nor is the Service charged. The inspections are funded directly by the Home Office. The Police are top sliced from their government grants to fund the HMICFRS inspections of Police Forces. There has been no indication yet that this might be a future funding model for the inspection of FRSs.

#### **Risk management:**

There remain reputational corporate risks to the organisation should we be judged as inadequate. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, in addition to the HMICFRS inspections. The external audit plan for 23/24 can be found here: [Internal Audit Report – Internal Audit Strategy and Annual Internal](#)

#### **Legal implications:**

The current Fire and Rescue Service National Framework issued under section 21 of the Fire and Rescue Services Act 2004, to which the Authority must have regard when carrying out its functions, states as follows at paragraph 7.5:

‘Fire and rescue authorities must give due regard to reports and recommendations made by HMICFRS and – if recommendations are made – prepare, update and regularly publish an action plan detailing how the recommendations are being actioned. If the fire and rescue authority does not propose to undertake any action as a result of a recommendation, reasons for this should be given.’

It continues: ‘When forming an action plan, the fire and rescue authority could seek advice and support from other organisations, for example, the National Fire Chiefs Council and the Local Government Association’.

#### **Privacy and security implications:**

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan have undergone Data Protection Impact Screening and full impact assessments have been completed and reviewed where appropriate.

The report and its appendices are not protectively marked.

#### **Duty to collaborate:**

Each fire and rescue service is inspected individually. However, the latest report includes findings relating to the Service’s ability to collaborate effectively with partners.

#### **Health and safety implications:**

There are no Health, Safety or Wellbeing implications arising from this report.

#### **Environmental implications:**

There are no environmental implications arising from this report.

#### **Equality, diversity, and inclusion implications:**

Progress against our Equality, Diversity and Inclusion objectives are included within the updated improvement plan.

The Service has been judged as ‘requires improvement’ in the people pillar, along with a cause of concern and five recommendations relating to equality, diversity and inclusion. All the findings from the HMICFRS round two inspection report will be fully considered and prioritised to ensure continual improvement is established and maintained.

The Authority’s equality, diversity, and inclusion objectives 2020-2025 – year 3 progress was presented to the Fire Authority on 14 June 2023.

### **Consultation and communication:**

Specific areas identified for Service improvement are being captured in relevant plans and will be reported on in the usual way, ultimately to the Overview and Audit Committee.

### **Next steps -**

- Report published on BFRS website

### **Background papers:**

HMICFRS Home Page: <https://www.justiceinspectorates.gov.uk/hmicfrs/>

10 November 2021 - Overview and Audit Committee: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update

<https://bucksfire.gov.uk/documents/2021/10/oa-item-18-10-11-21.pdf/>

10 November 2021 - Overview and Audit Committee: Prevention Evaluation - Phase one report 2021 <https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/>

16 February 2022 – Fire Authority: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Report 2021

<https://bucksfire.gov.uk/documents/2022/02/fa-item-10-16022022.pdf/>

16 March 2022 – Overview and Audit Committee: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update

<https://bucksfire.gov.uk/documents/2022/03/oa-item-14-160322.pdf/>

15 June 2022 – Fire Authority – Equality, Diversity and Inclusion Objectives 2020-2025 – Year two update

<https://bucksfire.gov.uk/documents/2022/05/fa-item-16.pdf/>

20 July 2022 – Overview and Audit Committee: Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update – May 2022

Overview & Audit Committee, 19 July 2023 | Item 16 – HMICFRS Improvement Plan Update: May 2023

<https://bucksfire.gov.uk/documents/2022/07/oa-item-13-2.pdf/>

12 October 2022 – Fire Authority: Prevention Strategy 2022-2025, Safety Centre Funding Agreement, People Strategy 2020-2025 Year Two Update

[Buckinghamshire & Milton Keynes Fire Authority, 12/10/2022](#)

9 November 2022 – Overview and Audit Committee: His Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update – November 2022

<https://bucksfire.gov.uk/documents/2022/10/oa-091122-item-14.pdf/>

9 November 2022 – Overview and Audit Committee: Prevention Improvement Plan – Update Two

<https://bucksfire.gov.uk/documents/2022/10/oa-091122-item-15.pdf/>

20 January 2023 - State of Fire and Rescue: The Annual Assessment of Fire and Rescue Services in England 2022

[State of Fire and Rescue: The Annual Assessment of Fire and Rescue Services in England 2022 - HMICFRS](#)

15 March 2023 – Overview and Audit Committee: His Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update – March 2023

[Overview-and-audit-committee-meeting-15-march-2023-item-12-hmicfrs-bfrs-improvement-plan-update-march-2023.pdf/](#)

15 March 2023 – Overview and Audit Committee: Prevention Improvement Plan – November/December 2022


[Prevention-improvement-plan-november-december-2022.pdf/](#)

Appendix	Title	Protective Marking
1	2021 Inspection report action plan – May 2023	N/A

## HMICFRS 2021 Inspection Report Action Plan - Dashboard

Last Update:

May-23

Recommendations	Total	Complete	On track	On hold/delayed	Not started	Overall RAG status
Effectiveness	3	1	2	0	0	
People	5	0	5	0	0	

Areas For Improvement	Total	Complete	On track	On hold/delayed	Not started	RAG status
Effectiveness	11	1	10	0	0	
Efficiency	5	3	2	0	0	
People	6	0	6	0	0	

