

**M. Pearson  
CLERK TO THE AUTHORITY**

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**To: The Chair and Members of the  
Audit and Performance Review  
Committee (see below)**

**SERVICE HEADQUARTERS  
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**AUDIT AND PERFORMANCE REVIEW COMMITTEE**  
**(Devon and Somerset Fire and Rescue Authority)**

**Friday 6 February 2015**

A meeting of the Audit and Performance Review Committee will be held on the above date, **commencing at 10:00 hours in Conference Room B in Somerset House, Service Headquarters** to consider the following matters.

M. Pearson  
Clerk to the Authority

**A G E N D A**

***PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS***

1. **Apologies**
2. **Minutes** of the meeting held on 24 November 2014 attached (Page 4).
3. **Items Requiring Urgent Attention**

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

**PART 1 – OPEN COMMITTEE**

4. **Regulation of Investigatory Powers Act (RIPA) 2000 - Revised Authority Policy**  
Report of the Clerk to the Authority (APRC/15/01) attached (page 7).

5. **External Audit Update**

The Authority's external auditor, Grant Thornton, has submitted FOR INFORMATION (and attached at page 28) a report setting out the progress made in delivering its audit responsibilities to the Devon and Somerset Fire and Rescue Authority up to 26 January 2015. The report also covers emerging issues and developments.

6. **Audit and Review 2014-15 3rd Quarter Progress Report**

Report of the Audit and Review Manager (APRC/15/02) attached (page 41).

7. **Devon and Somerset Fire and Rescue Service Performance Report: April to December 2014**

Report of the Director of Operations (APRC/15/03) attached (page 73).

**MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER**

**Membership:-**

Councillors Radford (Chair), Edmunds, Healey, Horsfall, Randall Johnson, Singh and Way.

<b>NOTES</b>	
<b>1.</b>	<p><b><u>Access to Information</u></b></p> <p>Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the "Please ask for" section at the top of this agenda.</p>
<b>2.</b>	<p><b><u>Reporting of Meetings</u></b></p> <p>Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chairman - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority. Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.</p>
<b>3.</b>	<p><b><u>Disclosable Pecuniary Interests (Authority Members only)</u></b></p> <p>If you have any disclosable pecuniary interests (as defined by Regulations) in any item(s) to be considered at this meeting then, unless you have previously obtained a dispensation from the Authority's Monitoring Officer, you must:</p> <ul style="list-style-type: none"> <li>(a) disclose any such interest at the time of commencement of consideration of the item in which you have the interest or, if later, as soon as it becomes apparent to you that you have such an interest;</li> <li>(b) leave the meeting room during consideration of the item in which you have such an interest, taking no part in any discussion or decision thereon; and</li> <li>(c) not seek to influence improperly any decision on the matter in which you have such an interest.</li> </ul> <p>If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have a disclosable pecuniary interest of a sensitive nature. You must still follow (b) and (c) above.</p>
<b>4.</b>	<p><b><u>Part 2 Reports</u></b></p> <p>Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.</p>
<b>5.</b>	<p><b><u>Substitute Members (Committee Meetings only)</u></b></p> <p>Members are reminded that, in accordance with Standing Order 35, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.</p>

**AUDIT AND PERFORMANCE REVIEW COMMITTEE**  
(Devon and Somerset Fire and Rescue Authority)

24 November 2014

Present:-

Councillors Radford (Chair), Edmunds, Healey and Horsfall.

Apologies:-

Received from Councillors Ball and Singh.

**\*APRC/12. Minutes**

**RESOLVED** that the Minutes of the meeting held on 24 September 2014 be signed as a correct record.

**\*APRC/13. Audit Committee Update**

Peter Barber and David Bray, representing the Authority's external auditor, Grant Thornton, attended the meeting to report on progress in delivering its audit responsibilities to the Devon and Somerset Fire and Rescue Authority.

The Committee noted that the 2013-14 audit work had now been completed and that work on the 2014-15 audit would commence in February 2015. Grant Thornton had also submitted the Annual Audit Letter for 2013-14 which was considered in conjunction with Minute \*APRC/14 below.

**\*APRC/14. Devon and Somerset Fire and Rescue Authority Annual Audit Letter for the Year Ended 31 March 2014**

The Committee received for information the Annual Audit Letter for 2013/14 as prepared by Grant Thornton, the Authority's external auditors. Peter Barber drew attention to the work that had been undertaken with the Authority during the year, including the Statement of Accounts and the Value for Money conclusion, both of which had received an unqualified opinion.

A list of key issues and recommendations made during the 2013-14 audit was set out at Appendix A to the Annual Audit Letter and it was requested that the action taken to implement the 3 significant recommendations made should be reported back to the Committee at its next meeting. The Clerk reported that the Authority already had an audit tracker in place and that this would be reported back to the Committee as requested.

**\*APRC/15. External Audit - Proposed Work Programme and Scale of Fees for 2015-16: Consultation**

The Committee considered a report of the Treasurer and Clerk to the Authority (APRC/14/9) that set out details of a consultation exercise that was being carried out by the Audit Commission in respect of its proposed work programme and scale of fees for 2015-16 for local government and police bodies. The report also set out a proposed response to the consultation for consideration by the Committee.

Reference was made to the reduction in the scale of fees for 2015-16 to £33,820 (from £45,093 in 2014-15) and clarification was sought as to whether this was a one off reduction. Peter Barber of Grant Thornton stated that the Audit Commission had reported an excess balance in its accounts as at 31 March 2015 and as a result, it had been decided that local authorities would be offered a one off rebate to subsidise the audit fees in 2015-16. He confirmed that there would not be any reduction in the service provided by Grant Thornton as a result of this.

**RESOLVED** that the draft response to the Audit Commission consultation on the proposed work programme and scale of fees for 2015-16, as set out at paragraph 3.1 of report APRC/14/9, be approved for submission to the Audit Commission.

**\*APRC/16. Devon and Somerset Fire and Rescue Service Performance Report: April to September 2014**

The Committee received for information a report of the Director of Operations (APRC/14/10) that detailed the Service's performance for the period April to September 2014 against the measures set out within the Corporate Plan for 2013/14 to 2014/15.

In terms of the performance to date this year, the Committee noted that:

- Measures 1 (deaths which occurred where people lived) – there had been 2 fire deaths to September 2014 as compared with 6 in the same period in 2013-14 which was a welcome decrease;
- Measure 2 (injuries which occurred where people lived) – there had been a significant reduction in dwelling fire injuries to 16 from 53 in the same period in 2013-14 and there had also not been any deliberate fires in this period;
- Measure 3 (incidents which occurred where people lived) – there were 445 dwelling fires between April and September 2014 as compared with 525 in 2013-14 which continued the overall downward trend that had occurred almost year on year since 2007 with the exception of 2013-14;
- Measure 4 (deaths which occurred where people worked and visited) – there were 2 fire deaths between April and September 2014 which was the same as in 2013/14, although the long term trend was downwards;
- Measure 5 (injuries which occurred where people worked or visited) – there was a decrease of 30% in the number of injuries recorded in April to September 2014, together with a 17% reduction in the number of fires causing injuries. This was a reflection of the national trend;
- Measure 6 (incidents which occurred where people worked and visited) – the number of incidents, including both deliberate and accidental fires, had decreased from 782 to 768 in April to September 2014 when compared with the same period in 2013/14;

- Measures 7 and 8 (emergency response standards) – Measure 7 was still showing an improvement to September 2014 with a performance of 70.49% for first attendance in 10 minutes. For Measure 8, there had been a slight decrease on first attendance within 15 minutes to road traffic collisions to 75.58% from 73.25% to September 2014. It was noted that each command was receiving a detailed breakdown on the emergency response performance so that the Area Commanders could address the issues.
- Sickness absence – the average number of days sickness lost per person per shift/day had increased to 4.6 days in April to September 2014, caused partly by an increase in long term sickness. This matter was the subject of a more detailed report to the Human Resources Management and Development Committee on 26 November 2014.

The question was asked as to whether the Service was aware if there was a correlation between fire deaths and the type of premises such as private rented or owner occupied. The Director of Operations reported that this data was collected but the Service did not report against it currently. He added that the Service could look into this with a view to reporting back at a future meeting.

The Committee also received a presentation given by the Director of Operations in respect of the proposed changes to the reporting of performance data in the future. This was centred on the need for the Service to consider “leading” measures rather than “lagging” measures so that the Service was able to respond proactively to risk rather than being reactive after events had happened. This would also encourage issues to be dealt with at a much lower level within the organisation rather than being escalated up to senior management. A copy of the slides presented was circulated to members of the Committee for reference.

## **RESOLVED**

- (a) That the proposed changes in respect of the presentation of performance data in future be noted at this stage and that a more detailed report thereon be submitted to the Committee in due course; and,
- (b) Subject to (a) above, the Performance Report for the period April to September 2014 be noted.

**\* DENOTES DELEGATED MATTER WITH POWER TO ACT**

The meeting started at 10:00hours and finished at 11:47hours

<b>REPORT REFERENCE NO.</b>	<b>APRC/15/01</b>
<b>MEETING</b>	<b>AUDIT &amp; PERFORMANCE REVIEW COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>6 FEBRUARY 2015</b>
<b>SUBJECT OF REPORT</b>	<b>REGULATION OF INVESTIGATORY POWERS ACT (RIPA) 2000 – REVISED AUTHORITY POLICY</b>
<b>LEAD OFFICER</b>	<b>Clerk to the Authority</b>
<b>RECOMMENDATIONS</b>	<i>That the amended Authority RIPA Policy, as appended to this report, be approved.</i>
<b>EXECUTIVE SUMMARY</b>	<p>At its meeting on 17 December 2014 the Authority approved a policy on procedures and processes to be followed in the event of wishing to use covert investigatory techniques, as required by the Regulation of Investigative Powers Act (RIPA) 2000. The Authority also delegated to this Committee future responsibility for this Policy (Minute DSFRA/36 refers).</p> <p>New Codes of Practice published after the policy was initially drafted, together with an evaluation of the Office of the Surveillance Commissioner's (OSC) most recent Annual Report (2014) have been used to inform revisions to the Authority Policy, an amended version of which is now appended for approval.</p>
<b>RESOURCE IMPLICATIONS</b>	<p>There is a requirement to ensure:</p> <ul style="list-style-type: none"> <li>• that authorising officers receive appropriate training relevant to this task; and</li> <li>• that sufficient, Service-wide awareness-raising is undertaken to promote understanding of the correct processes to be followed to obtain RIPA authorisation, should this be required.</li> <li>• The Appropriate Use of Social Media and Electronic Communications Policy requires updating as a result of the potential for use of social networking in respect of covert investigations which may then require RIPA authorisation</li> </ul> <p>Costs associated with the above will be met from within existing resources.</p>
<b>EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)</b>	The contents of this report are considered compatible with current human rights and equalities legislation.
<b>APPENDICES</b>	A. Draft RIPA Policy v3 January 2015
<b>LIST OF BACKGROUND PAPERS</b>	Report DSFRA/14/21 (Regulation of Investigatory Powers Act (RIPA) 2000 – Revised Authority Policy) as submitted to the Authority meeting held on 17 December 2014, together with the Minutes of that meeting.

