



## **EAST SUSSEX FIRE AUTHORITY**

### **SCRUTINY & AUDIT PANEL**

**THURSDAY 1 FEBRUARY 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.	
135	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
136	1	Apologies for Absence
137	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)
138	3	<a href="#"><u>Minutes of the last Scrutiny &amp; Audit Panel meeting held on 2 November 2017</u></a> (copy attached)

Item No.	Page No.	
139	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
140	11	<a href="#"><u>Service HQ Relocation – Project Closure – Report of the Assistant Director Resources/Treasurer</u></a> <i>(copy attached)</i>
141	43	<a href="#"><u>External Audit Update – Report of the Assistant Director Resources/Treasurer</u></a> <i>(copy attached)</i>
142	81	<a href="#"><u>Performance Report 2017/18 Quarter 3 – Report of the Assistant Director Planning &amp; Improvement</u></a> <i>(copy attached)</i>
143	107	<a href="#"><u>2017/18 Health &amp; Safety Statistics Report Quarter 3 - Report of the Assistant Director Training &amp; Assurance</u></a> <i>(copy attached)</i>
144	113	<a href="#"><u>2017/18 Third Quarter Corporate Risk Register Review – Report of the Assistant Director Resources/Treasurer</u></a> <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, 2 November 2017.**

**Members Present:** Councillors Galley (Chairman), Lambert, Osborne, Peltzer Dunn, Sheppard and Taylor.

**Also Present:** 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), Mrs. S. Milner (Performance Analyst), Cllr J Barnes (Chair of the Fire Authority), Mrs. K. Ward (Clerk to the Fire Authority), A Blanshard (Senior Clerk to the Fire Authority)

**120      DECLARATION OF INTERESTS**

120.1      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.

**121      APOLOGIES FOR ABSENCE**

121.1      None.

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

122.1      The Chairman informed Members that this was Kirsty's last meeting of the Scrutiny & Audit Panel. The Chairman thanked Kirsty for all the hard work and support that she had given to Members and Officers and wished her well in her new career.

**123      NON-CONFIDENTIAL MINUTES OF THE SCRUTINY & AUDIT PANEL MEETING HELD ON 14 SEPTEMBER 2017**

123.1      **RESOLVED** – That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 14 September 2017 be approved as a correct record and signed by the Chairman. (Copy in Minute Book).

**124      CALLOVER**

124.1      Members reserved the following items for debate:

- 126      Governance Review Proposal
- 127      IT Strategy Update
- 128      Performance Report 2017/18 – Quarter 2
- 129      Corporate Projects Progress Report 2017/18 – Quarter 2

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

**125**     **ANNUAL AUDIT LETTER**

125.1     Members considered, on behalf of the Fire Authority, a report of the Assistant Director Resources/Treasurer which consulted the Panel on the recently published Annual Audit Letter. (Copy in Minute Book).

125.2     **RESOLVED** – That the Panel approve, on behalf of the Fire Authority, the recently published Annual Audit Letter 2016/17.

**126**     **GOVERNANCE REVIEW PROPOSAL**

126.1     Members received the report of the Interim Assistant Chief Fire Officer (Interim ACFO) which outlined the options and scope for an independent review of governance arrangements of the East Sussex Fire Authority. (Copy in Minute Book).

126.2     The Interim ACFO reminded Members that the Fire Authority had requested a review be conducted into political and organisational governance arrangements in place across the Authority and in relation to East Sussex Fire and Rescue Service.

126.3     The Interim ACFO explained that the purpose of the review was to explore the application and effectiveness of current governance practice, structures and procedures. The review would be designed to assess whether the existing Authority and Panel structure remained fit for purpose and whether the Authority's governance arrangements were well designed and properly executed.

126.4     The Interim ACFO informed members that a "Member Reference Group" had been established and that the group had considered and refined the suggested key lines of enquiry, outlined in Appendix A to the report. These were presented to the Panel for consideration and comment. If agreed, these would form the basis of the review. Given the implications of the review, it was proposed that a report would be presented to the next meeting of the Fire Authority requesting approval to commence the review.

126.5     The Panel were informed that once approval had been given by the Fire Authority, then Officers would conduct a tender process to find a partner who would provide the necessary capacity, expertise and independence to conduct the review.

126.6     A discussion followed and Members suggested that under point 16 of Appendix A, officers should consider including a specific reference to member training on Scrutiny. It was also requested that Members be sent the draft tender document prior to the procurement process commencing. The Interim ACFO agreed that the document would be shared by email with Members for comment.

126.7     **RESOLVED** – That the Panel:

- i)     considered the contents of the report; and
- ii)    recommended the broad scope of the proposed review to the Fire Authority; and

- iii) directed officers to progress the review on the basis of the proposed way forward; and
- iv) agreed that members be sent the draft Tender document for comment prior to publication.

## **127 IT STRATEGY UPDATE**

- 127.1 Members received the report of the Assistant Director Resources/Treasurer (ADR/T) updating the Panel on the progress achieved against the delivery of the IT Strategy. (Copy in Minute Book).
- 127.2 The Interim IT Manager reminded Members that the Fire Authority had approved the new IT Strategy, which formed part of the IMD (Information Management Department) Transformation Programme, in June 2017, he explained that the purpose of the report was to update the Panel with the delivery progress of the strategy and to give Members the opportunity to request that additional information be included in future reports.
- 127.3 The Report contained details of the stages of the project that had been delivered, were in progress or those that currently were in the business case development phase. The Interim IT Manager explained that the next tranche of projects were at the time of the meeting being considered by CMT and would be brought to a future meeting of the Scrutiny & Audit Panel.
- 127.4 The Interim IT Manager explained to Members the highlights and lowlights of the project since the start of the year. Members were told that the Transformation was now almost complete, significant changes had been made and for the most part the response had been positive. The IT support of the HQ relocation had successfully concluded. The Sussex Control Centre Project IT was now tracking towards being in position to complete on 29 November 2017.
- 127.5 The Interim IT Manager informed the Panel that business cases were being developed regarding performance management, Customer Relationship Management (CRM). Flexible working capabilities had been extended and the Information Technology Governance (ITG) team working to ensure that where possible officers were enabled to work anywhere.
- 127.6 The Interim IT Manager explained to Members that the lowlights had largely involved project delays. Business Case development had been slower than expected and the Panel were assured that steps had been taken to address this and to provide greater speed in this area.
- 127.7 The Panel were told that this update had been largely focussed on issues surrounding project delivery. The next update report would include details on financial issues. The Interim IT Manager then invited Members to ask for more information on the contents of the report.
- 127.8 Members queried the status of some specific projects outlined in the Appendix to the report. Cllr Barnes queried the status of the Body Worn Cameras project. The Interim

IT Manager explained that the project had been presented to CMT at its October meeting and it had been decided not to proceed with the proposed approach. It was now with the business owner to decide whether to resubmit.

127.9 **RESOLVED** – That the Panel:

- i) acknowledged the progress made against delivering the IT Strategy ; and
- ii) agreed that the report had provided feedback on the content and format of the report and that it met the needs of the Panel.

## **128 PERFORMANCE REPORT 2017/18 – QUARTER 2**

128.1 Members considered the report of the Assistant Director Planning & Improvement (ADPI) which provided the Panel with a summary of service performance information for the 2<sup>nd</sup> Quarter of 2017/18.

128.2 The ADPI informed the Panel that the report showed a marked improvement against the previous quarter. The performance for quarter 2 had shown a decline in five areas against the previous year, three of which were showing a greater than 10% decline and had therefore been detailed in Appendix B to the report.

128.3 The ADPI reminded Members that at the last meeting of the Scrutiny and Audit Panel there had been a request that more information on sickness be included in the exceptions report as it was a priority area and one that was proving challenging to reduce. Members appreciated the inclusion of sickness, and looked forward to future reports containing more detail on the types of sickness which would make the figures more meaningful. The Panel asked for clarification on the number of employees who were currently on a phased return to work. The ADPI agreed to find this figure out to let members know.

128.4 Members voiced a concern that although there had been improvement on a number of categories, the figures suggested that the service was still in the worst quartile nationally. The ADPI reminded the Members that the report was very much a snapshot in time and that the national returns for 2016/17 had only just been received and that this report had been based on the return for 2015/16. The figures would be re-done to give a more accurate comparison. The Panel agreed that it would be easier to review our position when the new national figures were available.

128.5 The Panel discussed the number of Home Safety Visits completed in this quarter. The Panel asked whether safety checks on tumble dryers were included in the visits and if this was being well promoted, in particular on social media. The Interim DCFO confirmed that discussions around white goods were included in discussions at the visits. Members were informed that the public were directed towards the “Register My Appliance” website where they can register their white goods by serial number. Manufacturers use this site to contact people directly who own items set for safety recall. The Interim DCFO informed Members that, following the Grenfell Tower Fire, lobbying was underway for a better, national recall system. In addition to this, both the Home Safety Visits and ESFRS website provided simple safety tips including not to leave tumble dryers and washing machines running over night.

- 128.6 The Panel requested some clarification on our national quartile position for indicator 14 “undertake 10,000 Home Safety Visits”. The Report showed that, despite performance improving, we were in the worst sector nationally. The Panel wondered if other services were doing more, and whether this might be a matter of policy rather than performance.
- 128.7 The Interim DCFO explained that as, previously addressed, due to the lack of current figures, the report referenced 2015/16 national figures. There was a direct correlation between the number of Home Safety Visits and the number of Accidental Dwelling Fires. There had been a reduction over the past 10 years. ESFRS was targeting the most vulnerable in the community and not just the elderly. There were to be changes in the style of the Home Safety Visits, to become a “safe and well” visit. The Accidental Dwelling fire team were looking to retain the quality of our existing visits, but increase the possibility of benchmarking these against other authorities.
- 128.8 Members were interested as to why there was no mention of the Service’s work surrounding Road Safety and whether the preventative work could be recorded. The Performance Analyst explained that the current report was based on the information that had been requested. The figures for the work of the Safer Communities team was sent to the Home Office each month. The service was on average only called to attend one third of road traffic collisions and this figure was only reported internally, she agreed that any available figures relating to road safety would be included in future reports.
- 128.9 **RESOLVED** – That the Panel:
- i) noted the performance results for Quarter 2 of 2017/18; and
  - ii) requested further information to be included in future Performance reports including, Policy implications resulting from performance measures, details on work into Road Safety and related issues, more detail on the reasons for sickness absences and phased returns.

**129 CORPORATE PROJECTS PROGRESS REPORT 2017/18 – QUARTER 2**

- 129.1 Members received the report of the Interim Assistant Chief Fire Officer which provided information on the progress of the corporate projects during Quarter 2 of 2017/18. (Copy in Minute Book).
- 129.2 The Panel queried why there had been a further delay to the service-wide rollout of procurement cards. The ADR/T explained that the delay had been the result of both capacity issues and also problems with the p-card software. A solution for the latter issue was currently undergoing testing and it was hoped that roll-out would be within the next couple of months. The ADR/T informed the Panel that the date could be confirmed after testing was complete, an update would be circulated in due course.
- 129.3 **RESOLVED** – That the Panel:
- i) noted the contents of the report; and

- ii) considered whether any further assurance was required on any of the projects reported upon.

**130      2017/18 SECOND QUARTER CORPORATE RISK REGISTER REVIEW**

130.1 Members considered the report of the Assistant Director Resources/Treasurer which outlined the 2017/18 Quarter 2 review of Corporate Risk. (Copy in Minute Book)

130.2 **RESOLVED** – That the Panel:

- i) approved the latest Corporate Risk Registers.

**131      2017/18 HEALTH AND SAFETY STATISTICS REPORT – QUARTER 2**

131.1 Members considered the report of the Assistant Director – Training & Assurance which presented the Panel with a summary of Health and Safety statistics for Quarter 2 2017/18. (Copy in Minute Book).

131.2 **RESOLVED** – That the Panel:

- i) noted the Quarter 2 Health and Safety statistics for 2017/18; and
- ii) would continue to monitor and scrutinise performance over the year.

