



EAST SUSSEX FIRE AUTHORITY

SCRUTINY & AUDIT PANEL

THURSDAY 2 NOVEMBER 2017 at 10:00

MEMBERS

East Sussex County Council

Councillors Galley, Lambert, Osborne, Sheppard, Taylor

Brighton and Hove City Council

Councillors Peltzer Dunn, Penn

You are requested to attend this meeting to be held at County Hall, St Anne's Crescent, Lewes, East Sussex BN7 1UE at 10:00 hours.

AGENDA

Item No.	Page No.	
120.	1	In relation to matters on the agenda, seek declarations of interest from Members, in accordance with the provisions of the Fire Authority's Code of Conduct for Members
121.	1	Apologies for Absence
122.	1	Notification of items which the Chairman considers urgent and proposes to take at the end of the agenda/Chairman's business items (Any Members wishing to raise urgent items are asked, wherever possible, to notify the Chairman before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently)
123.	3	<u>Non-confidential Minutes of the last Scrutiny & Audit Panel meeting held on 14 September 2017</u> <i>(copy attached)</i>

Item No.	Page No.	
124.	2	Callover.
		The Chairman will call the item numbers of the remaining items on the open agenda. Each item which is called by any Member shall be reserved for debate. The Chairman will then ask the Panel to adopt without debate the recommendations and resolutions contained in the relevant reports for those items which have not been called
125.	9	<u>Annual Audit Letter – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
126.	37	<u>Governance Review Proposal – Report of the Interim Assistant Chief Fire Officer</u> <i>(copy attached)</i>
127.	43	<u>IT Strategy Update – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
128.	51	<u>Performance Report 2017/18 – Quarter 2 – Report of the Assistant Director Planning & Improvement</u> <i>(copy attached)</i>
129.	69	<u>Corporate Projects Progress Report 2017/18 – Quarter 2 – Report of the Interim Assistant Chief Fire Officer</u> <i>(copy attached)</i>
130.	79	<u>2017/18 Second Quarter Corporate Risk Register Review – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
131.	95	<u>2017/18 Health and Safety Statistics Report - Quarter 2 – Report of the Assistant Director Training & Assurance</u> <i>(copy attached)</i>
132.	2	Exclusion of the Press and Public.
		To consider whether, in view of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the remainder of the meeting on the grounds that, if the public and press were present, there would be disclosure to them of exempt information.
		NOTE: Any item appearing in the confidential part of the Agenda states in its heading the category under which the information disclosed in the report is confidential and, therefore, not available to the public.
133.	101	<u>Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 14 September 2017</u> <i>(copy attached)</i>
134.	103	<u>Internal Audit Review of Cyber Security - Update - Confidential Report of the Assistant Director Resources/Treasurer</u> (Exempt category under paragraph 7 of the Local Government Act 1972) <i>(copy attached)</i>

ABRAHAM GHEBRE-GHIORGHIS
Monitoring Officer
East Sussex Fire Authority
c/o Brighton & Hove City Council

EAST SUSSEX FIRE AUTHORITY

Minutes of the meeting of the SCRUTINY & AUDIT PANEL held at County Hall, St.Anne's Crescent, Lewes, East Sussex at 10:00 hours on Thursday, 14 September 2017.

Members Present: Councillors Barnes, Galley, Lambert, Peltzer Dunn, Penn and Taylor.

Councillor Barnes attended the meeting in place of Councillor Sheppard, having been nominated by the Group Leader and approved by the Deputy Monitoring Officer.

Also Present: Ms. D. Whittaker (Interim Chief Fire Officer), Mr. M. Andrews (Interim Deputy Chief Fire Officer), Mr. M. O'Brien (Interim Assistant Chief Fire Officer), Ms. E. Woodley (Deputy Monitoring Officer), Mr. D. Savage (Assistant Director – Resources/Treasurer), Mrs. L. Ridley (Assistant Director – Planning and Improvement), Mr. D. Drummond (Interim IT Manager), Mr. G. O'Reilly (Operations Manager), Mrs. S. Milner (Performance Analyst), Mr. P. King (Ernst & Young), Ms. H. Lill (Ernst & Young), Mr. R. Sutton (East Sussex County Council), Ms. J. Knightley (East Sussex County Council), Mrs. K. Ward (Clerk to the Fire Authority).

104. **DECLARATION OF INTERESTS**

104.1 It was noted that, in relation to matters on the agenda, no participating Member had any interest disclosable in accordance with the provisions of the Fire Authority's Code of Conduct for Members.

105. **APOLOGIES FOR ABSENCE**

105.1 Apologies for absence were received from Councillor Sheppard.

106. **NOTIFICATION OF ITEMS WHICH THE CHAIRMAN CONSIDERS URGENT / CHAIRMAN'S BUSINESS**

106.1 There were none.

107. **NON-CONFIDENTIAL MINUTES OF THE SCRUTINY & AUDIT PANEL MEETING HELD ON 24 JULY 2017.**

107.1 **RESOLVED** – That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 24 July 2017 be approved as a correct record and signed by the Chairman. (Copy in Minute Book).

108. **CALLOVER**

108.1 Members reserved the following items for debate:

110. External Auditor's Audit Results Report (ISA 260) and Statement of Accounts 2016/17.

111. 2017/18 1st Quarter Performance Results.

112. 2017/18 1st Quarter Corporate Projects Progress Report

114. Fatal Accident Fires Report 2016/17

RESOLVED – That all other reports be resolved in accordance with the recommendations as detailed below.

109. **APPOINTMENT OF EXTERNAL AUDITORS**

109.1 Members considered a report of the Assistant Director – Resources / Treasurer which consulted the Panel on Public Services Audit Appointments Limited's (PSAA) proposal to appoint Ernst & Young (EY) LLP as the Service's external auditors from 1 April 2018. (Copy in Minute Book).

109.2 **RESOLVED** – That the Panel accept Public Sector Audit Appointment Limited's (PSAA) proposal to appoint EY LLP as the Authority's external auditors from 1 April 2018.

110. **EXTERNAL AUDITOR'S AUDIT RESULTS REPORT (ISA 260) AND STATEMENT OF ACCOUNTS 2016/17)**

110.1 Members considered a report of the Assistant Director – Resources / Treasurer which presented the results of the External Auditor's Results Reports (ISA 260) and to report an unqualified opinion on the Authority's 2016/17 Statement of Accounts. (Copy in Minute Book).

110.2 Members were introduced to Hannah Lill, Engagement Officer with Ernst & Young, who would be taking over from Kris McGrath. It was acknowledged that whilst the report was lengthy, it was standard and the Panel were asked to consider the accounts and authorise the signing of the letter.

110.3 Ernst & Young were expected to issue an unqualified opinion. No material issues had been identified and there were no recommendations for improvement nor specific issues that would require a response within the Letter of Representation.

110.4 The Treasurer was pleased with the report and highlighted that it was a good reflection of the staff involved in its production, particularly given the loss of some staff when headquarters moved.

110.5 Councillor Galley raised a query with the figures contained on Page 25 of the report and asked Officers to elaborate. Both he and Councillor Barnes felt the report wasn't worded in a way that a lay person would be able to understand and they requested Officers revise the wording for the published version.

110.6 **RESOLVED** – that the Panel:

- i) authorise the Chairman of the Panel and the Assistant Director - Resources / Treasurer to sign the formal letter of representation to the External Auditor; and
- ii) approve the 2016/17 Statement of Accounts for publication.

111. **2017/18 1ST QUARTER PERFORMANCE REPORT**

111.1 Members considered a report of the Assistant Director – Planning & Improvement which presented the 1st quarter performance results for 2017/18. (Copy in Minute Book).

- 111.2 Officers informed Members that in Quarter 1 of 2017/18 there had been an increase of 24 accidental dwelling fires, 90 in total, which could not be directly attributed to the increase in incidents experienced since the Grenfell Towers Fire. An Accidental Dwelling Fire Working Group has been established to develop behaviour change campaigns and to find ways to target and engage with people.
- 111.3 In the first quarter, officers reported a slight decline from 94.5% to 91% in performance when responding quickly to a fire to stop it spreading from the room it started in comparison to the previous year, whilst 91.4% of home safety visits to vulnerable people within the community was delivered.
- 111.4 Sickness absence declined slightly with 2.5 shifts lost as opposed to 2.3 with long term sickness being the biggest contributor. A reviewed focus in this area has seen a package of groups and support mechanisms to proactively deal with sickness. An internal audit will be taking place to assess the adequacy of policy and procedure, and compliance with this, in relation to the management of sickness absence with East Sussex Fire Authority, including phased return to work/effective use of light duties and the accrual of annual leave through sickness.
- 111.5 Councillor Peltzer Dunn requested that it would be helpful if sickness reporting could distinguish between short term absence and long term as the figures appeared disproportionate. Councillors also suggested that the figures could be further broken down by distinguishing between support staff and fire fighters and whether the absence was due to physical or mental issues.
- 111.6 **RESOLVED** – That the Panel:
- i) has considered the 2017/18 performance results for Quarter 1 as set out in Appendix A and the exceptions report as set out in Appendix B; and
 - ii) agree the prioritisation of work in seven areas. Two additional areas to the five priority areas that the Fire Authority has already identified as areas of significance.

112. **2017/18 1ST QUARTER CORPORATE PROJECTS PROGRESS REPORT**

- 112.1 Members considered a report of the Interim Assistant Chief Fire Officer which set out the progress made in the first quarter 2017/18 in relation to the Fire Authority's corporate projects and to seek the Panel's views on which key projects it would like to receive more detailed briefings on at a future meeting. (Copy in Minute Book).
- 112.2 An update on the Sussex Control (SCC); Information Management Department (IMD) Transformation; Service HQ (SHQ) Relocation; Bridging the Savings Gap; Emergency Services Mobile Communication Programme (ESMCP); Respiratory Protective Equipment (RPE); Firewatch; and Procurement Cards was provided.
- 112.3 Members discussed whether reports were still required and whether a few lines in the form of an update would be more relevant. Members agreed that they would continue to receive reports until the project had been reported as complete.

- 112.4 **RESOLVED** – That the Panel:
- i) note the progress made in the first quarter 2017/18 in relation to the Fire Authority’s corporate projects; and
 - ii) receive more detailed briefings on the projects noted with the report.
113. **2017/18 1ST QUARTER HEALTH, SAFETY & WELL-BEING PERFORMANCE REPORT**
- 113.1 Members considered a report of the Interim Assistant Chief Fire Officer which presented the Quarter 1 Health & Safety statistics. (Copy in Minute Book).
- 113.2 **RESOLVED** – That the Panel:
- i) considered the 1st quarter health & safety statistics set out within the report; and
 - ii) continue to monitor and scrutinise performance over the year.
114. **FATAL FIRE REVIEW REPORT FOR 2016/17**
- 114.1 Members considered a report of the Interim Deputy Chief Fire Officer which outlined the circumstances and outcomes of fatal accidental dwelling fires during 2016/17 and introduced a revised fatal fire review process. (Copy in Minute Book).
- 114.2 There were three fatal accidental dwelling fires during the performance year 2016/17. Officers had examined the circumstances leading up to each incident and for two of the incidents, there appear to have been no obvious opportunities to intervene, whilst the third provided a review of information sharing and improved collaboration between agencies.
- 114.3 The Service was proposing a Fatal and Serious Incident Review Manual Note which would provide a mechanism for greater analysis of incidents to ensure greater sharing of information to reduce risk.
- 114.4 The Deputy Chief Fire Officer advised Members that it was difficult to identify trends, but that Community Safety were involved to see if any lessons could be learnt.
- 114.5 **RESOLVED** – That the Panel:
- i) note the report; and
 - ii) approve the principles of the revised fatal and serious fire review policy outlined within Section 3 (paragraph 3.5) of the report.
115. **2016/17 ANNUAL REPORT OF THE ESFRS LOCAL FIREFIGHTERS’ PENSION BOARD**
- 115.1 Members considered a report of the Assistant Director – Human Resources & Organisational Development which informed Members of the matters considered by the Pension Board during 2016/17. (Copy in Minute Book).
- 115.2 **RESOLVED** – That the report be noted.

116. **EXCLUSION OF THE PRESS AND PUBLIC.**

116.1 **RESOLVED** – That items 117, 118, 119 be exempt under paragraph 3 and 7 of Schedule 12A to the Local Government (Access to Information) (Variation) Order 2006 and, accordingly, is not open for public inspection on the grounds that it includes information relating to the financial or business affairs of any particular person (including the Authority holding that information) and that it includes information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

The meeting concluded at 11:38 hours

Signed

Chairman

Dated this

day of

2017

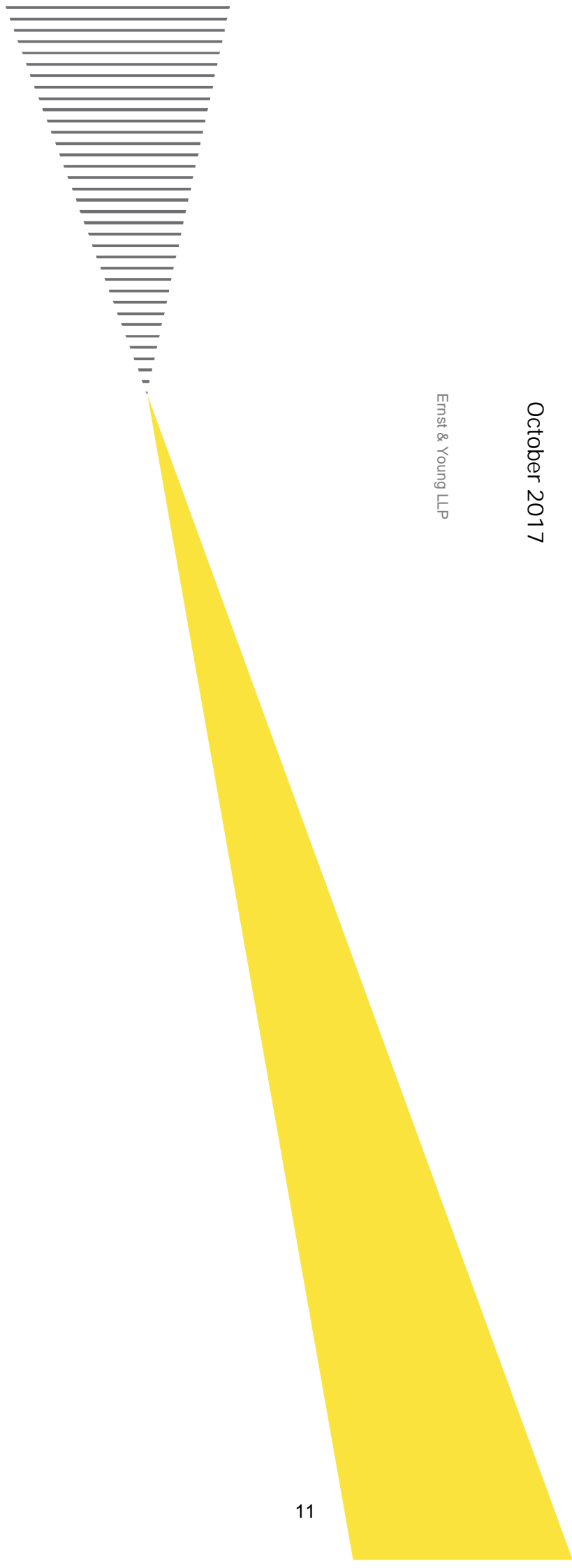
ABRAHAM GHEBRE-GHIORGHIS
Monitoring Officer
East Sussex Fire Authority
c/o Brighton & Hove City Council

East Sussex Fire Authority

Annual Audit Letter for the year ended 31 March 2017

October 2017

Ernst & Young LLP



Contents

Executive Summary	2
Purpose.....	5
Responsibilities.....	7
Financial Statement Audit	10
Value for Money	15
Other Reporting Issues.....	18
Focused on your future.....	21
Appendix A Audit Fees	23

Public Sector Audit Appointments Ltd (PSAA) have issued a "Statement of responsibilities of auditors and audited bodies". It is available from the Chief Executive of each audited body and via the PSAA website (www.psa.co.uk)

The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The "Terms of Appointment (updated 23 February 2017)" issued by PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Annual Audit Letter is prepared in the context of the Statement of responsibilities. It is addressed to the Members of the audited body, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.



Executive Summary

Executive Summary

We are required to issue an annual audit letter to East Sussex Fire Authority (the Authority) following completion of our audit procedures for the year ended 31 March 2017.