Grand Totals	Total	Complete	On track	On hold/delayed	Not started
	30	5	25	0	0

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Last Update: May-23

Sub-category	HMICFRS inspection report finding	Finding type	Overall RAG Status	PMO Project link	Delivery Lead	SMT Sponsor	Delivery Date	May 2023 Update	Project Status	Evidence to support completion
Understanding the risk of fire and other emergencies	The service, through regular engagement with its local community, needs to build a more comprehensive profile of risk in its service area.	Area for improvement	On track	Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP)	Corporate planning	COO	24/25	2025-30 CRMP: First stage 'Listening and Engagement' public consultation consisting of 5 focus groups comprising a representative sample of the local Bucks / MK population scheduled to occur in June 2023. The scope of the discussions will include exploration of the public's perceptions of risks to them and their communities, what they do to mitigate them and their expectations of BFRS in relation to the same. The outcomes of the consultation will be reported to the 13 September 23 Executive Committee and 11 October 23 Fire Authority meetings.	On-Track	
Understanding the risk of fire and other emergencies	The service should make sure its integrated risk management plan is informed by a comprehensive understanding of current and future risk. It should use a wide range of data to build the risk profile and use operational data to test that the risk profile is up-to-date.	Area for improvement	On track	Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP)	Corporate planning	COO	24/25	The 2025-30 CRMP will conform to the risk identification and evaluation requirements required by the FSB CRMP Fire Standard (2021). This specifies the breadth and depth of risk analysis required to meet the standard. The risk evaluation process will also be informed by other relevant Fire Standards and NFCC methodologies such as that pertaining to dwelling fire risks.	On-Track	
Understanding the risk of fire and other emergencies	The service should make sure that the aims and objectives of prevention, protection and response activity are clearly outlined in its integrated risk management plan.	Area for improvement	On track	Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP)	Corporate planning	COO	24/25	This is a requirement of both the National Framework and 2021 CRMP Fire Standard and will be complied with in specifying the mitigation strategies in relation to the risks included within the scope of the new CRMP.	On-Track	
Preventing fires and other risks	The service should have plans in place for an effective system to define the levels of risk in the community.	Recommendation	On-Track	Prevention Improvement Plan	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	01/11/2024	The Prevention improvement plan is now reporting as of 19.01.2023: Total recommendations- 60, Completed -28, On -track - 16, On hold/delayed - 16, Not started - 0. The Prevention strategy has been launched and communicated through the service utilising i:drive, Prevention meetings and station engagement sessions. Auditing process commencing in February through the Preparedness & Improvement process to evaluate current understanding of Prevention delivery in Response. Currently 9 visits have been carried out with very good results. A mid term review of the plan has been carried out and a report developed to be submitted to Overview and Audit Committee in November 2023	On-Track	
				Corporate plan SO1.3 - Develop partner agencies understanding of the risks from fire and other emergencies. Implement a collaborative community risk methodology and targeting approach, to achieve a reduction on risk and impact of fire.	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	01/04/2023	Guidance for community risk delivery is being developed and submitted to next OSG	On-Track	
				Service Delivery Plans	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	Annual	Auditing process commencing in February through the Preparedness & Improvement process to evaluate current understanding of Prevention delivery in Response. Currently 9 visits have been carried out with very good results.	On-Track	
				Safety Centre evaluation	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	30/09/2022	Action Complete	Complete	<a href="https://bucksfire.gov.uk/documents/2022/09/fa-item-13-121022.pdf/">https://bucksfire.gov.uk/documents/2022/09/fa-item-13-121022.pdf/</a>
Preventing fires and other risks	A revision of its prevention strategy that clearly prioritises the people most at risk of fire and other emergencies, giving focus and direction to specialist teams.	Recommendation	Complete	Prevention Improvement Plan	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	Q3 22/23	Action Complete	Complete	<a href="https://bucksfire.gov.uk/documents/2022/09/fa-item-12-121022.pdf/">https://bucksfire.gov.uk/documents/2022/09/fa-item-12-121022.pdf/</a>
Preventing fires and other risks	The review of systems and processes for dealing with referrals from individuals and partner agencies. This is to make sure they are managed effectively and those referrals with highest identified risk are prioritised.	Recommendation	On-Track	Prevention Improvement Plan	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	01/11/2024	Development work in the Premises Risk Management System was delayed due to work on the Site Specific Risk Information area being a greater priority for the Service, but this has now commenced.	On-Track	
Preventing fires and other risks	The service should understand the reasons for its decreasing number of prevention visits and consider how it can better target those who are most at risk of fire.	Area for improvement	On-Track	Prevention Improvement Plan	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	01/11/2024	The number of HFSVs completed per month were the highest in a year-on-year comparison in nine months of this year. The months where they were not, coincided with the period of highest recruitment and training where resources were redirected towards onboarding new staff in the Central Prevention Team. This can be evidenced in the prevention annual report 2022/23	On-Track	
Preventing fires and other risks	The service should evaluate its prevention work, so it understands the benefits better.	Area for improvement	Complete	Prevention Improvement Plan	GC Prevention & Resilience and Community Safety & Safeguarding Manager	Prevention, Response and Resilience	01/11/2024	Action completed - Phase 1 evaluation report presented to Overview and Audit Committee 10/11/21	Complete	<a href="https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/">10 November 2021 - Prevention Evaluation - Phase one report 2021</a> <a href="https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/">https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/</a>