**132      EXCLUSION OF THE PRESS AND PUBLIC**

132.1 **RESOLVED** – That items 133 and 134 be exempt under paragraph 3 and 7 of Schedule 12A to the Local Government (Access to Information) (Variation) Order 2006 and, accordingly, are not open for public inspection on the grounds that they include information relating to the financial or business affairs of any particular person (including the Authority holding that information) and that they include information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

**133      CONFIDENTIAL MINUTES OF THE LAST SCRUTINY & AUDIT PANEL HELD ON 14 SEPTEMBER 2017**

133.1 **RESOLVED** – That the confidential minutes of the meeting of the Scrutiny & Audit Panel held on 14 September 2017 be approved as a correct record and signed by the Chairman. (Copy in Minute Book)

**134      INTERNAL AUDIT REVIEW OF CYBERSECURITY - UPDATE**

134.1 The Panel received the report of the ADR/T informing Members of progress against actions resulting from the Internal Audit Review – Cybersecurity. (Copy in Minute Book)

134.2 The Strategic IT Adviser explained to Members that the report had been presented to provide the Panel with a second update on the Internal Audit review of cybersecurity.



He explained that progress was continuing largely on schedule with regards to closing actions, the details of these were shown at Appendix 1 to the report.

134.3 Members were informed of the progress of the Information Security Step Change initiative that had been launched with the aim of raising the Service's overall approach and maturity in dealing with Information Security. The intention was that the initiative would change behaviours and strengthen and safeguard the Service's Information Availability, Integrity and Confidentiality.

134.4 RESOLVED – That the Panel:

- i) noted the progress made against addressing the audit recommendations; and
- ii) noted the initial updates on the Information Security Step Change
- iii) identified that it would like further assurances in relation to Cybersecurity and Information Security Step Change in the form of regular progress updates to the Scrutiny & Audit Panel.

The meeting concluded at 11:12 hours

Signed

Chairman

Dated this                      day of                      2018

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



**EAST SUSSEX FIRE AND RESCUE SERVICE**

**Panel** Scrutiny & Audit Panel  
**Date** 1 February 2018  
**Title of Report** Service HQ Relocation – Project Closure  
**By** Duncan Savage, Assistant Director Resources / Treasurer  
**Lead Officer** Maya Polak, Programme Office Manager

**Background Papers** None

**Appendices** 1. Project Closure Report

**Implications**

<b>CORPORATE RISK</b>		<b>LEGAL</b>	
<b>ENVIRONMENTAL</b>		<b>POLICY</b>	
<b>FINANCIAL</b>		<b>POLITICAL</b>	
<b>HEALTH &amp; SAFETY</b>		<b>OTHER (please specify)</b>	
<b>HUMAN RESOURCES</b>		<b>CORE BRIEF</b>	

**PURPOSE OF REPORT** To inform the Panel of the outcomes and lessons learnt from the Service HQ Relocation Project.

**EXECUTIVE SUMMARY** The SHQ Relocation Project was formally established in July 2015 following Authority approval of a stage 3 business case. The SHQ Project Board met on 20 July 2017 and agreed to close the project on the basis that the key outcomes / deliverables had been achieved. A small number of outstanding issues were transferred to business as usual activity and will be monitored periodically.

The overall objective of the project was the relocation of staff, records and equipment from existing SHQ to new Joint HQ and other dispersal sites which minimises impact on business critical processes and at a cost that is affordable to the Authority.

The Project did not meet its originally planned timescale of completion by 31 December 2016. This was due to a number of factors including a significantly longer than planned process to negotiate Heads of Terms at the joint HQ with

Police and changes to the original footprint, several changes to both Project Sponsor and Project Manager and challenges posed by aligning the relocation with the IT Transformation. The rescheduling of the project was successfully managed minimising the risk to and the impact on the business.

Whilst not within the original scope of the Project the final disposal of the SHQ site in Eastbourne was achieved with a significantly higher than planned capital receipt realised which will enable the Authority to invest in its remaining estate. The relocation of talent and Occupational Health facilities to Lewes Fire station whilst not part of the original plan was also delivered.

The Project also enabled the refurbishment of the Service Training Centre to meet the Smarter Working Policy.

The Project was delivered within its overall budget of £1.2m although the split between capital and revenue was not as originally planned which resulted in a greater call on the Improvement & Efficiency Reserve but a reduced drawdown from capital reserves.

The revenue saving from the Project at £150,000 pa (from 18/19) is significantly higher than originally planned.

The project has also served as an enabler for broader cultural change and changes to ways of working within the Authority

As part of the project closedown a lessons learnt review has been conducted including surveys of both those closely involved in the project and those staff affected by it. It is notable that the most effective areas are project areas that are People Led (such as – communication and partnership working) whereas the areas that are least effective are Process Driven project areas (such as a project initiation meeting, set of controls to ensure delivery, planning and reports). The clear need for process and governance has been also highlighted in recent months via the setup of the PMO and its approval by CMT (Oct 17). The PMO will endeavour to instil project governance, processes and tools to allow effective delivery with focus on planning and monitoring projects.

The attached appendix sets out the detailed analysis of project delivery. The original project documentation sets out objectives, outcomes, deliverables and benefits in a number of different ways and for the sake of completeness we have sought to report against them all. This does however result in some duplication.

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**RECOMMENDATION**

**That the Panel**

- (i) notes the outcomes and lessons learnt from the Service HQ Relocation Project; and**
  - (ii) identifies any further action it considers is required by officers as a result.**
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## ESFRS HQ RELOCATION

## CLOSURE REPORT

Maya Polak – Programme Office  
January 2018

<b>Report Author:</b>	Maya Polak – PM
<b>Date:</b>	11 Jan 2018
<b>Authorised:</b>	Duncan Savage – Sponsor
<b>Date:</b>	11 Jan 2018
<b>Presented to CMT (report exl Lessons Learnt):</b>	16 November 2017

<b>Project Name:</b>	HQ Relocation
<b>Project Description:</b>	Relocation of staff, records and equipment from Eastbourne SHQ to new Joint HQ in Lewes and other dispersal sites with minimum impact on business critical processes and at a cost that is affordable to ESFRS. Following the CFA decision (18 June 2015) to relocate from current SHQ to Sussex Police HQ, a project was set up to deliver the relocation, carry out refurbishment work and IT set up to facilitate it and initiate and complete the sale of SHQ. The project involved the relocation of around 100 members of staff and Telent staff to Lewes HQ, Eastbourne FS, Bexhill FS and Lewes FS.
<b>Project Manager:</b>	Maya Polak
<b>Project Sponsor:</b>	Duncan Savage

	Baseline	Actual	Variance	% Variance
<b>Start Date</b>	July 2015	November 2015	123 days	
<b>Finish Date</b>	December 2016	18 August 2017	261 days	
<b>Total Duration</b>	17 months	21 months	4 months	+ 19%
<b>Budget / Spend</b>	£1,199,000	£1,167,900	£31,100	97% spend

\*Spend is within budget and a forecast based on current outstanding invoices of at least £175,000 not yet received.

Benefit Realisation			
	Benefits	Met / Not Met/ Partially Met	Comments
<b>1</b>	Ability to deliver new ways of working e.g. agile and flexible working	Met	Flexible / Agile working is supported via new Smart Working Policy and laptop rollout. Full Agile working capability is being delivered outside of the project.
<b>2</b>	Financial (Revenue and Capital) savings	Met	Reduction of estate maintenance cost, cost effective IT maintenance, smarter working and reduction of historical paper records. Ongoing revenue saving of £150k from 18/19. Capital receipt of £4.4m realised. Reduction in Maintenance Backlog of c£0.75m.
<b>3</b>	Opportunity to support joint/shared working with other organisations	Met	The relocation to Sussex Police HQ allows for greater joint working. Some of the processes have aligned and joint working groups set up. The project is an enabler for future collaboration on both operational and support

			services but delivery of this sits outside of the project scope.
4	Making best use of ESFRS assets	Met	Efficient floor plans, refurbishment and reduction of foot print allow for better use of ESFRS assets, as well as cost savings and more effective ways of working.
5	Supporting cultural change	Met	Joint working as well as Smarter Working Patterns allows for more collaborative way of working and engenders cooperation, transparency, and flexibility as well as more matrix ways of working to support change.
6	Flexibility to support future strategies	Met	As above
7	Supporting the delivery of core functions in the future	Met	More efficient ways of working allow for better support of core functions.

#### Other Operational Benefits of Co-location with the Police Include (per CFA June 2015):

- Increased public perception and re-assurance that the emergency service collaboration leads to a more effective response.
- Co-location of Fire and Police Operational Planning Teams will foster cross-pollination of ideas and greater understanding and appreciation of Service-specific issues in the context of multi-agency planning.
- Sharing of information and intelligence, e.g. secure or officially sensitive information can be relayed quickly and easily.
- Potential for reduction in response or attendance at events through cross-agency planning.
- Enhanced staff training opportunities, which will accrue through a single, seamless approach.
- Enhanced Strategic & Tactical Command Suites.

As a result of the co-location at HQ, ESFRS and Police strategic planning have now the foundation to establish these operational benefits.

Key Objectives			
	Objectives	Met / Not Met	Comments
1	Complete relocation to Lewes HQ from Eastbourne HQ	Met	Complete as per move plan: 28/04/17
2	Complete relocation to Eastbourne FS from Eastbourne HQ	Met	Complete on 26/04/17 - delayed by approx. 1 month due to over-running on site works.
3	Complete relocation to Bexhill FS from Eastbourne HQ	Met	Complete on 20/03/17
4	Telent support desk and workshop relocate to Lewes FS	Met	Complete 19/07/17
5	Smarter Working Patterns Policy and confirming workers work styles	Met	(Enabler) [Note that initially this was part of an Agile Working objective, which was narrowed down via change control]



6	Commencement of the Agile vision beginning with digitising, archiving and disposing of relevant documentation and thereby reducing documents footprint	Met	(Enabler) [Note that only historical documents were part of the scope – back scanning, archive and disposal]
7	Equality Impact Assessment and Action Plan carried out	Met	(Enabler)
8	Privacy Impact Assessment and Action Plan carried out	Met	(Enabler)
9	Complete Eastbourne HQ Sale	Met	Sale complete on 18/08/17
10	Vacate Eastbourne HQ	Met	(Enabler) [including disposal strategy]
11	Minimise impact on business critical processes	Met	Project delivery through risk and issue management safe guarded critical processes and minimised disruption.
12	Deliver the project within the agreed budget	Met	Project delivered within budget.
13	Agree HoTs for joint HQ	Met	Agreed 31/03/17 (tenancies at will) – final leases and licenses dependant on Land Registry process.
14	Manage the Go Live Process	Met	Managing testing towards Go Live and Day 1 on site with all systems up and running.
15	Manage the first steps of agile and supporting longer term transformational change	Met	The groundwork for Agile working has been put in place as part of the project: New IT kit and some functionality (being extended per CMT Report Oct 17), Lifeboat system for historical documents, Smarter Working worker styles, scanning / disposal / archive of historical documents, reducing foot print.

Key Deliverables			
	Deliverables	Met / Not Met	
1	<b>Relocation to Lewes HQ from Eastbourne HQ</b>	<b>Met</b>	<b>Complete April17</b>
1.1	IT Systems operational on day 1	Met	
1.2	Relocation Travel Plan (parking, access, premise, car share, shuttle bus, public transport discount scheme, etc.) agreed and operational on day 1	Met	Shuttle bus pilot now extended to end March 18 on joint basis with Police. Second review of parking underway.
1.3	Reception, staff and visitor access, facilities, pool cars and bookings, meeting rooms and booking, parking spaces operational on day 1	Met	Review of these has taken place, is under way or planned
1.4	All memorial and ceremonial elements relocated	Met	
1.5	SLA agreed	Met 95%	Outstanding: ESFRS Lewes HQ wifi and fiber connections (responsibility: Sussex Police)