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
<p>Opinion on the Authority's</p> <ul style="list-style-type: none"> ▶ Financial statements ▶ Consistency of other information published with the financial statements 	<p>Unqualified - the financial statements give a true and fair view of the financial position of the Authority as at 31 March 2017 and of its expenditure and income for the year then ended</p> <p>Other information published with the financial statements was consistent with the Annual Accounts</p>
<p>Concluding on the Authority's arrangements for securing economy, efficiency and effectiveness</p>	<p>We concluded that you have put in place proper arrangements to secure value for money in your use of resources</p>
Area of Work	Conclusion
<p>Reports by exception:</p> <ul style="list-style-type: none"> ▶ Consistency of Governance Statement ▶ Public interest report ▶ Written recommendations to the Authority, which should be copied to the Secretary of State ▶ Other actions taken in relation to our responsibilities under the Local Audit and Accountability Act 2014 	<p>The Governance Statement was consistent with our understanding of the Authority</p> <p>We had no matters to report in the public interest</p> <p>We had no matters to report</p> <p>We had no matters to report</p>

Area of Work	Conclusion
Reporting to the National Audit Office (NAO) on our review of the Authority's Whole of Government Accounts return (WGA).	The Authority is below the specified audit threshold of £350 million. Therefore, we did not perform any audit procedures on the consolidation pack

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Authority communicating significant findings resulting from our audit.	Our Audit Results Report was issued on 14 September 2017
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 14 September 2017

We would like to take this opportunity to thank the Authority's staff for their assistance during the course of our work.

Paul King
Associate Partner
For and on behalf of Ernst & Young LLP



Purpose

Purpose

The Purpose of this Letter

The purpose of this annual audit letter is to communicate to Members and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Authority.

We have already reported the detailed findings from our audit work in our 2016/17 Audit Results Report to the 14 September 2017 Scrutiny and Audit Panel, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the Authority.



Responsibilities

Responsibilities

Responsibilities of the Appointed Auditor

Our 2016/17 audit work has been undertaken in accordance with the Audit Plan that we presented to the 2 February 2017 meeting of the Scrutiny and Audit Panel and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office.

As auditors we are responsible for:

- ▶ Expressing an opinion:
- ▶ On the 2016/17 financial statements; and
- ▶ On the consistency of other information published with the financial statements.
- ▶ Forming a conclusion on the arrangements the Authority has to secure economy, efficiency and effectiveness in its use of resources.
- ▶ Reporting by exception:
 - ▶ If the annual governance statement is misleading or not consistent with our understanding of the Authority;
 - ▶ Any significant matters that are in the public interest;
 - ▶ Any written recommendations to the Authority, which should be copied to the Secretary of State; and
 - ▶ If we have discharged our duties and responsibilities as established by the Local Audit and Accountability Act 2014 and Code of Audit Practice.

Alongside our work on the financial statements, we also review and report to the National Audit Office (NAO) on your Whole of Government Accounts return. The Authority is below the specified audit threshold of £350 million. Therefore, we did not perform any audit procedures on the return.

Responsibilities of the Authority

The Authority is responsible for preparing and publishing its statement of accounts accompanied by an Annual Governance Statement. In the AGS, the Authority reports publicly each year on how far it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in year, and any changes planned in the coming period.

The Authority is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



Financial Statement Audit

Financial Statement Audit

Key Issues

The Authority's Statement of Accounts is an important tool for the Authority to show how it has used public money and how it can demonstrate its financial management and financial health.

We audited the Authority's Statement of Accounts in line with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and issued an unqualified audit report on 14 September 2017.

Our detailed findings were reported to the 14 September 2017 Scrutiny and Audit Panel.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
<p>Management override of controls</p> <p>A risk present on all audits is that management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>Auditing standards require us to respond to this risk by testing the appropriateness of journals, testing accounting estimates for possible management bias and obtaining an understanding of the business rationale for any significant unusual transactions.</p> <p>For local authorities the potential for the incorrect classification of revenue spend as capital is a particular area where there is a risk of management override. We therefore review capital expenditure on property, plant and equipment to ensure it meets the relevant accounting requirements to be capitalised.</p>	<p>We obtained a full list of journals posted to the general ledger during the year, and analysed these journals using criteria we set to identify any unusual journal types or amounts. We then tested a sample of journals that met our criteria and tested these to supporting documentation.</p> <p>We considered the following accounting estimates deemed most susceptible to bias: Valuation of Property, Plant and Equipment and the Pension Liability and disclosures. We concluded that these estimates were reasonably calculated.</p> <p>We did not identify any material weaknesses in controls or evidence of material management override.</p> <p>We did not identify any instances of inappropriate judgements being applied.</p> <p>We did not identify any other transactions during our audit which appeared unusual or outside the Authority's normal course of business</p> <p>Our testing did not identify any expenditure which had been inappropriately capitalised.</p>

Other Key Findings

Risk and Conclusion

Presentation of the financial statements

Risk and Work performed

Expenditure and funding analysis and Comprehensive income and expenditure statement

Amendments have been made to the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the code) this year changing the way the financial statements are presented.

The new reporting requirements impact the Comprehensive Income and Expenditure Statement (CIES) and the Movement in Reserves Statement (MIRS), and include the introduction of the new 'Expenditure and Funding Analysis' note as a result of the 'Telling the Story' review of the presentation of local authority financial statements.

This change in the code will require a new structure for the primary statements, new notes and a full retrospective restatement of impacted primary statements. The restatement of the 2015/16 comparatives required audit review.

In order to address this risk we carried out a range of procedures including:

- Reviewing the expenditure and funding analysis, CIES and new disclosure notes to ensure disclosures are in line with the Code;
- Reviewing the analysis of how these figures are derived, how the ledger system has been re-mapped to reflect the Authority's organisational structure and how overheads are apportioned across the service areas reported; and
- Agreeing restated comparatives figures to the Authority's segmental analysis and supporting working papers.

Conclusion

We proposed some minor disclosure amendments that management have agreed to make in the financial statements.

In particular it should be noted that the Expenditure and Funding Analysis (EFA), although positioned amongst them, is not a Primary Statement (consistent with the Code Guidance notes).

As such, an additional narrative paragraph has been added to the EFA, to reflect this.

There were no other matters to report.

Other Key Findings	Risk and Conclusion
<p>Property, Plant and Equipment valuations</p>	<p>Risk and Work performed Property, Plant and Equipment represent a significant balance in the Authority's accounts and this is an area which involves judgmental inputs and estimates. In order to address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none"> • Reviewing the competence and capability of the valuer and assessing their work, including reviewing the figures produced for the revaluation of the assets and ensuring that an appropriate basis for valuation has been used; • Agreeing the figures produced by the valuer for the revaluation of the assets to the asset register; and • Testing the accounting transactions for the adjustments made in the financial statements to ensure the accounts are materially accurate and compliant with the CIPFA Code of practice.
<p>Pension valuations and disclosures</p>	<p>Conclusion Following full consideration of their work, we have placed reliance on the Authority's valuer. We have not identified any material issues in relation to the valuation however we did note some inconsistencies between the valuer's main report and supporting working papers. We have no other matters to report.</p> <p>Risk and Work performed The Authority is an admitted body to the East Sussex County Council Pension Fund. Hymans Robertson are appointed as actuaries for this fund and provide the Authority with the figures for the disclosures in the financial statements, based on payroll and pension data provided to them by the Authority. The valuation of pension liabilities represents a significant balance in the financial statements and is an area which involves technical accounting transactions and estimates. In order to address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none"> • Reviewing the competence and capability of the actuary and assessing their work, including reviewing the assumptions used as the basis for producing for pensions figures; • Agreeing the figures produced by the actuary in their actuarial valuation to the disclosures in the financial statements; and • Testing the accounting transactions and journals to ensure the financial statements are materially accurate and compliant with the CIPFA Code of Practice. <p>Conclusion Assumptions used by the actuary and adopted by the Authority are considered to be generally acceptable. The sensitivities surrounding these assumptions have been correctly disclosed in Note 36 to the financial statements.</p>

The Authority's Statement of Accounts is an important tool for the Authority to show how it has used public money and how it can demonstrate its financial management and financial health.

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
<p>Planning materiality</p>	<p>We determined planning materiality to be £1.04 million (2016: £1.068 million) for the main financial statements and £217,560 (2016: £222,760) for the pension fund, which is 2% of gross revenue expenditure and benefits payable reported in the accounts of £52 million for the main financial statements and £10.9 million for the pension fund.</p> <p>We consider gross revenue expenditure and benefits payable to be one of the principal considerations for stakeholders in assessing the financial performance of the Authority.</p>
<p>Reporting threshold</p>	<p>We agreed with the Scrutiny and Audit Panel that we would report to the Panel all audit differences in excess of £780,000 (2016: £801,000).</p>

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- Remuneration disclosures including any severance payments, exit packages and termination benefits: no specific testing threshold applied, the impact of any issues were considered individually
 - Related party transactions: no specific testing threshold applied, the impact of any issues were considered individually.
- We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.



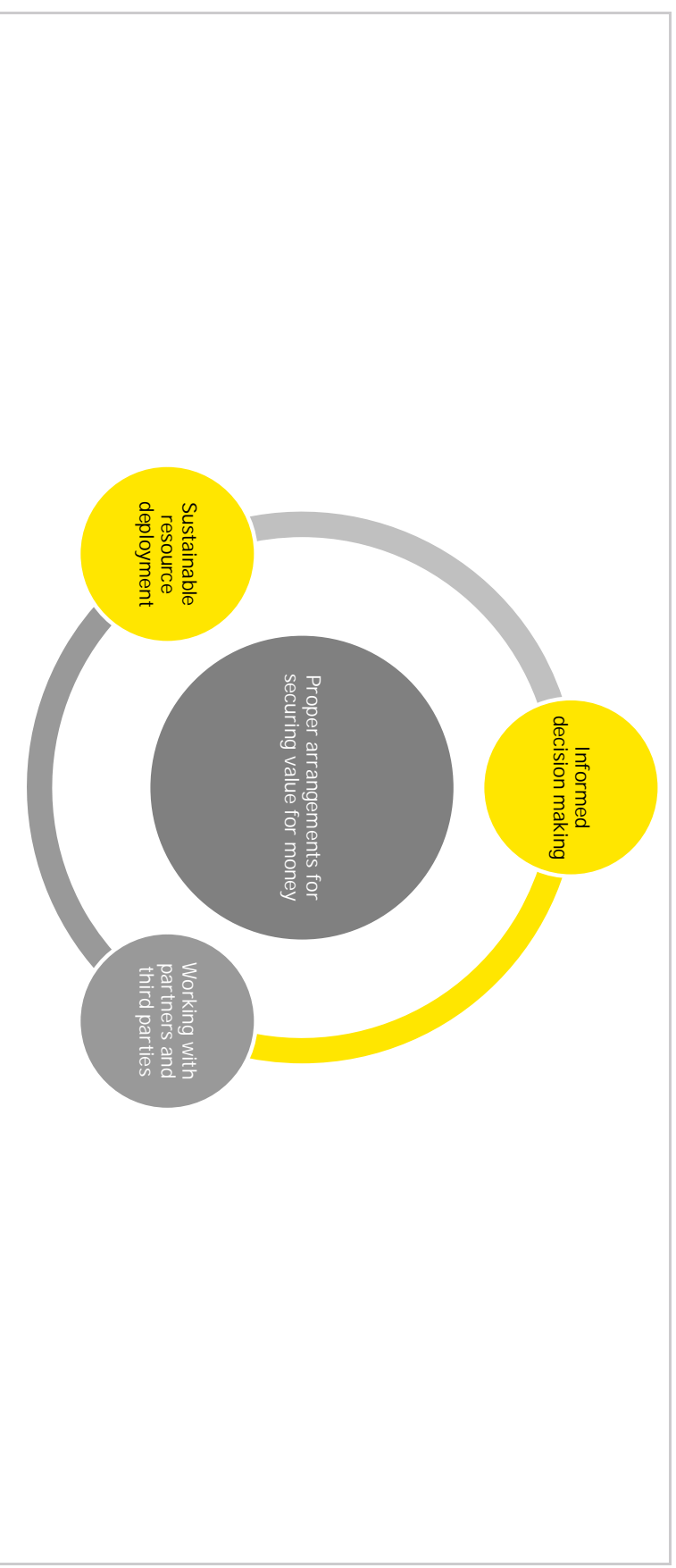
Value for Money

Value for Money

We are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.



We did not identify any significant risks in relation to these criteria

We have performed the procedures outlined in our audit plan. We did not identify any significant weaknesses in the Authority's arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We therefore issued an unqualified value for money conclusion on 14 September 2017.



Other Reporting Issues

Other Reporting Issues

Whole of Government Accounts

We performed the procedures required by the National Audit Office on the accuracy of the consolidation pack prepared by the Authority for Whole of Government Accounts purposes. We had no issues to report.

The Authority is below the specified audit threshold of £350 million. Therefore, we did not perform any audit procedures on the consolidation pack.

Annual Governance Statement

We are required to consider the completeness of disclosures in the Authority's annual governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it is misleading.

We completed this work and did not identify any areas of concern.

Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Authority or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Written Recommendations

We have a duty under the Local Audit and Accountability Act 2014 to designate any audit recommendation as one that requires the Authority to consider it at a public meeting and to decide what action to take in response.

We did not identify any issues which required us to issue a written recommendation.

Objections Received

We did not receive any objections to the 2016/17 financial statements from member of the public.

Other Powers and Duties

We identified no issues during our audit that required us to use our additional powers under the Local Audit and Accountability Act 2014.

Independence

We communicated our assessment of independence in our Audit Results Report to the Scrutiny and Audit Panel on 14 September 2017. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning regulatory and professional requirements.

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

Our audit did not identify any controls issues to bring to the attention of the Scrutiny and Audit Panel.



Focused on your
future

Focused on your future

Area	Issue	Impact
<p>Earlier deadline for production and audit of the financial statements from 2017/18</p>	<p>The Accounts and Audit Regulations 2015 introduced a significant change in statutory deadlines from the 2017/18 financial year. From that year the timetable for the preparation and approval of accounts will be brought forward with draft accounts needing to be prepared by 31 May and the publication of the audited accounts by 31 July.</p>	<p>These changes provide challenges for both the preparers and the auditors of the financial statements.</p> <p>To prepare for this change the Authority has taken a number of steps as outlined below:</p> <ul style="list-style-type: none"> • Critically reviewed and amended the closedown process to achieve draft accounts production by 5 June 2017 for 2016/17 <p>As auditors, nationally we have:</p> <ul style="list-style-type: none"> • Issued a thought piece on early closedown • As part of the strategic Alliance with CIPFA jointly presented accounts closedown workshops across England, Scotland and Wales • Presented at CIPFA early closedown events and on the subject at the Local Government Accounting Conferences in July 2017 <p>Locally we have had regular discussions through the year on the Authority's proposals to bring forward the closedown timetable.</p>

Together with the Authority agreed areas for early work which have included testing of major income and expenditure streams at month nine we were able to substantively complete our audit by 11 August 2017.

Appendix A

Audit Fees



Appendix A Audit Fees

Our fee for 2016/17 is in line with the scale fee set by the PSAA and reported in our 18 January 2017 Audit Plan and 14 September 2017 Annual Results Report.

Description	Final fee 2016/17 £'s	Planned Fee 2016/17 £'s	Scale Fee 2016/17 £'s	Final Fee 2015/16 £'s
Total Audit Fee – Code work	30,766	30,766	30,766	30,766

We confirm we have not undertaken any non-audit work outside of the PSAA's requirements.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

© Ernst & Young LLP. Published in the UK.
All Rights Reserved.

ED None

The UK firm Ernst & Young LLP is a limited liability partnership registered in England and Wales with registered number OC3300001 and is a member firm of Ernst & Young Global Limited.

Ernst & Young LLP, 1 More London Place, London, SE1 2AF.

ey.com

EAST SUSSEX FIRE AUTHORITY

Panel: Scrutiny and Audit

Date: 2 November 2017

Title of Report: Governance Review - Proposal

By: Mark O'Brien, Interim Assistant Chief Fire Officer

Lead Officer: Mark O'Brien, Interim Assistant Chief Fire Officer

Background Papers: None

Appendices Appendix A – Proposed Scope

Implications

CORPORATE RISK	✓	LEGAL	✓
ENVIRONMENTAL		POLICY	
FINANCIAL	✓	POLITICAL	✓
HEALTH & SAFETY		OTHER (please specify)	
HUMAN RESOURCES		CORE BRIEF	

PURPOSE OF REPORT To update Members of the Scrutiny & Audit Panel on the options and outline scope for an independent review of the governance arrangements of the East Sussex Fire Authority.

