

ROYAL BERKSHIRE FIRE AND RESCUE SERVICE

Internal Audit Progress Report

For the Audit and Governance Committee on 20 October 2021

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP
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Introduction

The internal audit plan for 2021/22 was approved by the Audit & Governance Committee at the 31st March 2021 meeting. This report provides an update on progress against that plan and summarises the results of our work to date.

As the developments around Covid-19 will continue to impact on all areas of the organisation’s risk profile, we will continue to work closely with management to deliver an internal audit programme which remains flexible and ‘agile’ to ensure it meets your needs in the current circumstances.

Reports

1.1 Summary of final reports being presented to this committee

We have finalised one report since the last meeting and this section summarises this report.

Assignment	Opinion issued			Actions agreed		
	L	M	H			

Performance Management (Hub Model) 1.21/22

Overall, our review has identified that Service has in place a well-designed control framework for managing performance at Hub-level. This is supported by the identification and approval of objectives within Station Plans and LSP’s and we confirmed that these objectives were clearly linked to performance measures reviewed at the quarterly SPB. We found that performance management information reported was accurate as it could be traced back to source data.

However, we found that approved station level objectives were not specific or measurable and that the 2021/22 Service Plan objectives were not fully updated. Additionally, we identified a number of instances of non-compliance with controls including action tracking and terms of reference review for the RSG, timely review of station plan objectives, timely updating of accountabilities for performance management and the timely sharing of meeting papers for the RSG and SDMT. Also, we have



Assignment**Opinion issued****Actions agreed**

L M H


identified that the SDMT action logs do not demonstrate that it has fulfilled the responsibilities noted in its terms of reference.

1.2 Themes arising from control observations

Theme*	Low	Medium	High
Planning	0	0	0
Policies and / or procedures	0	0	0
Non-compliance with policies / procedures	0	0	0
Design of the control framework	0	0	0
Training / awareness for staff	0	0	0
Management or performance information	1	1	0
Terms Of Reference	3	0	0
Lack of segregation of duties	0	0	0
Security	0	0	0
Governance weaknesses	5	0	0
Information technology	0	0	0
Sucession Planning	0	0	0
Total	9	1	0

* The themes arising above relate to the finalised 2021/22 reports only

Appendix A – Progress against the internal audit plan 2021/2022

Assignment and Executive Lead	Status / Opinion issued	Actions agreed			Actual Audit & Governance Committee
		L	M	H	
Performance Management 1.21/22					
Doug Buchanan – Director of Service Delivery		9	1	0	October 2021
Vetting and Employment Checks					
Becci Jefferies – Head of HR & Learning and Development	Draft Report Issued 6 th October 2021				
Payroll Provider – Dataplan					
Becci Jefferies – Head of HR & Learning and Development	Commencing 15 th November 2021				
Firefighter Pension Administration					
Becci Jefferies – Head of HR & Learning and Development	Commencing 30 th November 2021				
Value for Money					
Conor Byrne – Head of Finance and Procurement Services	Commencing 5 th January 2022				
Key Financial Controls					
	Commencing 8 th February 2022				

Assignment and Executive Lead	Status / Opinion issued	Actions agreed			Actual Audit & Governance Committee
		L	M	H	
Conor Byrne – Head of Finance and Procurement Services					
Cyber Essentials Tony Vincent – Head of Business Information and Systems	Commencing 21 st February 2022				
Risk Management and Governance Katie Mills – Interim Director of Corporate Services	Commencing 17 th March 2022				
		Total	9	1	0

Appendix B – Other matters

Changes to the audit plan

Note	Auditable area	Reason for change
	None to report	

Annual Opinion 2021/22

The Audit and Governance Committee should note that the assurances given in our audit assignments are included within our Annual Assurance report. The Committee should note that any negative assurance opinions will need to be noted in the annual report and may result in a qualified or negative annual opinion. We have not issued any negative opinions to date in 2021/22.