1.6	Tenancy at will agreed and signed	Met	
1.7	Terms of full lease signed	Not met 95%	Awaiting Police completion of Land registry process before final lease / license can be signed.
1.8	Align processes with Police to enable cohabitation (staff access, vetting, visitor, contractor, reception, post, IT maintenance, etc.)	Met	
1.9	Move of teams and materials	Met	
1.10	HQ Floor plans agreed	Met	
1.11	ESFRS areas refurbishment	Met	
1.12	Spec for hardware agreed, purchase complete and installation / roll out	Met	
1.13	ESFRS areas IT furnished and set up incl hardware, software, connectivity and printers	Met	
<b>2</b>	<b>Complete relocation to Eastbourne FS from Eastb. HQ</b>	<b>Met</b>	<b>Complete on 26/04/17 - delayed by approx. 1 month due to over-running on site works</b>
2.1	IT Systems up and running on day 1	Met	
2.2	Eastbourne refurbishment complete	Met	
2.3	IT set up	Met	Complete 21/04/17
2.4	Move of teams and materials	Met	
<b>3</b>	<b>Complete relocation to Bexhill FS from Eastbourne HQ</b>	<b>Met</b>	<b>Complete on 20/03/17</b>
3.1	Bexhill refurbishment	Met	
3.2	IT set up	Met	Completed 24/03/17
3.3	Move of teams and materials	Met	
<b>4</b>	<b>Telent support desk and workshop relocate to Lewes FS</b>	<b>Met</b>	<b>Complete 19/07/17</b>
4.1	Lewes FS refurbishment	Met	
4.2	IT set up	Met	
<b>5</b>	<b>Agree strategy and move Data Centre</b>	<b>Met</b>	
<b>6</b>	<b>Design and deliver agile working arrangements (branded Smarter Working)</b>	<b>Met</b>	
6.1	Smarter Working Patterns Policy agreed and delivered (Define worker styles and provide appropriate IT)	Met	
6.2	Provide consistent and flexible physical environment (furniture and fit out)	Met	
6.3	Back scanning solution and e storage on the Lifeboat system and its procurement	Met	
6.4	Existing documents scrapping exercise and central storage arrangements	Met	
<b>7</b>	<b>Equality Impact Assessment and Action Plan carried out</b>	<b>Met</b>	
<b>8</b>	<b>Privacy Impact Assessment and Action Plan carried out</b>	<b>Met</b>	
<b>9</b>	<b>Vacate Eastbourne HQ</b>	<b>Met</b>	
9.1	Issue Notice to Vacate to purchaser (18.07)	Met	
9.2	Decommissioning of Data Centre	Met	
9.3	Furniture and equipment relocated within ESFRS	Met	
9.4	Saleable printing/publishing equipment sold and removed	Met	

9.5	Furniture sale and removal complete	Met	
9.6	Unsold furniture clearance complete	Met	
<b>10</b>	<b>Complete Eastbourne HQ Sale</b>	<b>Met</b>	<b>Completion date 16/08/17</b>

### Project Outline

ESFRS Headquarters had been located in central Eastbourne since February 2002. The Service owned the building outright. In 2014, a decision was taken to explore an alternative location for headquarters because (PID 15.11.2015):

- The building needed substantial refurbishment
- The configuration of the building did not meet the changing needs of the Service
- Relocation of some functions, such as the Control Room, to other locations, have led to under-utilisation of the space.
- Reductions in headcount have also reduced the amount of space the Headquarters function Service needed.
- Future outsourcing and partnership arrangements could have also reduced the need for physical desks at headquarters.
- Running costs on a more efficient building were a benefit.

Following the CFA decision (18 June 2015) to relocate from current SHQ to Sussex Police HQ and dispersal sites, a project was set up to deliver the relocation, carry out refurbishment work and IT set up to facilitate it and initiate and complete the sale of SHQ. The project involved the relocation of around 100 members of staff and Telent staff, records and equipment to Lewes HQ, Eastbourne FS, Bexhill FS and Lewes FS with minimum impact on business critical processes and at a cost that is affordable to ESFRS. A project board was established, roles and responsibilities defined and a PID was signed Nov15.

In total the project length was 1 year and 9 months. The initial completion of the relocation was outlined for December 2016. However, the project was affected by a few delays which meant a slip of 261 days. The delays were caused by:

- Longer than planned negotiation of the Heads of Terms with Police which involved material changes to available footprint at joint HQ and delayed detailed planning.
- Gaps in project management and programme management caused some delays prior to December 2016 which meant that this deadline was not met.
- Delay to Eastbourne FS refurbishment and IT works meant that the teams moved later than planned by about 4 weeks.
- Overrun IT works caused a 2 weeks delay in the move to Lewes HQ.
- Key dependency to the project was the IMD Transformation as the Data Centre move relied on the migration. This has caused some delay at the end of the project to Telent move into Lewes FS, as the Migration Project delayed due to technical issues.

In December 2016 a new PM was assigned to make sure delivery is timely and effective. New move plan was agreed with tight timescales for delivery. The Project met all its objectives and its critical deliverables (outlined in this document) with minimum disruption to ESFRS function and critical business and with all systems operational on day 1. There are some areas which were transferred the BAU upon closure that are still outstanding and are being progressed by the team (such as Lewes HQ final leases / licenses; branding and signage; arrangements for public meetings on site).

Whilst not within the original scope of the Project the final disposal of the SHQ site in Eastbourne was achieved with a significantly higher than planned capital receipt realised which will enable the Authority to invest in its remaining estate. The relocation of telent and OH to Lewes Fire station whilst not part of the original plan was also delivered.

The Project also enabled the refurbishment of the Service Training Centre to meet the Smarter Working Policy.

The Project was delivered within its overall budget of £1.2m although the split between capital and revenue was not as originally planned which resulted in a greater call on the Improvement & Efficiency Reserve but a reduced drawdown from capital reserves.

The revenue saving from the Project at £150,000 pa (from 18/19) is significantly higher than originally planned.

The project has also served as an enabler for broader cultural change and changes to ways of working within the Authority.

At Board Closure on 17.07.17 there were no outstanding risks or issues, other than the risk of the outstanding BAU tasks in terms of progress and completion. The PM hand over of these items was supported by documentation and a clear plan that were communicated to relevant staff and their management to mitigate against this risk. The project formally closed on 16.08.17 upon completion of Eastbourne HQ sell.

Success criteria	Met / Note Met
<p>The PID outlined that the project would complete when (Section 1.3 of the PID 15.11.15):</p> <ul style="list-style-type: none"> <li>• POs moved to Malling House and able to carry out all functions at that location</li> <li>• Agreement with Sussex Police on facilities they will provide, has been finalised; SLA has been signed</li> <li>• All dispersal sites are ready, with teams working at them in a “business as usual” way</li> <li>• Staff have moved from Eastbourne HQ to accommodation at Sussex Police and “business as usual” is under way</li> <li>• Travel Policy is agreed and implemented</li> <li>• Decisions regarding the Data Centre have been taken and if required, the Data Centre has been moved</li> <li>• Adjustments for disabled staff and others with particular needs have been agreed and implemented</li> <li>• Success will be if all of the above are completed by 31st December 2016.</li> </ul>	<p>Met</p> <p>Met</p> <p>Met</p> <p>Met</p> <p>Met</p> <p>Met</p> <p>Met</p> <p>Note Met (completed July 2017)</p>

Project Closure Synopsis
<p>The HQ Relocation project board closed on 20th July 2017 following the presentation of HQ Relocation Closure Summary and Highlight Report by the PM. The Project closed formally on 16 August 2017 as the project met all its objectives and its main deliverables. The completion date on Eastbourne HQ sell was 16 August 17 and marked the end of the Project. All supporting processes, deliverables and agreements have been signed off. There were some areas outstanding which were highlighted and transferred to BAU formally on 01.08.17. Some of these are still outstanding in Lewes HQ and are being managed in the teams (for example: Lewes HQ final leases / licenses; branding and signage; arrangements for public meetings on site).</p>

## HQ Relocation – Lessons Learnt

### Project Team - Nov / Dec 2017

During November 2017 the project team completed a Lessons Learnt questionnaire as part of the HQ Relocation Project Lessons Learnt exercise. The Lessons Learnt Questionnaire aimed to provide an opportunity for the project team to report on any learning gained from the process of **delivering** the project. The purpose of lessons learnt is to bring together any insights gained during a project that can be usefully applied on future projects. The analysis focuses on what worked well, what did not work well and how these aspects can be managed better in the future.

14 project members completed the questionnaire. However, some completed only parts of it. 3 project members did not respond and some project members who were part of the project team in the beginning of the project have left the organisation in the meantime, as the project spanned a couple of years. The completed questionnaires represent 82% response rate and the main lessons learnt from these are outlined below with some insights into management of projects going forward.

#### 1. The main Lessons Learnt of the project are:

##### The areas that were perceived as **most effective** were (above 75% of responses):

- Effective communication (93% of responses)
- Partnership working across organisations and contractors (86% of responses)
- Project Board (80% of responses)
- Risk and issues identification and mitigation (80 % of responses)

##### The areas that were perceived as **effective** (between 50% and 75%):

- Delivery of project business benefits to time and to budget (70% of responses)
- Clear process for managing change (70% of responses)
- The frequency, timing and content of reports and updates (64% of responses)
- Appropriate level of detail in planning information and communication of changes to plans (64% of responses)
- Clear set of controls to ensure delivered outcomes met requirements (64% of responses)

##### Area that was perceived as **least effective**:

- Project initiation meeting at the start of the project which provided detail on delivery (43% of responses)

The project saw various changes in its governance and structure in its life span. Some of the responses acknowledged that and marked that some aspects were more effective before December 2016 (such as reports) and some aspects were more effective post December 2016 where the programme management and project management changed and Board governance was tuned (such as Project manager providing planning information with appropriate level of detail and kept project team and senior owners informed of any changes to plans and risks and issues management).

It is notable that the most effective areas are project areas that are **People Led** (such as – communication and partnership working) whereas the areas that are least effective are **Process Driven** project areas (such as a project initiation meeting, set of controls to ensure delivery, planning and reports). This is consistent with the findings from the IMD Transformation Lessons Learnt exercise and report. It is clear that ESFRS staff are committed to successful outcomes and emphasise working relationships while project processes and governance require improvement. It is worth noting that in the long run this stance has the potential of over stretched resource and workplace fatigue which can lead to loss of effectiveness. The clear need for process and governance has been also highlighted in recent months via the setup of the PMO and its approval by CMT (Oct 17). The PMO will endeavour to instil project governance, processes and tools to allow effective delivery with focus on planning and monitoring projects.

As the management of the HQ Relocation project was met with various changes at crucial stages in its lifecycle (not long after setting the project team and then again 4 month before Go Live), some of the project areas have been affected, not least clear, consistent reporting, consistent communication plans, consistent stakeholder management plans, and clarity around roles and responsibilities. The management of the project from Jan 17 in order to meet timescales and scope meant that some of the reporting and documentation were not given priority. At this stage, planning the remaining of the project including tasks, Board definition, managing risks and issues effectively and making sure targets are met was key. This was at the expense of other project aspects but meant that delivery was successful. The project team acknowledges that the project delivered its objectives and views communication and partnership working as a positive aspect of the project. ESFRS would benefit from more developed project management processes and a culture change to allow greater understanding of project management and matrix management.

**Summary of responses:**

Project Aspect	Number of Responses					% of Total Responses (14)				
	Strongly disagree	Disagree	Agree / Strongly agree	N/A	No response	Strongly disagree	Disagree	Agree / Strongly agree	N/A	No response
There was an effective communication plan in place throughout the project.		1	13				7	93		
Partnership working across organisations and contractors was effective		1	12		1		7	86		7
The Project Board was effective and provided appropriate level of governance, direction, control and escalation of risks and issues when needed.		3	11				21	79		
Risks and issues were identified, assessed, reviewed and appropriate actions were carried out to mitigate.		1	11	1	1		7	79	7	7

Project Aspect	Number of Responses					% of Total Responses (14)				
	Strongly disagree	Disagree	Agree /	N/A	No response	Strongly disagree	Disagree	Agree /	N/A	No response
The project delivered the required business benefits to time and to budget.		2	10		2		14.3	71.4		14.3
A clear process for managing change was in place and the project manager used this to ensure that the impact of changed requirements was both understood and agreed.		2	10	1	1		14.30	71.40	7.15	7.15
The frequency, timing and content of reports/updates was appropriate for the project and provided the information that I needed.		3	9	2			21.43	64.29	14.29	
The project manager provided planning information with appropriate level of detail and I was kept informed of any changes to plans .		4	9	1			28.6	64.3	7.1	
There was a clear set of controls in place to ensure that the delivered outcomes met requirements.		4	9		1		28.6	64.3		7.1
Project initiation meeting was held at the start of the project, after which I had a good understanding of how the project would be managed and what would be delivered		4	6	4			28.50	43.00	28.50	

## 2. Project areas (processes) review:

The aspects that most project members noted as 'worked well':

- Project Initiation (6 out of 14) (43%)
- Project Management (6 out of 14) (43%)
- Project Communication (5 out of 14) (36%)
- Project Roles and Responsibilities (5 out of 14) (36%)
- Partnership Working (5 out of 14) (36%)

Note that only half of those that responded completed this section (6 responses out of 14), therefore its validity is not high. However, the responses are presented below to give an over view.

When comparing to the main stats it is clear that **Project communication** and **Project partnership** are perceived consistently as working well.