Last Update: May-23

Protecting the public through fire regulation	The service should make sure it aligns its increased resources to a prioritised and risk-based inspection programme.	Area for improvement	On-Track	Protection Uplift Programme	Group Commander Community & Business Safety Policy	Protection, Assurance and Development	01/03/2023	The risk based inspection programme is being incorporated into the Periodic Audit Programme and will ultimately replace this by becoming a live programme based upon updated risks as part of the methodology identified to assess the risks. We continue to use national data and contribute to consultations around risks for non-residential buildings. We have incorporated the residential risk based programme as well ahead of any national guidance and will contribute to this when consultation comes out. The training for operational staff has now been completed with ongoing CPD training being developed within the HEAT system. The only outstanding piece of this plan is to start to use operational personnel to visit low risk premises and undertake during performance inspections.	On-Track	
Protecting the public through fire regulation	The service should make sure it has an effective quality assurance process, so staff carry out audits to an appropriate standard.	Area for improvement	On-Track	BAU	Group Commander Community & Business Safety Policy	Protection, Assurance and Development	TBC - Subject to NFCC programme	The maintenance of skills and training for Protection staff is BAU. Whilst we are still making use of the Protection Uplift monies all Inspecting Officers are now expected to reach the level 4 Diploma for Fire Safety and also variously gain additional qualifications so that the team as a whole has a broad range of additional knowledge to meet the requirements of the Protection strategy. The level 4 diploma meets the expected needs of a fully qualified inspecting officer under the third Party Accreditation process.	On-Track	
Protecting the public through fire regulation	The service should review its response to false alarms (called 'unwanted fire signals') to ensure operational resources are used effectively.	Area for improvement	On-Track	UwFS Review	Group Commander Community & Business Safety Policy	Protection, Assurance and Development	01/03/2023	The work presently taking place within Protection reflect our current procedure on AFAs and has been updated to reflect our current activity. The Protection team are awaiting the outcome of the AFA review but the UwFS activity is BAU.	Complete	
				AFA review	TBC	Prevention, Response and Resilience	TBC	Added to the Thames Valley Collaboration plan to ensure a joined up approach.	Not started	
Protecting the public through fire regulation	The service should make sure it plans its work with local businesses and large organisations to share information and expectations on how they can comply with fire safety regulations.	Area for improvement	On-Track	Protection Uplift Programme	Group Commander Community & Business Safety Policy	Protection, Assurance and Development	01/03/2023	The website provides all the information for responsible persons to meet their requirements under the new regulations. There has been a slow uptake by the RPs but this will form part of BAU as we audit these premises and enforce as required.	On-Track	
Responding to fires and other emergencies	The service should assure itself that it understands what resources it reasonably requires to meet its foreseeable risk; it should make sure that all of its fire engines can be sufficiently resourced, if required.	Area for improvement	On-Track	Corporate Plan SO3.10 Prepare 2025 – 2030 Public Safety Plan (PSP)	Corporate planning	COO	24/25	Included within the scope of the 2025-30 CRMP Project	On-Track	
Responding to fires and other emergencies	The service should make sure it consistently gives relevant information to the public to help keep them safe during and after all incidents.	Area for improvement	On-Track	Not a current project	Communication, Marketing and Engagement Manager	Technology, transformation and PMO	23/24	We continue to deliver a wide range of safety messages across different communication channels. We have fed back on the Communication, engagement and consultation fire standard and will now complete the gap analysis and build a plan to meet any gaps in the standard	On-Track	