Information and briefings

There has been one Emergency Services client briefing issued since the last Committee meeting in July 2021, copies have been provided to Officers and can be provided to Members on request:

- Emergency Services New Briefing – August 2021

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams. The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department. This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

Post assignment surveys

We are committed to delivering an excellent client experience every time we work with you. Your feedback helps us to improve the quality of the service we deliver to you. Currently, following the completion of each product we deliver we attached a brief survey for the client lead to complete. We would like to give you the opportunity to consider how frequently you receive these feedback requests; and whether the current format works. Options available are 1) After each review (current option), 2) Monthly / quarterly / annual feedback request or 3) Executive lead only, or executive lead and key team members.

For more information contact

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Royal Berkshire Fire & Rescue Service and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

EXECUTIVE SUMMARY – PERFORMANCE MANAGEMENT (HUB MODEL)

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

Why we completed this audit

We undertook a review of Performance Management within the Hub Model as part of the agreed internal audit plan for 2021/22 at Royal Berkshire Fire and Rescue Service (RBFRS). The Hub Model splits the whole area of Berkshire into three separate hubs: East (Slough and Royal Borough of Windsor and Maidenhead), West (West Berkshire and Reading) and Central (Bracknell and Wokingham). Each hub tailors their services of prevention, protection and response to meet the needs of the local area.

Our review focused specifically on the Central Hub, in order to identify the common thread of local performance management. The Service has a Response Support Group (RSG) which works to implement operational learning opportunities identified by the Service Delivery Management Team (SDMT), which reviews the local, detailed performance for response, protection and prevention.

Hub managers set objectives and measures within Local Safety Plans (LSP's), which support the delivery of the Service Plans to identify local risks and appropriate actions within each Hub. The Station Managers then produce Station Plans which are linked to the LSP's and outline station level objectives and tasks required to meet Service needs.

The Strategic Performance Review Board (SPB) reviews Service wide performance reports to ensure that performance measures, which are linked to the LSP's, are being achieved.

Conclusion

Overall, our review has identified that Service has in place a well-designed control framework for managing performance at Hub-level. This is supported by the identification and approval of objectives within Station Plans and LSP's and we confirmed that these objectives were clearly linked to performance measures reviewed at the quarterly SPB. We found that performance management information reported was accurate as it could be traced back to source data.

However, we found that approved station level objectives were not specific or measurable and that the 2021/22 Service Plan objectives were not fully updated. Additionally, we identified a number of instances of non-compliance with controls including action tracking and terms of reference review for the RSG, timely review of station plan objectives, timely updating of accountabilities for performance management and the timely sharing of meeting papers for the RSG and SDMT. Also, we have identified that the SDMT action logs do not demonstrate that it has fulfilled the responsibilities noted in its terms of reference.

Internal audit opinion:

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

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).

**Key findings**

We identified the following weaknesses, resulting in one medium priority management action being agreed:

Setting Local Objectives

Hub Managers set Hub objectives through LSP's and managerial objectives are set within Station Plans. We reviewed the 2021-22 Station Plans for Bracknell-Ascot and Wokingham and found that individual objectives were outlined and supported by tasks.



We selected a sample of 20 objectives from both Station Plans (10 objectives per station) and assessed the objectives against the SMART criteria. We confirmed that in 15 cases objectives set were specific, measurable, achievable, realistic and time bound. However we found that the remaining five objectives (one from Bracknell and four from Wokingham) were not specific or able to be measured as the others were.

If objectives are not specific and measurable there is a risk that individuals may not be aware of what action to take to achieve the objective and may not be able to establish when it has been suitably met. **(Medium)**

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

Performance Management Framework

The Service has a Performance Management Framework which outlines the approach to how performance will be monitored across the organisation. Through review we noted that the Framework is split into how the Service measures and monitors performance and then where and when the Service will manage performance.



Through review of a screenshot we confirmed that the Framework was available to staff on Siren, the service Intranet. We confirmed through review of an email trail that the Framework had been approved by the Data, Performance and Risk Manager and the Director of Support Services in October 2019.

Local Safety Plans (LSP's)

The LSP's outline how each station identifies and actions local risks and how they measure performance. We reviewed the LSPs for Bracknell-Ascot and Wokingham and selected a sample of ten objectives, five from each LSP. We confirmed that the objectives set were specific, measurable, achievable, realistic and time bound.