Only some of the responses acknowledge the effects (positive and negative) that changes to project management through the project had.

Project members also noted aspects that **needed improvement** for each project area. The areas most noted are:

- Project Management (8 out of 14) (57%)
- Project Initiation (6 out of 14) (43%)
- Project Planning (6 out of 14) (43%)
- Project Funding (6 out of 14) (43%)
- Project Roles and Responsibilities (6 out of 14) (43%)
- Project Communication (5 out of 14) (36%)
- Project Documentation (5 out of 14) (36%)

It is clear that **Project Planning** needs improvement (consistent with the main stats) as well as **Project Initiation** (which also marked some positive aspects). Project Management had the most responses for improvement. As noted, project management saw various changes in different stages of the project and different approaches were taken, not least to make sure, at the last stage, we deliver to scope, to time and to budget.

Summary of these responses is presented in **Appendix 1** below.

## HQ Relocation – Lessons Learnt

### ESFRS Staff Feedback - Nov / Dec 2017

Staff survey took place in November 2017 to gather the viewed of staff who changed location as part of the project. The survey included agree/disagree statements, scale questions and some open ended questions (in total 15 questions).

A third of staff who moved responded (35 staff members out of around 100 staff who relocated), 60% of the responses are from Lewes HQ, 35% from Eastbourne FS and 3% from Bexhill FS (none from Lewes FS).

The majority of staff (above 80%) reported that **communication** to facilitate the move was somewhat or very helpful:

Communications received early enough to adequately prepare - 54% agreed and 29% somewhat agreed.

Clear moving instructions: 49% agreed and 47% somewhat agreed.

Clear notification & instruction prior to the move: 45% agreed and 43% somewhat agreed.



This indicates that although half of those responded agree good communication facilitated the move, there is room for improvement as half of those responded reported inadequate communication.

**Relocation logistics** scored generally as effective with some **IT/ systems** issues:

The majority of staff (89%) indicated that items arrive safely, 77% indicated that provided moving supplies was adequate and 55% indicated that facilities responded promptly to issues. However, the responses clearly indicate some issues on day 1. telent response to issues scored low (37%), only 74% reported they were given a laptop on day and 49% reported systems up and running on day 1. Only 41% were able to print on day 1 but the majority (77%) could log onto the phone.

**Floor plan validation**

Most responses report that colleagues with whom they interact regularly are in close proximity, that the lighting and colour schemes of their work space are adequate. Most responses also report that noise privacy is good as well as the amount of storage space allocated.

About 56% of staff are **satisfied with their new work location** (most responses indicate a medium level of satisfaction). This may be a pointer for motivational challenges and retention of staff in the future, and it is good practice for managers and the organisation to review periodically what improvements should and could be made.

This could be linked to the fact that 57% of those responding did not have a one to one with their manager in preparation for the move and out of those who had it only 9% found it useful.

Just over half of those responding (57%) found the staff events useful. 29% did not find it useful and about 14% did not attend.

Summary of these responses is presented in **Appendix 2** below.

## Appendix 1 – Lessons Learnt Project Team – questionnaires data

- Aspects worked well

Project Area	Comments					
Project Initiation	1	There was a business case approved by the Authority	4	All Heads of Service were involved in an away day to scope what an agile/future workplace looked like	7	There was good understanding at an early stage of what we were trying to achieve
43% of project members (6) notes aspects that worked well	2	Board set up at an early stage with representatives across the project	5	ESCC services offer was scoped and developed ahead of the decision to relocate, so this was ready to commission straight away.	8	Individual SMT Managers assisted well in providing their understanding of the need for the project
	3	Project management	6	There was a clear goal to vacate Upperton Road		
Project Management	1	Good team in second half of project who worked well together	4	ESCC Client Officer worked extremely well across the project teams. They ensured that the right information was shared at the right time and gathered team specific requirements at each stage.	7	From January '17 project management changed which ensured delivery, monitoring of risks and issues and creating structures and processes.
43% of project members (6) noted aspects that worked well	2	The sub-group delivery teams worked very well sharing information and identifying interdependencies so that issues were avoided.	5	Good working relationship between ESCC and the ESFRS Estates Team & other Teams within the organisation		
	3	Overall plans	6	Smaller delivery team meetings such as IT and Estates		
Project Communication	1	There was some excellent communication throughout the project	5	Talking directly with Teams to support and understand their individual needs	9	Good comms with the Business and with senior owners from December 17
36% of project members (5) noted aspects that worked well	2	This was successfully carried out with staff engagement sessions that influenced and was reflected in the end state.	6	Communication between ESCC and Telent worked very well	10	Good comms between Police PM and ESFRS PM from Dec

	3	Comms were informative	7	A good variety of communication tools were used e.g. dashboard reports, staff engagement events		
	4	Regular updates	8	Good comms between Telent PM and ESFRS PM from Dec		
<b>Project Roles and Responsibilities</b>  36% of project members (5) noted aspects that worked well	1	Board in place and met regularly	3	Estates and ITG worked together outside of the Board in a sub-team and this was critical.	5	Better defined from Dec 17
	2	Clear from the outset	4	<i>Estates Project Team Monthly Meetings enabled a lot of decisions to be made outside of the Board and allocated to the right area</i>		
<b>Partnership Working</b>  36% of project members (5) noted aspects that worked well	1	Illustrated value of having Police rep on Project Board	4	Retained excellent working relationships with our Partners in the Police	7	Very good with Police and Telent from Dec 17
	2	ESCC logistic / estates resource worked well	5	ESCC Officers supported the project excellently	8	Effective partnership allowed delivery of crucial mile stones
	3	This worked well on the project	6	ESCC, ESFRS and Sussex Police worked closely in partnership bringing a number of benefits including cost, frameworks, experience of similar work		
<b>Project Planning</b>	1	There was good record keeping by ESFRS which assisted the process	4	ESCC developed out the initial programme to provide structure to the project	7	Floor plans were fit for purpose
29% % of project members (4) noted aspects that worked well	2	ESCC PM worked closely with all Teams to plan and prepare them for relocation	5	Planning of the actual move of staff and material was effective	8	Readjusting of planning worked well from January and helped ensure on time delivery
	3	Individual Move Plans for each Team supported the programme because they were clearly defined and developed with each Team.	6	The initial project programme was very detailed, however this also was problematic to those individuals less used to project management/ project delivery		

<b>Project Costs / Budget Control</b>  29% % of project members (4) noted aspects that worked well	1	Project delivered within budget despite scope expanding (STC, telent, OH)	3	Early development of refurbishment costs provided by ESCC	5	Spend within budget
	2	ESCC successfully managed and monitored the refurbishment and FF&E costs of the project.	4	Cost plan spreadsheet shared between ESFRS Estates Team and ESCC allowing budgets to be managed		
<b>Procurement and Contract Management</b>  29% % of project members (4) noted aspects that worked well	1	Use of ESCC to deliver and procure some aspects of the project worked well	3	ESFRS benefited from the ESCC Framework		
	2	Early planning meant that we had a delivery route identified before the project went live	4	Good contract with Storeafile		
<b>Scope Management / Creep</b>  29% % of project members (4) noted aspects that worked well	1	Managed well e.g. CMT clarity that project was delivering HQ move not agile. Also addition and then exclusion of STC.	3	Early engagement to define scope of works for ESCC lead sites assisted the programme getting to site.		
	2	There was some mission creep into how ESFRS would progress agile working as an organisation. However, this was identified at Board level and resolved	4	The overall scope was clear		
<b>Problem Solving / Issue Resolution</b>  29% % of project members (4) noted aspects that worked well	1	Most issues were resolved quickly and able to be managed within the Team	3	Most issues were resolved quickly and able to be managed within the Team		
	2	Resolved as quickly as possible	4	Good post Dec 16		
<b>Risk Identification and Management</b>	1	Risk management was in place and highlighted areas of concern	3	ESFRS benefitted from the ESCC Contractor framework which covered a number of key risks	5	From Jan 17 management of risks and mitigation was more effective

<b>29% % of project members (4) noted aspects that worked well</b>					
	<b>2</b>	Good	<b>4</b>	Very detailed and clear risk register developed from the outset. Managed by all parties through the Board and escalated for mitigation to Delegated Authority for action where necessary	
<b>Staffing / Resource Allocation</b>	<b>1</b>	Positively project support was provided to teams under pressure	<b>3</b>	Staff Champion providing one contact in each team	<b>5</b> Changes to resource helped achieve goals
<b>21% of project members (3) noted aspects that worked well</b>	<b>2</b>	Clarifying roles and responsibilities with clear tasks and direction from January ensured delivery	<b>4</b>	Floor Walkers both ICT and ESCC available on move days to support	<b>6</b> Project team worked hard and generally in good collaboration
<b>Requirements Definition</b>	<b>1</b>	This was excellent in terms of identifying team requirements and evident in the work spaces created	<b>3</b>	Business analyst defined requirements enabling setting processes going forward	
<b>21% of project members (3) noted aspects that worked well</b>	<b>2</b>	Individual SMT Managers assisted well in providing their understanding of the need for the project	<b>4</b>	Business Services worked well to define their need for change	
<b>Stakeholders Management</b>	<b>1</b>	Eventually good engagement with staff affected	<b>3</b>	Better from Dec 16 but due to tight time scales this was not always done to max	
<b>21% of project members (3) noted aspects that worked well</b>	<b>2</b>	Change event for HQ staff was well received	<b>4</b>	Joint effort of project team and senior owners allows for stakeholder management to happen despite close time scales	
<b>Project Funding</b>	<b>1</b>	There was a clear project budget approved as part of the business case	<b>3</b>	Critical areas such as Project Management, Scanning and Travel Policy were budgeted for	
<b>14% of project members (2) noted aspects that worked well</b>	<b>2</b>	Additional funding approval was sought to cover the IT elements of the project	<b>4</b>	The budget costs to cover capital works and refurbishment were	

				sufficiently allocated as part of the Business Case		
<b>Quality Assurance</b>  14% % of project members (2) noted aspects that worked well	1	ESCC Consultant and Contractor framework provided a clear contracts arrangements and quality in delivery of work and defects processes	2	Some processes in place from Dec 17 incl Equality Impact Assessment and Privacy Impact Assessment and action plans	3	Effective process between PM and Senior owner ensured quality
<b>Documentation</b>  14% % of project members (2) noted aspects that worked well	1	Individual Team Move Plans developed with Teams allowed for clear timescales to be communicated	2	Minutes were comprehensive	3	A good variety of communication tools were used to enable specific audience to engage with the process
<b>Change Control</b>  14% % of project members (2) noted aspects that worked well	1	Clear change control process in place diligently applied as required and progressed through key delegated authority and decision makers	2	Good		
<b>Team Work / Project Team</b>  14% % of project members (2) noted aspects that worked well	1	Project Team worked well together.	3	The team made great effort to deliver		
	2	Good relationship built between ESCC, Estates Team, Telent and Sussex Police	4	Extra resource was brought in to deliver		
<b>Project Timescales Management</b>  14% % of project members (2) noted aspects that worked well	1	A programme of works was identified early to ensure delivery of the project was met	3	Good project management with regards to the physical move	5	The Board was well Chaired
<b>Board Governance</b>	2	Governance was clear and worked well	4	The Board members worked well together. Generally we all have good working relationships which		

14% % of project members (2) noted aspects that worked well				ultimately means we come together to deliver the project.		
<b>Project Closure and Hand Over to BAU</b>  14% % of project members (2) noted aspects that worked well	1	Close down meeting	2	Closure meeting was comprehensive		
<b>Training</b>  7% % of project members (1) noted aspects that worked well	1	Floor walkers on site to assist staff in use of new areas and IT				
<b>Status Reporting</b>  7% % of project members (1) noted aspects that worked well	1	Dashboard extensively used in the early part of the project as well as RAG status processes				
<b>Process Improvement Initiatives</b> 0						
<b>Schedule Development / Management</b> 0						

- Aspects to be improved

Project Area	Comments					
<b>Project Management</b> 57% % of project members (5) noted aspects to improve	1	Appeared to be a lack of experience or knowledge in some areas in respect of project management and delivery.	6	The project management arrangements up until Dec 2016 were weak and under-resourced. PM did not act as the link between the Board and the workstreams.	11	Poor standards and lack of leadership, planning and control up to December 16.
	2	Lack of ownership and lead in some areas	7	The workstreams existed on paper only in most cases (excepting estates and IT in the latter stages of the project)	12	ESFRS lacking on Project Management standards and practice led to many issues.
	3	After the ESCC PM was stood down, the teams never did receive an overarching project programme with interdependencies identified.	8	The introduction of alternative sites not previously identified as a preferred option made the whole project much more complicated.	13	Project team struggled to be managed in a project setting as matrix management is not widely implemented.
	4	Project would have benefited from clearly defined roles from the beginning of the project	9	Running this alongside IMD Transformation Project has been extremely challenging.	14	Sometimes we concentrated on too much detail too early on
	5	Micro management	10	Constant change in program management	15	Multitude of different reporting mechanism per program manager
<b>Project Initiation</b> 43% % of project members (6) noted aspects to improve	1	Lack of Corporate ownership at senior level following the decision	4	On reflection the objectives / outcomes / benefits could have been more clearly and consistently defined	6	Before programme manager in post
	2	Time was lost awaiting confirmation that we could use ESCC services to support the project	5	Each Managers individual understanding was not shared by other Managers – there wasn't a single overall consistent definition of the project	7	We didn't initiate the project early enough
	3	PID is lacking in info and planning				
<b>Project Planning</b> 43% % of project members (6) noted aspects to improve	1	Key activities and milestones were not clearly identified at an early enough stage. There was a reliance on ESCC services to do this on our behalf, whereas Dept	4	The delay in agreeing HoTs with the Police and the changes in space to be occupied had a significant knock on effect on the whole project	7	In the early meetings there was too much discussion and not enough task/decision planning. Had this been the case, the Board would have felt more empowered with sense of momentum and progress.