EXECUTIVE SUMMARY

1) East Sussex Fire Authority have requested that a review is undertaken into the political and organisational governance arrangements in place across the Authority and in relation to East Sussex Fire and Rescue Service.

2) The overarching purpose of this review is to explore the application and effectiveness of the Authority's current governance practice, structures and procedures; to assess if the existing Authority and Panel structures remain fit for purpose; and to assess if the Authority's governance arrangements are well designed and properly executed.

3) Alongside the suggested key lines of enquiry, this report also proposes an outline in terms of how such a review might be conducted and the associated timescales.

RECOMMENDATIONS

The Panel is asked to:

- i. consider and advise on the contents of the report; and
 - ii. recommend the broad scope of the proposed review to the Fire Authority; and
 - iii. direct officers to progress on the basis of the proposed way forward.
-

1. INTRODUCTION

- 1.1 East Sussex Fire Authority have requested that a review is undertaken into the political and organisational governance arrangements in place across the Authority and in relation to East Sussex Fire and Rescue Service.
- 1.2 Good governance is essential to address the challenges the public sector faces and to ensure public engagement and transparency in public sector service delivery. The oversight of governance systems is the responsibility of the relevant local authority and, given that there is evidence that governance issues are a material risk across the fire sector, it is recognised that a rigorous and comprehensive review is both timely and necessary.
- 1.3 It is also clear that as organisations develop and seek to become more efficient and effective it is good practice to conduct reviews into performance, systems and culture and, also, to consider similar organisations in order to benchmark these areas.
- 1.4 The overarching purpose of this proposed review is to explore the application and effectiveness of the Authority's current governance practice, structures and procedures; to assess if the existing Authority and Panel structures remain fit for purpose; and to assess if the Authority's governance arrangements are well designed and properly executed. The specific areas to be assessed and the key lines of enquiry are detailed in appendix A.
- 1.5 Alongside the suggested key lines of enquiry, this report also proposes an outline in terms of how such a review might be conducted and the associated timescales.

2. METHODOLOGY AND TIMELINE

- 2.1 Subject to agreement, the following process outlines the proposed methodology and timeframe.
- 2.2 A "Member Reference Group" for the review has now been established. This is made up of the Chairman of the Fire Authority, the Vice Chair of the Fire Authority, the Chairman of the Scrutiny and Audit Panel and the Group Leaders. The Member Reference Group will be supported by the Interim ACFO, and other officers of the Authority, as necessary.
- 2.3 The Member Reference Group have considered and refined the key lines of enquiry (appendix A) and they are presented to Members of the Scrutiny & Audit Panel for

further comment. Given the Authority wide implications of such a review, it is proposed that a report will go to the full Fire Authority on the 7 December 2017 for a formal decision to proceed.

- 2.4 It is recommended that the review is conducted by a 3rd party external organisation in order to provide capacity, expertise and independence. If the Fire Authority make a formal decision to progress with the review, normal procurement processes will be applied.
- 2.5 The Member Reference Group will be consulted on the final selection of the contracted provider. Once a contract has been awarded, the Member Reference Group will meet with the preferred consultants in order to further refine the scope and approach, and to agree the final review methodology.
- 2.6 The Member Reference Group will meet with the provider as frequently as necessary to review progress and provide direction. It is recognised that the proposed key lines of enquiry cover a significant number of areas. The Member Reference Group may therefore wish to undertake the review in two phases. This would provide an opportunity for Members to sense check where the review has got to at the end of the first phase when the consultants report back, and also to test their thinking in relation to further areas of exploration. This option will be considered as part of 2.4 above.
- 2.7 The final report with recommendations and options for change will be presented to the Scrutiny & Audit Panel in May 2018, before being presented to full CFA at the AGM in June 2018. Delivery of any subsequent action plan will be monitored by the S&A Panel with a formal follow up review to be conducted by the independent provider at an agreed point in time as part of the contract arrangements.

3. FINANCE IMPLICATIONS

- 3.1 As noted above, it is recommended that the review is conducted by a 3rd party external organisation in order to provide capacity, expertise and independence.
- 3.2 There will therefore be an unfunded cost associated with securing the services of the appropriate organisation to support delivery. Initial indications suggest a likely cost (depending on the Member Reference Group agreeing final scope and methodology) of circa £20/25K. It is recommended that this is drawn from the Improvement & Efficiency Reserve.
- 3.3 Whilst this is clearly a significant cost, and Members will want to ensure that this is an appropriate investment, the value of undertaking such a review from a public transparency point of view, to fulfil the expectations from any external scrutiny process (e.g. HMICFRS inspection) and to improve the efficiency and effectiveness of the Authority will need to be considered.

Review of the Governance arrangements of East Sussex Fire Authority

Review Areas and Key Lines of Enquiry

1. The review should assess the degree to which Members of the Authority have clarity on their statutory duties, and powers, and how these are exercised from a governance point of view.
2. The review should consider the size of the Fire and Rescue Authority in relation to the constituent authorities. This should include benchmarking as necessary.
3. The review should assess the number, and terms of reference, of existing panels, considering current and future needs. This should include examining how well the Authority measures and manages performance.
4. The review should undertake a sample audit of some key decisions made by the Authority, to include a review of the adequacy of papers and the information provided by officers to support decision making.
5. The review should consider the efficacy of decision making processes at the corporate level (Corporate Management Team) in support of the Authority. This should cover the full scope of governance in terms of executive/officer internal decision making, and consider how well these processes and structures connect to the Authority.
6. The review should consider the efficacy of powers delegated to officers of the Authority and how these are discharged and monitored via panels. This should include a review of the Scheme of Delegated Powers.
7. The review should consider the role and effectiveness of the principal advisors to the Authority, specifically the Treasurer and Monitoring Officer.
8. The review should consider whether there is sufficient advice available to the Authority to provide assurance on complex HR matters, including reviewing the adequacy and accuracy of documents and information provided.
9. The review should undertake a gap analysis of previous reviews into Avon, Cambridgeshire and Essex Fire and Rescue Authorities to capture any lessons learnt and how they might apply to this Authority.
10. The review should consider communications and engagement with the public, considering options for encouraging and improving participation and engagement in the democratic process. This should also consider the value of interaction with Town and Parish Councils and also the value of any annual reporting processes to the public and to local political structures. Members should be asked to consider what they see as the most effective mechanisms for engaging the public.

11. The review should consider the implications of the developing Home Office policy on the “Fire Reform Agenda” in regards its impacts on transparency and public accountability.
12. The review should consider how well the Authority has identified and responded to external drivers and challenges such as those articulated in the Thomas Review. In addition, the review should consider how well the governance arrangements of the Authority, and the Service, drive the policy agenda and deliver the benefits enabled by effective joint working between emergency services as outlined in the Sussex PCC Business case
13. The review should consider if the Authority’s governance processes are suitable and sufficient to identify and manage the impact of future collaborative governance, the impact of the new National Framework document and the forthcoming inspection regime by HMICFRS.
14. The review should consider the efficacy of the current assurance framework, including the Annual Governance Statement, the Statement of Operational Assurance and the officer led Governance Group, and present options for improvement. This should include assessing the Authority’s understanding of risk, their role in oversight of sound corporate risk management arrangements and the extent of compliance with governance guidance issued by CIPFA / SOLACE.
15. The review should consider the governance culture within the Fire Authority and across officers of the Authority, including examining the efficacy of working relationships and communication. This should include examining the effectiveness of governance in the areas of whistleblowing and fraud.
16. The review should consider the value and effectiveness of Member development arrangements, including skills audits, induction, Member appraisals and reviews, and member seminars. (Noting that members are also members of constituent and other local authorities)
17. The review should consider the current Authority Constitution and identify areas for improvement or development in light of the review findings.
18. The review should consider the role of Member leads, the value they add, and their effectiveness in supporting understanding, governance and decision making.
19. The review should consider how the Authority undertakes, supports and directs the strategic planning process including horizon scanning and setting long term direction; and should consider if the P&R panel is used sufficiently well during this process to support the development of options around future service direction and improvement.
20. The review should examine the Authority's role and effectiveness in ensuring a sound system of controls that govern their fiduciary, employment, health and safety, and data compliance requirements for those services provided by 3rd parties (e.g. from constituent authorities, external partners etc).

In addition to delivery status it is recognised that budget positions will be of interest to the Panel. However these have not been included in this report, but will be included in all subsequent reports.

RECOMMENDATION

The Panel is recommended to :

- i. acknowledge progress made against delivering the IT Strategy; and
 - ii. provide feedback on content and format of report to ensure report meets needs of the Panel.
-



S&A Panel

IT Strategy
Project Update

November 2017



IT Strategy – Project Update

Deck Purpose

- Provide Scrutiny & Audit Panel with a highlights overview of approved projects relative to their position within the project lifecycle (business case development through to production of close down report).
- At time of writing the next wave of projects to be promoted to the business case stage of the lifecycle had yet to be approved by CMT – these will be included in the next S&A Panel report.
- (future edition – track and report on budget v actuals position in respect of IT Strategy funding)



IT Strategy – Project Update

Highlights / Lowlights since start of year

Highlights	Lowlights
IMD Transformation nearing completion with objectives, quality and budget parameters on target	Transformation delays (circa 6 months) have resulted in distractions and delays on other activity within ITG and the wider business.
IT Services largely unaffected, with no material impact from staff TUPE	Business case development has been slower than is expected and steps taken to provide greater speed in this area.
IT support of HQ relocation successful <ul style="list-style-type: none">- New desktop technology landed to support move- Vacation of Eastbourne HQ computer facilities to data centre- Tactical scan and store solution to support reduction in paper records storage	Supply side issues from telent, in part due to overrun of the Transformation programme
SCC Project from IT perspective now tracking to deliver a viable alternate CAD IT platform by November '17	
Business Cases successfully delivered in support of Performance Management and CRM projects	
Engagement from ITG into the business strengthening through recognition that more can be done to forge strong relationship and thought alignment.	
Flexible working capabilities extended with need to now promote and disperse capability to business areas with need	



IT Strategy – Project Update

Project Lifecycle Overview (as of October 2017)

Project / Activity	Programme Grouping (per IT Strategy)	ITG Lead	Ass Dir / PO Owner	Status	Project Stage						Next Milestone	Expected Date	Delivery Commentary
					Pending Bus. Case	OBC Approved	Full BC Approved	Project Mobilising	Project Light	Project Delivered			
RPE - Body Worn Cameras	Pillar - FRS support systems	JH	RF	CMT - Jan 17							Full business case to October CMT	08/10/17	OBC ready for business review and payback on 19 September 2017 ready for CMT submission
BI (Data Warehouse file)	BI	JH	LR	CMT - Jan 17							Full business case to November CMT	08/11/17	
Performance Management System	BI	JH	LR	CMT - Jan 17							Full business case to November CMT	08/11/17	
HR Process optimisation	Pillar - WF Mgt	SS	VC	CMT - Jan 17							HR Process Review	31/10/17	Operational imperative introduced this project out of course - Consultants onsite from Nov '17
IND Transformation - MS1 Implementation Phase	IND Transform	DD	DS	h progress							Closedown report	30/09/17	
IND Transformation - FlexCloud Data Centre (MS3)	IND Transform	DD	DS	h progress							Closedown report	30/09/17	
Point to Point video conferencing	Flex Work	EA	DS	h progress							Remode Working BAU x 20 rollout	30/09/17	Delivered via HQ relocation programme - rollout linked to IND Transformation Milestone 4
Tactical Scan and Store in support of HQ move	Flex Work	DD	DS	h progress							N/A	N/A	
Software	Flex Work	EA	DS	h progress							Remode Working BAU x 20 rollout	30/09/17	Delivered via HQ relocation programme - rollout linked to IND Transformation Milestone 4
HQ Relocation – Technology Implementation	Flex Work	DD	DS	h progress							N/A	N/A	
ESN – Planning Phase Support	Mandated	EA	RF	h progress							N/A	N/A	Pre phase concluded, now in mobilising - different line
RPE - Fireground Radio	Pillar - FRS support systems	SS	RF	h progress							Project Delivery	31/03/18	Radios are being purchased and brought into services
GIS Replacement B - Gazetteer (SCC)	Pillar - FRS support systems	SS	MOB	h progress							GIS replaced	29/11/17	Single point address search being delivered to allow system integration
GIS Replacement B - Local GIS	Pillar - FRS support systems	SS	MOB	h progress							4i Go Live	29/11/17	On hold until 4i delivered
FW2 - Firewall Implementation continuation	Pillar - WF Mgt	EA	MA	New							N/A	N/A	ITG supporting J4 in developing Business Case
IND Transform - Email and Directory Migration (MS2)	IND Transform	DD	DS	h progress							Closedown report	30/09/17	
IND Transformation - FlexCloud Data Centre & remote access	IND Transform	DD	DS	h progress							Milestone Completion testing	30/09/17	Delays in DR readiness - test expected mid October
CRM2 - HSV	Pillar - Comm & Bus Safety	JH	MMI	CMT - Jan 17							Full business case to October CMT	08/10/17	
SCC - 4i Implementation Continued support	Pillar - FRS support systems	DD	MOB	h progress							OAT start	11/09/17	OAT start likely to be delayed by upto 2 weeks due to talent delivery issues
SCC - ERS Integration	BI	DD	LR	h progress							eIRS integrated to 4i	29/11/17	
Extension Mobility	Flex Work	EA	DS	h progress							N/A	N/A	Delivered via HQ relocation program
CRM4: Integration	Pillar - Comm & Bus Safety	JH	MMI	CMT - Jan 17							Full business case to October CMT	08/10/17	
CRM3 - SSRI Implementation	Pillar - Comm & Bus Safety	JH	MMI	CMT - Jan 17							Full business case to October CMT	08/10/17	
Officer Navigation	Pillar - FRS support systems	EA	RF	CMT - Jan 17							Funding approval	30/09/17	Led by RF, requires change approval at SCC project board
Project (315) - Hydrant Management Software	Pillar - FRS support systems	SS	RF	CMT - Jan 17							OBC case to October CMT	08/10/17	Delayed from September CMT
ESN Realisation	Mandated	EA	RF	Mandated							Detailed Project Plan	N/A	Plan required to ensure ITG commitments understood - ITG liaising with Project Mgr
PSN Compliance	Mandated	EA	DS	Mandated							N/A	N/A	Activity yet to start - not due until FG3 2019.
ESMCP/ESN Device Migration	Mandated	EA	RF	Mandated							N/A	N/A	Activity yet to start - not an issue
eRS software currency upgrade	Pillar - FRS Support Systems	EA	LR	NEW							eRS Upgraded to Ver 3.1	29/11/17	Dependency against SCC project requiring eRS to be upgraded to support new 4i API
Solution Operational Readiness (MS3) (new / not material)	IND Transform	DD	DS+	h progress							Milestone Completion testing	30/09/17	Operational imperative introduced this project out of course
MMOS SCC voice recorder	Pillar - FRS Support Systems	EA	RF+	NEW							Divos operationally replaces Red Box	30/09/17	Operational imperative introduced this project out of course