# HMICFRS 2021 Inspection Report Action Plan - Efficiency



Last Update: May-23

Sub-category	HMICFRS inspection report finding	Finding type	Overall RAG Status	PMO Project link	Delivery Lead	SMT Sponsor	Delivery Date	May 2023 Update	Project Status	Evidence to support completion
Making best use of resources	The service should have effective measures in place to assure itself that its workforce is productive, that their time is used as efficiently and effectively as possible and in a more joined up way to meet the	Area for Improvement	On Track	Portfolio Management Office Project	Head of Technology, Transformation, and PMO	Finance and Assets	Q4 22/23	The PMO is now part of BAU.	Complete	
				Performance Management framework	Data Intelligence Team Manager	Technology, transformation and PMO	Service measures 22/23 Next Level measures 23/24	The BFRS Performance measures are presented quarterly to the Performance Monitoring Board, Executive Committee and Fire Authority. Further work is ongoing to build a framework that sits around the measures and look at how we drill down to the next level to support individual teams	On-Track	
Making best use of resources	The service should actively seek further collaboration opportunities with other Thames Valley fire services, to achieve value for money and better outcomes for the public.	Area for Improvement	Complete	Thames Valley Breathing Apparatus procurement	GC Technical	Protection, Assurance and Development	01/04/2023	BFRS went live with new BA equipment in April 2023. The roll out of the Interspiro sets form part of our ongoing commitment to ensure our crews have the best equipment, to enable them to provide the best response to our communities.  The contract with Interspiro is part of a wider Thames Valley Collaboration which aims to deliver full interoperability at incident grounds across Thames Valley. The BA collaborative contract is worth a total of £1,768,468 across the three services. The collaborative procurement process delivered a total joint cost avoidance saving of £532,178, with an individual saving to BFRS of £187,239.  BFRS is the second of the three services to go live with the new sets, and this milestone marks a significant achievement in the three-year project which will ultimately see the same equipment used by firefighters in each of the three Thames Valley Services.	BAU	
				Emergency Service Mobile Communications Programme	Programme Manager	Technology, transformation and PMO	2025/26	The programme is currently paused. Governance arrangements for ESMCP have been updated following the national pause of the programme.	BAU	
				Thames Valley National Operational Guidance	GC Technical	Protection, Assurance and Development	Mar'22:Phase 1 Sept '22: gap analysis - implemented NOG	Thames Valley area uses a seamless cross border mobilisation process of FRS assets via Thames Valley Fire Control Service, 200+ consistent and standardised operational policies and information notes have been aligned to National Operational Guidance to ensure firefighters can work together using the same operational guidance, training and equipment, while providing a world class and professional service to the communities, residents and visitors of Oxfordshire, Royal Berkshire and Buckinghamshire.	BAU	
				Thames Valley Fire Investigation	GC Protection	Protection, Assurance and Development	01/10/2023	This project is monitored and reviewed by the BFRS PMO and the Thames Valley collaboration boards but is on target as it has now entered a soft state process as it incorporates the new procedures. Steady state is expected to be in 2024 well ahead of any national expectations.	BAU	
				2022/23 reset of the collaboration framework for Thames Valley	pan-directorate	Technology, Transformation and PMO		This action is complete	Complete	
Making the fire and rescue service affordable now and in the future	The service needs to assure itself that it is maximising opportunities to improve workforce productivity and develop future capacity through use of innovation, including the use of appropriate and up-to-date technology.	Area for Improvement	On-Track	Various	pan-directorate	Technology, Transformation and PMO	Ongoing	Work continues to deliver the ICT strategy and ensure all staff have the correct technology - Work started on updating onsite server - New PC's have been installed on all stations	On-Track	
Making the fire and rescue service affordable now and in the future	The service should have a clear and sustainable strategic plan for the use of its reserves which promotes new ways of working.	Area for Improvement	Complete	BAU	Director of Finance and Assets	Finance and Assets	18/11/2020	Following the Local Government Finance Settlement 2022-23 and the budget setting meeting in February 2023, the Financial Strategy and Reserves Strategy have been updated again to reflect the Service's significantly improved financial position and outlook. The two strategies will be presented to the Executive Committee at its meeting on 12 July 2021.	Complete	<a href="https://bucksfire.gov.uk/documents/2020/11/item-7-executive-committee-financial-strategy.pdf/">https://bucksfire.gov.uk/documents/2020/11/item-7-executive-committee-financial-strategy.pdf/</a> <a href="https://bucksfire.gov.uk/documents/2020/03/reserves_strategy_2018_-_2023.pdf/">https://bucksfire.gov.uk/documents/2020/03/reserves_strategy_2018_-_2023.pdf/</a>
Making the fire and rescue service affordable now and in the future	The service needs to make sure that its fleet and estate strategies are regularly reviewed and evaluated to maximise potential efficiencies.	Area for Improvement	Complete	BAU	Property Manager/Fleet Manager	Finance and Assets	23/24	The Property Strategy has been extended and updated to align the period covered with the Public Safety Plan 2020-25 and will be presented to the Executive Committee for approval at its meeting on 12 July 2021. A revised Strategy will subsequently be produced to align with the Community Risk Management Plan 2025-30.	Complete	<a href="https://bucksfire.gov.uk/documents/2020/03/property_strategy_2018_-_2023.pdf/">https://bucksfire.gov.uk/documents/2020/03/property_strategy_2018_-_2023.pdf/</a>
				BAU	Fleet Manager	Finance and Assets	01/04/2022	The Fleet Strategy has been extended and updated to align the period covered with the Public Safety Plan 2020-25 and will be presented to the Executive Committee for approval at its meeting on 12 July 2021. A revised Strategy will subsequently be produced to align with the Community Risk Management Plan 2025-30.	Complete	[to be added once uploaded to Committee papers section of website - same as for above]

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# HMICFRS 2021 Inspection Report Action Plan - People