		Heads should have been working within their teams to inform these much earlier in the programme and taken ownership of these		effectively compressing a 18 month project into 6 months		
	2	We did not scope out the resources required to support each area of the project. Some activities should have been allocated to better placed departments. In the end there was in imbalance in terms of share of work.	5	Some changes to the team mid-way through planning which had some effect.	8	Poor plans resulted in staggered implementation until January 17.
	3	Very tight timescales put pressure on all areas of work to be delivered	6	Inaccurate planning around staff numbers and locations resulted in delays and confusion, lack of morale and affected IT planning.	9	Sometimes we concentrated on too much detail too early on
<b>Project Funding</b>  <b>43% % of project members (6) noted aspects to improve</b>	1	The use of earmarked reserves not specifically identified has made the funding picture more complex.	4	Some areas were not sufficiently funded – i.e. ITG fit out costs. This related back to a lack of input into the original business case.	7	Change in scope did not re-baseline the IT funding
	2	The incorrect classification of capital expenditure could have seriously jeopardised the project.	5	Funding did not reflect the governance and resourcing requirements	8	Financial and budget communication took some time to develop which should be clearly established from the outset
	3	No IT funding for the project at initiation	6			
<b>Project Roles and Responsibilities</b>  <b>43% % of project members (6) noted aspects to improve</b>	1	I felt there was a general lack of ownership and responsibility early on in the project.	5	Because workstreams and project team did not exist in practice, Board operated at sub optimal level covering project team and board issues.	8	Overlap of roles and lack of accountability
	2	Clarity of delegation for decision making	6	Some board members not clear on their role and responsibilities	9	This legacy made it difficult to hold members accountable and escalation was not defined prior to Dec 17
	3	Not all roles were put in place nor clear within overall project structure	7	Changes of SRO and Project Manager during the project hampered delivery	10	I felt I was assigned a role and then not empowered/allowed to deliver it at times

	4	Blared and vague until Dec 17				
<b>Project Communication</b>  <b>36% % of project members (5) noted aspects to improve</b>	1	Financial and budget communication took some time to develop which should be clearly established from the outset	3	In the later stages of the project there was a lot of direct communication between SPOC's from both partners. Whilst this was probably necessary it often bypassed the team which sometimes caused issues.	5	Lack of understanding of project management led to staggered communication between leads and PM and between streams
	2	Not all assurances were kept to verbal time frames	4	Papers were sometimes issued too late to read in time for the board	6	Board acted as Project meeting creating gap in communication. Lack of communication between streams and effective top down bottom up until December 17.
<b>Documentation</b>  <b>36% % of project members (5) noted aspects to improve</b>	1	Lack of a decision log	4	No single shared repository for project documentation	6	Drip fed, which caused confusion for me
	2	Overall programme was never issued to the Project Team despite being developed and reported on by ESCC PM	5	No corporate templates for some project documentation e.g. Board reports	7	Poor risk and issues documentation, poor plans and poor quality assurance until Dec 17
	3	Board papers were not fit for purpose until Dec 17				
<b>Staffing / Resource Allocation</b>  <b>29% % of project members (4) noted aspects to improve</b>	1	We did not accurately identify sufficient resources to deliver the project	4	Project Resourcing did not match the governance set out in the project documents	7	Overcoming reluctance from Managers to be addressed very early in the project programme
	2	Pressure on staff due to timescales was felt across the organisation	5	Project heavily reliant on staff doing this in addition to their day job	8	Some project members struggled with keeping to their roles creating some confusion and difficulty in progressing tasks, tracking items and accountability.
	3	Lack of clear roles and responsibilities from the start created issues and lingered processes (Board meeting roles, lack of clarity of project roles, project escalation and mitigation responsibility)	6			

<b>Project Costs / Budget Control</b>  29% % of project members (4) noted aspects to improve	1	The budget monitoring became overly complex. The change to revenue/capital items should have been identified earlier on and the budgets adjusted at this time rather than continuing to monitor on the original basis.	4	Budget monitoring was not owned by the PM which made getting clarity sometimes difficult	7	The lack of certainty of scope and the introduction of alternative sites made the project more complex.
	2	Budget monitoring was not coordinated centrally so frequently asked for costs which did not fall under Estates.	5	We need a standard set of templates for project budget monitoring	8	Spend was not always clear and updated to reflect County Council spend
	3	Agreement on IT costs	6			
<b>Scope Management / Creep</b>  21% % of project members (3) noted aspects to improve	1	Scope was not clear agile working / not agile working	3	Due to timescales a number of late additions added to the project at a later stage did add pressure on the programme		
	2	Lack of planning at the start created some scope management issues and some creep	4	Creep was not managed appropriately until Dec 17 creating lack of understanding of scope and effective decision making was not always possible as a result		
<b>Problem Solving / Issue Resolution</b>  21% % of project members (3) noted aspects to improve	1	Listening to teams to allow considered decisions to be made.	2	Too many problems / issues that should have been resolved at workstream or project team level being brought to Board for decision	3	Not transparent and not monitored by PM till Dec 16
<b>Stakeholders Management</b>  21% % of project members (3) noted aspects to improve	1	No plan and not organised until Dec 16	2	Engagement not properly resourced and owned within the HR workstream	3	Should have considered an event for existing Eastbourne staff
<b>Project Timescales Management</b>	1	Late changes to the programme resulted in a shift in moves dates	2	Needed more frequent sight of full overarching programme plan as it	3	Poor until Dec 16 led to slippage

<b>21% % of project members (3) noted aspects to improve</b>		which affected some Members of staff.		wasn't always clear what the milestones were		
<b>Board Governance</b> <b>21% % of project members (3) noted aspects to improve</b>	<b>1</b>	Lacking consequence of failure or non-delivery.	<b>3</b>	Because workstreams and project team did not exist in practice, Board operated at sub optimal level covering project team and board issues.	<b>5</b>	We didn't act like a board – we got too bogged down in detail which should have been agreed elsewhere
	<b>2</b>	Poor until Dec 16 where board acted as project meeting	<b>4</b>	Some board members not clear on their role and responsibilities		
<b>Procurement and Contract Management</b> <b>14% % of project members (2) noted aspects to improve</b>	<b>1</b>	Procurement was not involved from the start	<b>3</b>	Internal discussions and agreement should have already taken place with an agreed procurement strategy.	<b>5</b>	The business was not actively involved in this early on creating gaps in engagement
<b>Requirements Definition</b> <b>14% % of project members (2) noted aspects to improve</b>	<b>2</b>	Each Managers individual understanding was not shared by other Managers – there wasn't a single overall consistent definition of the project	<b>4</b>	This was not done around business processes early on creating gaps in understanding the scope of the project and change requirements	<b>6</b>	Lack of understanding of this stage of a project meant delays in delivery
<b>Training</b> <b>14% % of project members (2) noted aspects to improve</b>	<b>1</b>	IT could have had onsite presence for first month as not everyone moved at the same time	<b>1</b>	No training plan		
<b>Partnership Working</b> <b>14% % of project members (2) noted aspects to improve</b>	<b>1</b>	Poor with Council until Jan 17	<b>3</b>	In some areas police colleagues could have engaged earlier	<b>5</b>	No set meetings till Dec 16 and no clear strategy of partnership management and engagement
	<b>2</b>	Protocols not adhered to and not always clear	<b>4</b>	ESCC PM resource not as effective		

<p><b>Schedule Development / Management</b></p> <p>14% of project members (2) noted aspects to improve</p>	1	It wasn't always clear about how the progress in the different workstreams fitted together	2	Poor till Dec 16 which caused delay in delivery		
<p><b>Quality Assurance</b></p> <p>1</p> <p>7% of project members (1) noted aspects to improve</p>	1	No set quality assurance standards	2	No quality control management		
<p><b>Team Work / Project Team</b></p> <p>7% of project members (1) noted aspects to improve</p>	1	Project work standards and processes were poor				
<p><b>Status Reporting</b></p> <p>7% of project members (1) noted aspects to improve</p>	1	I don't think the PM providing overview worked particularly well, would have been better with workstream leads providing the updates	2	Initially insufficiently clear – Board not able to take overview	3	Because there was so much to complete in such a short time from January 17 stakeholder management did not get enough attention
<p><b>Risk Identification and Management</b></p> <p>7% of project members (1) noted aspects to improve</p>	1	Poor until Dec 16 which led to slippage and senior owners not aware of risks and issues	1	4 months to completion significant issues open with no mitigation plan		
<p><b>Process Improvement Initiatives</b></p> <p>7% of project members (1) noted aspects to improve</p>	1	Not addressed till Dec 16				
<p><b>Change Control</b></p>	1	Change in scope did not follow this process				

7% % of project members (1) noted aspects to improve						
<b>Project Closure and Hand Over to BAU</b>	1	Some managers slow to react				
7% of project members (1) noted aspects to improve						

- **Breakdown of Stats to Main Project Areas**

Part 3: Summary of responses (13 in total)

Project area	Strongly disagree	Disagree	Agree	Strongly agree	N/A	No response
3.1 Project initiation meeting was held at the start of the project, after which I had a good understanding of how the project would be managed and what would be delivered		4	2	4	4	
3.2 The project manager provided planning information with appropriate level of detail and I was kept informed of any changes to plans.		4	6	3	1	
3.3 There was an effective communication plan in place throughout the project.		1	9	4		
3.4 The frequency, timing and content of reports/updates was appropriate for the project and provided the information that I needed.		3	7	2	2	
3.5 The Project Board was effective and provided appropriate level of governance, direction, control and escalation of risks and issues when needed.		3	9	2		
3.6 Risks and issues were identified, assessed, reviewed and appropriate actions were carried out to mitigate.		1	9	2	1	1
3.7 A clear process for managing change was in place and the project manager used this to ensure		2	8	2	1	1

that the impact of changed requirements was both understood and agreed.						
3.8 There was a clear set of controls in place to ensure that the delivered outcomes met requirements.		4	7	2		1
3.9 The project delivered the required business benefits to time and to budget.		2	9	1		2
3.10 Partnership working across organisations and contractors was effective		1	7	3		1

- **Project team comments: main areas of success and that could be improved**

- The following project management themes **were successful**:

**Project processes:** Project and progress meetings, Strategic Board, clear set of controls, reporting, effective Programme Management, management of 3rd parties and mitigation of risks and issues. (6 responses)

**Project deliverables:** Project delivered desired outcomes to budget, provided saving, delivered within timeframe including IT benefits (6 responses)

**Communication** including flexibility and approach to staff matters and floor walking support (5 responses)

**Partnership working:** teams across services worked well together (4 responses)

**Project aligned with the IT transformation** (1 response)

**Actual comments:**

1 Project Meetings (once set up)

2 Communications

1 Project delivered planned outcomes to budget and broadly to time

2 The project aligned with the IT Transformation and delivered significant improvement in IT

1 Partnership working – Team was inclusive and worked well together

2 A strategic Board was set up at an early stage and this successfully led the project team

1 Good plans surrounding the physical move

2 We all moved

1 Item 3.3 worked well as there was a very effective communication plan in place.

2 Item 3.10 (partnership working) as all of the involved parties were kept up to date with any required amendments that had to be incorporated