## **1. BACKGROUND**

- 1.1 The Regulation of Investigatory Powers Act 2000 (RIPA) sets out a regulatory framework for the use by specified public authorities (including combined fire and rescue authorities such as the Devon & Somerset Fire & Rescue Authority) of covert investigatory techniques.
- 1.2 Irrespective of whether the covert techniques are actually used, individual authorities are nonetheless required to have in place a policy, compliant with existing guidance and codes of practice, governing use and clearly setting out the appropriate procedure for doing so.

## **2 AUTHORITY POLICY – REVISED AMENDMENTS**

- 2.1 At its meeting on 17 December 2014, the Authority approved a revised, RIPA-compliant policy and also delegated authority, going forwards, for oversight and consequential review of the Policy to this Committee (DSFRA/36).
- 2.2 At the time of drafting the initial policy, new Codes of Practice were awaited. These have subsequently been published and the Office of the Surveillance Commissioners (OSC) Annual Report 2014 evaluated. These have necessitated revisions to the required Authority Policy, an amended version of which is now appended to this report for approval.

**MIKE PEARSON**  
**Clerk to the Authority**



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## Summary of Main Changes:-

### The main changes to this policy are as a result of :

- Codes of Practice providing guidance on the Regulation of Investigatory Powers Act 2000 for Covert Surveillance and Property Interference and Covert Human Intelligence Sources approved by parliament on 10 December 2014
- Office of Surveillance Commissioners Annual Report 2013-2014 and, in particular, covert use of social media for investigations
- Office of Surveillance Commissioners Procedure and Guidance December 2014
- Change of ownership of the policy from Corporate Communications to Corporate Services

## Document Purpose:-

The purpose of this document is the dissemination of the Regulation of Investigatory Powers Act 2000 (RIPA) policy, procedures and related guidance.

NOTE – If you are reading a paper copy of this document it may not be the most up to date version. For the latest version view the information on the Service website or intranet.

## Document Status:-

Ownership:	Corporate Services
Originating Date:	December 2014
Review Date:	January 2015
Next Review or Amendment:	January 2016
Key Consultees:	Executive Board

## Further Information:-

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## Cross-References:-

Appropriate Use of Social Media and Electronic Communications DSFRS Policy  
Regulation of Investigatory Powers Act 2000  
Human Rights Act 1998  
Data Protection Act 1998  
Freedom of Information Act 2000  
Protection of Freedoms Act 2012  
The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) (Amendment) Order 2012  
The Regulation of Investigatory Powers (Covert Human Intelligence Sources: Matters Subject to Legal Privilege) Order 2013

## POLICY STATEMENT

The Regulation of Investigatory Powers Act 2000 (RIPA) provides a framework for the control and supervision of investigatory powers exercised by public bodies, including Devon & Somerset Fire & Rescue Service (the Service), in order to balance the need to protect privacy of individuals particularly in light of the Human Rights Act 1998.

RIPA provides a statutory basis for the procedure, authorisation and use of covert surveillance, agents, informants and undercover officers. It regulates the use of these techniques and safeguards the public from an unnecessary invasion of their privacy.

The Authority is committed to ensuring that the necessary control and supervision of investigatory powers are in accordance with RIPA and other relevant legislation.

The Authority requires all Service employees to be aware of its contents and to comply fully with this policy and any related policy.

## COMPLIANCE STATEMENT

The Authority will not discriminate against any persons in the application of this policy or any subordinate procedures.

This policy is **OPEN** under the Freedom of Information Act 2000.

## KEY INFORMATION

The intention of RIPA is to ensure that the relevant investigatory powers are used in accordance with human rights.

RIPA introduces:

- Lawful purposes for which the investigatory powers can be used
- Formal authorisation of the use of any of the investigatory powers,
- The means of redress for individuals in the event of lack of compliance

RIPA sets out the procedures that must be followed before making use of:

- covert, directed surveillance techniques;
- covert human intelligence sources; or
- accessing communications data

Please note applications to use covert techniques covered by RIPA **must** be made using the appropriate Home Office forms in conjunction with a completed risk assessment and such application must be approved by one of the designated relevant designated 'Authorising Officers'. Further details in respect of the application, the necessary Home Office forms and the designated Authorising Officers are set out further below including the relevant links.

RIPA is available to the Authority only when carrying out its core functions as a fire and rescue authority. Neither the Authority nor the Service has any historical record of using their relevant investigatory powers covered by RIPA and it is not envisaged there will be a need to do so in future. The Authority is required, however, to have a policy in place to deal with that eventuality should it arise.

The use of social networks as a means of communication may be used by public bodies for investigatory purposes and may invoke a potential for covert use. The Office of the Surveillance Commissioners consider that such social networks, although made publicly available, may be considered as private. Consequently, the repeat viewing of individual "open source" sites for the purpose of intelligence gathering and data collection should be considered within the context of the protection that RIPA affords to such activity.

The Authority needs to ensure that its officers are fully aware of RIPA, the policy and procedure associated with it and provide any relevant training required.

If you are require interpretation in respect of this policy, please seek further guidance from the Director of Corporate Services and/or the Head of Legal Services.

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# 1. INTRODUCTION

The Human Rights Act (HRA) 1998 was introduced to give effect to the European Convention on Human Rights (ECHR) and came into force in October 2000. The HRA imposes a duty upon public authorities to act in ways that are compatible with human rights under the ECHR. Failure to do so may enable a person to seek compensation against the Authority or to use any failure as a defence in any proceedings that the Authority may bring.

RIPA sets out procedural rules to enable specified public authorities to use covert investigatory techniques which might otherwise infringe legal rights to privacy and respect for family life under the HRA. In particular, they govern when and how hidden surveillance, covert witnesses and interception of communications can be used. The Authority is included in the list of public authorities which can rely on RIPA.

As noted above, the Authority has no history of using the covert investigatory techniques covered by RIPA and there is no expectation that there will be a need to use them in the future. It is anticipated that the Authority will usually be able to gather all the information required for its statutory functions without covert information gathering techniques. This policy does not change this position. If the Authority were to ever use the powers under RIPA a fair balance must be drawn between the public interest and the rights of individuals.

The purpose of this document is to:

- (a) reinforce advice to officers that the use of covert investigatory techniques should be avoided in most circumstances; and
- (b) ensure that should the unforeseen and exceptional eventuality arise when reliance on RIPA is needed there will be a clear procedure for handling its use.

The protection of RIPA is available to the Authority only when carrying out its core functions as a fire and rescue authority. RIPA therefore does not apply to the ordinary general functions carried out by the Authority e.g. staff disciplinary or contractual issues. Another legal basis for avoiding infringing rights to privacy would be needed in those circumstances.

This document is intended to ensure that the Authority's policy, practice and procedure are in line with the codes of practice and guidance issued under RIPA. In any proposed utilisation of RIPA powers, reference should be made to the codes of practice and guidance published on the Home Office website, by the Office of Surveillance Commissioners (OCS) and by the Interception of Communications Commissioners Office (ICCO). Links to documentation referred to in this Policy are shown the appendix, where such documentation is publicly available. Please contact the RIPA Co-Ordinator, however, for the Office of Surveillance Commissioners Procedure and Guidance document December 2014.

## 2. ACTIVITIES and DEFINITIONS COVERED BY RIPA

There are three forms of covert intelligence gathering that are covered by RIPA and potentially available to the Authority: (1) Directed Surveillance; (2) Covert Human Intelligence Sources and (3) Accessing Communications Data.

Directed Surveillance Covert Human Intelligence Sources are governed by the Office of the Surveillance Commissioners (OCS). There is an inspection of the Service every three years as a means of external independent oversight.

Accessing Communications Data is governed by the Interception of Communications Commissioner's Office (ICCO).

### (1) Directed surveillance is:

- Surveillance (i.e. monitoring, observing or listening to people or their movements, conversations or other activities);
- which is covert (i.e. done in a manner to ensure that the subject is unaware that it is taking place);
- that is carried out in relation to a specific investigation or operation (i.e. not as routine observations of people or an area in general); and
- which is likely to result in obtaining private information about any person (i.e. any information about a person's private or family life including names, phone numbers or even business relationships).

It does not include circumstances where this is done by way of an immediate response to events (as it would not be practicable for that to have prior authorisation).

Any covert surveillance of what takes place in residential premises or a private vehicle is deemed as "intrusive surveillance" and outside what the Authority may lawfully do even under RIPA. For the avoidance of doubt, **the Authority cannot undertake intrusive surveillance.**

Overt and sign-posted use of CCTV cameras (on premises or on vehicles) is not Directed Surveillance because it is neither covert nor carried out in relation to a specific investigation or operation. Covert use of hidden CCTV cameras may be Directed Surveillance but only if this were part of a specific investigation or operation rather than the usual placing of cameras for general surveillance.