Project / Activity	Programme Grouping (per IT Strategy)	ITG Lead	Ass Dir / PO Owner	Status	Project Stage						Next Milestone	Expected Date	Delivery Commentary
					Pending Bus. Case	OBC Approved	Full BC Approved	Project Mobilising	Project Light	Project Delivered			
RPE - Body Worn Cameras	Pillar - FRS support systems	JH	RF	CMT - Jan 17							Full business case to October CMT	08/10/17	OBC ready for business review and playback on 19 September 2017 ready for CMT submission
BI (Data Warehouse lite)	BI	JH	LR	CMT - Jan 17							Full business case to November CMT	08/11/17	
Performance Management System	BI	JH	LR	CMT - Jan 17							Full business case to November CMT	08/11/17	
HR Process optimisation	Pillar - WF Mgt	SS	VC	CMT - Jan 17							HR Process Review	31/10/17	Operational imperative introduced this project out of course - Consultants onsite from Nov '17
IMD Transformation - MS1 Implementation Phase	IMD Transform	DD	DS	In progress							Closedown report	30/09/17	
IMD Transformation - FlexiCloud Data Centre (MS3)	IMD Transform	DD	DS	In progress							Closedown report	30/09/17	
Point to Point video conferencing	Flex Work	EA	DS	In progress							Remote Working BAU x 20 rollout	30/09/17	Delivered via HQ relocation programme - rollout linked to IMD Transformation Milestone 4
Tactical Scan and Store in support of HQ move	Flex Work	DD	DS	In progress							N/A	N/A	
Softphones	Flex Work	EA	DS	In progress							Remote Working BAU x 20 rollout	30/09/17	Delivered via HQ relocation programme - rollout linked to IMD Transformation Milestone 4
HQ Relocation – Technology Implementation	Flex Work	DD	DS	In progress							N/A	N/A	
ESN – Planning Phase Support	Mandated	EA	RF	In progress							N/A	N/A	Pre phase concluded, now in mobilising - different line
RPE - Fireground Radio	Pillar - FRS support systems	SS	RF	In progress							Project Delivery	31/03/18	Radios are being purchased and brought into services
GIS Replacement B – Gazetteer (SCC)	Pillar - FRS support systems	SS	MOB	In progress							GIS replaced	29/11/17	Single point address search being delivered to allow system integration
GIS Replacement B – Local GIS	Pillar - FRS support systems	SS	MOB	In progress							4i Go Live	29/11/17	On hold until 4i delivered
FW2 - Firewatch Implementation continuation	Pillar - WF Mgt	EA	MA	New							N/A	N/A	ITG supporting JM in developing Business Case
IMD Transform - Email and Directory Migration (MS2)	IMD Transform	DD	DS	In progress							Closedown report	30/09/17	
IMD Transformation - FlexiCloud Data Centre & remote access	IMD Transform	DD	DS	In progress							Milestone Completion testing	30/09/17	Delays in DR readiness - test expected mid October
CRM 2 – HSV	Pillar - Comm & Bus Safety	JH	MM	CMT - Jan 17							Full business case to October CMT	08/10/17	
SCC – 4i Implementation Continued support	Pillar - FRS support systems	DD	MOB	In progress							OAT start	11/09/17	OAT start likely to be delayed by upto 2 weeks due to telnet delivery issues
SCC - eIRS Integration	BI	DD	LR	In progress							eIRS integrated to 4i	29/11/17	
Extension Mobility	Flex Work	EA	DS	In progress							N/A	N/A	Delivered via HQ relocation program
CRM 4: Integration	Pillar - Comm & Bus Safety	JH	MM	CMT - Jan 17							Full business case to October CMT	08/10/17	
CRM 3 – SSRI implementation	Pillar - Comm & Bus Safety	JH	MM	CMT - Jan 17							Full business case to October CMT	08/10/17	
Officer Navigation	Pillar - FRS support systems	EA	RF	CMT - Jan 17							Funding approval	30/09/17	Led by RF, requires change approval at SCC project board
Project (315) - Hydrant Management Software	Pillar - FRS support systems	SS	RF	CMT - Jan 17							OBC case to October CMT	08/10/17	Delayed from September CMT
ESN Realisation	Mandated	EA	RF	Mandated							Detailed Project Plan	N/A	Plan required to ensure ITG commitments understood - ITG liaising with Project Mgr
PSN Compliance	Mandated	EA	DS	Mandated							N/A	N/A	Activity yet to start - not due until FQ3 2019.
ESMCP/ ESN Device Migration	Mandated	EA	RF	Mandated							N/A	N/A	Activity yet to start - not an issue
eIRS software currency upgrade	Pillar - FRS Support Systems	EA	LR	NEW							eIRS Upgraded to Ver 3.1	29/11/17	Dependency against SCC project requiring eIRS to be upgraded to support new 4i API.
Solution Operational Readiness (MS5) (new / not material)	IMD Transform	DD	DS+	In progress							Milestone Completion testing	30/09/17	Operational imperative introduced this project out of course
DIVOS SCC voice recorder	Pillar - FRS Support Systems	EA	RF+	NEW							Divos operationally replaces Red Box	30/09/17	Operational imperative introduced this project out of course

1. **INTRODUCTION**

- 1.1 This report contains the Quarter 2 performance indicator results for 2017/18, compared with the results for the same quarter in 2016/17 and provides projected year end results.
- 1.2 Where indicators are showing a decline of greater than 10% in performance against the same quarter in the previous year, explanations are required from the relevant responsible officers and form the exception report.

2. **Main issues**

- 2.1 The results of Quarter 2 are a marked improvement on those reported in Quarter 1 when 13 indicators were showing a decline in performance. Performance for the second quarter of 2017/18 has shown a decline in five areas against the previous year, and three indicators are reporting a greater than 10% decline in performance against quarter 2 2016/17 and so will have additional commentary in the exceptions report (Appendix B). These are:

- (i) The number of injuries in primary fires
- (ii) The number of safe and well visits completed
- (iii) The number of RIDDOR incidents.

At the previous Scrutiny and Audit Panel it was requested that even if the sickness indicator is within the 10% threshold that an update be provided in the exceptions report as this is a priority area and one that is proving to be challenging to reduce.

- 2.2 The last performance report presented to the Panel asked that the number of priority areas be increased to include the current Borough priorities, this will take the total number of priorities to seven. This report provides detailed commentary against those areas.

The Fire Authority priorities areas are:

- 1. Reducing accidental dwelling fires
- 2. Confining the fire to the room of origin
- 3. Reducing attendance at false alarm calls
- 4. Increasing the number of home safety visits to vulnerable members of our community
- 5. Reducing sickness
- 6. Increasing inspections in high risk premises
- 7. Numbers of home safety visits

2.3 **Reducing accidental dwelling fires**

- 2.3.1 Accidental dwelling fires have reduced by 38% from 2001/02 overall, but have plateaued in recent years. In Quarter 2 we have seen a reduction of 21 accidental dwelling fires against the same quarter in 2016/17. This gives a projected year end result of 503. Should this be achieved, this would be the lowest number of accidental dwelling fires since 2010/11 (506), as the intervening years saw 538, 558, 526, 544, 552 and 540 respectively

2.3.2 The accidental dwelling fire working group is in place. The Communications and Marketing team are about to release their second email newsletter where members of the public can keep up to date with what is happening at ESFRS. The link to where people can sign up is as follows <https://www.esfrs.org/news/>. Volunteers are being sent to key local locations where they will be promoting safety advice whilst asking the public to complete a short survey regarding their behaviour in a fire or a near miss, which may or may not have been reported to ESFRS. These events have been booked at the following locations and dates:

3 November 2017 - Eastbourne Arndale Centre from 9am to 5.30pm

10 November 2017 - Priory Meadow Shopping Centre, Hastings from 9am to 5.30pm

17 November 2017 - Jubilee Library, Brighton 9am to 5.30pm

The survey regarding behaviour in a fire or near miss will also be released to a wider audience to gain as much insight as possible as to how these types of incidents arise and how they can be prevented. The link to the survey is:

<https://www.esfrs.org/contact-us/help-us-understand-more-about-fires-in-the-home/>

The Communications and Marketing team have also been working on the “Dr Distractor” campaign and have produced three games and activities for children e.g. word search, spot the difference using the characters in Dr Distractor. This work will also include some animated short films. This can be found under the Education and Intervention section of the website in the Kids Zone:

<https://www.esfrs.org/your-safety/education-intervention/kids-zone-franky-says/>.

A member of the team has also been seconded to the Community Safety Team from 1 November for a three month period and they will be concentrating purely on raising awareness of and preventing accidental dwelling fires

2.3.3 Within our Family Group 2, Durham and Darlington Fire and Rescue Service has been highlighted as a service who are seeing reductions in accidental dwelling fires and a visit took place in October to establish what good practices they have developed and could be implemented here at ESFRS. Durham and Darlington Fire and Rescue Service have introduced a wide number of innovations that have worked very well for them in reducing accidental dwelling fires whilst improving crew outputs. A meeting has now been scheduled internally to review these practices and establish the benefits that ESFRS could gain from implementing some / a range / all within our own service.

2.4 **Responding quickly to a fire to stop it spreading from the room it started in**

2.4.1 This indicator has shown a marked improvement against the previous quarter and is above the target of 94% at 95.7%; 114 of the 119 accidental dwelling fires were confined to the room of origin in Quarter 2 2017/18.

2.5 Reducing false alarm calls, especially in properties with a previous history of this

2.5.1 A call challenge policy is in place with responsible premise owners being asked to confirm the need for an attendance. In Quarter 2 2017/18 there was a 40.1% reduction in the number of false alarm calls attended against the base year, almost no change from the previous year when there was a reduction in attendance at 40.2%.

2.6 Increasing the number of home safety visits that we complete with the more vulnerable members of our community

2.6.1 We delivered 91.1% of our home safety visits to vulnerable people within our community in the second quarter of 2017/18 which is an improvement on last year (89.7%).

2.7 Reducing the number of absences of our employees due to sickness.

2.7.1 The Panel requested that sickness absence reporting became a main feature of the quarterly performance report and not reported on an exception basis. Councillors also requested that it was to be broken down by category, staff group and illness type. Appendix B contains sickness information on category and staff group. The Quarter 3 report will include a further breakdown of illness type.

2.7.2 Performance has declined from the same quarter last year, with 2.8 shifts lost as opposed to 2.3. Long term sickness is the biggest contributor to overall sickness figures and we are progressing a number of cases in order to reduce the overall total. Of the 5.5 shifts lost per employee at the end of Quarter 2 2017/18, 3.7 of these are due to long term sickness, 1.9 due to medium term sickness and 1.0 due to short term sickness. More detailed information in the form of graphs relating to sickness can be seen in the exceptions report (Appendix B).

2.7.3 There have been some transactional changes made in the Human Resources (HR) team to support the organisation in managing attendance as follows:

- Contribution to the Audit of Management of Sickness Absence being carried out by internal audit
- A change to the way payment for specialist treatment is authorised in HR to speed up approvals
- Monthly attendance management meetings (organisational case conferences) chaired by the Assistant Director of Human Resources & Organisational Development
- Closer working with the Fitness Advisor on case management
- Individual case management approach

Managers have also been reminded that this is a key priority indicator and the key principles from the attendance management have been communicated.

2.8 Inspections of high risk premises completed

2.8.1 This is a new priority area and critically important on the back of the Grenfell Tower fire on 14 June 2017. In the second quarter 2017/18 70 high risk inspections have been completed, this is an increase of 11 over the same quarter in the previous year.

This has been an intensive period whereby hundreds of residents have been visited by members of our business safety team. We want the Panel to understand that due to the definition of a high risk inspection only one audit will be recorded against an entire high rise building where one hundred plus flats will have been inspected.

2.9 Numbers of Home Safety Visits completed

2.9.1 In the second quarter of 2017/18, 2,704 home safety visits were completed, this is 524 more than in the same quarter in 2016/17. Home safety visits have been set as a priority across the service with all watches and community safety advisors working to stretch targets to ensure that at least 10,000 home safety visits will be completed in 2017/18.

2.11 Other areas requiring commentary are set out in the exceptions report.

3. RECOMMENDATION

3.1 The Panel is asked to:

1. consider the 2017/18 performance results for Quarter 2 as set out in Appendix A and the exceptions report as set out in Appendix B.



East Sussex Fire & Rescue Service

East Sussex Fire & Rescue Service Performance Results Quarter 2 2017/18

NOVEMBER 2017

Our Purpose

We make our communities safer

We will do this by:

Commitment 1: Delivering high performing services

Indicator No.	How will we measure performance?	2016/17 Q2 result	National Quartile Position 2015/16	2017/18 Quarter 2	2017/18 Projected Year end	Direction of travel from 2016/17 result
6	Total number of incidents attended	2,592		2,501	10,025	Improved
7	Number of deaths in primary fires	2		0	0	Improved
8	Number of injuries in primary fires	4		6	38	Declined
1 Priority	No of accidental dwelling fires	140		119	503	Improved
9	Number of primary fires	330		283	1,193	Improved
10	Number of deliberate fires	228		185	902	Improved
11	No of Industrial and Commercial fires	41		35	150	Improved


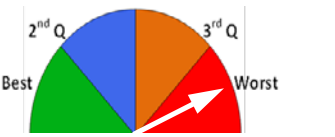
12. First arriving appliance	2015/16 England Average	2015/16 FG2 Average	Q2 2016/17	Q2 2017/18	2017/18 Projected year end
Primary fires	8.7	10.2	8.5 (235)	8.7 (201)	8.6 (440)
Dwellings	7.7	9	6.9 (92)	7.5 (71)	7.6 (166)
with any casualty or rescue	7.6	N/a	6.7 (3)	6.3 (5)	6.6 (15)
without any casualty or rescue	7.7	N/a	6.9 (89)	7.6 (66)	7.7 (151)
Other Buildings	8.5	9.7	7.7 (48)	8.7 (44)	8.4 (92)
Other Residential	8.1	N/a	5.9 (6)	9.2 (5)	8.5 (11)
Non-Residential	8.5	N/a	7.8 (42)	8.7 (39)	8.4 (81)
Road Vehicles	10	10.9	11.3 (67)	9.7 (62)	9.5 (130)
Other (Outdoor)	11	12.3	14.6 (231)	8.7 (176)	8.7 (476)
RTC Persons trapped / enhanced	N/a	N/a	10.7 (17)	10.0 (32)	9.4 (54)

13. Second arriving appliance	2015/16 England Average	2015/16 FG2 Average	Q2 2016/17	Q2 2017/18	2017/18 Projected year end
Primary fires	N/a	N/a	12.2 (125)	12.0 (120)	14.0 (258)
Dwellings	N/a	N/a	9.6 (71)	10.3 (62)	10.5 (139)
with any casualty or rescue	N/a	N/a	10.7 (3)	11.6 (5)	11.8 (15)
without any casualty or rescue	N/a	N/a	9.5 (68)	10.1 (57)	10.3 (124)
Other Buildings	N/a	N/a	11.8 (33)	13.0 (33)	13.4 (69)
Other Residential	N/a	N/a	6.7 (4)	13.7 (3)	13.8 (8)
Non-Residential	N/a	N/a	12.5 (29)	12.8 (30)	13.4 (61)
Road Vehicles	N/a	N/a	19.8 (9)	14.5 (19)	15.1 (35)
Other (Outdoor)	N/a	N/a	20.4 (26)	12.5 (16)	16.5 (46)
RTC Persons trapped / enhanced	N/a	N/a	14.8 (17)	13.8 (31)	15.2 (51)

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2016/17 Q2 result	National Quartile Position 2015/16	2017/18 Quarter 2	2017/18 Projected Year end	Direction of travel from 2016/17 result
2 Priority	% of Home Safety Visits to vulnerable people	89.7%	This is an ESFRS indicator only, no National data is available for comparison	91.1%	91.3%	Improved
14	Undertake 10,000 Home Safety Visits	2,180		2,704	10,274	Improved
15	Number of safe and well visits conducted	171	This is an ESFRS indicator only, no National data is available for comparison	95	449	Declined
16	Inspections of high risk premises completed	59		70	323	Improved
17a	Number of business safety engagement events	6	This is an ESFRS indicator only, no National data is available for comparison	7	22	Improved
17b	Number of attendees at business safety engagement events	52	This is an ESFRS indicator only, no National data is available for comparison	239	690	Improved

We make our communities safer

We will do this by:

Commitment 3: Developing a multi-skilled, safe and valued workforce

Indicator No.	How will we measure performance?	2016/17 Q2 result	National Quartile Position 2015/16	2017/18 Quarter 2	2017/18 Projected Year end	Direction of travel from 2016/17 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.3	This is an ESFRS indicator only, no National data is available for comparison	2.8	11.0	Declined
18	Number of RIDDOR incidents	3		6	18	Declined
19	Number of workplace reported accidents / injuries	75		51	203	Improved

We make our communities safer

We will do this by:

Commitment 4: Making effective use of our resources

Indicator No.	How will we measure performance?	2016/17 Q2 result	National Quartile Position 2015/16	2017/18 Quarter 2	2017/18 Projected Year end	Direction of travel from 2016/17 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-40.2%	This is an ESFRS indicator only, no National data is available for comparison	-40.1%	-37.5%	Declined
20	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	2.3%	This is an ESFRS indicator only, no National data is available for comparison	2.0%	1.9%	Improved
21	% of AFA calls challenged by SCC	6.0%	This is an ESFRS indicator only, no National data is available for comparison	7.8%	7.5%	Improved
5 Priority	% of accidental dwelling fires confined to room of origin	91.4%	This is an ESFRS indicator only, no National data is available for comparison	95.7%	93.2%	Improved