3 Item 3.8 (clear set of controls) due to the frequency of the meetings to discuss progress and particularly any delays, changes could be incorporated to ensure that the outcomes were achieved

1 Partnership working – ESCC and ESFRS worked closely and well together to support the project. Having a PM on board almost full time provided a good working relationship and allowed the project to progress at the pace required

2 use of ESCC Furniture contract – giving savings of 25% and providing new modern working environment

3 Reporting and communication methods were successful

- 1 Time frame was within one month, which is pretty good for slippage
- 2 Guidance and tenacity of Programme manager – Particularly the Supporting guidance document on scanning. Very good and supportive idea. (Well done Maya)
- 3 Flexibility and approach by personnel to accept change and relocation was prominent – it was the right move and was very quickly accepted
- 1. Operational IT delivered within deadlines
- 2. Floor walking enable the users to get assistance quickly.
- 3. Management of 3rd parties to deliver the required outcomes
- 1 Partnership working, especially with Police and with Telent and with senior owners – from a project management point of view
- 2 Project delivered expected outcomes to budget and scope
- 3 Mitigation of risks and issues at the last part of the project was good and allowed delivery

- The following project management themes should be improved:

**Project Processes:** Project governance, Board governance, a PMO was missing, pulling together all work streams, minimise change, lack of project management understanding in the organisation

**Project Planning:** Structure and resourcing, project planning, starting the project earlier, clear scope, delivering parallel to IT transformation, plans and documentation (12 responses)

**Project deliverables:** such as vetting, security of old HQ, meeting rooms layout for presentations (3 responses)

**Clear roles and responsibilities including empowering staff** (3 responses)

**Actual comments:**

- 1 Proper governance, structure and resourcing
- 2 Clarity of the different roles played by Board and project team
- 3 PMO!
- 1 Vetting was identified as a risk at an early stage of the project but still created significant risks in the final stages.
- 1 Pulling together all the work streams
- 2 Empowering staff and allowing them to do the job
- 1 Eliminate and minimise change and scope increase early in the process
- 2 Establish clear roles and responsibilities from the outset
- 3 Define the project clearly from the start
- 1 Clear scope
- 2 Consistent program management throughout the project
- 1 Clarity on roles and responsibilities – duplication and time consuming
- 2 not complete an IT outsource and HQ relocation at the same time as IT is delayed on flexible working arrangements
- 3 meeting rooms inadequately set up for presentations etc.
- 4 My role was not appropriately used to assess security at Eastbourne until after the move had taken.
- 1 Project planning including plans, resource, enablers and documentation protocols should be better to allow delivery of expected outcomes to scope and on time
- 2 Board Governance should be outlined more carefully and carried out as per project management standards
- 3 Lack of understanding of project management in the business and among project members hinders delivery.
- 1 The project could have been set up earlier.



**Appendix 2 – Lessons Learnt – Staff Feedback – questionnaires data**



Staff survey post  
move Data\_All\_171220



**EAST SUSSEX FIRE AND RESCUE SERVICE**

**Panel** Scrutiny & Audit Panel  
**Date** 1 February 2018  
**Title of Report** External Audit Update  
**By** Duncan Savage, Assistant Director Resources / Treasurer  
**Lead Officer** Paul King / Hannah Lill EY LLP

**Background Papers** None

**Appendices** 1. External Audit Plan 2017/18

**Implications**

<b>CORPORATE RISK</b>		<b>LEGAL</b>	✓
<b>ENVIRONMENTAL</b>		<b>POLICY</b>	
<b>FINANCIAL</b>	✓	<b>POLITICAL</b>	
<b>HEALTH &amp; SAFETY</b>		<b>OTHER (please specify)</b>	
<b>HUMAN RESOURCES</b>		<b>CORE BRIEF</b>	

**PURPOSE OF REPORT** To inform the Panel of the content of the external audit plan 2017/18

**EXECUTIVE SUMMARY** The attached external audit plan (Appendix 1) sets out the work that the Authority’s external auditors, Ernst & Young LLP (EY), intend to carry out in order to audit the Authority’s 2017/18 accounts and form their judgement on the Authority’s value for money arrangements. EY has not identified any specific risks relating to the Authority’s accounts.

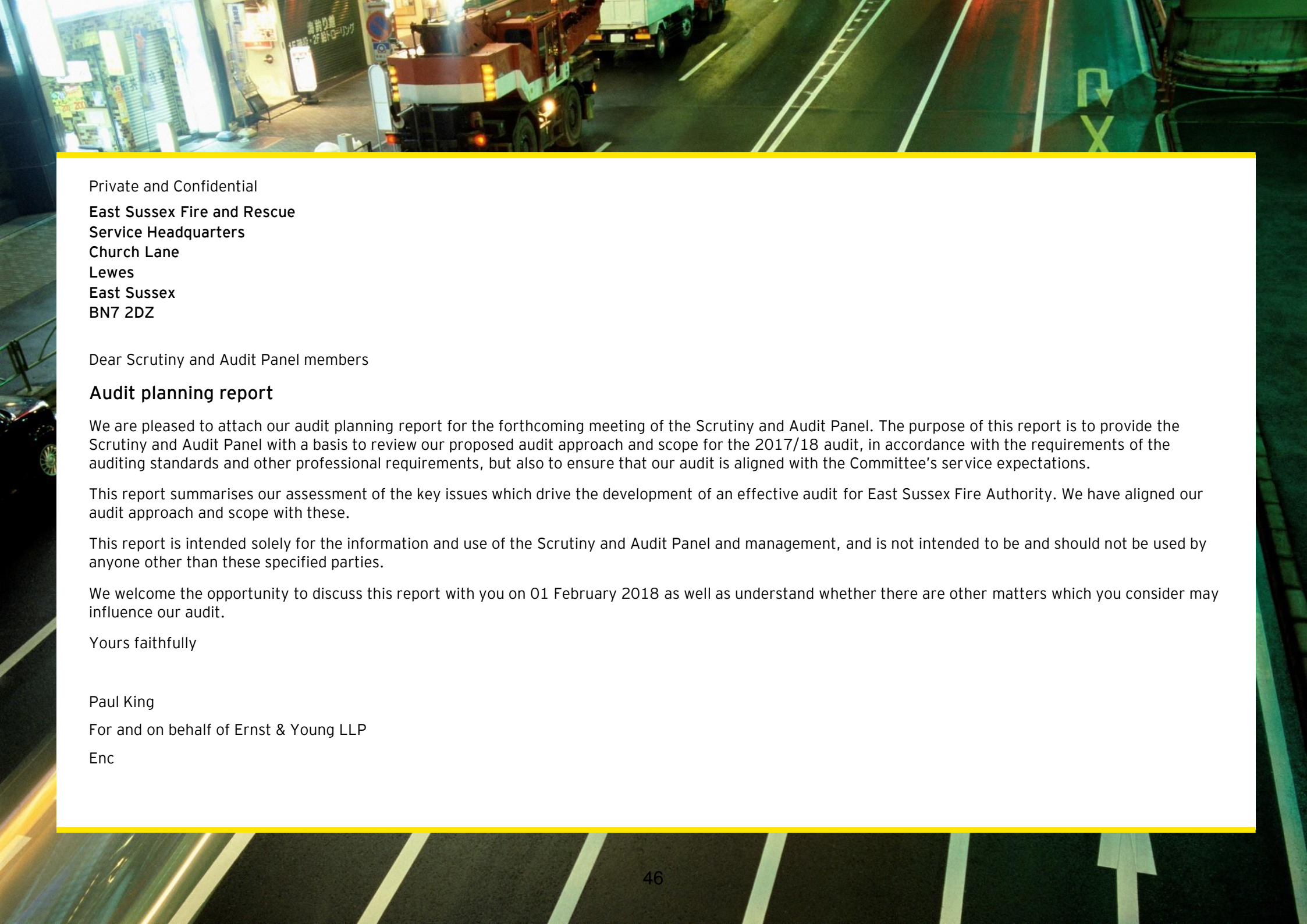
The fee for the 2016/17 audit (Appendix 2) is confirmed as £30,766 which is in line with the nationally set fee scales and is unchanged from the previous year. It is dependent on a number of factors including the quality and timeliness of the accounts and their associated working papers, and the ability of the external auditors to rely on the work carried out by internal audit.

**RECOMMENDATION** The Panel is recommended to approve the External Audit Plan for 2017/18



**East Sussex Fire  
Authority**  
**Audit planning report**  
Year ended 31 March 2018

22 January 2018



Private and Confidential  
East Sussex Fire and Rescue  
Service Headquarters  
Church Lane  
Lewes  
East Sussex  
BN7 2DZ

Dear Scrutiny and Audit Panel members

### **Audit planning report**

We are pleased to attach our audit planning report for the forthcoming meeting of the Scrutiny and Audit Panel. The purpose of this report is to provide the Scrutiny and Audit Panel with a basis to review our proposed audit approach and scope for the 2017/18 audit, in accordance with the requirements of the auditing standards and other professional requirements, but also to ensure that our audit is aligned with the Committee's service expectations.

This report summarises our assessment of the key issues which drive the development of an effective audit for East Sussex Fire Authority. We have aligned our audit approach and scope with these.

This report is intended solely for the information and use of the Scrutiny and Audit Panel and management, and is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 01 February 2018 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Paul King  
For and on behalf of Ernst & Young LLP  
Enc

# Contents



In April 2015 Public Sector Audit Appointments Ltd (PSAA) issued the 'Statement of responsibilities of auditors and audited bodies'. It is available from the via the PSAA website ([www.PSAA.co.uk](http://www.PSAA.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 February 2017)" issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

This report is made solely to the Scrutiny and Audit Panel and management of East Sussex Fire Authority in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Scrutiny and Audit Panel, and management of East Sussex Fire Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Scrutiny and Audit Panel and management of East Sussex Fire Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01

# Overview of our 2017/18 audit strategy





## Overview of our 2017/18 audit strategy

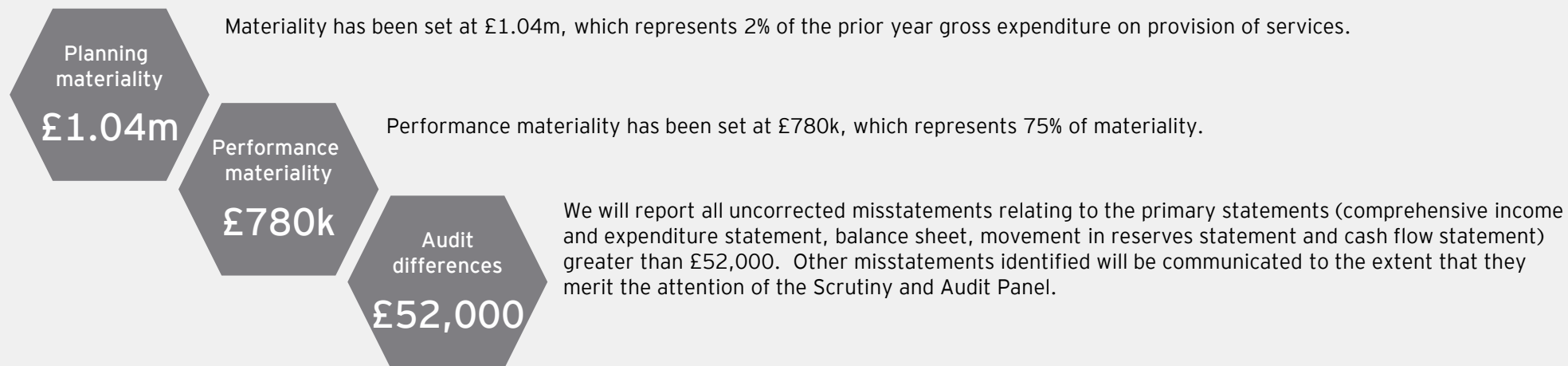
The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Scrutiny and Audit Panel with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