We noted that each objective was supported by a number of steps that outlined how the Service would achieve the objective. Additionally, for each objective a number of KPIs were documented which made it clear how the Service would measure the objective. We noted that the objectives were similar across the two LSPs, but the steps in place were specific to the station.

We selected a sample of 10 performance measures outlined in the Bracknell-Ascot and Wokingham LSP documents. We reviewed the SPB performance reports for Q2 2020/21 and Q4 2020/21. Based on our sample we confirmed that the performance indicators reviewed by the SPB were aligned to the Central Hub LSP's and Service level requirements.

Objective Approval



Hub and station level objectives are reviewed to ensure that they are appropriate and link to Service objectives. Through review of email trails, we confirmed that the Central Hub Manager had reviewed the Bracknell-Ascot Station Plan and Wokingham Station Plan for 2021/22. We reviewed an extract from the March 2021 Senior Leadership Team (SLT) meeting Actions and Decisions Log. We confirmed that under decision 1066 the SLT approved all LSP's for 2021/22, including that for the Central Hub.

Strategic Performance Review Board (SPB)

The Service has in place a SPB which meets on a quarterly basis and reviews performance reports that include indicators relating to service provision, corporate health and priority programmes.



We reviewed the SPB Actions and Decisions Logs for September 2020 and May 2021 and the SPB performance reports for Q2 2020/21 and Q4 2020/21. We confirmed that the actions and decisions noted in both meetings demonstrated that scrutiny was applied to the quarterly performance reports.

We reviewed the Quarterly SPB Reports for Q2, Q3 and Q4 2020/21. We confirmed that KPIs had been reported consistently across 16 overall and response measures. We noted that there were additional KPIs in Q2 relating to satisfaction surveys, however these were not reported upon in that quarter as this activity was halted due to COVID-19 restrictions.

Reporting Accuracy



Performance indicator information is made available through the SQL Server business intelligence platform accessible on Siren. Data is extracted from key service systems such as Firewatch and Ibis. We selected a sample of 10 Central Hub performance indicators from station level and SPB performance reports for the period between Q1 2020/21 and Q1 2021/22. We reviewed the SQL Server Reporting Services application with the Central Hub Manager and confirmed that in all 10 cases the figures reported agreed to source data.

Actions

As part of the quarterly performance reports submitted to SPB, Hub Managers are required to explain any exceptions that are identified. This is a requirement even when overall performance is in line with target. The exceptions are investigated and explained at a Station Manager level, who report into to the Hub Managers.



We reviewed a sample of three Quarterly Bracknell Performance Reports and three Central Hub Quarterly Reports. We selected a sample of 10 actions from the reports and through review of supporting evidence confirmed that in all 10 cases the Service could demonstrate that the action had been implemented or followed up. The evidence obtained included meeting agendas, email trails and briefing notes.

A further nine low priority management actions have been agreed, included in the detailed findings and actions section of this report.

2. DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Area: Service Delivery Management Team (SDMT)

Control	The Service has a monthly SDMT which is attended by the Central Hub management team. The purpose of the meeting is to review the local detailed performance for response, protection and prevention. This provides local accountability for driving performance and quality.	Assessment:	
	The Service has LSPs for all fire stations including the Bracknell (which includes Ascot) and Wokingham stations from the Central Hub. The LSPs outline how each station identifies and actions local risks and how they measure performance.	Design	✓
	Local performance targets are set for each station based on their prior performance and unique circumstances.	Compliance	×