### (2) Covert Human Intelligence Sources

A Covert Human Intelligence Source (CHIS) is somebody who:

- establishes or maintains a personal or other relationship with a person:
- Either for the covert purpose of obtaining information (i.e. any information whether private or not);

- Or for the purpose of covertly disclosing information obtained by the use of such a relationship
- a) “Covert” means in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the use of the relationship or disclosure of information.
- b) A CHIS must also have a relationship with another party. So a stranger to the subject who has been asked to “keep an eye” on comings and goings from particular premises would not be a CHIS as they have no relationship that provides the information (but they might need to be authorised for Directed Surveillance).
- c) The need for a CHIS authorisation is not limited to cases where someone has been tasked with obtaining information. It is the activity of the CHIS in exploiting a relationship for a covert purpose which is ultimately authorised by the 2000 Act, whether or not that CHIS is asked to do so by a public authority. A member of the public who voluntarily provides information obtained by covert means on a regular basis would be a CHIS. The Authority would owe that person a duty of care and must consider whether using the information provided might place the informant at risk.
- d) No CHIS authorisation is needed where there is another legal basis for a person to report information covertly (e.g. a professional duty to comply with regulations).
- e) Any type of relationship could be covered, e.g. a customer of a business. Statutory guidance suggests that a simple “one-off” transaction may not be sufficient interaction to constitute a “relationship”, and that more extensive engagement between the two parties would be needed, e.g. for the CHIS to be a regular buyer of “under the counter” goods from a certain supplier.

### **(3) Accessing Communications Data**

A third technique of covert investigation is currently open to the Authority under RIPA, namely accessing communications data. Postal or telecommunications service providers hold certain types of communications data. RIPA gives fire authorities (along with other local authorities) a power to access this data. The communications data that can be obtained by fire authorities is strictly limited and extends only to:



- (a) **Subscriber information** – i.e. information about the customer’s account: name of the customer who is the subscriber for a telephone number/ e-mail account etc.; account information such as address for billing, delivery or installation; details of payments and bank or credit/ debit card details; information provided by the subscriber to the Communications Service Provider such as demographic information or sign up data (other than passwords) such as contact telephone numbers; and
- (b) **Service Use Data** – i.e. the general ways in which the service was used: periods during which the customer used the service; itemised records of telephone numbers called, internet connections, dates and times of calls, duration of calls, text messages sent and quantities of data uploaded or downloaded; records of postal items, such as records of registered, recorded or special delivery postal items and records of parcel consignment, delivery and collection.

Fire authorities (like local authorities generally) are not empowered to obtain what is called “traffic data” which is specific information about communications i.e. websites visited, the origins of incoming calls, mobile phone cell site locations. The Authority could not access the content of an individual’s communications.

### 3. WHEN RIPA PROCEDURES CAN BE USED

The covert intelligence gathering techniques under RIPA can be used only in certain prescribed circumstances. These are where:

- (a) their use is necessary for:
- the prevention or detection of crime;
  - preventing disorder; or
  - in the interests of public safety or the protection of public health;
- and
- (b) their use is necessary and proportionate to the purpose of the operation.

N.B. For Accessing Communications Data part (a) is limited to the prevention or detection of crime or preventing disorder or in the interests of public safety.

Also, RIPA can be relied on only where it is exercised in accordance with due process. This means that the procedure in this policy must be followed and the Authority must abide by the relevant code of practice issued by the Home Office and published on the Home Office website.

RIPA can be relied on only in carrying out the Authority's specific functions as a fire and rescue authority e.g. it is potentially available to help in statutory fire safety work. However, RIPA would not be available for "ordinary" functions common to any public authority, such as employing staff or contracting with a supplier of goods or services.

In deciding whether the "necessary and proportionate" test is passed, officers must consider whether the proposed activity is an appropriate use of the legislation and a reasonable way of obtaining the necessary result. In particular this must include consideration of:

- (a) Whether information could be gathered by alternative, overt means e.g. evidence of non-compliance with fire regulations might be obtained from a well-timed unannounced visit to inspect rather than by covert surveillance;
- (b) The size and scope of the proposed activity against the gravity and extent of the possible crime (or other harm) being investigated;
- (c) How to minimise the impact of any intrusion on the subject or others;
- (d) Whether there is a risk of "collateral intrusion" i.e. whether there will be any interference with the privacy of a third party who is not the subject of the covert activity. This might include family members, customers or other associates of the subject. Where there is such a risk it should be considered whether that interference is itself necessary and proportionate and whether the risk can be mitigated;
- (e) Whether there is a risk of confidential information being revealed. The codes of practice identify confidential personal information, confidential information held for the purposes of journalism, confidential information passing between an MP and a constituent and confidential information concerning spiritual/religious counselling as well as information that is legally privileged i.e. passing between a person and a legal advisor. If there is a risk of revealing information that is legally privileged, specific legal advice is required.

## **4. THE AUTHORISATION PROCESS**

### **Authorisation process for directed surveillance and covert human intelligence sources**

The covert investigation techniques covered by RIPA can only be used with the appropriate approval in place. This approval process is outlined below.

The first step is for investigating officers to consider for themselves whether the use of a covert investigation technique is necessary and proportionate. A full written record of this preliminary consideration by way of a risk assessment should be made and retained by the investigating officer.

It is envisaged that this self-assessment will invariably show that covert investigation is avoidable as alternatives are available. If so, the matter ends there.

If it continues to look like covert surveillance is necessary and proportionate an application for approval should be made only by designated RIPA Applicants on the appropriate Home Office form. The links to each individual Home Office form as part of the authorisation process are contained within Appendix A.

Applications for approval are to be made to the Authority's designated relevant RIPA Authorising Officers.

The Authorising Officer will decide whether to approve the use of one of the RIPA techniques and on what terms (if any) they may be used. The Authorising Officer must issue all authorisations in writing.

**No covert surveillance can begin until this written authorisation is issued.**

Any authorisation must be time limited for a set period from the date of the approval as follows:

Directed Surveillance –	3 months (less one day)
CHIS -	12 months (less one day)

In addition, when granting approval the Authorising Officer must set an appropriate review date (which must not be longer than one month). The Authorising Officer must review the continuing need for the authorisation on the review date – any approval should not last longer than is justified by the “necessary and proportionate” test and an approval will have to be cancelled early if a review shows it is no longer justified. If, on review, an authorisation is allowed to continue in force then a further review date must be set.

At the expiry of an authorisation it must be formally cancelled by the Authorising Officer and not simply allowed to lapse. Again the appropriate Home Office form is to be used for this. An authorisation may be renewed by a further application to the Authorising Officer on the appropriate form. If so, it will be necessary to show that the tests in this policy continue to be satisfied. In any case the Authorising Officer must continue to ensure appropriate and regular reviews of the authorisation (which are to be at least monthly).

Additionally, when authorising a CHIS the Authorising Officer must ensure before granting an authorisation that there is a “handler” in place. This handler will have day-to-day contact with the source and general oversight of them. The handler directs the source's day-to-day activities, records information supplied by the source and monitors the source's welfare and security.

Officers seeking a CHIS approval must therefore include in the application an assessment of the personal, operational and ethical risks of using the CHIS, including the likely consequences to the CHIS of the role becoming known. This assessment must be kept with the other records of the approval in accordance with record keeping below.

The Authorising Officer **will not approve as a CHIS** anyone who is:

- (a) a vulnerable adult (i.e. a person who may need community care services by reason of mental or other disability, age or illness and may be unable to take care of him/herself or protect him/herself from harm or exploitation); or
- (b) under the age of 18.

It should be noted that this RIPA process establishes no more than that the covert operation would be lawful. Officers must ensure that all other appropriate planning and risk assessments are also in place.

For the avoidance of doubt, the Protection of Freedoms Act 2012 requires certain local authorities, once they have approved RIPA authorisation internally, to then obtain judicial approval to that authorisation. The definitions of “local authority” contained in that Act, however, do NOT extend to combined fire and rescue authorities and so this stage is not required for any RIPA authorisation granted in accordance with this policy prior to the covert surveillance commencing.

### **Authorisation process for access to communications data**

RIPA makes provision for the Authority to obtain communications data lawfully. The handling and storing of that data will also be governed by the Data Protection Act 1998 so regard must also be had to the Service policy on data protection.

Communication Data is the ‘who’, ‘when’ and ‘where’ of a communication, but not the ‘what’ (i.e. the content of what was said or written).

RIPA groups Communication Data into three types:

- a) Traffic Data
- b) Service use information
- c) Subscriber information

Under RIPA the Authority can only authorise the acquisition of the less intrusive types of communication data; service use and subscriber information. **Under no circumstances can the Authority be authorised to obtain traffic data under RIPA.** The Authority is not permitted to intercept the content of any person’s communications and it is an offence to do so without lawful authority.

Additional steps beyond those for directed surveillance and covert human intelligence sources are required to approve access to communications data to ensure any information received is handled in accordance with the law.

Where the Authorising Officer wishes to approve an application to access communications data the decision must then be referred to a designated Single Point of Contact (“SPoC”) appointed by the Authorising Officer.

Anyone who is to act as a SPoC must have attended an accredited course and obtained a PIN reference from the Home Office. The PIN reference is produced to the service provider with any request for data in order to confirm the SPoC is able to receive the data lawfully. In the absence of a member of staff being trained and accredited as a SPoC, the Authorising Officer may appoint an external provider such as the National Anti-Fraud Network (NAFN) to undertake the SPoC service.

The SPoC is responsible for facilitating the handover of any data in accordance with the law including new statistical requirements required to be kept from 1 January 2015 in relation to the Acquisition and Disclosure of Communications Data under Part 1 Chapter 2 of the Regulation of Investigatory Powers Act 2000 (RIPA).

The SPoC will review the approval from the Authorising Officer and consider whether:

- (a) the application has been properly made in accordance with due process; and
- (b) it is reasonable practicable or possible to obtain the communications data requested.

If satisfied of these the SPoC returns the application to the Authorising Officer to give internal approval.

**Only if the application has been approved**, it is for the SPoC to prepare a Notice in the form prescribed by the Home Office and to serve this on the service provider. The service provider will provide the data to the SPoC who should deliver it direct to the Authorising Officer.

## 5. RECORD KEEPING

The Senior Responsible Officer (SRO) is a senior manager with oversight of compliance with RIPA. The SRO has overall responsibility for:

- a) the integrity of the policy for managing RIPA;
- b) Compliance with RIPA and the codes of practice;
- c) dealing with external inspectors as appropriate, including monitoring the implementation of any post-inspection action plans.