APPENDIX B

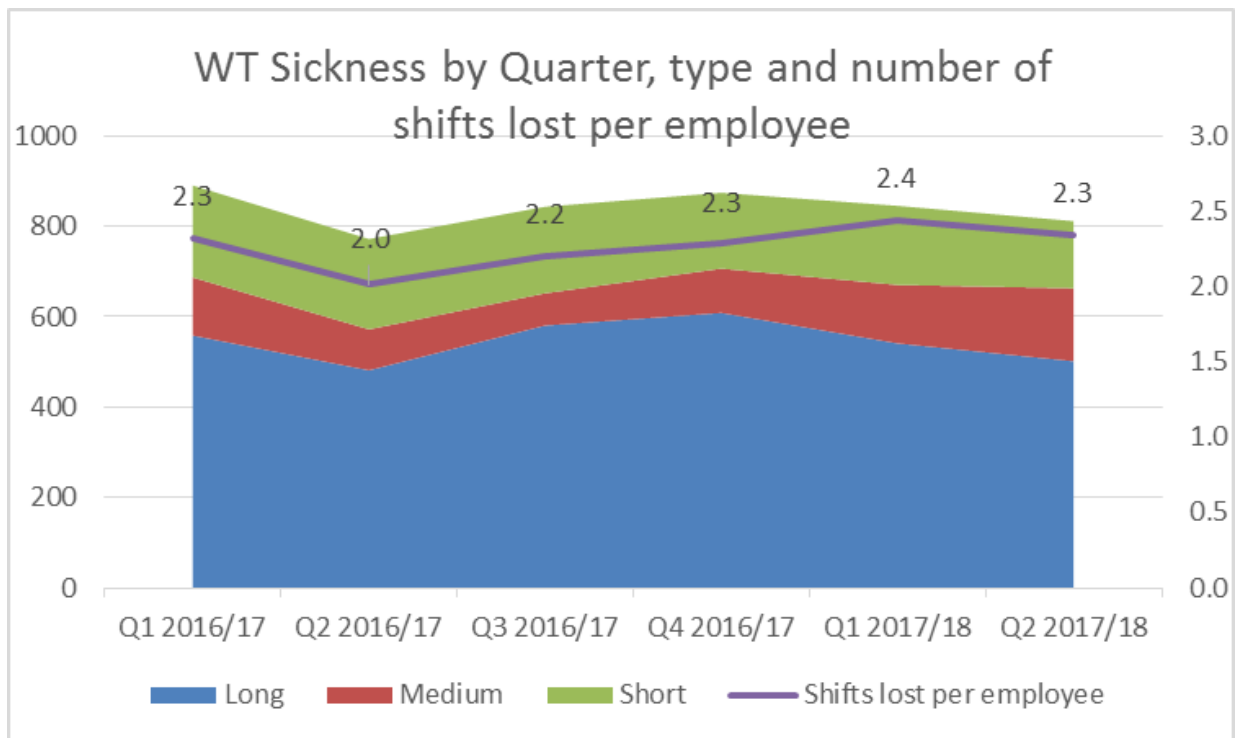
EXCEPTIONS REPORT – QUARTER 2 2017/18

Indicator	Commentary	Actions to be taken
8. Number of injuries in primary fires	In Q2 2017/18 there were six injuries, this is two more than in Q2 2016/17. The projected year end result is 40. In 2016/17 there were 35 injuries in primary fires	<p>18 of the 20 injuries were in accidental dwelling fires and 11 of these were in fires that started in the kitchen.</p> <p>Three of the casualties were taken to hospital with 'serious' injuries and the rest were recorded as having 'slight' injuries.</p> <p>Five of the fires started because the casualties either fell asleep or were distracted.</p> <p>An accidental dwelling fire review has been undertaken and an action plan has been devised to target those most at risk and is a Safer Community priority. Community Fire Safety and Business Fire Safety strategies are now being reviewed to ensure a risk based approach is taken, resulting in an annual assessment of risk by geographical area, which will attract resource and appropriate initiatives that are tailored to this risk. Good practice examples from a recent visit to Durham and Darlington FRS will also be considered.</p> <p>Assistant Director Safer Communities</p>
15. The number of safe and well visits conducted	In Q2 2017/18, 95 safe and well visits were conducted, this is a reduction of 76 against the same period in 2016/17, when 171 were provided, a reduction of 44.4% The projected year end result is 449. This is due to the fact that one person is now delivering safe and well visits as opposed to two in previous reporting periods.	<p>The role of Safe & Well practitioners changed at the start of Q1 to encompass collaborative working with GP practices visiting patients referred by them. Due to these changes safe and well visits are now delivered by only one practitioner and figures cannot be directly compared as previously this work was carried out by two specialist roles.</p> <p>As Safe & Well visits form part of the overall home safety visit target it should be noted that at the end of Quarter 2 the Service is showing a projected year end result of over 10,274. So the picture is an improving one.</p> <p>Assistant Director Safer Communities</p>
18. Number of RIDDOR incidents	In Q2 2017/18 there were six RIDDOR reported incidents, in Q2 2016/17 there were three.	There were 6 RIDDOR reportable incidents in Q2 as compared with 3 in the same quarter last year. The breakdown of these RIDDOR reports are 3 for incapacitation over 7 days and these were as a result of:

		<ul style="list-style-type: none"> • work-related illness (pre-existing Type 1 diabetes condition exacerbated by stress in the workplace). A Level 2 investigation is currently being undertaken. • a twisted back sustained when rushing to don over trousers and fire boots; and • an ankle injury after tripping on a piece of plastic on the drill yard. <p>These 3 are typical of the number and type of RIDDORs that have been reported historically.</p> <p>The other 3 RIDDORs were for a type of ‘Dangerous Occurrence’ and all three were as a result of the malfunction of breathing apparatus. All three incidents happened in September with sets from Training Centre and Level 2 investigations are currently being undertaken on all three sets to determine the cause(s) of the malfunctions. It is important to note that there were no injuries as a result of these set malfunctions and no distress to the wearers. Once these investigations have been completed and the root cause of the failures identified then appropriate actions and measures will be put in place.</p> <p>Health and Safety Team Leader</p>
3. The number of days/shifts lost due to sickness	<p>In Q2 2017/18 there were 2.8 days/shifts lost due to sickness, this was 2.3 in the previous year.</p> <p>The projected year end result is 11.0 days/shifts lost due to sickness</p>	<p>Although sickness has increased against that of the same period in the previous year, it is still within the 10% threshold. As requested by Panel Members further information relating to sickness is included in this report as a standard item.</p> <p>Of the 5.5 shifts lost per employee at the end of Q2 2017/18, 3.7 of these are due to long term sickness, 1.9 due to medium term sickness and 1.0 due to short term sickness.</p> <p>By the end of Q2 2017/18 Wholetime had lost 4.8 shifts per employee, Control 10.2 shifts per employee and support staff 6.0.</p> <p>Assistant Director HR & Organisational Development</p>

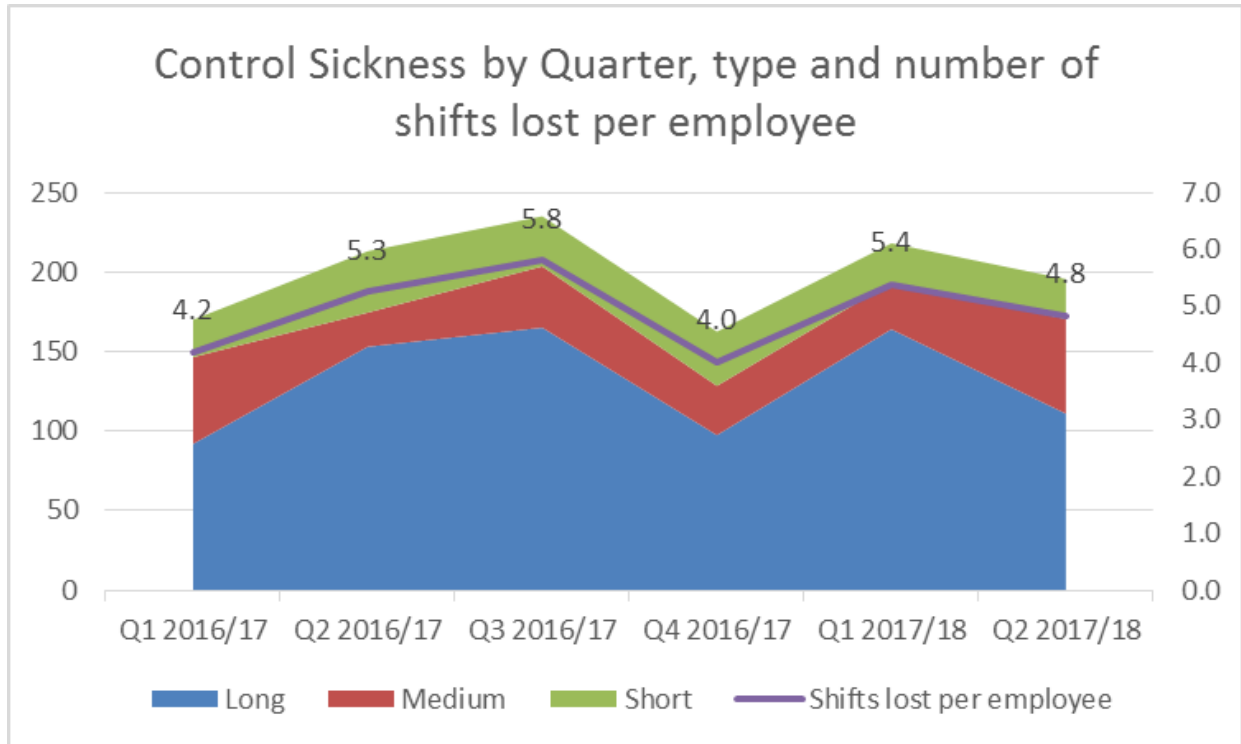
The following graphs show the level of shifts /days lost by long term (over 28 calendar days lost), medium term (eight to 27 calendar days lost) and short term sickness (one to seven calendar days lost). Each graph also shows the total number of shifts lost per employee on a secondary axis.

Graph 1: Whole time sickness from quarter 1 2016/17 to quarter 2 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



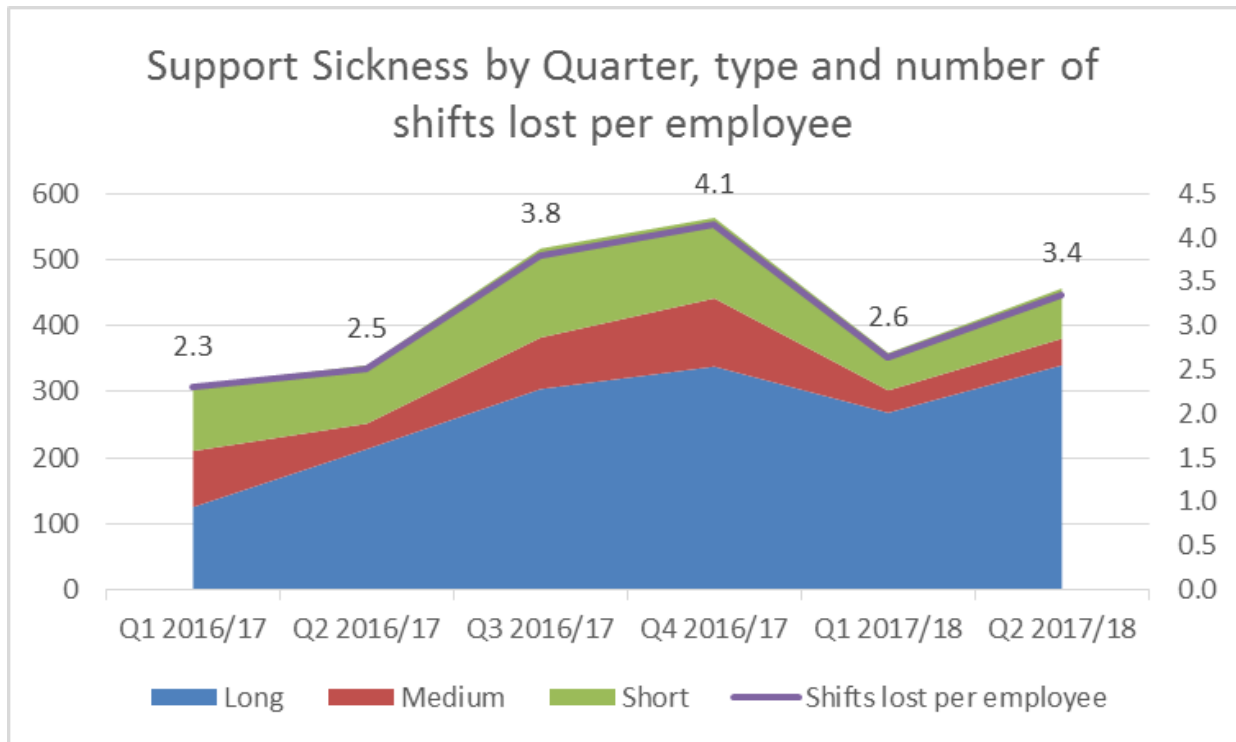
- Long term sickness makes up 65% of all whole time sickness
- Medium term sickness makes up 13%
- Short term sickness makes up 22%

Graph 2: Control sickness from quarter 1 2016/17 to quarter 2 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



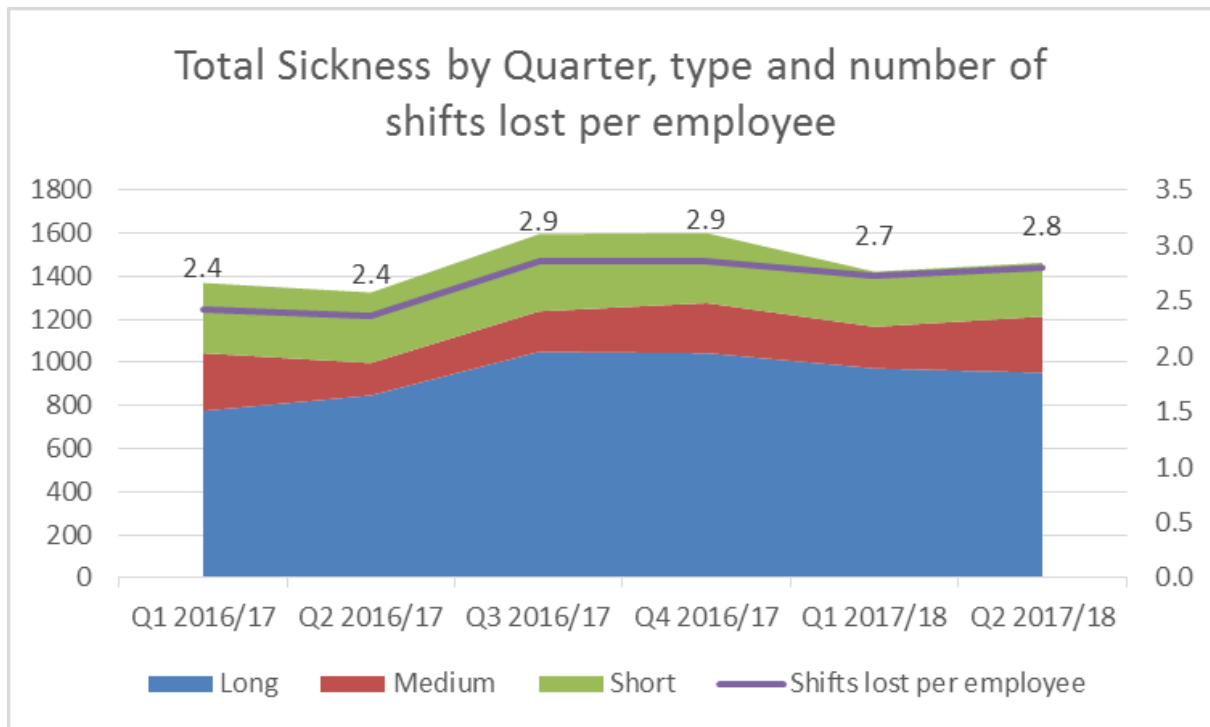
- Long term sickness makes up 66% of all control sickness
- Medium term sickness makes up 20%
- Short term sickness makes up 15%

Graph 3: Support sickness from quarter 1 2016/17 to quarter 2 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



- Long term sickness makes up 62% of all support staff sickness
- Medium term sickness makes up 15%
- Short term sickness makes up 23%

Graph 4: Total sickness from quarter 1 2016/17 to quarter 2 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



- Long term sickness makes up 64% of all ESFRS staff sickness
- Medium term sickness makes up 15%
- Short term sickness makes up 21

EAST SUSSEX FIRE AUTHORITY

Panel: Scrutiny & Audit
Date 2 November 2017
Title of Report Corporate Projects Progress Report 2017/18 – Quarter 2
By Mark O’Brien, Interim Assistant Chief Fire Officer
Lead Officer Liz Ridley, Assistant Director, Performance & Improvement

Background Papers None

Appendices Report attached as Appendix 1.