Findings / Implications	<p>We reviewed the SDMT meeting agenda packs for January, March and May 2021. We noted that the agenda packs included a snapshot of the open actions on the SDMT Actions and Decisions Logs for all three months.</p> <p>We reviewed the SDMT terms of reference. We noted that the document was marked as reviewed in February 2021 with a next review date of February 2022. We noted that in January and March 2021 all three actions on the log related to reshaping the SDMT agenda.</p> <p>We noted that in May 2021 the four actions on the log covered implementing changes to training following an investigation into an incident at a new build property, presenting the operational bulletin audit report to the SDMT meeting and to agree on guidance for handing over incomplete fire investigations.</p> <p>We were advised by the Area Manager that SDMT meetings had been cancelled in February, April, June and July 2021, due to resource issues brought on by COVID-19, royal events such as the Royal Funeral and Ascot as well as annual leave. We also noted similar issues with meeting cancellations for the RSG, where meetings were cancelled in June and July 2021 due to resource issues.</p> <p>Based on the SDMT action and decision logs from January, March and May 2021 we were unable to confirm that the following objectives and principles outlined in the SDMT terms of reference have been met:</p> <ul style="list-style-type: none"> • Review and challenge delivery against the LSP's and associated targets; • Confirm action being taken to sustain or improve performance and; • Instigate new actions and activity to drive performance improvement. <p>We were advised by the Assistant Chief Fire Officer that the SPB was the organisation's key group responsible for driving and improving performance. We confirmed that this was the case in our review of a sample of SPB actions and decision logs.</p>
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Area: Service Delivery Management Team (SDMT)

We were advised by the Assistant Chief Fire Officer that the role of the SDMT was for management to have oversight and intervention of performance management information, ahead of the SPB meetings.

However, this was not consistent with the SDMT terms of reference. There is a risk that the performance management framework may not operate as intended if terms of reference do not accurately reflect the purpose and responsibilities of meetings.

Management Action 1	The SDMT terms of reference should be updated to reflect its responsibilities. The SDMT action logs should demonstrate management oversight of performance information ahead of SPB meetings.	Responsible Owner: Doug Buchanan (Assistant Chief Fire Officer)	Date: December 2021	Priority: Low
Management Action 2	The RSG and SDMT should meet on a monthly basis as outlined in their terms of reference.	Responsible Owner: Doug Buchanan (Assistant Chief Fire Officer)	Date: December 2021	Priority: Low

Area: Setting Local Objectives

Control	<p>The following process flow is in place for setting objectives at the Service:</p> <ul style="list-style-type: none"> The Fire Authority will set strategic commitments for a five-year period (currently 2019 to 2023); The SLT then set strategic objectives, which are refreshed annually; Heads of Service then set objectives in their Service Plans and; Hub Managers set Hub objectives through the LSPs and managerial objectives are set within Station Manager and Watch Manager plans. <p>The Service ensures that objectives are SMART by ensuring that they include time frames and values. Service Manager grade staff receive objective setting training and many staff members are qualified Internal Quality Assessors which requires them to receive objective setting training.</p>	Assessment:	
		Design	✓
		Compliance	×
Findings / Implications	<p>Station Plan Objectives</p> <p>We reviewed the 2021-22 Station Plans for Bracknell-Ascot and Wokingham. We found that individual objectives were outlined and accompanied by tasks which clearly defined further details for each objective.</p> <p>We selected a sample of 10 objectives from both Station Plans (20 in total) and assessed the objectives against the SMART criteria. We confirmed that in 15 cases objectives set were specific, measurable, achievable, realistic and time bound.</p> <p>In the remaining five cases (one from Bracknell and four from Wokingham) we confirmed that the objectives were achievable, realistic and time bound. However, we found that the five objectives were not as specific or able to be measured as the others were.</p>		

Area: Setting Local Objectives

For example, one action on the Wokingham plan was “To establish and maintain effective communications between individuals, teams, functions and departments”. We noted that this action was not specific to methods of communication and could not be easily measured.

We were advised by the Central Hub Manager that training is in place and there is objective setting guidance for Personal Development Reviews (PDRs).

We were advised by the Assistant Chief Fire Officer that Station Plans are relatively new documents introduced in 2019/20 and therefore there may be some maturity required. We were advised by the Central Hub Manager that the development of objectives for the 2021/22 Stations Plans had been delegated to the Station Manager for the first time, in order to aid learning and development.

If objectives are not specific and measurable there is a risk that individuals may not be aware of what action to take to achieve the objective and may not be able to establish when it has been suitably met.