Authorising Officers must:

- (i) retain a copy every completed form in respect of each:
  - authorisation approved by them
  - review
  - renewal; and
  - cancellation
- (ii) pass a copy of each of the above forms to the SRO who will maintain a central register with unique reference numbering of all requests and authorisations for covert surveillance under RIPA over at least the previous three years. This register must also include applications refused, stating the reasons for any refusal.

For a CHIS, records must be kept in a way that ensures the source and any information provided by the source remains confidential e.g. that no information is made available to officers unless it is necessary for them to see it. The Authorising Officer should ensure an appropriate officer is designated with responsibility to ensure confidentiality. The following must also be recorded (and records retained for at least three years):

- a) the actual identity of the CHIS;
- b) the identity used by the CHIS if any;
- c) any other investigating authority involved, and the means by which that authority identifies the CHIS;
- d) any information significant to the security and welfare of the CHIS;
- e) any confirmation by an officer authorising a CHIS that the relevant information has been considered and any identified risks been properly explained and understood by the CHIS;
- f) when and how the CHIS was recruited;
- g) the identities of the handler and others authorising activities including times and dates when they were authorised;
- h) the tasks given to sources and any demands made by the source in relation to his or her activities;

- i) all contacts and communications between the source and the handler;
- j) any information obtained from the source and any dissemination of it;
- k) any payment, benefit or reward provided to the source.

## **6. OVERSIGHT AND REVIEW**

The SRO maintains general oversight of the Authority's use of RIPA and compliance with legal requirements and the codes of practice.

The Surveillance Commissioners and Interception of Communications Commissioner provide external oversight and from time to time may inspect the Authority's policies, procedures and practice in regard to RIPA. The SRO has a duty to ensure the reporting of any errors in the use of RIPA to the relevant commissioners and to ensure any remedial actions required by the commissioners are taken.

In accordance with those codes, the Authority is required to review the policy on the use of RIPA at least annually, with this review to include details (in an anonymised form) of any use by the Authority of RIPA. This is to ensure the Authority is able to judge whether the policy is being applied appropriately. For the avoidance of doubt, individual Members of Authority have no role in authorising or refusing any particular application to use RIPA procedures.

## APPENDIX A

### **Surveillance Commissioners**

[Office of Surveillance Commissioners](#)

[Office of Surveillance Commissioners Annual Report 2014](#)

**Office of Surveillance Commissioners Procedures and Guidance December 2014 (NOTE: this is a restricted publication document – please contact the Authority’s RIPA Co-ordinator)**

### **Interception of Communications Commissioner’s Office**

[Interception of Communications Commissioner’s Office](#)

### **Codes of Practice 2014**

[Codes of Practice](#)

### **Investigatory Powers Tribunal**

[Investigatory Powers Tribunal](#)

[Investigatory Powers Tribunal Judgments](#)

### **Forms**

#### ***Directed Surveillance***

[Application for the Use of Directed Surveillance](#)

[Renewal Of Directed Surveillance](#)

[Review of the Use of Directed Surveillance](#)

[Cancellation of the Use of Directed Surveillance](#)

#### ***Covert Human Intelligence Sources***

[Application for the Use of Covert Human Intelligence Sources](#)

[Renewal Of Authorisation to Use Covert Human Intelligence Sources](#)

[Reviewing the Use of Covert Human Intelligence Sources](#)

[Cancellation of Covert Human Intelligence Sources](#)



***Reporting errors to the IOCCO***

[Reporting an Error by a CSP to the IOCCO](#)

[Reporting an Error by a Public Authority to the IOCCO](#)

## APPENDIX B

### ***Designated Authorising Officers***

#### Applicants

Paul Bray	Community Safety Protection Manager
Glen Wells	Fire Protection Policy & Project Support Officer
Mike Burroughs	Fire Protection Support Officer
David Poulton	HR Services Manager
Wendy Endacott	HR Operations Manager
Audrey Gilding deKort	HR Officer (Operations)

#### Authorisers

Steve Widnell	Area Manager
Chris Blackburn	Community Safety Manager
Steven Pope	HR Manager

#### CHIS Authorisers

Lee Howell	Chief Fire Officer
Trevor Stratford	Assistant Chief Fire Officer *
Jane Sherlock	Director of People & Commercial Services *

\*in the absence of Lee Howell, Chief Fire Officer and/or as delegated by the Chief Fire Officer

#### Senior Responsible Officer (SRO)

Mike Pearson	Director of Corporate Services
TBC	Head of Legal Services **

\*\*in the absence of the Director of Corporate Services and/or as delegated by the Director of Corporate Services

#### RIPA Co-Ordinator

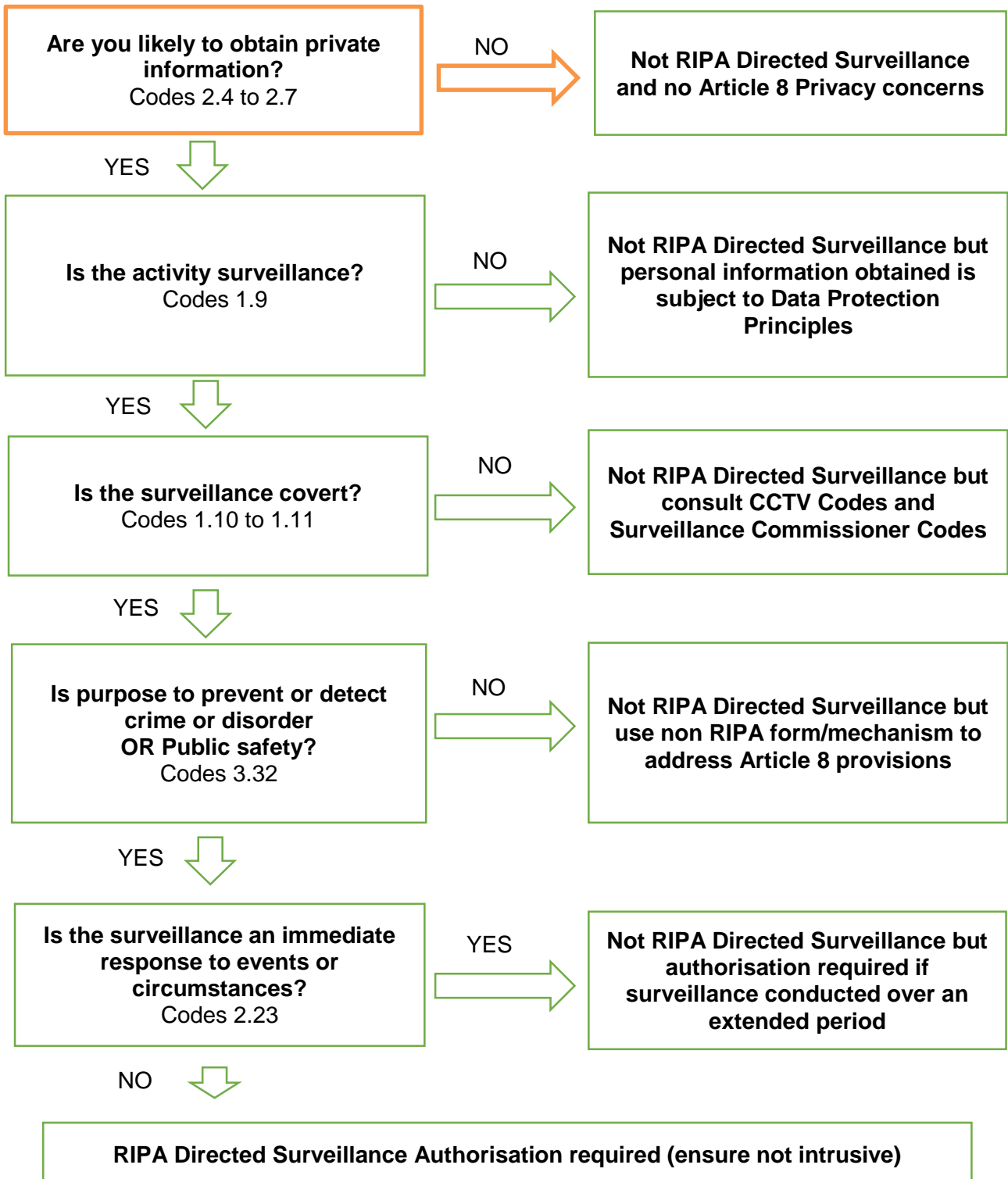
TBC	Head of Legal Services
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#### Single Point of Contact (SPoC)

Tieneka Akers	Corporate Communications Manager
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# APPENDIX C

## RIPA Directed Surveillance Decision Chart



<b>REPORT REFERENCE NO.</b>	<b>APRC/15/02</b>
<b>MEETING</b>	<b>AUDIT &amp; PERFORMANCE REVIEW COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>6 FEBRUARY 2015</b>
<b>SUBJECT OF REPORT</b>	<b>AUDIT &amp; REVIEW 2014-15 3<sup>rd</sup> QUARTER PROGRESS REPORT</b>
<b>LEAD OFFICER</b>	<b>Audit and Review Manager</b>
<b>RECOMMENDATIONS</b>	<b><i>That the report be noted.</i></b>
<b>EXECUTIVE SUMMARY</b>	<p>Attached for consideration and discussion is the 2014-15 3<sup>rd</sup> Quarter Audit &amp; Review progress report. The report combines the work of the DSFRS Audit &amp; Review Team and the Devon Audit Partnership to provide one comprehensive Internal Audit report.</p> <p>The report provides assurance statements for the audits completed to date and records the progress against the approved 2014-15 Internal Audit Plan.</p> <p>The report provides an overview of the Key Financial Audit work that has been completed in 2014-15.</p> <p>The report provides an overview of the assurance tracking process and the current high priority recommendations that remain as 'open' on the assurance tracker.</p>
<b>RESOURCE IMPLICATIONS</b>	Nil.
<b>EQUALITY RISKS AND BENEFITS ASSESSMENT (ERBA)</b>	Not applicable.
<b>APPENDICES</b>	Nil.
<b>LIST OF BACKGROUND PAPERS</b>	<p>Audit &amp; Review 2014-15 Plan</p> <p>Audit &amp; Review Service Policy</p>

## **1. INTRODUCTION**

- 1.1 The 2014/15 Internal Audit Plan was approved by the Audit and Performance Review Committee on 7 May 2014. The plan sets out the combined scope of internal audit work to be completed by the Audit & Review Team and the Devon Audit Partnership.
- 1.2 The Audit & Review Team and the Devon Audit Partnership are accountable for the delivery of the plan and the policy includes the requirement to report progress to the Audit and Performance Review Committee at least three times per year.
- 1.3 All Internal Audit reports, Plans and Service Policy are available on the intranet and can be accessed using the following link:  
<http://intranet/Departments/SPRD/RiskandReview.asp>
- 1.4 The key objective of this report is to provide the Audit and Performance Review Committee with a progress report against the plan.
- 1.5 The report includes an overview of the Key Financial Audit work that has been completed in 2014-15.
- 1.6 The report also includes an overview of the assurance tracking process and the current high priority recommendations that remain as 'open' on the assurance tracker.