Implications

CORPORATE RISK		LEGAL	
ENVIRONMENTAL		POLICY	
FINANCIAL		POLITICAL	
HEALTH & SAFETY		OTHER (please specify)	
HUMAN RESOURCES		CORE BRIEF	

PURPOSE OF REPORT For information

EXECUTIVE SUMMARY

1. **Sussex Control Centre (SCC)** - User Acceptance Testing and MDT training under way. Go-live scheduled for 29/11/2017.
2. **Information Management Department (IMD) Transformation** – Milestone 4, Migration of applications, nearly complete. Milestone 5 will deliver the deferred deliverables from previous milestones. Delay payments issue not resolved yet.
3. **Service HQ (SHQ) Relocation** – Project closing down, progress information no longer being collected.
4. **Bridging the Savings Gap** – Being actively monitored by programme owner to ensure financial savings are captured. Changes to training feeding through.
5. **Emergency Services Mobile Communication Programme (ESMCP)** – Delayed due to rescheduling of national programme. Proposed transition date of 01/03/2019 will require revision.
6. **Respiratory Protective Equipment (RPE)** – Vehicle conversions are ahead of schedule. Equipment has been delivered, but radio installation is waiting for outcome of Ristech assessment. Focus is now on next phase of training.

7. **Firewatch** – Resource allocation being reviewed so that tasks can be delivered within a two year timeframe, culminating in integration with the 4i mobilising system.
8. **Procurement Cards** – SAP issues should be resolved in the near future, allowing eventual service-wide rollout.

Note re IRMP

The IRMP work areas consist of some items that will become projects, and some that will be reviews. The “Operational Demand Management Review” is progressing, led by GM John Owen. (still applies as at October 2017).

RECOMMENDATION

The Panel is asked to:

- a) note the contents of the report; and
 - b) consider whether any further assurance is required on any of the projects reported upon.
-



SCC Implementation Project SRO: ACFO(T) Mark O'Brien								
			The Sussex Control Centre (SCC) will provide a high quality, high performing, operationally resilient and cost effective incident management hub for both East Sussex Fire and Rescue and West Sussex Fire and Rescue.			The Sussex Control Centre will fulfil the statutory obligation to provide a Fire and Rescue Service to the public in Sussex and reduce the cost of providing the service.		
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	4i System Design Freeze and Factory Acceptance Testing (FAT) scope agreed	100%	13/10/2016	13/10/2016	0	Complete	Andy Carr	This milestone provides clarity around the go live design that will be tested and signed off at successful FAT as ready for go live. There will be no preplanned further development before go live.
2	4i System development to meet design freeze requirements	100%	25/11/2016	16/12/2016	-21	Complete	Andy Carr	Areas of non-critical development that were not met in the timeframe have been moved to post go live development. (See note 1- below in Summary)
3	Pre Factory Acceptance Test Assurance Visits	100%	18/01/2017	13/01/2017	5	Complete	Andy Carr	Both technical and business pre FAT assurance visits will take place to minimise risk and identify issues relating to successful FAT milestone completion.
4	Factory Acceptance Testing (FAT) Exit	100%	10/02/2017	10/02/2017	0	Complete	Andy Carr	The 4i system that is accepted here is suitable for SCC service delivery at go live.
5	Site installation and commissioning (at both Haywards Heath (SCC) and Maresfield (Secondary Control))	100%	03/03/2017	07/07/2017	-126	Complete	Andy Carr	Slippage of supplied divergent network connectivity has caused delay to commissioning testing.
6	Site Acceptance Testing (SAT)	100%	17/03/2017	05/09/2017	-172	Complete	Andy Carr	SAT extended from two to four weeks but exited successfully
7	MDT rollout	0%	21/06/2017	29/11/2017	-161	Rescheduled	Andy Carr	A 6 week window for implementation prior to go live. ESFRS MDT training coordinator and 2 x SM resources to assist. MDT rollout sourced from Telent for build and installation.
8	Training (end user)	100%	10/05/2017	23/06/2017	-44	Complete	Andy Carr	Due to crewing and resourcing issues the training window was extended by one week with a 3 week hiatus for refit of the Maresfield control room.
9	User Acceptance Testing (UAT)	0%	26/05/2017	13/10/2017	-140	Rescheduled	Andy Carr	Rescheduled to meet new delivery dates
10	SCC evacuation	0%	20/06/2017	08/11/2017	-141	Rescheduled	Andy Carr	Rescheduled to meet new delivery dates – awaiting agreement to change evacuation to Maresfield
11	Go Live	0%	21/06/2017	29/11/2017	-161	Rescheduled	Andy Carr	This will incorporate a phased approach, with evacuation to Maresfield onto 4i and then go-live at Haywards Heath three weeks later.
Project Manager's Progress Summary		<ul style="list-style-type: none"> SAT has completed and formally exited. OAT has completed but not yet formally exited as some blocks of testing still need to be carried out (Backup and recovery, Monitoring and alerting, Performance and load testing) and some re-testing to complete. UAT is underway using control room operators to execute the tests and real appliances to do the MDT testing MDT training is under way in ESFRS (28th Sep) and is due to commence shortly in WSFRS (16th Oct) Technical Implementation plan under construction, to be completed by 13th October 						

IMD Transformation Project

SRO: Duncan Savage
AD Resources / Treasurer

Transform IMD services to make them more suitable for the changing needs of the organisation. Transition management of those services to a third party. With certainty of best value, select the right suppliers to perform the Transformation and manage the services.

Business benefits - cost reduction by:

Modernising (e.g. virtualised computing) • Pooling (taking part of a larger service to get economies of scale) • Changing working practices (lower staff costs) • Cost avoidance (less risk exposure) • Lower complexity (less management effort) • Software contracts rationalisation) • External support contracts rationalisation

Business benefits - other benefits:

Improved security model • Improved resilience • Improved mobility • More joined up organisation) • Lower operational risk (no out of support services) Less technical management required • Streamlined supplier management

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish Date Variance	Status	Manager	Comment on Milestone
1	Contract Award	100%	29/03/2016	08/08/2016	-132	Complete	PG	Original projected dates up to contract award were re base lined (as agreed at Programme Board 08-09-15) and further moved forward due to extended periods for; PQQ evaluation, competitive dialogue, due diligence and contract refinement.
2	Milestone 0 & 1 – Transition / Adopt	100%	18/11/2016	27/03/2017	-129	Completed Behind Schedule	PG	<p>The Transition, with a subset of the deliverables (forming the ‘go / no go’ criteria) from MS0 and MS1, has seen the effective transfer of service delivery ownership from ESFRS to telent as of 18th November.</p> <p>Transition completed successfully and no significant issues have been reported within the first 4 months of telent service operation.</p> <p>Milestone deliverables associated with Milestone 0 and Milestone 1 completed.</p> <p>Changes to the contractual delay payment structure agreed and associated Contract Change Note signed-off. Thus enabling telent to achieve sign-off of MS0&1.</p> <p>£100k deferred to MS2 and 3 – additional deliverables deferred / added to MS4.</p>
3	Milestone 2 & 3 - Transformation: Email, Directory Services & Flexicloud	100%	27/03/2017	14/07/2017	-109	Completed Behind Schedule	DD (PG)	<p>The delivery of new email and directory services has been largely completed.</p> <p>For the most part the main obstacle to completing MS2/3 relates to concluding testing activity as well as agreeing the contents of CCN4 that will address what will be delivered in a new milestone, MS5, that will include in the main operational service wrapper activity that had not been included in original MS2/3 plan though telent accept it should be delivered to ensure effective managed service.</p> <p>In addition the Security Mgt Plan steps agreed out of MS0 were not concluded as expected within MS2/3 and again agreement has been reached subject to CCN to defer this until MS5.</p>
4	Milestone 4 - Transformation: Migration of Applications	95%	18/05/2017	31/10/17	-166	Behind Schedule	DD	95% complete – awaiting conclusion of a successful DR test – now scheduled for October.
5	Milestone 5 – Transformation: Completion of Outstanding Deliverables	50%	31/08/2017	31/10/17	-61	Behind Schedule	DD	<p>Will ensure newly commissioned infrastructure solutions generate the full benefit to the Service and that the related services are appropriately managed.</p> <p>In addition the expected progress against security management to establish baseline performance and remediation requirement against a range of ISO27001 Info Sec controls that telent operate on behalf of ESFRS. The retained value from other milestones to associate with this milestone is £50k</p>

Project Manager's Progress Summary	<ul style="list-style-type: none"> • Milestones 0, 1, 2 & 3: Completed and signed-off. • Milestone 4: DR remains the only blocker to sign off – this is scheduled for mid October • Milestone 5: New Milestone created. Represents the agreed deferred deliverables from MS2/3 & 4. • MS5 progressing at pace and expected to conclude end of October latest. • Spirit Acuity have completed their involvement (Phil Giles) as of early August. • Financial query raised with telent in respect of formalising anticipated goodness resulting from switch from their proposed data centre provider to Eduserve – this relates to service charges over the term of the contract – likely 6 figure saving yet to be baked in to budget. • Delay payments position yet to be fully resolved, but expected that will await full delivery before reflecting upon any likely claim around delay payments.
------------------------------------	--

Firewatch SRO: DCFO(T) Mark Andrews		FireWatch was purchased to meet the demand for an integrated, co-ordinated approach to managing people and resources, to 'join up' disparate department information/data systems, eliminate 'silo' working practices, reduce risk and increase efficiency. FireWatch is the Integrated Management System for ESFRS HR, Learning & Development and Operational Availability.				Next steps are to integrate FireWatch with the new combined East and West Sussex mobilisation system via a consolidated view of both Services to automatically feed operational resource availability and remove the need for SCC manual input. Incident information to automatically feed back into FireWatch to enable RDS Pay.		
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Core HR	100%	30/11/2013	30/11/2013	0	Complete	JM	All complete except RDS Pay (reliant on RDS Availability and new Mobs system integration). In the meantime, RDS pay will continue to be delivered via MIS and Data Warehouse.
2	IPDS	95%	30/11/2013	01/07/2017	-1218	Behind Schedule	JM	Training Courses and Qualifications complete. Maintenance of Competence complete for Wholetime. FireWatch ready for RDS roll out, however go live has been delayed by Workforce Development while further work is done on the 2 Year Training Plan and training packages.
3	Crewing / Availability / Timesheets	95%	30/11/2013	30/09/2017	-1400	Behind Schedule	JM	Wholetime and Control Crewing complete. Officers Rota complete. Training Centre Instructor timesheets complete. RDS Availability complete. Support Staff timesheets WIP, behind due to lack of HR resource and HQ relocation.
	Project Manager's Progress Summary	<p>Milestones above relate to tasks within the Firewatch project (previously Phase 1 only) which are currently in completion phase. New milestones for the next phase will be established shortly, and reporting will then take place against them.</p> <p>Firewatch Board is reviewing current resource allocation to the project to ensure outstanding tasks within the Firewatch project scope (previously Phase 1 and Phase 2) are delivered within a two year timeframe culminating in integration with the 4i Mobilising system.</p> <p>Officers are also reviewing the current portfolio of Firewatch reports in order to include any new developments available from the supplier.</p>						

Emergency Services Mobile Communications Project (ESMCP)
SRO: Richard Fowler
AD Operational Support and Resilience (T)

This is a national project to replace the outdated Airwave radio system. It involves all emergency services across the whole county. The project is being led by central government and implemented on a regional basis. ESFRS are therefore working with West Sussex, Surrey and Kent Fire and Rescue Services on the joint project. The project will deliver a secure communications network utilising the EE 4G commercial network to deliver voice and data.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Scope and Deliverables for ESMCP	50%	30/10/2017	30/10/2017	0	In progress	RF	Full scoping review to be compiled for ESMCP through transition to BAU. Deliverables and aspirational implementation products to be clearly identified and work streams resource requirements defined accordingly.
2	Project Office set up	100%	01/11/16	30/11/16	-29	Completed	RF	Governance signed off. Execution plans and local timelines are in final stages of development prior to sign off and publishing. RAID log in operation and reviewed at Regional and Local board level, we have sought to broadly align the WSFRS and ESFRS RAID log. PID is under review, need to define ToR. Central programme are re-baselining the programme, expected November 2017, after this existing local execution plans will require update and adjustment. PID for ESFRS is 85% complete.
3	New equipment for vehicles and officers to be identified and ordered.	10%	31/09/2019	31/09/2019	0	In progress	RF	Vehicle solution is in final design stage, awaiting user group workshop to ensure suitability. Initial expectation is 3 separate options, car, appliance and enhanced coverage "net" device. Awaiting clarification of options before making procurement and deployment decisions.
4	Vehicles fitted with equipment	10%	15/09/2018	15/09/2019	-365	In progress	RF	Planning assumptions have been identified, based on the Firelink Project. Awaiting further details from central.
5	Equipment issued to staff (officers)	5%	15/06/2018	15/09/2018	-92	In progress	RF	Awaiting devices specification release from manufacturers. Expected Autumn 2017. Hand held devices are in final stages of evaluation by end users (David Baker WSFRS for SE Region), accessories are also under evaluation per device. Product availability moved to January 2018.
6	Emergency Services Network connection to control room.	20%	15/01/2017	15/12/2018	-699	In progress	DD	The order form completed and in process. Funding received for installation and 2 year rental. Connection of ESN to Maresfield is under review, considering resilience, connectivity, cost and usage. Options to include dedicated second DNSP service, hand held devices and ESFRS network routing.
7	Equipment for SCC (connection to Frequentis ICCS) ordered and ready.	45%	15/01/2017	15/06/2017	-151	In progress	DD	ITG are developing a comprehensive business case to support the procurement of the ICCS, reviewing all suppliers, in collaboration with Remsdaq to ensure solution best fit. Original solution provider Frequentis may not meet SE Region timelines for installation. Milestone delayed due to on running dependent project. Negotiations ongoing with Remsdaq as Prime system provider for SCC for ICCS. Under the Remsdaq contract they have complete control of system integration and specification for ICCS. Revised 'ROM' rough order of magnitude, received from Remsdaq – grant funding request submitted to central programme. £500K already received.

8	Maintenance and support systems in place	5%	15/06/2017	15/09/2018	-457	In progress	DD	Initial conversations held with Telent, need to define deliverables for the Self Service Portal (SSP). Awaiting service definition for SSP from central programme.
9	Redundant equipment removed and disposed of	10%	15/06/2018	15/09/2019	-457	In progress	DD	Initial conversations held with Telent, need to define deliverables for the secure removal of Airwave devices. ESMCP have not published security requirement for redundant equipment.
10	New communications system installed and in use	10%	15/01/2017	15/09/2019	-973	In progress	RF	Re-baselining of the National Plan is expected in July 2017. Postponed until November 2017
	Project Manager's Progress Summary							<ul style="list-style-type: none"> Initial local execution plans defined by project manager with a proposed transition date of 01 March 2019 will require review following new re-baselined National Programme timeline. Dependant services have been placed on 'hold' until related project workloads and pinch points can be identified. ESFRS remain ahead of schedule, ITHC has finally been completed and Telent have been commissioned to provide scoping works schedule for remediation. EE network coverage assessment work has commenced to identify actual coverage versus EE projections. Programme enrolment documentation is with Procurement for review, currently it is felt there is a lack of detail and information for confident sign off. Submission of 2nd phase of control room grant funding is complete, programme specialist will be scrutinising and moderating all submissions. ESFRS have requested funding for IT related works including ICCS upgrade, system integration with 4i and ESN, secondary control room resilience devices. <p>Project Co-ordinator's note: Finish date variances are due to programme rescheduling at national level. Therefore, we are likely to reset these milestone dates to reflect changes made to our schedule.</p>

Replacement Respiratory Protective Equipment (RPE) and Radios

SRO: Richard Fowler
Assistant Director- Operational Support and Resilience (T)

The main reason for replacement RPE is that the current equipment we have has reached end of life. The current set is now no longer supported by the manufacturer and is out of production. This project will deliver new technology that allows us to monitor our fire-fighters more closely. The clear benefits are the increase in safety very much based on the national risk assessment that indicates that it is safer to utilise telemetry.

The business benefits support the Service's dedication to fire-fighter safety in monitoring individual users during an incident. This is the same set that is used by bordering services so there are clear operational benefits. We will be able to use the cylinders we already have, saving over £200,000.