Last Update: May-23

Sub-category	HMICFRS inspection report finding	Finding type	Overall RAG status	PMO Project link	Delivery lead	SMT Sponsor	Delivery Date	May 2023 Update	Project Status	Evidence to support completion
Promoting the right values and culture	The service should assure itself that senior managers are visible and demonstrate service values through their behaviours.	Area for Improvement	On Track	BAU improvement	SMT	CFO	Ongoing	SMT continue to visit stations on a formal and informal basis. A range of conversations take place and any learns or actions are brought back and shared with the relevant team. SMT calendar is updated with dates of visits.	On Track	Diary invites and SMT station visit timetable.
Promoting the right values and culture	The service should make sure that it effectively communicates its absence/attendance procedures for consistent application.	Area for Improvement	On Track	BAU improvement	Head of Human Resources	Human Resources	Monitoring	HR run iTrent reports on a fortnightly basis and compare to Fire Service Rota. Managers are contacted to close / update absences. Workflows for managers being worked on. Monthly reports run by Data team and checked by Employee Relations Team. ER team meet with managers to support them managing absence. How to guides to be reviewed.	On Track	Reports run by HR team with anomalies, monthly reports run by Data team and for HSWC
Getting the right people with the right skills	The service should review its succession planning to make sure that it has effective arrangements in place to manage staff turnover while continuing to provide its core service to the public.	Area for Improvement	On Track	Internal Governance review	Corporate planning Manager	Legal and Governance	Phase 1 January 2021 Phase 2 October 2021 - May 2022	This action is complete	Complete	SMB approval of Phase 2 recommendations on 17 May 2022. WPG and PMB dashboard, minutes and actions
				Workforce Planning Group	Head of Human Resources	COO	Ongoing	WPG met on 15 May. Minutes and actions, dashboard updated and reviewed. Next WPG in June. Currently 287 Operational against a target of 300. 10 Apprentices to start on 5 June 2023. 42 applicants being interviewed for Wholtime roles. Standing agenda item at PMB. SMT Succession report due for September Executive Committee.	On Track	Dashboard, minutes and actions. Promotion/Development Centre information. SMT succession and SMT remuneration and employee bonus reports - Pink papers
Getting the right people with the right skills	The service should assure itself that all staff are appropriately trained for their role.	Area for Improvement	On Track	Active Monitoring System project	GC Training and Assurance	Protection, Assurance and Development	05/03/2022	This action is complete	Complete	
				Operational Training Provider	GC Training and Assurance	Protection, Assurance and Development	01/05/2022	This action is complete	Complete	
				TNA	Organisational Development Manager	Protection, Assurance and Development	BAU	The 'TNA' process continues to assess the need for staff training at least annually and reviewed quarterly. This TNA is translated into prioritised learning programmes, approved by the Training Strategy Group and scrutinised to ensure alignment with business priorities, business continuity succession plans and approved budgets. The Authority continues to invest in its staff by way of training and development. Across all staff groups, we spent £230k on training in 2022/23. We offer a broad portfolio of training and development, some generic and some tailored to individuals via their appraisal and development plans which factors into our TNA. The 2023/24 TNA was signed off by the Training Strategy group in April and the full budget for the year was allocated to training across the organisation.	Complete	
				Internal Governance review / BTB	Organisational Development Manager / GC Training and Assurance	Protection, Assurance and Development	22/04/2022	Ongoing regular communication is circulated across the organisation to provide transparency, clarity on training, learning and development activities, including promotions and transfers. This information is also fed into the Workforce Planning Group to provide oversight into all areas impacting the workforce establishment.	Complete	
				Quality Assurance training records	GC Training and Assurance	Protection, Assurance and Development	On-going	The Maintenance of Operational Competencies (MOC) has been reviewed. Recommendations were approved at SMB in March and the changes will enable more accurate, timely monitoring of operational competencies. The effectiveness of these changes will be evaluated in 2024.	Complete	SMB Paper, 4th April 2023
Ensuring fairness and promoting diversity	Give greater priority to how it increases awareness of equality, diversity and inclusion across the organisation	Recommendation	On Track	EDI objectives	Head of Human Resources EDI group	COO	01/04/2025	EDI data project – phase 1 complete (February/March 2023) - now in monitoring stage with messaging to remind employees of the importance of completion Regular EDI articles continue to be posted on intranet Latest progress slide pack shared with Leadership Group and FDO cadre EDI training TNA approved - training delivery currently being planned. ENEI TIDE benchmarking survey submitted, completed by stakeholders from across the service. Change100 intern due to start in Resource Management Team in Summer 2023. Community Engagement events continue - Eid in the Park, Ladies Mingle event, Filipino British event, Armed Forces event all being prepared for	On Track	EDI minutes and actions, articles on intranet, spreadsheet updated, iTrent reports, ENEI TIDE benchmarking survey,
Ensuring fairness and promoting diversity	The service should make sure it has appropriate ways to engage with and seek feedback from all staff, including those from underrepresented groups	Recommendation	On Track	People Strategy	Head of Human Resources EDI group	COO	01/04/2025	Meeting undertaken to review People Strategy elements and how to work more efficiently to combine action plans. Next meeting end of June. Annual report to be prepared for October Fire Authority	On Track	
				Culture Survey	Head of technology, Transformation and PMO	COO	Ongoing	Following sign off the budget, work has started to prepare for the next all staff survey in Jan 24. Alongside the formal survey we continue to encourage staff to give feedback via watch visits, team meetings and direct to managers or specific groups,	On Track	