## **2. ASSURANCE STATEMENTS**

- 2.1 One of the key roles of Internal Audit is to provide independent assurance as to how effectively risks are managed across the organisation.
- 2.2 The following assurance statements have been developed to evaluate and report audit conclusions:

### **★★★★ High Standard**

The system and controls in place adequately mitigate exposure to the risks identified. The system is being adhered to and substantial reliance can be placed upon the procedures in place. Only minor recommendations aimed at further enhancing already sound procedures.

### **★★★ Good Standard**

The systems and controls generally mitigate the risk identified but a few weaknesses have been identified and / or mitigating controls may not be fully applied. There are no significant matters arising from the audit and the recommendations made serve to strengthen what are mainly reliable procedures.

### **★★ Improvements Required**

In our opinion there are a number of instances where controls and procedures do not adequately mitigate the risks identified. Existing procedures need to be improved in order to ensure that they are fully reliable. Recommendations have been made to ensure that organisational objectives are not put at risk.

★ Fundamental Weakness Identified

The risks identified are not being controlled and there is an increased likelihood that risks could occur. The matters arising from the audit are sufficiently significant to place doubt on the reliability of the procedures reviewed, to an extent that the objectives and/or resources of the Authority may be at risk, and the ability to deliver the service may be adversely affected. Implementation of the recommendations made is a priority.

3. **PROGRESS AGAINST THE 2014-15 PLAN**

<b>Audit Area</b>	<b>Progress</b>	<b>Assurance Statement</b>
<b>Audit &amp; Review Team</b>		
Area Command - Advocates	Final Report	★★ Improvements Required
Protection	Final Report	★★★ Good Standard
HR Workforce Planning – Leavers Process	Final Report	N/A – A review of the leaver process against the requirements of the ISO 27001 Information Security Management standard.
Programme Management	Draft Report	
Area Command – Fire Fighter Safety	Assurance Map has been subject to on-going monitoring and will be refreshed in March 2015.	
Area Command – Emergency Response Standards	Testing	
Area Command – Incident Command	Testing	
Prevention – Children & Young People	Scoping. To be completed in Feb / March 2015.	
Emergency Call Incident Support	Scoping. To be completed in Feb / March 2015.	
Training – Fire Fighter School	Scoping. To be completed in Feb / March 2015.	
<b>Devon Audit Partnership</b>		
Key Financial Systems:		
<ul style="list-style-type: none"> <li>• Main Accounting (including Creditors and Debtors)</li> <li>• Treasury Management</li> </ul>	Draft Report	★★★★ High Standard
	Final Report	★★★★ High Standard
Payroll	To be completed in March 2015	
ICT	Scoping. To be completed in March 2015.	

3.1 Given the level of performance, the Audit & Review Team is pleased to report that all audits should have progressed to at least Draft Report by the end of the current financial year.

#### **4. ADDITIONAL WORK COMPLETED**

4.1 The Audit & Review Team and the Devon Audit Partnership have also completed the following additional pieces of review work:

- Annual Statement of Assurance – The Audit & Review Team is responsible for the completion of the DSFRS Annual Statement of Assurance. A combined report has been produced and published that ensures the Accounts and Audit (England) Regulations 2011 and CLG requirements are met.
- Fire Peer Challenge – The Audit & Review Team have played a key role in co-ordinating the Fire Peer Challenge (OpA) prior to the Peer Challenge visit in September 2014. This has included the production of key self-assessment documents, supporting evidence and preparing for the Peer Challenge visit.
- Capital Programme Review – The Audit & Review Team has completed a review of the Capital Programme. The main focus of the review looked at the governance and monitoring arrangements in place for approving and managing the Capital Programme.
- Capital Funding Grant - The Audit & Review Team is responsible for auditing the Capital Funding Grant and signing the return to CLG to confirm that the grant has been used in accordance with guidelines.
- Exptel Contract Review – Following a request from APRC, the Audit & Review Team has completed a review of the contract for managing accommodation and travel costs.
- Severn Park Contract Review – Following a request from the Head of Training, Safety and Assurance, the Audit & Review Team has completed a review of the Severn Park training contract.
- Retained Pension Calculations - The Pay & Conditions Manager requested some audit days from the 2014-15 Audit & Review annual audit plan to provide a level of assurance relating to the accuracy of the retained pension calculations.
- Car Hire Schemes – The Authority Solicitor requested some audit days from the 2014-15 Audit & Review annual audit plan to support the review of the car hire schemes. The review has focused upon the CCH and Provided schemes with a draft report is in the process of being written.
- Seconded Posts – The Staff Officer requested some audit days from the 2014-15 Audit & Review annual audit plan to complete a review of staff secondments to external organisations.
- Facing the Future – The Audit & Review Team has supported the Staff Officer to complete a follow up review of Sir Ken Knights Facing the Future report.
- Glastonbury Festival Stock Take – The Audit & Review Team have supported the Glastonbury Festival Project Team to implement a regular stock take procedure.
- NFI Data Matching – The Audit & Review Team co-ordinate the NFI data matches. The 2014 submissions are to be made in October 2014.
- On-going Audit Advice and Guidance – The Audit & Review Team provide on-going audit advice and guidance in relation to all Internal and External Audit matters.

## **5. 2014-15 KEY FINANCIAL SYSTEMS AUDIT WORK**

### **5.1 Main Accountancy**

#### **★★★★ High Standard**

- 5.1.1 The risks associated with the Main Accounting System were found to be well controlled. A number of minor observations were made in order to help improve the controls still further.
- 5.1.2 The Audit and Review Team was asked specifically to review a recently introduced process regarding the authorisation of requisitions to raise purchase orders over £50,000. Observations were made together with a recommendation regarding this which may require discussion between the Heads of Finance and Procurement.
- 5.1.3 Specific details of the work undertaken are outlined below:

### **5.2 Budget Management (High Standard)**

- 5.2.1 This work involved checking that budgets set are adequately approved and that any changes made were approved. It was found that controls were adequate, however, the budget uploaded onto Integra was £200 more than the approved budget, but this is not considered a material amount. Some recommendations were made regarding the need for a reconciliation of the approved budget with that uploaded on Integra.
- 5.2.2 Also it was found that different virement forms were being used and it has been recommended that the older forms are no longer used. Authorisations from the Resources Committee or the Full Authority could not be evidenced when required for some changes and this should be undertaken in relation to the Financial Regulations and evidence placed on file.

### **5.3 Variations (overspends & under spends) in Budgets (High Standard)**

- 5.3.1 The Team checked that the monitoring of budgets for revenue and capital expenditure takes place by reviewing a suitable sample of transactions and also that variance reports were made available and were being reviewed.
- 5.3.2 It was found that the agreed recommendations made in 2013/14 to modify the budget monitoring process to include sum checks when extracting and compiling the data from the MIS system have not been implemented. Consequently this action has been recommended again.

### **5.4 Financial Data (High Standard)**

- 5.4.1 The Team reviewed the Journal input into the main accounting system, to make sure it was complete, had supporting evidence, was authorised and controlled. Also we tested to ensure that the system brings forward automatically the year end balances.
- 5.4.2 It was found that debit and credit transactions for 2013/14 balanced to zero and opening balances in 2014/15 were brought forward accurately. Journal Transfers are adequately controlled and have been found to be appropriate and completed accurately. However it was found that journal forms were not completed for all journal entries and so we recommended that a journal request/record form should be completed for all journals and the completed journal form and supporting documentation should be held on file for all journal transfers.



## **5.5 Completeness of Financial Data (High Standard)**

- 5.5.1 The review included checking the controls for suspense and control accounts, ensuring that they are regularly reviewed and cleared. It was verified that the Integra system has an established year end process that is completed and documented. We ensured that the Finance team undertake an independent check of payroll transactions.
- 5.5.2 It was found that control and suspense accounts are adequately monitored, although not in a consistent way, for example, a spreadsheet is used to monitor Precepts and Business Rate Retention but Business Rate top ups and the Revenue Support Grant are checked off against a paper document; consequently we have recommended that a standard approach is used. It was found that recommendations made last year regarding the rationalisation of unused control account codes have not been actioned, although Capita are due to visit the Service shortly to update the Integra system and these will be considered at that that time.

## **5.6 Undetected Errors or Fraud (High Standard)**

- 5.6.1 A substantial amount of work was undertaken in this area including:
- i. Checking that reconciliations are undertaken between automatic and manual interfacing systems.
  - ii. Ensuring that there is segregation of duties with regard to feeder systems and the General Ledger.
  - iii. Assuring that periodic cash/bank reconciliations are prepared and reviewed.
  - iv. Assuring that periodic payroll reconciliations are prepared and reviewed.
  - v. Ensuring that access to the Finance system is suitably restricted.
  - vi. Checking that a finance systems manual exists and is available to all key staff.
- 5.6.2 No recommendations were made as all areas were found to be satisfactory.