### Audit risks and areas of focus

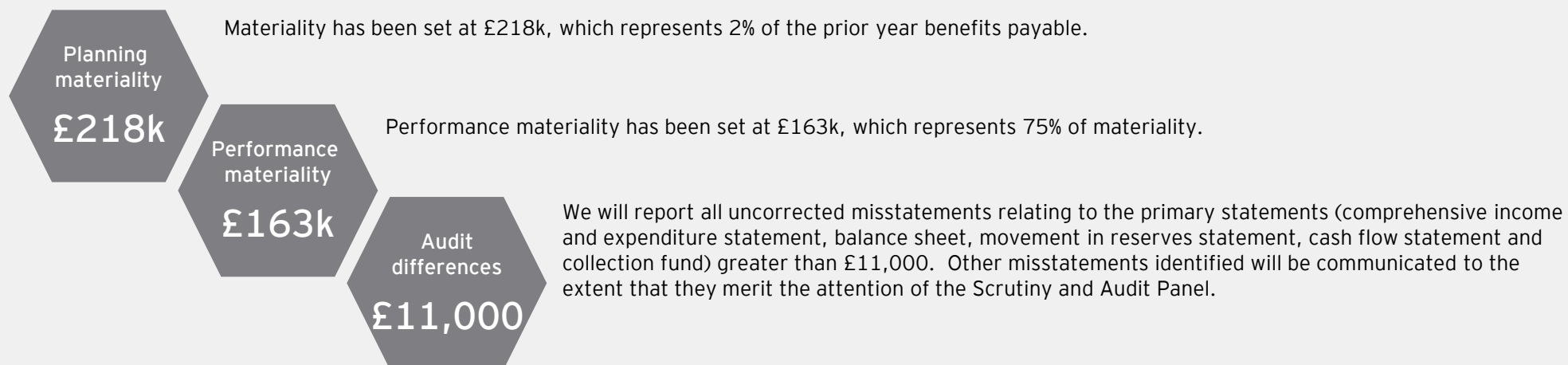
Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error (management override)	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Valuation of Land and Buildings	Other risk	No change in risk or focus	The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.
Pension Liability Valuation	Other risk	No change in risk or focus	The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by East Sussex County Council and the Firefighters Pension Scheme. The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Authority's balance sheet. The information disclosed is based on the IAS 19 reports issued to the Authority by the actuaries of the two Pension Schemes. Accounting for these schemes involves significant estimation and judgement and therefore management engages actuaries to undertake the calculations on their behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.

## Overview of our 2017/18 audit strategy (continued)

### Materiality - East Sussex Fire Authority



### Materiality - Firefighter's Pension Fund



# Overview of our 2017/18 audit strategy

## Audit scope

This Audit Plan covers the work that we plan to perform to provide you with:

- Our audit opinion on whether the financial statements of East Sussex Fire Authority give a true and fair view of the financial position as at 31 March 2018 and of the income and expenditure for the year then ended; and
- Our conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness.

We will also review and report to the National Audit Office (NAO), to the extent and in the form required by them, on the Authority's Whole of Government Accounts return.

Our audit will also include the mandatory procedures that we are required to perform in accordance with applicable laws and auditing standards.

When planning the audit we take into account several key inputs:

- Strategic, operational and financial risks relevant to the financial statements;
- Developments in financial reporting and auditing standards;
- The quality of systems and processes;
- Changes in the business and regulatory environment; and,
- Management's views on all of the above.

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant to the Authority.



# 02 Audit risks



## Audit risks

# Our response to significant risks

We have set out the significant risks (including fraud risks denoted by\*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

### Misstatements due to fraud or error

### Financial statement impact

We have assessed that the risk of management override is most likely to affect the estimates in the financial statements, such as year end accruals, provisions and asset valuations. These impact both on the Balance Sheet and Income Statement

### What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK and Ireland) 240, 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. We identify and respond to this fraud risk on every audit engagement.

### What will we do?

- ▶ Identifying fraud risks during the planning stages.
- ▶ Inquiry of management about risks of fraud and the controls put in place to address those risks.
- ▶ Understanding the oversight given by those charged with governance of management's processes over fraud.
- ▶ Consideration of the effectiveness of management's controls designed to address the risk of fraud.
- ▶ Determining an appropriate strategy to address those identified risks of fraud.
- ▶ Performing mandatory procedures regardless of specifically identified fraud risks, including testing of journal entries and other adjustments in the preparation of the financial statements.
- ▶ Reviewing accounting estimates for evidence of management bias.
- ▶ Evaluating the business rationale for significant unusual transactions.

## Audit risks

### Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the risk/area of focus?	What will we do?
<p data-bbox="107 483 488 512">Valuation of Land and Buildings</p> <p data-bbox="107 549 672 831">The fair value of Property, Plant and Equipment (PPE) and Investment Properties (IP) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.</p>	<p data-bbox="703 483 792 512">We will:</p> <ul data-bbox="703 517 2049 906" style="list-style-type: none"><li data-bbox="703 517 2049 576">▶ Consider the work performed by the Authority's valuers (Fludes Commercial), including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;</li><li data-bbox="703 587 2049 646">▶ Sample testing key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre);</li><li data-bbox="703 657 2049 746">▶ Consider the annual cycle of valuations to ensure that assets have been valued within a 5 year rolling programme as required by the Code for PPE and annually for IP. We have also considered if there are any specific changes to assets that have occurred and that these have been communicated to the valuer;</li><li data-bbox="703 758 2049 817">▶ Review assets not subject to valuation in 2017/18 to confirm that the remaining asset base is not materially misstated;</li><li data-bbox="703 828 2049 863">▶ Consider changes to useful economic lives as a result of the most recent valuation; and</li><li data-bbox="703 874 2049 906">▶ Test accounting entries have been correctly processed in the financial statements,</li></ul>

## Audit risks

### Other areas of audit focus (continued)

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the risk/area of focus?	What will we do?
<p>Pension Asset Valuation</p> <p>The Local Authority Accounting Code of Practice and IAS19 require the Council to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by East Sussex County Council and the Firefighters' Pension Scheme. The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Council's balance sheet. At 31 March 2017 this totalled £395 million.</p> <p>The information disclosed is based on the IAS 19 reports issued to the Authority by the actuaries to the two pension schemes. Accounting for these schemes involves significant estimation and judgement and therefore management engages actuaries to undertake the calculations on its behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>	<p>We will:</p> <ul style="list-style-type: none"><li>▶ Liaise with the auditors of East Sussex County Council Pension Fund, to obtain assurances over the information supplied to the actuary in relation to East Sussex Fire Authority;</li><li>▶ Assess the work of the Pension Fund actuary (Hymans Robertson) including the assumptions they have used by relying on the work of PwC - Consulting Actuaries commissioned by Public Sector Auditor Appointments for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; and</li><li>▶ Review and test the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19.</li></ul>



03

# Value for Money Risks







# Value for Money

## Background

We are required to consider whether the Council 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.

For 2017/18 this is based on the overall evaluation criterion:

"In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people"

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.

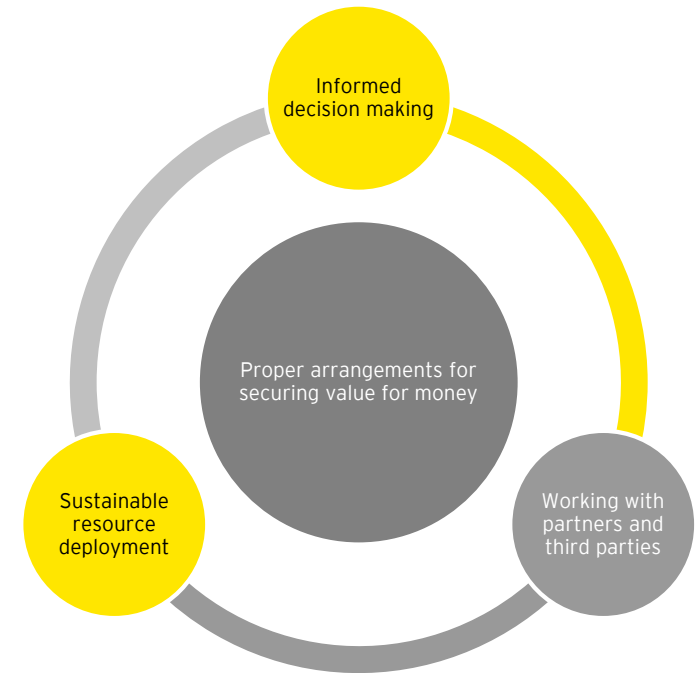
In considering your proper arrangements, we will draw on the requirements of the CIPFA/SOLACE framework for local government to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risks that we consider significant, which the Code of Audit Practice defines as:

"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public"

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risks there is no requirement to carry out further work.

Our risk assessment has therefore considered both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders. This has resulted in the identification of no significant risks.





04

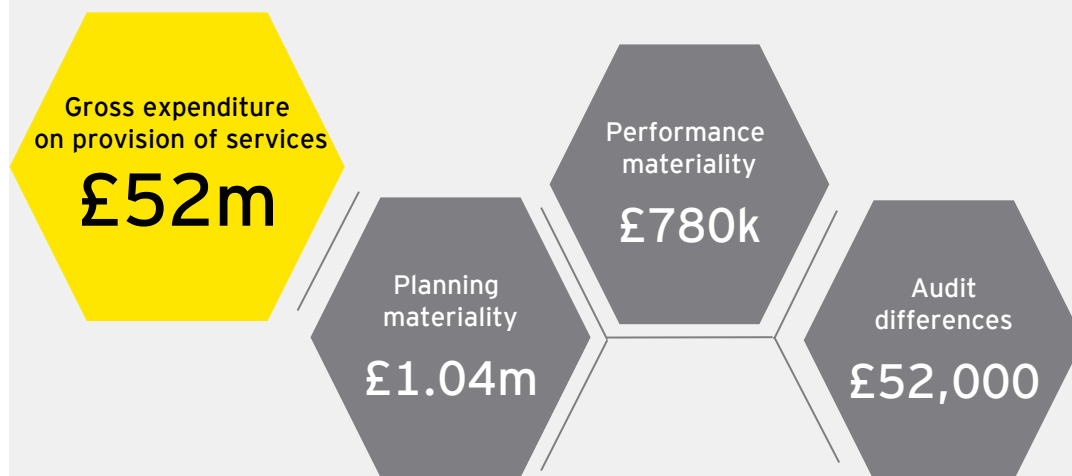
# Audit materiality



## Materiality - ESFA

### Materiality

For planning purposes, materiality for 2017/18 has been set at £1.04m. This represents 2% of the Authority's prior year gross expenditure on provision of services. It will be reassessed throughout the audit process. We have provided supplemental information about audit materiality in Appendix D.



We request that the Scrutiny and Audit Panel confirm its understanding of, and agreement to, these materiality and reporting levels.

### Key definitions

**Planning materiality** - the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

**Performance materiality** - the amount we use to determine the extent of our audit procedures. We have set performance materiality at £780k which represents 75% of planning materiality. The rationale for using 75% is based on the anticipation of identifying few or no errors during the audit. This expectation has been built on our experience of the Authority in prior years.

**Audit difference threshold** - we propose that misstatements identified below this threshold are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the comprehensive income and expenditure statement, balance sheet and collection fund that have an effect on income or that relate to other comprehensive income.

Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement and movement in reserves statement or disclosures, and corrected misstatements will be communicated to the extent that they merit the attention of the Scrutiny and Audit Panel, or are important from a qualitative perspective.

**Specific materiality** - We have set a materiality of nil for remuneration disclosures, related party transactions, members' allowances and exit packages which reflects our understanding that an amount less than our materiality would influence the economic decisions of users of the financial statements in relation to this.

## Materiality - Pension Fund

### Materiality

For planning purposes, materiality for 2017/18 has been set at £218k. This represents 2% of the Pension Fund's prior year benefits payable. It will be reassessed throughout the audit process. We have provided supplemental information about audit materiality in Appendix D.



We request that the Scrutiny and Audit Panel confirm its understanding of, and agreement to, these materiality and reporting levels.

### Key definitions

**Planning materiality** - the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

**Performance materiality** - the amount we use to determine the extent of our audit procedures. We have set performance materiality at £163k which represents 75% of planning materiality. The rationale for using 75% is based on the anticipation of identifying few or no errors during the audit. This expectation has been built on our experience of the Authority in prior years.

**Audit difference threshold** - we propose that misstatements identified below this threshold are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the comprehensive income and expenditure statement, balance sheet and collection fund that have an effect on income or that relate to other comprehensive income.

Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement and movement in reserves statement or disclosures, and corrected misstatements will be communicated to the extent that they merit the attention of the Scrutiny and Audit Panel, or are important from a qualitative perspective.

**Specific materiality** - We have set a materiality of nil for remuneration disclosures, related party transactions, members' allowances and exit packages which reflects our understanding that an amount less than our materiality would influence the economic decisions of users of the financial statements in relation to this.