Management Action 3		Responsible Owner:	Date:	Priority:
	The Service will provide additional training to the Station Managers to ensure that objectives set in Station Plans are specific and measurable.	Mike Humphries (Central Hub Group Manager) & Jess James (Area Manager)	December 2021	Medium
	The Hub Managers will review a sample of PDRs and confirm that they are aligned to Station Plan objectives.			

Findings / Implications

Service Plan Objectives

We obtained the Service Plan for 2021/22. Through review we noted that the Service Overview section was not fully complete, as the Service aim and the objective references had gaps in information. We confirmed that 108 objectives were detailed in the Service Action Plan section. However, we found that although 75 objectives had a RAG rating assigned and five were not due to start in Q1, the remaining 28 objectives did not have a RAG rating.

We were advised by the Area Manager that this was due to unforeseen resource pressures at the Service due to COVID-19, which has pushed back the planning process.

If the Service plan is not fully complete with progress reviewed in a timely manner then there is an increased risk that the Service plan may not be adequately delivered, which could result in the Service not fulfilling its annual objectives.

Management Action 4		Responsible Owner:	Date:	Priority:
	The Service Plan for 2021/22 should be finalised and objectives should be reviewed in a timely manner, with a progress update noted, within two weeks of the end of the relevant quarter.	Mike Humphries (Central Hub Group Manager) & Jess James (Area Manager)	December 2021	Low

Area: Response Support Group

Control	The Service has a monthly RSG. The meeting focuses on the review of operational learning and incidents regarding the Response element of the Service's duties.	Assessment:	
	The RSG is recorded through action logs and there are no formal meeting minutes.	Design	✓
	The purpose of the Response Support Group is to support the SDMT through the delivery of tactical task and finish work, stemming from planned and reactive developments driven from planned activity and in response to operational assurance output.	Compliance	×
	The following RSG objectives and principles are outlined in its Terms of Reference:		
	<ul style="list-style-type: none"> • Align work as set out in Service Plans; • Undertake actions detailed by SDMT; • Initiate action in response to operational assurance; • Escalate significant or policy issues; • Report on action plan and delivery and; • Ensure the Learning and Development delivery plan is achievable and meets service delivery needs. 		

Findings / Implications 1	<p>We reviewed the RSG Actions and Decisions Log which is maintained as a working document following each meeting. We noted that the last action was dated May 2021 and we were advised by the Area Manager that the June and July 2021 RSG meetings were cancelled due to resource issues.</p> <p>We noted that there was a total of 88 actions and 30 decisions recorded on the log which dated back to July 2019. We confirmed that actions and decisions were consistently raised on a monthly basis.</p> <p>We noted that there was a total of 26 actions that were overdue, 23 which were now closed and three that were currently open. We found that for seven of the 26 actions there were no details noted in the comments or updates section to justify why they were overdue. One of the seven actions was currently open (action ref 110) and the remaining six were closed.</p> <p>We also found that two actions were not assigned a due date.</p> <p>We found that three actions did not have a responsible owner assigned in the relevant column. However, in all three cases the owner was detailed in the action description, comments or updates section and therefore we have not raised a risk relating to this.</p> <p>We were advised by the Area Manager that this was likely to be due to several changes in roles and responsibilities for the RSG meetings, as well as the fact that meetings have been cancelled due to COVID-19 pressures.</p> <p>There is a risk that actions will not be completed in a timely manner if they are not formally followed up through the RSG Action and Decisions Log. This may result in an ongoing impact to the area that actions relate.</p>
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Management Action 5	Actions noted on the RSG Action and Decisions Log will be clearly followed up when they are overdue to ensure that they are completed in a timely manner. Any overdue actions will be followed up and comments noted on the log to evidence this.	Responsible Owner: Jess James (Area Manager)	Date: December 2021	Priority: Low
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Findings / Implications 2	<p>We reviewed the RSG terms of reference and confirmed that the actions and decisions raised demonstrated that the Group had met its objectives and principles. This was evidenced through examples of actions to share learning, escalate issues and to coordinate on issues with the SDMT.</p> <p>We found that the RSG terms of reference had a next review date of June 2019 and therefore required a formal review.</p> <p>We were advised by the Area Manager that the Service were aware of these issues and that they could be attributed to changes in the Chair of the meeting. We noted that the details terms of reference appeared to remain accurate to the purpose of the meeting described to us by management.</p> <p>If the RSG terms of reference are not updated in a timely manner, there is a risk that the Group is not meeting the latest requirements of the service.</p>			
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Management Action 6	The RSG terms of reference should be formally reviewed.	Responsible Owner: Jess James (Area Manager)	Date: December 2021	Priority: Low
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Area: Review of Station Plan Objectives