## **5.7 Creditor Payments (High Standard)**

- 5.7.1 The Team undertook assurance on the following controls:
- i. Integra has an accounts/ payable module.
  - ii. Supplier records can only be set up and amended by Finance or Procurement.
  - iii. Creditor payments are reviewed to identify potential duplicate payments.
  - iv. Reconciliations of the payment file are completed prior to the payments being released.
  - v. VAT returns are completed regularly and promptly.
  - vi. Regular reports are run to ensure that the authorisation hierarchy is functioning correctly.
  - vii. Purchase cards are adequately controlled.
  - viii. Purchase orders for over £50,000 are authorised by two officers – a new requirement.

5.7.2 The Team found that creditor payments are suitably managed and controlled but we are uncertain that purchase orders over £50,000 being authorised by two officers is necessary. Further clarification is needed about the differences between financial and procurement regulations.

## **5.8 Debtor Income (High Standard)**

5.8.1 This work covered:

- i. Ensuring that debtor invoices are produced by the system and are sufficiently detailed.
- ii. Establishing that debtor invoices are raised for income due to the Authority.
- iii. Ensuring that aged debt is suitably monitored and pursued.
- iv. Seeking evidence that the raising of credit notes relating to debtor invoices can only be carried out by the Finance team.
- v. Ensuring that write – offs are suitably controlled.

5.8.2 It was confirmed that debtor income is adequately controlled with VAT being treated correctly and aged debt being suitably monitored and is not excessive.

## **5.9 Treasury Management**

### **★★★★ High Standard**

5.9.1 The Devon and Somerset Fire and Rescue Authority (DSFRA) as a public authority, has a statutory requirement to borrow or invest money for the purpose of prudent management of its financial affairs. The Chartered Institute of Public Finance and Accountancy, CIPFA, has issued guidelines to assist Authorities to maximise the returns available, whilst also ensuring both security and liquidity are paramount in the Treasury Management function. The DSFRA Treasury Management Policy and Strategy meet these requirements as set out.

5.9.2 In the course of our audit it was established that there is clear reporting to Scrutiny and Full Committee as per policy and strategy. The Authority has again approved the use of Capita services, using their advisory arm "Sector", to assist the Authority to achieve its stated aims. We found that the contract extension has been signed until May 2015.

5.9.3 It was noted that as reported to the Committee that the Authority promptly repaid a loan to the Public Works Loan Board as scheduled. This demonstrates that the Authority has sound controls in place to ensure that its obligations further to these loans are met.

5.9.4 It was good to see that the minor recommendations of the previous audit had been put in place. Also the Finance Team had enhanced their own existing procedures, to incorporate independent checking of the Authority's daily cash flow and monitoring of partial withdrawals from their bank call and deposit accounts.

5.9.5 This audit confirms that there are sound and effective controls in place to comply with the Authority's obligations for Treasury Management.

5.9.6 Specific details of our work are outlined below:

**Compliance with Treasury Management Statutory Requirements, Regulations and Best Practice (High Standard)**

5.9.7 The work undertaken reviewed the following areas:

- i. The Fire and Rescue Authority approves the strategy and policy including the Prudential Indicators.
- ii. Financial Regulations or Standing Orders stipulate the requirements for investments and borrowing.
- iii. There are documented procedures that clearly define the Treasury Management processes.
- iv. Treasury Management officers are only employed with relevant experience and qualifications.
- v. Treasury Management risks are recorded and mitigated.
- vi. There is adequate separation of duties.
- vii. Treasury Management officers are formally insured to deal, sign deposit confirmations and loan instruments on behalf of the organisation.
- viii. Treasury Management performance is routinely monitored and reported to the Authority's Resources Committee.
- ix. Contractual arrangements with third parties are defined.

5.9.8 We did not find any shortcomings and hence did not have any recommendations to make in this area.

**Financial Management (High Standard)**

5.9.10 The Team reviewed cash flow to ensure that it was accurately predicted, calculated and reported. We checked a sample of transactions for compliance with policy and procedures and that regular and independently reviewed reconciliations are undertaken with all reconciling items investigated and cleared.

5.9.11 All of the testing revealed that there are sound and effective controls in place for the investment function.

**Access to Data (High Standard)**

5.9.12 The work included making sure that access to Treasury Management systems is restricted to authorised personnel only. The access to the system is controlled by ID and passwords. We checked that an information management strategy has been defined which specifies document retention requirements.

5.9.13 Testing confirmed that all controls were operating and were satisfactory.

## 6. ASSURANCE TRACKER

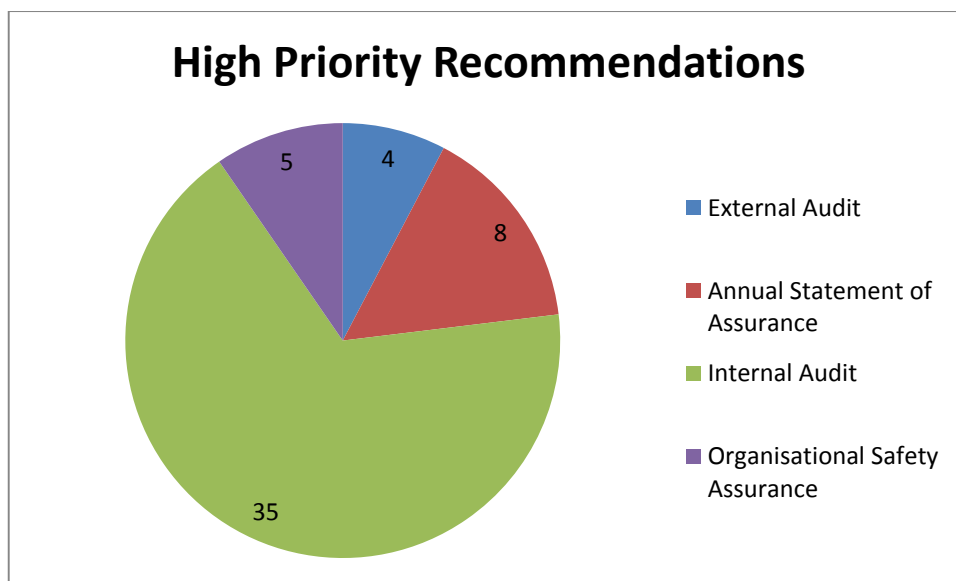
6.1 The Audit & Review Team have designed and rolled out an Assurance Tracking system for managing all recommendations and agreed actions coming out of key assurance activities. The system tracks recommendations at the following assurance levels:

- External Audit
- Annual Statement of Assurance
- Internal Audit (Audit & Review and Devon Audit Partnership)
- Operational Assurance

6.2 The Assurance Tracker has been made available to all Devon and Somerset Fire and Rescue Service (DSFRS) employees through the Service Information Point (SIP).

6.3 The Audit & Review Team are in the process of embedding a quarterly update procedure that sees the export and distribution of outstanding recommendations to service managers to provide an update. This has been aligned to the Corporate Planning process to ensure outstanding recommendations are reviewed alongside departmental plans.

6.4 To ensure that information held on the Assurance Tracker is up to date and relevant, the Audit & Review Team has completed a data cleansing exercise. As a result of this, 298 recommendations are currently showing as outstanding, 52 of these are recorded as high priority.



6.5 A copy of the high risk / priority recommendations have been included at Appendix A to this report.

**7. CONCLUSION & RECOMMENDATIONS**

- 7.1 The Audit Team would like to thank all staff who have worked with us in delivering the audit programme and the willingness to positively engage in the audit process.
- 7.2 The progress made against the agreed Audit Plan will be reported back to the Committee at regular intervals.
- 7.3 It is recommended that the report be noted.

**PAUL HODGSON**  
**Audit & Review Manager**

Assurance Level – External Audit							
Service Area	Audit / Review	Corporate Strategy Priorities	Recommendation / Issue	Management Response & Action	Target Date	Officer Responsible	Audit Year
Finance	External Audit findings 2013-14	3	<p>1. Property Plant and Equipment - Asset Class</p> <p>The Code requires all authorities to value all items within a class of property, plant and equipment simultaneously. This did not happen in 2013/14. The large majority of the Authority's properties are fire stations. As a result the Authority would struggle to value all this class of asset in a single year. It is therefore looking into whether there is any scope to define sub-categories of this asset class to ensure future compliance with the code whilst ensuring that the level of revaluation required each year remains achievable.</p>	<p>Accept.</p> <p>The Authority will discuss the potential classes of asset with the auditors with the aim of complying with the code whilst ensuring value for money is obtained from the valuers.</p>	31/12/2014	Senior Finance Manager	2014/15

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Finance	External Audit findings 2013-14	3	<p>2. Property Plant and Equipment - Fixed Asset Register (FAR)</p> <p>There is a historic difference between the gross book value of assets within the FAR when compared with the financial statements of approx. £12.2m. There is also a difference between the Revaluation Reserve in the FAR and the financial statements of £135k. We recommended that the FAR is revisited to consider how best to correct these historic differences and any resulting adjustments actioned in the 2014/15 financial statement supported by a clear narrative to explain any adjustment.</p>	<p>Accept.</p> <p>The Authority will take on board these observations and will consider how best the FAR can be improved to address these issues.</p>	02/03/2015	Principal Finance Manager	2014/15
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Finance	External Audit findings 2013-14	3	<p>3. Property Plant and Equipment - Carrying value vs Fair value</p> <p>The Authority is required to demonstrate that the carrying amount for Property, Plant and Equipment does not differ materially from the fair value at the end of the reporting period. Subsequent crude analysis by finance staff provided assurance this year, however a more robust process involving greater assurances from the Authority's valuers is recommended for future years.</p>	<p>Accept.</p> <p>The Authority will discuss this issue with the valuers.</p>	31/03/2015	Senior Finance Manager	2014/15
Finance	External Audit findings 2013-14	3	<p>4. Red One</p> <p>The Authority's trading company Red One significantly increased its turnover during 2013/14. Projections for 2014/15 suggest further expansion. The Authority will need to consider the need for group accounts as part of its future year's financial closedown.</p>	<p>Accept.</p> <p>Will be considered as part of next year's financial statements closedown. (Medium categorisation by Grant Thornton. Listed as High priority internally following discussion at APRC meeting 24.09.14)</p>	02/03/2015	Principal Finance Manager	2014/15