# HMICFRS 2021 Inspection Report Action Plan - People



Last Update: May-23

			On Track	Senior Management Team	Head of Human Resources EDI group	COO		EDI group meet on a monthly basis, agenda and minutes are on a shared teams area, all members have the opportunity to share their views at the meeting or with Head of HR / Deputy Director of Finance and Assets. Updates on EDI given at Joint Consultation Forum, Performance Monitoring Board, Health, Safety and Wellbeing Committee and Strategic Management Board. Valuing our Diversity section on intranet has articles written by EDI group members on areas of interest.	On Track	Minutes of PMB, SMB, HSWC, JCF. Intranet Valuing our Diversity section
				People Networks	Head of technology, Transformation and PMO	Head of technology, Transformation and PMO	Q1 23/24	A budget challenge has been approved for 23/24 allowing work to kick off on setting up people network. The 1st network to be set up will be a Women's network.	On Track	
Ensuring fairness and promoting diversity	The service should make improvements to the way it collects equality data to better understand its workforce demographics and needs	Recommendation	On Track	EDI objectives	Head of Human Resources EDI group	COO	01/04/2025	EDI data project – phase 1 complete (February/March 2023) - now in monitoring stage with messaging to remind employees of the importance of completion - early indications are that completion figures are improving. Figures are monitored on a monthly basis and reported at appropriate governance meetings. Phase 2 of the project drafted. Reports generated to review recruitment, leavers, exit interviews	On Track	Spreadsheet of project plan, EDI data reports run on a monthly basis
Ensuring fairness and promoting diversity	The service should ensure it has robust processes in place to undertake equality impact assessments, implement and review any actions required	Recommendation	On Track	EDI objectives	Head of Human Resources EDI group	COO	01/04/2025	Work complete - completion of EIAs is now business as usual and an increased level of completion is being observed	Complete	EIA published on intranet, HEAT packages, drop in sessions advertised, EIA's saved in shared N drive
Ensuring fairness and promoting diversity	The service should be more ambitious in its efforts to attract a more diverse workforce which better reflects the community it serves	Recommendation	On Track	Engagement, Attraction, Recruitment and Selection Framework (EARSF) -Delayed	HR Operations Manager	COO	01/04/2025	Corporate and HR objective for 2023/2024	Delayed	
				Recruitment	HR Operations Manager	COO	Ongoing	WPG met on 15 May. Have a Go Days - 24 May Beaconsfield, 7 June Aylesbury and 12 July West Ashland. Eid in the Park, Ladies Mingle event, Filipino British event, Armed Forces events being prepared for. Role Related testing review undertaken and changes made - gloves, braces, ladders at 3 sites. Wholtime interview in progress - 42. 18 to start 27 September, with a pool for additional places that may become available. 10 Transferees to join 5 June. Updates given to SMB and PMB	On Track	
				Development Centres	Organisational Development Manager	Protection, Assurance and Development	Ongoing	Following the positive impact of temporarily changing our promotion processes, whereby we enabled more people to apply for Development Centres prior to securing their Technical Qualifications, we are planning to adopt these changes for the longer term. Operational Promotional Procedure is currently being updated and will circulated to all staff for consultation and feedback before being presented to the JCF and BTB for approval. Feedback on our current development process and some of the perceived barriers to staff development has been received via staff engagement sessions. The introduction of a staff development pathway and the processes within it, which is aligned to the National Fire Chief Council's (NFCC's) Core Learning Pathway and Leadership Framework will provide clarity to staff looking to develop themselves either within their existing role, or with aspiration for the next level role. The pathway will improve the effectiveness and efficiency of existing managers by identifying the acquisition training required for their role, as well as provide development opportunities and pathways for future managers and leaders of the organisation.	On Track	
				External	Head of Human Resources EDI group	COO	Ongoing	Apprenticeship Fairs, Skills shows and career events attended across the county throughout the year. Regional Career Transition Partnership employment event attended in Newbury April 2023, Armed Forces Coventant event attended in June 2023. The event was to promote AFC to local businesses, by sharing what we do and how AFC has supported us. Continued focus on the South Asian community with the objective to advance our presence in the community and promote career opportunities in the Fire Service. Attended High Wycombe Eid in the Park in April 2023, plans in place to attend Eid in the Park in June 2023. Attendance at a range of Asian Fire Service (AFSA) events - virtually and face to face. MK Ladies Mingle event attended by Crews, HR and Prevention - June 2023 MK Filipino British Festival attendance confirmed for July 2023 MK and High Wycombe Pride being prepared for.	On Track	
				EDI objectives	Head of Human Resources EDI group	COO	01/04/2025	EDI objectives for the next 12 months have been finalised and will be presented as part of the annual report to Authority Members in July 2023	On Track	<a href="https://bucksfire.gov.uk/documents/2022/09/fa-item-14-121022.pdf/">https://bucksfire.gov.uk/documents/2022/09/fa-item-14-121022.pdf/</a>

Last Update: May-23

Managing performance and developing leaders	The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders	Area for Improvement	On Track	BAU improvement - Talent management	Organisational Development Manager	Protection, Assurance and Development	01/04/2023	<p>Following the positive impact of temporarily changing our promotion processes, whereby we enabled more people to apply for Development Centres prior to securing their Technical Qualifications, we are planning to adopt these changes for the longer term. Operational Promotional Procedure is currently being updated and will be circulated to all staff for consultation and feedback before being presented to the JCF and BTB for approval.</p> <p>Feedback on our current development process and some of the perceived barriers to staff development has been received via staff engagement sessions. The introduction of a staff development pathway and the processes within it, which is aligned to the National Fire Chief Council's (NFCC's) Core Learning Pathway and Leadership Framework will provide clarity to staff looking to develop themselves either within their existing role, or with aspiration for the next level role. The pathway will improve the effectiveness and efficiency of existing managers by identifying the acquisition training required for their role, as well as provide development opportunities and pathways for future managers and leaders of the organisation.</p>	on Track	
				Leadership and Management framework	Organisational Development Manager	Protection, Assurance and Development	01/03/2023	<p>The next steps are for this to become acquisition training for all new managers/leaders and development for any potential future managers/leaders. The format for the delivery of this is forming part of the wider development review, alongside the introduction of the core learning pathways. It may be that this can be designed into a e-learning module, alongside the other managerial acquisition training and new manager needs as well as enrolment onto the NFCC supervisory leadership programme. Three senior managers within the service have been successful in securing places on to the sector's national Executive Leadership Programme. The Development review, core learning pathways, supervisory leadership programme and coaching and mentoring are all on the plan for 2023/24</p>	Complete	
				Apprenticeship programme	Organisational Development Manager	Protection, Assurance and Development	Complete	<p>The Authority recently applied to be included in the Top 100 Apprenticeship Employers nationally, recognising the success of its apprenticeship programme. Result are published in June 2023.</p>	Complete	<a href="https://bucksfire.gov.uk/documents/2021/07/oa-item-15-210721.pdf/">https://bucksfire.gov.uk/documents/2021/07/oa-item-15-210721.pdf/</a>
Managing performance and developing leaders	The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders	Area for Improvement	On track	Appraisal Process	Organisational Development Manager	Protection, Assurance and Development	Complete	<p>Increasing the number of meaningful, completed appraisals is a focus for managers during 2023/24, training on delivering an effective appraisal was programmed before the start of the appraisal year and increased regular reporting to hold managers accountable for appraisals not completed is being undertaken.</p>	Complete	Internal file - Performance Monitoring Board meeting 30/09/21, item 11(ii) update on appraisal returns (official sensitive personal)
				Direct Entry	Organisational Development Manager	Protection, Assurance and Development	TBC	Awaiting NFCC project completion and White paper consultation	Not started	