Control	<p>The Service has in place a SPB which meets on a quarterly basis and reviews the overall performance reports. The performance reports include indicators relating too:</p> <ul style="list-style-type: none"> • Service Provision - statutory obligations and services; • Corporate Health - how key resources are managed and; • Priority programmes - key projects. <p>Hub Managers set Hub objectives through the LSPs and managerial objectives are set within Station Manager and Watch Manager plans. Quarterly updates are noted against each objective outlined in the Station Plans.</p>	Assessment:	
		Design	✓
		Compliance	×
Findings / Implications	<p>We obtained the 2021/22 Station Plans for Bracknell-Ascot and Wokingham. We reviewed the Q1 update section of the Station Plans. We found that there were 54 Bracknell-Ascot objectives and that 43 had a progress update noted. We found that there were 66 Wokingham objectives and 65 had a progress update noted.</p>		

Area: Review of Station Plan Objectives

Progress updates had not been noted for the remaining 12 objectives for Q1. Given that updates should be provided within a month following the end of the quarter (June), and we accessed the Station Plans as of 30 July 2021, we identified that timely updates had not been provided for all objectives.

We were advised by the Area Manager that the creator and former owner of the Station Plans has recently left the service, which may have led to the delay in updates.

There is a risk that station level objectives have not been appropriately monitored if updates are not documented in a timely manner.

Management Action 7	The Service will ensure that station plan objectives are reviewed in a timely manner with a progress update noted, within two weeks of the end of the relevant quarter.	Responsible Owner: Mike Humphries – (Central Hub Group Manager)	Date: December 2021	Priority: Low
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Area: Accountability

Control	<p>There is a dedicated Hub Manager who has accountability for the Central Hub performance measures.</p> <p>For the performance measures identified in LSPs at a station level there is an excel spreadsheet that outlines responsibility and ownership. The spreadsheet is available to staff on Siren.</p> <p>In order to provide staff with development opportunities responsibility and ownership is regularly rotated and the spreadsheet is updated accordingly.</p>	<p>Assessment:</p> <p>Design ✓</p> <p>Compliance ×</p>
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Findings / Implications	<p>We reviewed the Functional Accountability Chart, confirming that this was available on Siren through review of a screenshot.</p> <p>We noted that Service staff were split into four teams: white, blue, green and red. We noted that different responsibilities were outlined on the chart and each team rotated responsibilities every six months. We noted that the responsibilities for response performance management and prevention & protection performance management were listed on the chart.</p> <p>We noted that for the final six-monthly rotation on the chart, the responsibilities for performance management were assigned to the red and white teams. We were advised by the Central Hub Manager that individuals leading these teams would be the Station Managers.</p> <p>We noted that the Functional Accountability Chart was dated from June 2019 through to July 2021 and was therefore out of date.</p> <p>We were advised by the Central Hub Group Manager during the debrief meeting that the Functional Accountability Chart had been drafted up to 2023, however we were not provided with this over the course of our review and the latest version had not been uploaded to Siren.</p> <p>If the Functional Accountability Chart is not updated every six months, then there is a risk that performance management may be impacted due to a lack of understanding or clarity around responsibilities.</p>
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Area: Accountability

Management Action 8	The Functional Accountability Chart will be updated in a timely manner to ensure that reporting responsibilities are understood prior to the start of the next six-monthly rotation.	Responsible Owner: Mike Humphries – (Central Hub Group Manager)	Date: December 2021	Priority: Low
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Area: Reporting

Control	The reporting timetable is the responsibility of the Business Support Team. For the RSG and SDMT meetings the Hub managers must submit their performance reports to the Business Support Team, who should send a meeting pack out to the relevant attendees one week in advance of each meeting.	Assessment:	
		Design	✓
		Compliance	×