In the absence of a project manager, we have left finish dates and variances as they were; update in end section.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Research complete	100%	30/04/2017	15/08/2017	-107	Complete	BB/FW	Research completed for BA sets and telemetry. Initial radio trials and ancillary trials completed. Final manufacturer's trials not completed as awaiting Risktech report.
2	Pilots complete	100%	15/06/2017	15/08/2017	-61	Complete	BB/FW	RPE finalised. Radio project on-going due to decision to outsource risk assessment to Risktech
3	Contract for radios awarded	0%	15/08/2017	15/10/2017	-61	Delayed	BB/FW	Radio project on-going due to decision to outsource risk assessment to Risktech
4	Contract for RPE awarded	100%	15/02/2017	15/02/2017	0	Completed	BB/FW	Contract awarded to Drager,
5	Radios delivered	0%	15/10/2017	15/10/2017	0	On Schedule	BB/FW	
6	RPE delivered	100%	01/09/2017	01/09/2017	0	Complete	BB/FW	All equipment has now been delivered.
7	Radio training complete	0%	23/12/2017	23/12/2017	0	Not started yet	BB/FW	Radio project on-going due to decision to outsource risk assessment to Risktech
8	RPE training complete	50%	15/07/2017	15/07/2017	0	On Schedule	BB/FW	RPE training manager in role. Phase A complete and Phase B about to commence.
9	All policies, risk assessments etc. done	70%	15/09/2017	15/09/2017	0	Delayed	BB/FW	Equality Impact Assessment and Privacy Impact Assessment complete. Equipment Risk Assessment completed and signed off Breathing Apparatus and Telemetry equipment manual note out for consultation. Ops manual note consultation complete awaiting sign off
	Project Manager's Progress Summary: (supplied by Strategic Engineering Manager in absence of project manager)							<ul style="list-style-type: none"> October 2017: Engineering are working to complete the vehicle conversions and currently pleased to advise are ahead of the original predicted completion date. The target date remains to have the equipment on the run fully by the end of the year Invoices are being audited and paid as equipment is delivered and all is on time. Engineering are developing a new targeted approach to the maintenance of RPE to remove risk and cost the major part of this work is dedicated battery/power management Some minor specification updates have been completed all sets have been linked to individual Stns through a scrolling text on the bodyguard Engineering are isolating the link between BA communications and the set itself as requested by the RPE project Chair. The main focus is on the next phase of training and the training packages have been completed in readiness for delivery on Stn Policy and manuals are in the final stages of completion

Bridging the Savings Gap SRO: Richard Fowler AD Operational Support and Resilience (T)		The intention is that on 01/06/2017 training drops to 2 days. Water training goes to 3 years from 2 years. Other changes on track for delivery by April 2018. Project board will meet again at year end to review progress.						
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Set up working groups (D1, D2)	100%	01/11/2015	01/11/2015	0	Complete	HSY NC	Delivered
2	Retirement Profile mapped against Stations (D3)	100%	01/11/2015	01/11/2015	0	Complete	LB	Delivered
3	Revise policies and associated EIAs(D4)	100%	30/04/2016	30/04/2016	0	Complete	NC, KR	Delivered
4	Develop revised training strategy (D1 and D9)	40%	01/01/2017	01/01/2017	0	Behind schedule	HSY	Currently, reduction in standard crewing is not causing problems in extraction for training. However, the extension of standard crewing across the Service may impact training extraction. From 1 Jan 2017 changes will begin to be implemented to deliver training flexibility, as required by reduced numbers on stations.
5	Establishment Reduction Management Plan (station by station not yet available) (D10)	100%	30/06/2016	30/06/2016	0	Complete	RL	Establishment Reduction Management Plan has been done.
6	Xmas Shopping Day letters / remove from Firewatch (D13)	100%	01/11/2015	01/11/2015	0	Complete	LB	Delivered
7	CMT paper re Day Crewed Manual Note (D14)	100%	30/06/2016	30/06/2016	0	Complete	KR	Delivered
8	Amendments to PDAs, eg for lifts, Specials	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
9	Amendments to Core Stations Policy (D17)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
10	Amendments to Crewing Policy (D18)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
11	Amendments to Combined Crewing Policy (D19)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
12	Amendments to Leave Policy (D21)		30/06/2016		0		KR, NC	
13	Amendments to Recall to Duty Policy (D22)		30/06/2016		0		KR, NC	
14	Amendments to Career Break Policy (D23)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
15	Communications Plan (D24)	100%	29/02/2016	29/02/2016	0	Complete	EC	EC briefed after meetings; CMT briefed on deliverables
16	Performance management metrics 1) Overtime	50%	31/07/2016	30/06/2017	-334	Behind Schedule	MOB, SM	Progressing

17	Performance management metrics Appliance availability	100%	31/07/2016	31/07/2016	0	Complete	MOB, SM	Delivered
18	Resilience crewing (D26)	100%	30/06/2016	30/06/2016	0	Complete	MOB	Delivered
19	Privacy Impact Assessment (D5)	100%	30/04/2016	30/04/2017	0	Complete	NC, DL	Complete as needed
20	Travel Plan		30/06/2016		0	Complete		
Project Manager's Progress Summary:		Key policy changes, required to support changes in crewing levels, now all delivered. Changes to training strategy to reduce requirement for extraction from stations, being further developed with initial changes taking place in January 2017. Overall establishment reduction plan now in line with savings schedule agreed by Fire Authority.						

P-Cards SRO: Duncan Savage, AD Resources / Treasurer								
This project will introduce procurement cards to streamline purchasing processes. It will involve training staff, and developing new policies and guidance. We will also need to implement monitoring systems for the spending.								
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Business Process Re-engineering (Lean Review)	100%	17/06/2015	31/07/2015	-44	Complete	CG	Lean review completed and action plan drawn up.
2	Option appraise & identify optimum P/Card scheme	100%	24/11/2016	24/11/2016	0	Complete	CG	Existing scheme offers the optimum solution, there are significant integration implications should we opt to switch suppliers.
3	Identify areas/departments which might benefit from P/Cards	100%	04/11/2016	04/11/2016	0	Complete	CG	
4	New training programmes (may include suppliers)	80%	25/01/2017	25/01/2017	0	In progress	CG	Training defined, once we have clear timeline for rollout, L&OD will formulate JIs and monitor refreshment training
5	Refresh policies, guidance & establish protocols for monitoring spend	100%	25/01/2017	25/01/2017	0	Complete	CG	
6	Phased implementation, Service-wide	0%	16/03/2017	16/03/2017	0	See note	CG	<p>ESFRS & ESCC have met to resolve communication issues between SAP & SDOL. The fields are replicated, the next step is to re-establish the Biztalk connection and test if this revised format will successfully load into SAP.</p> <p>ESCC Application Development are reviewing the effort required to reinstate the Biztalk connection and will advise a timeline to deliver asap.</p> <p>Update from Brian Smith- Head of Operations Orbis- 05/06/17- Orbis remain on target to deliver the development required for SDOL by the beginning of July, followed by a period of testing by ESFRS Procurement & Finance. Estimated go live is the end of July and the cost to deliver this is forecasted at between £2.5k-£3k, payable upon successful implementation.</p>

This report discusses the second quarter position. It shows the Panel the business risks identified and how they have or are being mitigated.

It was agreed by CMT that from Quarter 4 under the heading Key actions where an action was not complete a target date would be added. After an initial delay these are now in place.

Work on departmental risk registers has made slow progress however resources are now being put in place to support Assistant Directors progress their departmental risk registers giving a route to the Corporate Risk Register any departmental risk scoring 9 or above.

Project Boards discuss the Project RAID log as a standing agenda item. At Appendix C is a summary of the Project RAID Log for all risks scored 9 or above.

All project plans have been reviewed to ensure the Pre-Scoring and post scores are appropriate.

RECOMMENDATION

The Panel is recommended to approve the latest Corporate Risk Registers.

Appendix A

CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

Impact / Likelihood	Moderate (1)	Significant (2)	Serious (3)	Critical (4)
Certain/High (4)	Tolerable (4)	Moderate (8)	Substantial (12)	Intolerable (16)
Very Likely (3)	Tolerable (3)	Moderate (6)	Moderate (9)	Substantial (12)
Low (2)	Tolerable (2)	Tolerable (4)	Moderate (6)	Moderate (8)
Unlikely (1)	Tolerable (1)	Tolerable (2)	Tolerable (3)	Tolerable (4)

Corporate Risk and Project Raid Log Scoring Matrix

Impact	Moderate	Significant	Serious	Critical
Score	1	2	3	4
Financial	≤ £10000	≤ £100,000	≤ £500,000	≤ £1 m +
Reputation	Damage limitation	Adverse Publicity	Poor Reputation	Complete loss of public confidence
Service Delivery	would not restrict or service delivery	Could restrict service delivery or restrict delivery of an ESFRS Aim	Could stop service delivery or unable to delivery an ESFRS Aim	Would affect service delivery to our communities

Likelihood	Unlikely	Low	Very Likely	Certain/High
Score	1	2	3	4
Frequency	One case reported in the past 5 years, may re-occur if only limited control measures are not applied and continued monitoring. (0-24% probability)	One or two cases in the past 2 - 5 years or may re occur if not all control measures are not applied within the next 6 months and continue to monitor. (25-49% probability)	One or two cases in past 2 years or expected to happen if controls measures are slow being applied, and failure to monitor progress. (50-74% probability)	One or more cases in past 2 years. Failure to take immediate action could impact on service delivery or safety of personnel/ community. (75-100% probability)

Corporate Risk Register

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
1 Financial	4	Failure to identify and deliver efficiencies required to balance the MTFP and meet Fire Authority direction for re-investment in services. Uncertainty of future funding and potential impact on future service delivery model.	4	4	16 (Intolerable)	<ol style="list-style-type: none"> 1) Budget agreed for 2017/18 along with MTFP setting out plans for a balanced budget to 2021/22. Assumes 1.94% p.a. increase in Council Tax each year and delivery of all agreed savings. Completed February 2017. 2) MTFP Update reported to CFA Sept 2017 identifying need for additional savings of £1.6m by 2022/23. Efficiency Strategy agreed to form basis of identifying those savings. Ongoing through 18/19 budget setting process. 3) Continued monitoring of the review of Business Rates Retention and the possibility of a move to Home Office grant for fire authorities. Ongoing, Local Government Settlement expected 4 December 2017. 4) Delivery of savings monitored on a monthly basis and reported to CMT and Members. Ongoing. 5) Opportunities for further collaboration with public sector partners being examined especially around support services and through Emergency Services Collaboration Project. Ongoing. 6) Bridging the Savings Gap project and review of Operational Pay budgets will ensure delivery of savings from changes to crewing. Completed September 2017. 7) Ongoing work through ESFOA seeking to maximise income from council tax and non- domestic rates. Ongoing. 8) Business Rate Pool dissolved for 2017/18 on basis of risk assessment. Service funded by this income stream will be reviewed but can be supported through 2017/18 via reserves. Re-pooling will be considered for 2018/19. East Sussex Treasurers' conclusion November 2017. 9) Improvement and Efficiency reserve 	3	2	6 (Moderate)	CFO	AD Resources / Treasurer

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
						<p>established to fund transformation initiatives. Completed 2013, current balance £1.5m.</p> <p>10) IRMP reviews will more clearly link service provision to the public, to the MTFP. Completed February 2017.</p> <p>11) Efficiency Plan approved by the Home Office to secure multi-year funding offer providing some certainty to aid financial planning. Completed January 2017.</p>					
2 Technology	4	<p>1) Inadequate ICT and technology provision.</p> <p>2) Failure to deliver the desired improvements and transformation to a modern ICT infrastructure.</p> <p>3) Inadequate ITG arrangements and contract management.</p>	4	4	16 (Intolerable)	<p>1) IMD Transformation, to deliver the agreed ESFRS ICT Strategy.</p> <p>2) To ensure effective contract management of the telent Contract.</p> <p>3) To ensure Effective performance management framework of both internal client side and outsourced provision.</p> <p>4) To ensure transparent funding and budget management and also benefit realisation of ICT transformation.</p> <p>5) This will be achieved through new governance arrangements:</p> <ul style="list-style-type: none"> • active monitoring of delivery by ITG (Information Technology Governance). Ongoing, • monthly contract management meetings. Ongoing, • quarterly IT Strategy Board meetings. Ongoing, • periodic reporting to CMT and Scrutiny & Audit Panel. Commenced September 2017), • monitoring of IT service delivery against suite of KPIs. Ongoing. • development of outline and full business cases to support all new IT Strategy projects including benefits realisation. Ongoing. 	3	2	6 (Moderate)	CFO	AD Resources / Treasurer
3 Partnership	1	1) Sussex Control Centre does not deliver effective mobilisation	4	4	16 (Intolerable)	<p>Remsdaq Project</p> <p>1) The Factory Acceptance Test (FAT) is now preceded by a joint pre-FAT</p>	4	3	12 (Substantial)	ACFO	AD OS&R

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
		<p>service or planned savings.</p> <p>2) Failure to deliver full specification for mobilising leading to contractual issues.</p>				<p>program overseen by the SCC Implementation Project Board. Completed January 2017.</p> <p>2) The Site and User Acceptance Tests will ensure specification and functionality tested after installation at Hayward's Heath. Target October 2017.</p> <p>3) Any milestone payments are not triggered until pass of acceptance tests and these are staged. Completed March 2017.</p> <p>4) SCC 'go live' will be subject to sign off by both Senior Users, and the 'switchover' operation will be agreed and validated by SCC Implementation Project Board. Go live authorisation process being finalised. Target November 2017.</p> <p>5) Regular monthly progress and financial reporting to SCC Implementation Board, both Management Teams and the Executive Governance Board. Ongoing.</p> <p>6) Savings target for 2016/17 revised to reflect delays in implementation. Completed February 2016.</p> <p>7) Additional resources made available due to extension of the go live date to ensure interim service is maintained in accordance with Section 16, these costs are shared. Completed June 2017.</p> <p>8) The project has been subjected to scrutiny by internal audit, report findings are now progressed and monitored by the SCC Implementation Board. Ongoing.</p> <p>9) Additional support in the form of a Technical Project Manager now in place to refresh and refocus project management arrangements. Completed July 2017.</p> <p>10) The maintenance contract for the 3tc legacy system has now been extended. Completed June 2017.</p> <p>11) The Home Office have commissioned an external review of the project to date to consider matters related to the delay in</p>					

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
						<p>implementation. The outcomes from this review will provide further support to the Service in relation to delivering the project. Completed March 2017.</p> <p>12) Recommendations from HO report and subsequent assurance visits have now been captured within an action plan overseen by SCC Implementation Board. Completed March 2017.</p> <p>13) May 2017 further reassessment of progress has resulted in revised timeline and resourcing plan which indicates further delay. This has been shared with HO, Remsdaq and WSFRS. Discussions on impact and mitigation on-going.</p> <p><u>Business as usual</u></p> <p>1) Section 16 and SCC Concept of Operations provide the strategic operational framework for the SCC, including arrangements under which call handling, mobilisation and related functions are discharged. Completed December 2012.</p> <p>2) SCC Operational Governance Board, made up of reps of Services, meets monthly to ensure that the Joint Control is effective, efficient and resilient and that any issues and areas of concern are reported and acted upon. Ongoing.</p> <p>3) ESFRS specific operational and performance matters considered at the relevant management team meetings. Ongoing.</p> <p>4) SCC staffing is a significant concern. Current establishment levels and working arrangements are challenging for staff and managers. There is higher sickness levels and potential increase in attrition. Current arrangements include fixed term contracts, zero hour contracts, and there are plans to move forward with dual operator training. These arrangements</p>					