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# Buckinghamshire & Milton Keynes Fire Authority

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**Meeting and date:** Overview and Audit Committee, 19 July 2023

**Report title:** Prevention Improvement Plan – Mid-term Review

**Lead Member:** Councillor Simon Rouse

**Report sponsor:** Head of Prevention, Response & Resilience – Simon Tuffley

**Author and contact:** Community Safety & Safeguarding Manager Joanne Cook

[jcook@bucksfire.gov.uk](mailto:jcook@bucksfire.gov.uk)

**Action:** Noting

**Recommendations:**

1. That the Committee note the Prevention Improvement Plan mid-term review summarising the progress made against the measures required to secure long-term improvements to Prevention delivery in Buckinghamshire Fire and Rescue Service (BFRS)
2. That the Committee note the amendments made to the actions within the Prevention Improvement Plan maintaining the currency and appropriateness of the plan in line with developments in Prevention guidance and expectations outside of the Service led by the Central Program Office

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**Executive summary:**

In November 2021 the Prevention Improvement Plan and the Phase One Prevention Evaluation Report were presented to the Overview and Audit Committee.

The Prevention Improvement Plan contains 60 recommendations, drawn from the Prevention Evaluation, the findings of the then Her Majesty's Inspectorate of Fire and Rescue Services, and the areas required to meet the Prevention Fire Standard and associated National Operational Guidance.

Work had already commenced to secure and evidence improvement in Prevention, with the Prevention Improvement Plan giving clarity to the specific actions agreed as required to close each recommendation.

Highlight Reports on the Prevention Improvement Plan are presented to each Performance Management Board and escalated to the Overview and Audit Committee twice a year.

Progress against the Prevention Improvement Plan is also included in the HMICFRS progress reports.

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## Mid-term Review

At the time of the mid-point review, 28 of the 60 recommendations were marked as completed, with progress in each of the five areas ranging from 27-71 percent of recommendations completed. This gives an overall completion level at the mid-term point of 47%, indicating that work is broadly on track to secure the identified improvement in the three-year period anticipated and defined at the onset.

	No. of recommendations	Completed
Strategy, vision & leadership	7	71%
Intelligence	15	53%
Management of processes, systems and planning, including audit	15	27%
Coordination and communication of operations	13	46%
Delivery of operations	10	50%

Greatest progress has been made in the area of Strategy, Vision and Leadership with 71 percent of recommendations completed. This included the introduction of the Prevention Strategy 2022-25 which prioritises the people most at risk of fire and other emergencies and gives focus and direction to specialist teams including for the non-statutory areas of Road and Water Safety.

Also included in the Strategy, Vision and Leadership area was the introduction of local data profiles and a revised format for recording station objectives.

Increased working with the Data Intelligence Team (DIT) reviewing and securing data sets that enable activity to be targeted has meant that the Intelligence area has had a significant impact upon the efficiency and effectiveness of Prevention work completed in Service.

Work in this area is ongoing with two significant Information Sharing Agreements (ISAs) in the process of being established. The ISA with the Thames Valley Violence Reduction Unit (VRU) aligns with the development of a fire and rescue service dashboard within the multi-agency Thames Valley Together information sharing platform due to launch later in 2023, a platform that is a national exemplar for VRU data sharing.

The ISA in development with the South East and Eastern region of His Majesty's Prison and Probation Service (HMPPS) aims to provide weekly information sharing on convicted arsonists in the Service area, thus facilitating timely effective support for

victims where there is ongoing risk at the time of perpetrator's sentence completion dates, and proactive work to occur to reduce the impact of arsonists.

It is recognised that the Management of Processes, Systems and Planning area has had the fewest recommendations completed. Actions have been completed in this area including those required to 'improve working relationships with healthcare providers and social care teams to improve awareness of the services available to ensure individuals identified as high risk are being recognised'.

Specific examples of this relate to:

- the provision of specialist input in the hoarding program at Central North West London (CNWL) NHS Trust's Recovery College in Bletchley
- working in partnership with Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) Health & Care Partnership to educate staff across GP Practice Forums to recognise both fire risks and where preventative fire safety measures can be made
- working with Buckinghamshire Health to include the provision of flame-retardant bedding in the commissioning process for equipment where there is a heightened risk of fire
- the publication of the peer reviewed research paper 'Working together when the problem is multi-faceted: understanding inter-agency working for the benefit of people with hoarding problems' in the Cognitive Behaviour Therapist Journal (Dec 2022) co-authored with Oxford Health NHS Foundation Trust

Development work in the Premises Risk Management System was delayed due to work on the Site Specific Risk Information area being a greater priority for the Service, but has now commenced.

Development work was completed on the referral form and procedural changes required to the PRMS whilst awaiting time to be assigned for development. This work included the identification of outdated questions to streamline the referral process and identifying amendments to dashboards to facilitate proactive work to be completed directly into the system.

When this development work is delivered, it will enable a number of recommendations to be completed and bring this area of the Prevention Improvement Plan back on track.

It is reassuring that when completing the mid-term review of the Prevention Improvement Plan, the overwhelming majority of actions identified in 2021 were determined to still be appropriate for the remaining term.