Assurance Level – Annual Statement of Assurance							
Service Area	Audit / Review	Corporate Strategy Priorities <sup>1</sup>	Recommendation / Issue	Management Response & Action	Target Date	Officer Responsible	Audit Year
Operational Assets	Annual Statement of Assurance	1,2,3	An operational asset register needs to be developed and embedded to ensure all operational equipment is effectively recorded. This will enable the Service to effectively manage, track and test all operational equipment.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Strategic Assets Manager	2014/15
Community Safety and Risk Reduction	Annual Statement of Assurance	1,3	The Partnership Framework and Supporting Partnership Register need to be embedded. This will enable us to effectively manage our partnership arrangements and apply the relevant level of governance accordingly.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Area Manager - Community Safety	2014/15
Performance	Annual Statement of Assurance	1,2,3	A performance management framework needs to be developed, embedded and aligned to our corporate measures. This will help us to make informed decisions.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Area Manager - Analysis and Development	2014/15

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Community Safety and Risk Reduction	Annual Statement of Assurance	1,2,3	A policy management process needs to be developed and embedded. This will ensure that our existing and developing policies are effectively managed and communicated.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Area Manager - Community Safety	2014/15
Response and Resilience	Annual Statement of Assurance	1,2	<p>The action plan from the 2013-14 Specialist Rescue Audit needs to be progressed to ensure the controls underpinning specialist rescue activities are robust. Improvements relate to:</p> <ul style="list-style-type: none"> <li>- Roll out of new training records system</li> <li>- Maintenance of skills</li> <li>- Review of training delivery</li> <li>- Training records data</li> <li>- Performance management including off the run data</li> <li>- Asset management</li> <li>- Procurement</li> <li>- Activity monitoring</li> <li>- Cover arrangements for managing training</li> <li>- Standard testing policy</li> </ul>	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Response & Resilience Manager	2014/15

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Human Resources	Annual Statement of Assurance	3	<p>There needs to be clear guidance and supporting system controls that underpin the retained additional hours / payments. This is currently being progressed through a working party.</p> <p>It is recommended that this includes</p> <ul style="list-style-type: none"> <li>- corporate guidelines / budgets to be agreed</li> <li>- budget information to be reflected on Gartan)</li> <li>- performance management reports to be run regularly from Gartan to monitor spend against budget</li> <li>- escalation process for high value transactions to be built into Gartan</li> <li>- a suite of exception reports to be regularly produced and reviewed</li> <li>- performance management reports to include periodic benchmarking of station spends</li> </ul>	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	HR Manager	2014/15
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Procurement	Annual Statement of Assurance	3	The contract register needs to be fully populated and embedded with supporting contract management guidance documents published. This will enable us to effectively manage our contracts and apply the appropriate level of governance.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Head of Procurement	2014/15
Risk and Insurance	Annual Statement of Assurance	1,2,3	There needs to be a clear line of reporting risks through to committee. This will enable Members of the Authority to review how risks are managed across the organisation.	Action forms part of the Action Plan that accompanies the 2013-14 Annual Statement of Assurance.	24/09/2015	Area Manager - Analysis and Development	2014/15

Assurance Level – Internal Audit							
Service Area	Audit / Review	Corporate Strategy Priorities	Recommendation / Issue	Management Response & Action	Target Date	Officer Responsible	Audit Year
Finance	Payroll	3	A specific payroll leaver's form should be in use which clearly captures the details required for accurate processing, the authorisation from HR and the details of the P&C officer processing the leaver and the second P&C officer checking the processing.	Similar to the new starter's process but for leavers and to be checked against leaver's spreadsheet on Personnel Admin on HQ11. P&C to maintain leaver's spreadsheet on PA on HQ11 and this to be compared with leaving dates on prism on last day that payroll is open so any mistakes can be rectified if necessary in time for pay run. By 30/06/2013.	30/06/2013	Senior Finance Manager	2012/13
Area Command	Flexi Duty System	1,2,3	It is recognised that a draft FDS policy has recently been published. The on-going challenge will now be to agree the policy and implement the controls. It is recommended that the policy is reviewed with key stakeholders within six months of it being finalised. The review should also ensure that the key control issues identified in the audit report are resolved, including issues relating to: <ul style="list-style-type: none"> <li>- CPD Framework</li> <li>- Time Recording</li> <li>- Use of Gartan</li> </ul>	Agreed.	01/01/2014	Central Area Commander	2012/13

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			- Guidance to define the expectations for managerial duties, positive hours and additional positive hours.				
Area Command	Flexi Duty System	1,2,3	It is recommended that a complete cost benefit analysis as part of a wider review of operational cover and value for money should be completed.	Agreed that a full system review is required. This report will be used to feed into this work.	31/05/2014	Project Manager TBC	2012/13
Area Command	Glastonbury Festival 2013	1,3	It is recommended that an Event Safety Management Policy is published through the formal consultation process.  It is recommended that the absence of an event management service policy document is added to the Glastonbury Festival Risk Register. In addition; this should be escalated to the Risk & Insurance Manager as a key organisational risk with a view to it being added to the Corporate Risk Register.	Agreed.	31/01/2015	Glastonbury Project Manager	2013/14
Community Safety & Risk Reduction	Home Safety	1,3	It is recommended that periodic reporting of HSV performance is included within the corporate performance reports and contains the following:- Performance against likelihood index targets. Performance against 4 week timescale targets.	Agreed and will be a direct outcome of 6.4a.	30/06/2013	CS Prevention Manager & Performance & Audit Manager	2012/13

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Community Safety & Risk Reduction	Advocates	2,3	It is recommended that all advocates are recorded onto i) the Workforce system and ii) the organisational training records system.	Agreed and will liaise with HR to resolve.	01/01/2015	CS Prevention Manager	2014/15
Community Safety & Risk Reduction	Advocates	3	It is recommended that a training framework is developed to include:- <ul style="list-style-type: none"> <li>• Initial advocate induction course</li> <li>• All training requirements per advocate role.</li> <li>• Training Implementation Plans</li> <li>• A centralised skills matrix</li> </ul>	Agreed and is linked to 7.1b.	01/09/2015	CS Prevention Manager	2014/15

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Community Safety & Risk Reduction	Advocates	3	<p>It is recommended that a small working party is set up to review the current advocate pay claim process. The review should include:</p> <ul style="list-style-type: none"> <li>• Compliance with HMRC guidance</li> <li>• The link to the CFRMIS Job Codes</li> <li>• The link to contracts</li> <li>• The recording of unpaid breaks</li> <li>• Timescales for submission</li> <li>• Consistency and access to service forms</li> <li>• Retention of documents</li> </ul>	Agreed and is currently on-going. An automated pay claims form is being considered for roll out.	01/01/2015	CS Prevention Manager	2014/15
Community Safety & Risk Reduction	Protection (Time Recording)	1,2,3	<p>It is recommended that Community Safety – Protection work with the Group Manager - Analysis &amp; Development, to investigate how performance could be monitored through the new performance framework currently being developed.</p>	Agreed. Community Safety Protection Manager will make an appointment with/ GM Analysis and Development to discuss the best approach.	30/11/2015	Community Safety Protection Manager / GM Analysis and Development	2014/15



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Emergency Call Incident Support	Data Quality	1,2	It is recommended that a clear tolerance is established to determine what type of risk information is shared with Fire Control. This should consider expectations as part of the DRA process.	It was discussed and agreed that the ORIS 1 process would benefit from further review to agree the risk information that should be included on turnout sheets. Once this has been agreed, clear end dates and follow ups should be applied (similar to the process for temporary road closures). The Audit & Review Team have agreed to set up a small working party to progress recommendations 7.3a, 7.3b, 7.3c and 7.3d.	31/05/2014	Audit & Review Manager	2013/14
Response & Resilience	Hydrant Management	1,2	It is recommended that the Hydrant Manager produces a DSFRS Hydrant Management plan that clearly sets out the key milestones for collecting all data. This should be regularly reviewed to ensure data is collected in a timely manner.	Expected to be in a position to commence development of plan Jan 2012.	01/07/2012	Hydrant Manager	2011/12

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Response & Resilience	ORIS	2	It is recommended that performance with regard to completion rates for ORIS 1's, SSRI's and re-inspection programmes are periodically reported and that LCPs include ORIS 1 completion targets.	Agreed	30/04/2013	Policy & Planning Officer	2012/13
Response & Resilience	ORIS	2,3	It is recommended that the Protection Group Risk Profiles are used as a tool to demonstrate a joined up approach and help prioritise premises to visit as part of the ORIS process.	Agreed	30/04/2013	Response & Resilience Manager	2012/13
Response & Resilience	Fire Fighter Safety Assurance Map	2	Implement improvement areas from Specialist Rescue audit.	Agreed	On-going	Response & Resilience Manager	2013/14
Response & Resilience	Fire Fighter Safety Assurance Map	2	ORIS 4 data collection has not been completed and remains in progress.	Agreed	On-going	Response & Resilience Manager	2013/14

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Response & Resilience	Fire Fighter Safety Assurance Map	2	Recent audit testing has identified gaps in ORIS 1 and 3 risk information held by Control. There needs to be a regular reconciliation of data between Control and the various Service areas to confirm that data held is consistent.	Agreed	On-going	Response & Resilience Manager	2013/14
Response & Resilience	Fire Fighter Safety Assurance Map	2	There is currently no aide memoire or specific training for managing basement fires.	An aide memoir is now available, the team are considering how to implement due to the OPAP work.	On-going	Response & Resilience Manager	2013/14
Response & Resilience	Fire Fighter Safety Assurance Map	2	There is currently no bespoke training for how to manage high rise incidents.	Agreed	On-going	Response & Resilience Manager	2013/14
Operational Assets	Fleet Development	3	It is recommended that the Operational Assets Manager ensures that a performance management framework is developed and embedded within Fleet Maintenance.	Department looking to install suite of relevant Performance Indicators. Commands notified and requested to provide feedback on their requirements but no response received.	30/11/2012	Fleet Maintenance Manager	2011/12