Findings / Implications	<p>We selected a total sample of five RSG and SDMT meetings that occurred between January and May 2021.</p> <p>We reviewed the email where the meeting pack, containing the agenda and relevant papers, was sent out for each meeting. We noted that the RSG and SDMT terms of reference documents stated that agenda packs should be sent out one week ahead of each meeting. We confirmed that for the February 2021 RSG the pack was sent out 9 calendar days prior to the meeting allowing the attendees a week to review the information.</p> <p>In the remaining four cases, we found that the March 2021 RSG and May 2021 SDMT packs were sent out five days prior to each meeting, the January 2021 SDMT pack was sent out three days prior to the meeting and the April 2021 RSG pack was sent out one day before the meeting.</p> <p>We were advised by the Area Manager that the Service were aware of this issue and that it may be caused by a lack of clear communication of responsibilities within terms of reference and staff turnover.</p> <p>There is a risk that where meeting packs are not sent out one week in advance of each meeting, attendees may not have ample time to review the documentation in detail, which could compromise the effectiveness of Hub level meetings.</p>
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Management Action 9	The Service should ensure that responsibilities for information sharing is clearly assigned, so that performance information is collated in a timely manner and the RSG and SDMT meeting packs are sent out one week prior to the meetings.	Responsible Owner: Doug Buchanan (Assistant Chief Fire Officer)	Date: December 2021	Priority: Low
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Area: Action Plans

Control	<p>As part of the quarterly performance reports submitted to SPB, the Hub Managers are required to explain any exceptions that are identified. This is a requirement even when overall performance is in line with target.</p> <p>The exceptions are investigated and explained at a Station Manager level, who report into to the Hub Managers.</p> <p>The action taken to address the exceptions is also documented in each case.</p>	Assessment:	Design	✓
		Compliance		×
Findings / Implications	<p>We reviewed a sample of three Quarterly Bracknell Performance Reports from Q2 to Q4 2020/21, three Central Hub Quarterly Reports from Q2 to Q4 2020/21 and three Wokingham Monthly Returns from April to June 2021.</p> <p>We confirmed that for the Quarterly Bracknell Performance Reports and the Central Hub Quarterly Reports exceptions were clearly explained and actions were documented to address under performance. However, we identified the following exceptions from these reports:</p> <ul style="list-style-type: none"> We noted that in the Quarterly Bracknell Performance Reports actions were recorded in the analysis sections of the reports, which may make actions difficult to track or follow up and; We reviewed KPI SM1 in the Q4 2020/21 Quarterly Bracknell Performance Report (percentage of occasions a second fire appliance attending arrives within 2 minutes of the first appliance to arrive at dwelling fires). We noted that there was a downtrend in performance from 66.7 per cent to 25 per cent from Q1 to Q4. However, this was not acknowledged in the actions section of the report. <p>We were advised by the Central Hub Manager that KPI SM1 was more for information as the service are unable to directly influence its outcomes, due to the speed of the first appliance potentially causing an exception for the second appliance.</p> <p>However, there is a risk that local performance measures may not be effective in helping the Service achieve its objectives, if measures cannot be influenced at a local level with actions assigned to manage performance.</p> <p>We noted through review of the Wokingham Monthly Returns that they detailed key information such as visits and training compliance figures. However, we found that they did not detail performance against the agreed measures as demonstrated in the Bracknell Performance Reports.</p> <p>Although we note that in the Central Hub Quarterly Reports the agreed Wokingham measures are reported, explained and actioned. There is a risk that Wokingham performance may not be as effectively managed as Bracknell if the same performance reports are not produced.</p>			
Management Action 10	<p>The Service should review its local performance measures to ensure that they are relevant and can be actioned where appropriate.</p> <p>Any local actions assigned should be clearly separated from analysis in the performance reports.</p>	Responsible Owner:	Date:	Priority:
		Mike Humphries – (Central Hub Group Manager)	December 2021	Low

Area: Action Plans

For consistency and effectiveness, Wokingham Station should produce quarterly performance reports in the same format as Bracknell.