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
						<p>will be reviewed once 4i is installed, tested and operational. Last reviewed and actioned May 2017. Senior Management meetings with local managers and rep body officials have identified a number of actions to resolve outstanding issues and improve local processes. Ongoing.</p> <p>5) Refreshed approach to attendance management now being implemented through combination of support and engagement with staff and application of service policies. Completed May 2017 with Group Manager appointed on temporary basis to provide additional managerial capacity and support.</p>					
4 Leadership	3	Failure to effectively lead/manage the Service through a period of significant change as a result of lack of corporate capacity, management competences and poor staff engagement	4	3	12 (Substantial)	<p>1) Planning & Improvement AD and Communications and Marketing Manager to review staff communication strategy to promote effective organisational communications. Completed and was reviewed in 2016 following the restructure. Completed April 2017.</p> <p>2) Members are to consider proposals for a Talent Management Scheme to address and support mitigations on future risks and succession planning. Now part of the Reform & OD programme. Target September 2018.</p> <p>3) Restructure to address a number of strategic roles and management structures. Completed April 2017.</p> <p>4) A People and Organisational Development Strategy will be developed which draws out the main drivers for change over the next five years and the impact on our people. Approved by the CFA in September 2017.</p>	3	3	9 (Moderate)	CFO	DCFO/ACFO
5 Community	1	1) Longer term Industrial Action (IA) could impact on the ability to deliver services, impact on the	3	3	9 (Moderate)	<p>1) Constant Review of Business Continuity and Industrial Action Contingency Plans. Ongoing.</p> <p>2) Maintain consultation and negotiation with</p>	2	3	6 (Moderate)	ACFO	AD OS&R

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
		relationships with the workforce and has the potential for reputational damage 2) Short to medium term impact of Action Short of Strike (ASOS)				trade unions. Ongoing. 3) Maintain effective communications with staff, staff groups and trade unions to ensure a connection with national negotiations, communication and impact highlighted in local discussion. Ongoing. 4) The FBU has made a legal challenge to the FPS 2015 on the grounds of potential discrimination. The NJC is managing the claim on behalf of all FRS on a shared cost basis and has signed up Bevan Brittan LLP to act on our collective behalf. Completed July 2015. FBU have advised no industrial action to take place under this dispute until at least June 2017. 5) A specific business continuity plan to be developed to deal specifically with the impact of industrial action and provide suitable contingency to ensure effective operational resilience, response and preparedness is maintained throughout any such dispute. Target March 2017.					
7 Resource	3	Failure to maintain staff morale, motivation and attitudes will adversely impact on service delivery/ performance and the ability to successfully deliver service transformation/ ESFRS change programme.	4	3	12 (Intolerable)	1) Support middle and senior managers to ensure regular meetings and engagement with staff and to review feedback from managers. Ongoing. 2) Ensure staff representative bodies are engaged with and informed of emerging issues. Ongoing. 3) Continue to develop communication opportunities including where appropriate, social media and new Communications Strategy. Ongoing. 4) Staff briefings and engagement for SHQ relocation proposals. Ongoing. 5) Trade Union and management briefings in place October 2015 to discuss outcome of local consultations on savings proposals. Completed April 2016. 6) Bridging the savings board is now managing implementation with engagement of staff and rep bodies from 1st April 2016. Completed April 2016.	3	3	6 (Moderate)	ACFO	CMT

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
						<ul style="list-style-type: none"> 7) Develop a strategy to ensure a clear, effective sustainable framework for future staff engagement. Target to be determined. 8) Programme of PO and CMT visits to all staff groups and stations. Ongoing. 9) Employee Engagement Framework now included in Reform and OD Programme. Completed. 					
9 Health and Safety	1,3,4	<ul style="list-style-type: none"> 1) An incident occurring which could impact on the health & safety of our staff, specifically in a training environment & the risk of HSE intervention. 10) The Authority's H&S approach is not effectively targeting the highest risk areas. 	4	3	12 (Substantial)	<ul style="list-style-type: none"> 1) An action plan has been put in place in response to the Accident Investigation report which will reduce the risk of recurrence of heat stress incidents in a training environment. A full report will go to the HSWC and CMT in January & February 2018 – with a view to this work being completed and therefore closing down this action. 2) Changes to the management and staffing structure at CMT and STC agreed and started. Completed December 2016. 3) The Authority has agreed to £300k capital scheme to make improvements to its 4 BA Chambers (including those at STC). Completed 2017. 4) Broader changes are being made to our H&S approach following a H&S Peer Review carried out by a third party. Completed August 2017. 5) Restructure of H&S Team approved by CMT. Completed July 2017. 6) Changes to governance structures for Health, Safety & Wellbeing approved by CMT and being put in place. Completed February 2017. 	3	2	6 (Moderate)	ACFO	AD Training & Assurance
11 ESMCP / ESN	1, 4	<ul style="list-style-type: none"> 1) Failure to complete transition readiness requirements in line with Home Office expectations by September 2018 resulting in failure to 	4	3	12 (Substantial)	<ul style="list-style-type: none"> Transition 1) SE Regional Transition Governance Plan identifies project management, planning, funding and governance arrangements including reporting process providing assurance to HO. Ongoing. 2) Local project management and 	3	3	9 (Moderate)	DCFO	AD OS&R

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
		<p>transition before August 2019.</p> <p>7) Airwave begins to fail as it approaches end of life and there is no suitable replacement resulting in ESFRS failing to mobilise emergency resources as required under the Fire & Rescues Services Act.</p> <p>Although the failure of ESN or delay of ESN would sit with the Home Office, failure to mobilise appliances would still be the responsibility of the Fire Authority in this situation</p>				<p>governance arrangements overseen by Project Board chaired by CMT member. Ongoing.</p> <p>3) Joint ESFRS / WSFRS Project Manager recruitment process now underway. Completed April 2017.</p> <p>Legacy failure</p> <p>1) National, regional and local governance and communications arrangements will ensure that ESFRS has early warning if it appears this risk is likely to materialise. Ongoing.</p> <p>2) ESFRS will work with regional blue light partners to understand likelihood and potential alternative solutions. Ongoing.</p>					
12 Pensions Administration	3,4	Failure to comply with statutory requirements and performance standards for administration of Firefighter Pension Scheme. Possible sanction by the Pension Regulator (tPR).	3	3	9 (Moderate)	<p>1) Breach of Pension Act as result of failure to meet deadline for production of Annual Benefits Statement reported to TPR who confirmed no intention to take action at this stage. Completed but problem reoccurred in 2017/18.</p> <p>2) Officers have met with representatives from Orbis our pension administration provider to raise concerns regarding compliance and performance. Completed March 2017.</p> <p>3) Orbis has presented improvement actions to local FPS Pension Board and now attend on a quarterly basis to report progress and report on performance. Ongoing.</p> <p>4) Officers to track progress through bi-monthly contract review meetings with Orbis. Ongoing.</p> <p>5) New agreement to reflect all financial services provided by Orbis to be put in place by 31 March 2017. Revised target 1 January 2018.</p>	3	2	6 (Moderate)	DCFO	AD HR&OD / AD Resources / Treasurer

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
13 General Data Protection Regulations	1	Failure to effectively review and implement minimum recommended changes from the Information Commissioners Office and required regulation changes could impact severely on key services and leave the organisation vulnerable for large fines.	4	3	12 (Substantial)	Dec 16 Report and recommendations to CMT, policy, service delivery review and changes to meet new regulation. Training and awareness programme. All changes by March 2018. 1) To complete the review, using the Information Commissioners Office 13 point Plan. To be actioned by the DPO in liaison with AD's and relevant Managers as appropriate and be completed by February 2018 2) Replace the current ESFRS Data Protection Act policy and create a new ESFRS General Data Protection Regulations policy by February 2018 to allow for necessary consultation and approvals before May 2018	2	2	4 (Tolerable)	AD Resources Treasurer	Finance Manager
14 Safeguarding	1, 2	Lack of awareness causing a risk of staff or volunteers failing to recognise and take appropriate action where a 'Safeguarding' issue exists which may result in unnecessary harm to individuals that in turn results in damage to the Authority's reputation and exposure to potential litigation	4	3	12	1) Safeguarding Board has commissioned new training and identified the groups of people who need to undertake. 2) The programme of training will be rolled out in the new year and the policy will be refreshed to reflect these changes. 3) Communications items will be fed out to the organisation to raise awareness of process and required training.	4	1	4	AD Safer Communities	

ESFRS Corporate Projects Risk Report

Q2 July, August, September 2017

Compiled 05/10/2017



Project	Identified	Review	Description of Risk	Initial Likelihood Certain - 4 Very Likely - 3 Low - 2 Unlikely - 1	Initial Impact Critical - 4 Serious - 3 Significant - 2 Minor - 1	Initial Score (9-16)	Mitigation	Likelihood after Mitigation	Impact after Mitigation	Residual Risk Score (9-16)	↑↓	Owner
R1	SCC	02/08/2017	04/09/2017	Additional unfunded amount puts pressure on budgets of East and West. Identified extra spending is in the order of £400K to deliver project by 29/11/2017. Risk that this is not appropriately managed, that CMT does not realise this amount is required, or that Services are not able to find additional funding	3	3	9	Increased spend has been formally reported to ESFRS CMT and CFA Members. This amount must be formally reflected in the project budget report and spending against it is properly recorded and accounted for. Formal budget position has been reported to WSFRS with meeting scheduled for 12 th October to resolve outstanding issues and agree appropriate cost apportionment.	3	3	9	ACFO
R2	SCC	27/04/17	04/09/2017	Impacts of change in go-live date have risks for project delivery across all milestones. Leave embargo has started - Go live will be outside the leave embargo period (Training will still be completed in leave embargo period) SCC crewing risk as potential to be running at minimum following end of leave embargo 26 June - leave has been booked on either side of the embargo dates which will have to be honoured. MDT's rollout is also affected and will need to be postponed.	4	4	16	Agreed start date for MDT roll out now identified Risks to project delivery will be mitigated following successful OAT and UAT testing phases. Evacuation impact assessment required by close of play 11 th October 2017 Resourcing of UAT, control room and evacuation plan all being identified ITG and Talent has a revised plan and timeline. DD's team commissioned to work on this. MDT rollout - Decision point can be taken to review the MDT position and rollout in a short timeframe at go live. 95% of firefighters will need to be trained.	3	3	9	ACFO
R3	RPE and Radios	30/01/2017	08/05/17	London is procuring new appliances and this may lead to a bottleneck regarding Drager's ability to deliver.	3	3	9	Board recognised risk rating had not been reduced post-mitigation. None possible because we are bound by the procurement rules. Procurement Manager and Engineering will investigate way forward with Drager.	3	3	9	Assistant Director OS&R

No risks above an "8" were reported by RPE, ESMCP, FireWatch, Savings Implementation Group, or P-cards projects. IMD Transformation risks have been closed or transferred to ITG.

2. **MAIN ISSUES**

2.1 A full breakdown of the Quarter 2 statistics can be found in Appendix A.

2.2 **Indicator No. 1 - The number of Safety Events received**

There were 51 Level 1 Safety Events reported to the HSW Department in Quarter 2 and they are spread across the four category types of incident as:

Injury sustained	26
Vehicle accident	10
Near Hit	14
Damage to premises/equipment	1

This compares with 75 Safety Events reported in the same quarter in 2016-17. The other indicators will give further breakdown into the accident types across these categories e.g. slips/trips, manual handling etc.

2.3 **Indicator No. 2 – The number of RIDDOR incidents**

There were 6 RIDDOR reportable incidents in Quarter 2 as compared with 3 in the same quarter last year. The breakdown of these RIDDOR reports are 3 for incapacitation over 7 days and these were as a result of:

- i. work-related illness (pre-existing Type 1 diabetes condition exacerbated by stress in the workplace). A Level 2 investigation is currently being undertaken.
- ii. a twisted back sustained when rushing to don over trousers and fireboots; and
- iii. an ankle injury after tripping on a piece of plastic on the drill yard.

The other 3 RIDDORs were for a type of 'Dangerous Occurrence' and all three were as a result of the malfunction of Breathing Apparatus (BA). All three incidents happened in September with sets from Training Centre and Level 2 investigations are currently being undertaken on all three sets to determine the cause(s) of the malfunction. It should be recognised that the Service's BA sets are due to be fully replaced in the latter stages of Quarter 3 / beginning of Quarter 4. This should see a reduction in BA set issues moving forward.

2.4 **Indicator No. 3 – The number of manual handling incidents**

There was another drop in the number of manual handling injuries reported in Q2 with 3 recorded as compared with 6 in the same quarter last year. None of these injuries resulted in a RIDDOR report. The causes of the injuries were lifting children onto an appliance at an open day; strain while assisting the ambulance service with a casualty who had fallen behind a wall; and tightness in lower back after attending an RTC. The Service Fitness Adviser has followed up with these individuals to support them with any recovery and strengthening exercises to help prevent future injuries.

2.5 **Indicator No. 4 – The number of slips, trips and falls**

There were 9 reports of slips, trips and falls in Quarter 2 2017/18 compared with 6 in 2016/17. Five incidents reported occurred on operational duties while attending fires, where it is more challenging to identify potential slip and trip hazards. The other four reports happened as part of drills/training which are more easily

preventable. One of these incidents resulted in an absence of more than 7 days for the injured party and detail is shown in the RIDDOR section above. Historically, this type of injury has remained quite static and, given the nature of the work that the Service undertakes, the figure for slips, trips and falls remains consistently low.

2.6 Indicator No. 5 – The number of vehicle collisions

The number of vehicle collisions has remained steady over the first half of this year with 10 reports in both Quarter 1 and Quarter 2. There has been a significant decline in the number of vehicle accidents when comparing Quarter 2 this year with the performance in Quarter 2 in 2016/17 when there were 22 vehicle accidents. The cause of vehicle accidents is varied with 1 incident caused by overgrown foliage in Woodingdean; 2 were collisions with fixed/static objects e.g. pillars, parked cars; 5 were collisions with other moving vehicles e.g. lorry, horsebox and caravan wing mirrors. 1 incident was a service vehicle grounded on an uneven surface; 1 incident was ladders on top of an appliance striking bay doors. A sub-group of the WSR Committee has met to address the issue with bay doors and a recommendation is going to the October Committee to standardise the time for closure of bay doors to prevent appliances striking the doors.

2.7 Indicator No. 6 – The number of incidents where working time was lost.

There were 9 incidents of lost working time in Quarter 2 when compared with 10 incidents in 2016/17. Three of these occurrences were the injuries reported under Indicator No.2 RIDDORs, the others were short duration absences due to stress (1), trip on the fire ground (3), shoulder struck by falling ceiling debris at a fire (1), suspected pneumonia (1).

2.8 Indicator No. 7 – The number of incidents of work-related violence.

There was 1 report of work related violence in Quarter 2 which was verbal abuse from the public at a fire incident. There were no incidents reported in Quarter 2 in 2016/17. Incidences of work-related violence remain very low.

2.9 Indicator No. 8 – The number of incidents of stress

There was 1 report of work related stress in Quarter 2 compared to 2 in Quarter 2 in 2016/17. This is not the same occurrence as the RIDDOR report of work-related illness exacerbated by stress reported under Indicator No. 2 as that incident occurred at the end of Quarter 1 but the over 7 day absence which triggers the RIDDOR report went into Quarter 2.

2.10 Indicator No. 9 – The number of near hits

In Quarter 2 there were 14 reports of near hits which is a decline on the 18 reported in 2016/17. The near hits covered a wide variety of issues some of which link back to other safety events already detailed and 3 of these include the RIDDORS for malfunction of BA sets. There were 2 reports of crewing below minimum at SCC and these are in addition to the 4 near hit reports in June (Quarter 1). This has been addressed with the recent recruitment of additional Fire Control Operators. Defective equipment or failure of equipment (aside from the 3 BA sets) ranging from failure of a Skyguard lone working device when tested, loose nuts on battery compartments to failure of a controlled dividing breech. There was one incident of an RDS recruit feeling faint on parade.

2.11 **Communication of Performance**

Quarterly reports continue to be sent to Assistant Directors and Borough Commanders on the safety events that have occurred in the areas that they are responsible for. This will enable them to address trends and patterns of incidents with their management teams to aid in preventing reoccurrence.

3. **Conclusion**

- 3.1 The interventions made in relation to manual handling training appears to be having a positive impact, however, the Service will continue to monitor the statistics. Further to that, the Service has seen a decline in vehicle incidents, again, the health and safety team will continue to monitor the statistics to ascertain whether this is a downward trend.

Full breakdown of statistics - Appendix A

	Per quarter 2017/18				2017/18	2016/17	2015/16	2014/15
	Q1	Q2	Q3	Q4	Actual Total	Actual Total	Actual Total	Actual Total
1. Number of safety events received	51	51			102	234	224	233
2. Number of RIDDOR incidents	3	6			9	9	3	6
3. Number of manual handling Incidents	6	3			9	23	30	14
4. Number of slips, trips & falls	8	9			17	19	18	14
5. Number of vehicle collisions	12	10			22	60	44	53
6. Number of incidents where work time lost	7	9			16	26	20	16
7. Incidence of work-related violence	0	1			1	8	4	5
8. Incidence of stress	3	1			4	9	3	15
9. Number of near hits	17	13			30	46	61	59