Actions were added or removed to the following recommendations:

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		Recommendation	Action added/removed
1.4	Strategy, Vision & Leadership	A further review to be commissioned to establish what value the fire-setting programme is adding and to identify if the programme is maximising its outreach and evaluating risk appropriately	Added: Trial NFCC triage process to evaluating risk
3.6	Management of Processes, Systems & Planning	Review the current content that is being delivered. Look to centralise and standardise course delivery to ensure the information is constant and adding value.	Removed: Run 2x Princes Trust weekly programs and evaluate the service's ability to commit to regular delivery
5.4	Delivery of Operations	Refresh the Service's youth inclusion strategy, including resources and method of delivery.	Removed: Re-engage with Princes Trust for delivery of Get Started programme

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### Financial implications:

Amending communication methods and referral mechanisms in response to some of the Prevention Improvement Plan recommendations may introduce additional financial implications, however where appropriate, work completed by the NFCC on developing online resources will be utilised.

Any requirement for growth will be submitted through the established internal governance arrangements for consideration.

### Risk management:

This Prevention Improvement Plan is the most effective way of ensuring continued improvement to ensure the best possible service is provided to the communities we serve.

The provision of regular highlight reports is an assurance tool to ensure that we are ultimately working towards aligning to national best-practice and more effectively to reduce risk in our communities.

There remain reputational corporate risks to the organisation should we be judged as inadequate by HMICFRS. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, notably, elements of our operational activity has been subject to external independent assurance. The prevention evaluation is another example of applying constructive internal scrutiny to drive improvement and reduce risk.

Key risks are identified in the highlight report, of which the staffing issue has already been seen to impact upon delivery.

### **Legal implications:**

The key legislation, regulation, and duties linked to a Fire and Rescue Service's prevention function can include (but is not limited to) the following:

- Housing Act
- Children's Act
- Working Together to Safeguard Children
- Safeguarding Vulnerable Groups Act and the Protection of Freedoms Act
- United Nations Human Rights Convention on the Rights of the Child
- Mental Capacity Act and Mental Health Act
- Police & Crime Act
- Crime and Disorder Act
- Counter Terrorism and Security Act
- The Care Act
- Homelessness Reduction Act
- Anti-social Behaviour Crime & Policing Act

### **Privacy and security implications:**

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan will ensure Data Protection Impact Screening and full impact assessments are completed and reviewed where appropriate.

### **Duty to collaborate:**

Collaboration with partners to ensure a collective and shared approach to identify and mitigating community risk is critical to ensure Prevention activity is effective. The evaluation identifies a number of areas where collaboration and partnerships can be developed for the benefit of community safety.

### **Health and safety implications:**

There are no Health, Safety or Wellbeing implications arising from this report.

**Environmental implications:**

There are no environmental implications arising from this report.

**Equality, diversity, and inclusion implications:**

Whilst there are no identified implications directly associated with this report or its appendices, elements of work contributing to the progression of individual recommendations have a positive impact upon the respective strands of the improvement plan. Impact screening and full impact assessments are completed and reviewed where appropriate.

**Consultation and communication:**

The Prevention evaluation involved extensive engagement with stakeholders to ensure an effective and thorough evaluation of all our activity.

The Prevention Improvement Plan is updated monthly by the Prevention Management Team reflecting actions completed by the wider Prevention Team.

**Background papers:**

23 January 2020 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Findings Report:

[https://bucksfire.gov.uk/documents/2020/03/230120\\_item\\_7\\_hmicfrs\\_cover\\_report\\_23012020\\_appendix-min.pdf/](https://bucksfire.gov.uk/documents/2020/03/230120_item_7_hmicfrs_cover_report_23012020_appendix-min.pdf/)

10 November 2021 – Prevention Evaluation – Phase One Report

<https://bucksfire.gov.uk/documents/2021/10/oa-item-17-17-10-21.pdf/>

12 October 2022 – Fire Authority – Prevention Strategy

[Fire Authority Meeting - 12 October 2022 - Buckinghamshire Fire & Rescue Service \(bucksfire.gov.uk\)](https://bucksfire.gov.uk/documents/2022/10/12-10-2022-fa-prevention-strategy.pdf/)

9 November 2022 – Overview and Audit Committee – Prevention Improvement Plan Update 2

[Overview and Audit Committee - 9 November 2022 - Buckinghamshire Fire & Rescue Service \(bucksfire.gov.uk\)](https://bucksfire.gov.uk/documents/2022/11/09-11-2022-overview-and-audit-committee-prevention-improvement-plan-update-2.pdf/)

1 June 2023 – Performance Monitoring Board – Prevention Improvement Plan Mid-term Review

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## Overview and Audit Committee Forward Plan 2023/24

ITEM 18

Item	Reporting Date	Recommended Action	Lead Officer
Internal Audit Reports (a) Final Audit Reports (b) Update on Progress of the Annual Audit Plan (c) Update on Progress of Audit Recommendations (d) Annual Audit Opinion	November 2023	Noting	Internal Audit Manager and Director of Finance and Assets
HMICFRS Improvement Plan Update	November 2023	Noting	Head of Technology, Transformation and PMO
2022/23 Compliments, Concerns and Complaints	November 2023	Noting	Director of Legal and Governance
Corporate Risk Management	November 2023	Decision	Director of Legal and Governance
Prevention Improvement Plan	November 2023	Noting	Head of Prevention, Response and Resilience
Treasury Management Performance	November 2023	Noting	Deputy Director of Finance and Assets
Audited Statement of Accounts 2021/22	November 2023	Decision	Deputy Director of Finance and Assets
Letter of Management Representation	November 2023	Decision	Deputy Director of Finance and Assets

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