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Operational Assets	Fleet Development	3	It is recommended that the Fleet & Operational Assets Manager works with SMB to develop a clear Fleet Development Strategy that is linked to: DSFRS Corporate Plan, Strategic Fleet Alignment, change project, LRP change project, Age of current fleet	A recent Atkins review has resulted in proposed change to the structure of the Fleet Team. It was agreed that there is further work required to develop a Fleet Development Strategy, however at the current time it is unclear who will take this forward. The Response & Resilience Manager has been identified as the Lead Officer in the interim.	31/10/2014	Response & Resilience Manager	2012/13
Operational Assets	Fleet Development	3	It is recommended that the Fleet & Operational Assets Manager ensures that a business case template is completed to support all fleet development projects. This should include: The current level of service delivery, an evaluation of all proposed solutions, the preferred solution, a clear authorisation	The recent Atkins review has resulted in proposed change to the structure of the Fleet Team. The Response & Resilience Manager has been identified as the Lead Officer in the interim.	31/10/2014	Response & Resilience Manager	2012/13

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Operational Assets	Fleet Development	3	It is recommended that the Operational Assets Manager ensures that a performance management framework is developed and embedded within Fleet Development.	This work is on-going. Data is being collected with the Finance and Performance Teams providing additional support. It is expected that performance will be formally reported from the financial year 2014-15.	30/04/2014	Fleet & Operational Assets Manager	2012/13
Organisational Safety Assurance	Operational Assurance	1,2	It is recommended that the Organisational Safety Assurance Manager ensures that the Incident Monitoring Policy and supporting Technical Guidance Documents and Operational Assurance Framework document are communicated and published as a priority.	Agreed	25/09/2014	Operational Assurance Manager	2013/14
Organisational Safety Assurance	Operational Assurance	1,2,3	It is recommended that the Organisational Assurance Manager ensures that a suite of Operational Assurance Performance measures are rolled out as a priority. These should be linked to the recently completed Fire Fighter Safety Assurance Mapping exercise.	Agreed – however will be dependent on available supporting resources from the data hub and Group Commanders. Project to be scoped during August 2014 and project plan developed. Review within 12 months.	31/08/2015	Operational Assurance Manager	2013/14

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<p>Training &amp; Development</p>	<p>Performance Management</p>	<p>2,3</p>	<p>It is recommended that the Workforce Development Manager ensures that a more effective T&amp;D performance framework is rolled out and aligned to the individual training strategies. The design of the new framework should include the input from key training leads and utilise the output from the workshop. The framework should also include the following controls:</p> <ul style="list-style-type: none"> <li>· SMART Targets</li> <li>· Built into the new ICT system</li> <li>· Regular production of performance data and a clear line of reporting.</li> <li>· A regular process for utilising performance outturns to refine and improve T&amp;D processes.</li> <li>· A robust process for quality assuring its activities.</li> </ul> <p>To be reviewed within 12 months.</p>	<p>Agreed. The Workforce Development Manager is to develop a new performance framework as part of the Training Strategy Group (TSG). It is proposed that a small working group will work with the Performance Management Team to develop the new T&amp;D performance framework. This is going to be discussed and approved at the next TSG meeting in January 2012.</p>	<p>01/04/2013</p>	<p>Workforce Development Manager</p>	<p>2011/12</p>
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Training & Development	BA Training	2	It is recommended that the Training Academy Manager works with the BA Training School Manager to develop a performance management framework. A key suite of performance measures should be embedded into the existing management system.	The development of performance indicators is being reviewed across the Training Academy. Responsibility for leading this piece of work has been clearly assigned and work is on-going.	30/04/2013	Training Academy Manager	2012/13
Training & Development	Fire Fighter Safety Assurance Map	2	Implement improvement areas from the Training & Competence - Ops Assurance themed audit.	Agreed	On-going	Head of Training, Safety & Assurance	2013/14
Training & Development	Fire Fighter Safety Assurance Map	2	Develop stronger links to align the maintenance of skills process to station risk profiles.	Agreed	On-going	Head of Training, Safety & Assurance	2013/14
Training & Development	Fire Fighter Safety Assurance Map	2	Level 1 Incident Command - A periodic requalification and assessment process needs to be embedded.	Requalification courses have been written for L1 and L2/3. The team have written 10 Rescue Sim scenarios. Assessments are being developed for the Principle Officers. Progressing is being , made with the hardware infrastructure through Ian Smith and there is confidence in what will be delivered for next year's annual training plan. The team is awaiting an additional WMB (the last applicants were not suitable). A non-uniform facilitator role is being investigated.	On-going	Head of Training, Safety & Assurance	2013/14

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Training & Development	Fire Fighter Safety Assurance Map	2	Level 2 Incident Command - A periodic requalification and assessment process needs to be embedded.	As above	On-going	Head of Training, Safety & Assurance	2013/14
Training & Development	Fire Fighter Safety Assurance Map	2	Levels 3 & 4 Incident Command - A periodic requalification and assessment process needs to be embedded.	As above	On-going	Head of Training, Safety & Assurance	2013/14
Training & Development	Fire Fighter Safety Assurance Map	2	Review how often is BA wearing practiced on station?	Agreed	On-going	Head of Training, Safety & Assurance	2013/14
Training & Development	Fire Fighter Safety Assurance Map	2	ICS School are developing courses for IC training; this needs to be rolled out.	Agreed	On-going	Head of Training, Safety & Assurance	2013/14
Procurement	Procurement Systems and Processes	3	It is recommended that the Procurement Manager reviews and updates the current Procurement & Contract Regulations. As part of this process, a specific Procurement Strategy and Framework should be developed that sets out how procurement is to be managed across the service. To be reviewed within 12 months.	The recommendation will be included and resolved during the business transformation project.	31/08/2011	Procurement Manager	2010/11
Performance	Performance Information	3	It is recommended that the Data Hub Manager ensures that a clear QA framework is developed and embedded as a priority. This should include the following steps: Completing a Capability /	Agreed. Work has already commenced with this and a resource appointed to complete the task.	31/03/2014	Data Hub Manager	2013/14



			<p>Capacity Review, Identifying the QA checks to be included, Agreeing the frequency of checks, Designing a recording tool.</p> <p>The framework should also include the periodic checking / validation of SQL queries.</p>				
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Assurance Level – Organisational Safety Assurance							
Service Area	Audit / Review	Corporate Strategy Priorities	Recommendation / Issue	Management Response & Action	Target Date	Officer Responsible	Audit Year
Organisational Safety Assurance	MDT Targeted Audit	1,2	Immediate: Clarification around users and competency in conjunction with a clear training implementation plan and ongoing maintenance of skills expectations. Question: Is it reasonable to expect all RDS staff to maintain competence or should training be targeted given the time restraints/technical knowledge and risk critical nature?	Although there is no current policy, there is an expectation that all frontline operational staff will be competent in the use of the MDTs. This is regardless of duty system, role and location.	28/02/2014	Response & Resilience	2013/14
Organisational Safety Assurance	MDT Targeted Audit	1,2	Immediate: All site specific risk information in hard copy form should be removed in accordance with previous correspondence by Response & Resilience (Malcolm Carmichael). The majority of this task has been completed during the audit but a follow up sweep needs to be completed by Service Delivery/Operational Assurance.	Current Situation: A wide variety of hard copy information was found on appliances across the whole organisation. This included old pre-combination risk information, recent SSRIs and local historical risk information such as Butlins at Minehead and village water maps. Operational crews and Auditors felt some of the hard copy information kept on appliances did have a value i.e. SSRIs in development, roadwork plans etc.	28/02/2014	Service Delivery / Ops Assurance	2013/14

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Organisational Safety Assurance	SHaCS Level 1 Follow up Audit	1,2	Response & Resilience should ensure 'Vehicle Warning Signs' are finalised and issued to SHaCS packs as a priority. The signs should then be made available for replacement through stores.	The vehicle warning signs have been made up, and are currently being sent out to all stations	On-going	Response & Resilience	2014/15
Organisational Safety Assurance	SHaCS Level 1 Follow up Audit	1,2	The recommendations above relating to the SHaCS Manual (in Red – No action) should be addressed as a priority.	Access & Rescue School to undertake review of the SHaCS manual and update	31/12/2014	Specialist Capabilities Manager	2014/15
Organisational Safety Assurance	SHaCS Level 1 Follow up Audit	1,2,3	Recommendations from all future targeted audits should be agreed with stakeholders prior to publication of the report, with action plans agreed to enable ongoing monitoring of progress.	Prior to publication of all future audit reports the draft copy will be circulated to all relevant stakeholders to confirm agreement with the recommendations for which they have responsibility and to provide an outline of the proposed action plan and deadline.	On-going	Operational Assurance	2014/15

1 Corporate Strategy Priorities - key

1 Improve Public Safety; 2 Improve Safety of Staff; 3 Become more Efficient and Effective

<b>REPORT REFERENCE NO.</b>	<b>APRC/15/03</b>
<b>MEETING</b>	<b>AUDIT AND PERFORMANCNE REVIEW COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>6 FEBRUARY 2015</b>
<b>SUBJECT OF REPORT</b>	<b>DEVON AND SOMERSET FIRE AND RESCUE SERVICE PERFORMANCE REPORT: APRIL TO DECEMBER 2014</b>
<b>LEAD OFFICER</b>	<b>Director of Operations</b>
<b>RECOMMENDATIONS</b>	<i>That the report be noted.</i>
<b>EXECUTIVE SUMMARY</b>	Attached for consideration and discussion is the Performance Report: April – December 2014 (Quarter 3) for Devon and Somerset Fire and Rescue Service. The report looks at a summary of the corporate measures, and the performance and progress against them in 2014/15. The Director of Operations will report at the meeting on the Service's performance against the targets set out within the Corporate Plan for 2013/14 to 2014/15.
<b>RESOURCE IMPLICATIONS</b>	None
<b>EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)</b>	None
<b>APPENDICES</b>	Devon and Somerset Fire and Rescue Authority Performance Report: April – December 2014 (attached and page numbered separately).
<b>LIST OF BACKGROUND PAPERS</b>	Devon and Somerset Fire and Rescue Authority Corporate Plan 2013/14 – 2014/15