**05**

## Scope of our audit



## Our Audit Process and Strategy

### Objective and Scope of our Audit scoping

Under the Code of Audit Practice our principal objectives are to review and report on the Authority's financial statements and arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code.

We issue an audit report that covers:

#### 1. Financial statement audit

Our objective is to form an opinion on the financial statements under International Standards on Auditing (UK and Ireland).

We also perform other procedures as required by auditing, ethical and independence standards, the Code and other regulations. We outline below the procedures we will undertake during the course of our audit.

#### Procedures required by standards

- Addressing the risk of fraud and error;
- Significant disclosures included in the financial statements;
- Entity-wide controls;
- Reading other information contained in the financial statements and reporting whether it is inconsistent with our understanding and the financial statements; and
- Auditor independence.

#### Procedures required by the Code

- Reviewing, and reporting on as appropriate, other information published with the financial statements, including the Annual Governance; and
- Reviewing and reporting on the Whole of Government Accounts return, in line with the instructions issued by the NAO.

#### 2. Arrangements for securing economy, efficiency and effectiveness (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.

## Our Audit Process and Strategy (continued)

### Audit Process Overview

Our audit involves:

- ▶ Identifying and understanding the key processes and internal controls; and
- ▶ Substantive tests of detail of transactions and amounts.

For 2017/18 we plan to follow a fully substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated in view of the implementation of the new financial management system.

Analytics:

We will use our computer-based analytics tools to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

- ▶ Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and
- ▶ Give greater likelihood of identifying errors than random sampling techniques.

We will report the findings from our process and analytics work, including any significant weaknesses or inefficiencies identified and recommendations for improvement, to management and the Scrutiny and Audit Panel.

Internal audit:

We will regularly meet with the Head of Internal Audit, and review internal audit plans and the results of their work. We will reflect the findings from these reports, together with reports from any other work completed in the year, in our detailed audit plan, where they raise issues that could have an impact on the financial statements.



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## Audit team





# Audit team

## Audit team structure:

Paul King  
Associate Partner

Hannah Lill  
Manager

Ed Ripley  
Senior

## Working together with the Council

We are working together with officers to identify continuing improvements in communication and processes for the 2017/18 audit.

We will continue to keep our audit approach under review to streamline it where possible.

## Use of specialists

When auditing key judgements, we are often required to rely on the input and advice provided by specialists who have qualifications and expertise not possessed by the core audit team. The areas where either EY or third party specialists provide input for the current year audit are:

Area	Specialists
Valuation of Land and Buildings	Management specialist: Fludes Commercial - RICS Registered Valuers EY third party specialist: Gerald Eve - RICS Registered Valuers
Pensions disclosure	EY pensions specialists Management specialist: Hymans Robertson - Actuary

*In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.*

We also consider the work performed by the specialist in light of our knowledge of the Authority's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

- ▶ Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable;
- ▶ Assess the reasonableness of the assumptions and methods used;
- ▶ Consider the appropriateness of the timing of when the specialist carried out the work; and
- ▶ Assess whether the substance of the specialist's findings are properly reflected in the financial statements.



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## Audit timeline





## Audit timeline

# Timetable of communication and deliverables

### Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2017/18.

From time to time matters may arise that require immediate communication with the Scrutiny and Audit Panel and we will discuss them with the Scrutiny and Audit Panel Chair as appropriate. We will also provide updates on corporate governance and regulatory matters as necessary.

Audit phase	Timetable	Scrutiny and Audit Panel timetable	Deliverables
Planning: Risk assessment and setting of scopes.	October		
	November	Scrutiny and Audit Panel	
Walkthrough of key systems and processes	December		
	January		
Interim audit testing	February	Scrutiny and Audit Panel	Audit Planning Report
	March		
Year end audit Audit Completion procedures	April		
	May	Scrutiny and Audit Panel	Interim audit update
	June		
	July	Scrutiny and Audit Panel	Audit Results Report Audit opinions and completion certificates
	August		Annual Audit Letter



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# Independence



## Introduction

The FRC Ethical Standard and ISA (UK) 260 “Communication of audit matters with those charged with governance”, requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in June 2016, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

### Required communications

Planning stage	Final stage
<ul style="list-style-type: none"> <li>▶ The principal threats, if any, to objectivity and independence identified by Ernst &amp; Young (EY) including consideration of all relationships between the you, your affiliates and directors and us;</li> <li>▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;</li> <li>▶ The overall assessment of threats and safeguards;</li> <li>▶ Information about the general policies and process within EY to maintain objectivity and independence.</li> <li>▶ Where EY has determined it is appropriate to apply more restrictive independence rules than permitted under the Ethical Standard [note: additional wording should be included in the communication reflecting the client specific situation]</li> </ul>	<ul style="list-style-type: none"> <li>▶ In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;</li> <li>▶ Details of non-audit services provided and the fees charged in relation thereto;</li> <li>▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;</li> <li>▶ Written confirmation that all covered persons are independent;</li> <li>▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy;</li> <li>▶ Details of any contingent fee arrangements for non-audit services provided by us or our network firms; and</li> <li>▶ An opportunity to discuss auditor independence issues.</li> </ul>

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We also provide information on any contingent fee arrangements, the amounts of any future services that have been contracted, and details of any written proposal to provide non-audit services that has been submitted;

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.

## Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

### Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Paul King, your audit engagement partner and the audit engagement team have not been compromised.

### Self interest threats

A self interest threat arises when EY has financial or other interests in the Authority. Examples include where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake permissible non-audit services and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval. The ratio of non-audit fees to audit fees is not permitted to exceed 70%.

At the time of writing, no non-audit services have been undertaken, therefore the current ratio of non-audit fees to audit fees is zero. No additional safeguards are required.

A self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4. There are no other self interest threats at the date of this report.

### Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

### Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of the Authority. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

## Relationships, services and related threats and safeguards

### Other threats

Other threats, such as advocacy, familiarity or intimidation, may arise.

There are no other threats at the date of this report.



## Other communications

### EY Transparency Report 2017

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year ended 1 July 2017 and can be found here:

<http://www.ey.com/uk/en/about-us/ey-uk-transparency-report-20167>



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Appendices



## Appendix A

### Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Communities and Local Government.

PSAA has published a scale fee for all relevant bodies. This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the NAO Code.

	Planned fee 2017/18	Scale fee 2016/17	Final Fee 2016/17
	£	£	£
Total Fee - Code work	30,766	30,766	30,766
<b>Total fees</b>	<b>30,766</b>	<b>30,766</b>	<b>30,766</b>

*All fees exclude VAT*

The audit fee covers the:

- ▶ Audit of the financial statements
- ▶ Value for money conclusion
- ▶ Whole of Government accounts.

For East Sussex Fire Authority our indicative fee is set at the scale fee level. This indicative fee is based on certain assumptions, including:

- ▶ The overall level of risk in relation to the audit of the financial statements is not significantly different from that of the prior year
- ▶ Officers meeting the agreed timetable of deliverables;
- ▶ The operating effectiveness of the internal controls for the key processes identified within our audit strategy;
- ▶ Our accounts opinion and value for money conclusion being unqualified;
- ▶ Appropriate quality of documentation is provided by the council;
- ▶ There is an effective control environment; and
- ▶ Prompt responses are provided to our draft reports.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Authority in advance.

Fees for the auditor's consideration of correspondence from the public and formal objections will be charged in addition to the scale fee.

## Appendix B

# Regulatory update

In previous reports to the Scrutiny and Audit Panel, we highlighted the issue of regulatory developments. The following table summarises progress on implementation:




### Earlier deadline for production and audit of the financial statements from 2017/18

<b>Proposed effective date</b>	Effective for annual periods beginning on or after 1 April 2017.
<b>Details</b>	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.
<b>Impact on East Sussex Fire Authority</b>	<p>These changes provide challenges for both the preparers and the auditors of the financial statements.</p> <p>We are holding faster close workshops for clients in November and December 2017 to facilitate early discussion and sharing of ideas and good practice.</p> <p>We are working with the Council on ideas coming from the workshop, for example:</p> <ul style="list-style-type: none"> <li>• Streamlining the Statement of Accounts removing all non-material disclosure notes;</li> <li>• Bringing forward the commissioning and production of key externally provided information such as IAS 19 pension information, asset valuations;</li> <li>• Providing training to departmental finance staff regarding the requirements and implications of earlier closedown;</li> <li>• Re-ordering tasks from year-end to monthly/quarterly timing, reducing year-end pressure;</li> <li>• Establishing and agreeing working materiality amounts with the auditors.</li> </ul>

## Appendix C





# Required communications with the Scrutiny and Audit Panel

We have detailed the communications that we must provide to the Scrutiny and Audit Panel.

			 Our Reporting to you
Required communications	 What is reported?	 When and where	
Terms of engagement	Confirmation by the Scrutiny and Audit Panel of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.	
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.	
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team	Audit planning report	
Significant findings from the audit	<ul style="list-style-type: none"> <li>▶ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures</li> <li>▶ Significant difficulties, if any, encountered during the audit</li> <li>▶ Significant matters, if any, arising from the audit that were discussed with management</li> <li>▶ Written representations that we are seeking</li> <li>▶ Expected modifications to the audit report</li> <li>▶ Other matters if any, significant to the oversight of the financial reporting process</li> </ul>	Audit results report	




## Appendix C

# Required communications with the Scrutiny and Audit Panel (continued)

 Our Reporting to you		
Required communications	 What is reported?	  When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> <li>▶ Whether the events or conditions constitute a material uncertainty</li> <li>▶ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements</li> <li>▶ The adequacy of related disclosures in the financial statements</li> </ul>	Audit results report
Misstatements	<ul style="list-style-type: none"> <li>▶ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation</li> <li>▶ The effect of uncorrected misstatements related to prior periods</li> <li>▶ A request that any uncorrected misstatement be corrected</li> <li>▶ Corrected misstatements that are significant</li> <li>▶ Material misstatements corrected by management</li> </ul>	Audit results report
Fraud	<ul style="list-style-type: none"> <li>▶ Enquiries of the Scrutiny and Audit Panel to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity</li> <li>▶ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist</li> <li>▶ A discussion of any other matters related to fraud</li> </ul>	Audit results report
Related parties	<ul style="list-style-type: none"> <li>▶ Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</li> <li>▶ Non-disclosure by management</li> <li>▶ Inappropriate authorisation and approval of transactions</li> <li>▶ Disagreement over disclosures</li> <li>▶ Non-compliance with laws and regulations</li> <li>▶ Difficulty in identifying the party that ultimately controls the entity</li> </ul>	Audit results report

## Appendix C

# Required communications with the Scrutiny and Audit Panel (continued)

		Our Reporting to you
Required communications	 What is reported?	  When and where
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> <li>▶ The principal threats</li> <li>▶ Safeguards adopted and their effectiveness</li> <li>▶ An overall assessment of threats and safeguards</li> <li>▶ Information about the general policies and process within the firm to maintain objectivity and independence</li> </ul>	Audit Planning Report and Audit Results Report
External confirmations	<ul style="list-style-type: none"> <li>▶ Management's refusal for us to request confirmations</li> <li>▶ Inability to obtain relevant and reliable audit evidence from other procedures</li> </ul>	Audit results report
Consideration of laws and regulations	<ul style="list-style-type: none"> <li>▶ Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off</li> <li>▶ Enquiry of the Scrutiny and Audit Panel into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Scrutiny and Audit Panel may be aware of</li> </ul>	Audit results report
Internal controls	<ul style="list-style-type: none"> <li>▶ Significant deficiencies in internal controls identified during the audit</li> </ul>	Audit results report
Representations	Written representations we are requesting from management and/or those charged with governance	Audit results report
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	Audit results report
Auditors report	<ul style="list-style-type: none"> <li>▶ Key audit matters that we will include in our auditor's report</li> <li>▶ Any circumstances identified that affect the form and content of our auditor's report</li> </ul>	Audit results report
Fee Reporting	<ul style="list-style-type: none"> <li>▶ Breakdown of fee information when the audit plan is agreed</li> <li>▶ Breakdown of fee information at the completion of the audit</li> <li>▶ Any non-audit work</li> </ul>	Audit planning report and Audit results report
Certification work	Summary of certification work undertaken	Certification report

## Additional audit information

### Other required procedures during the course of the audit

In addition to the key areas of audit focus outlined in section 2, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

#### Our responsibilities required by auditing standards

- ▶ Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- ▶ Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- ▶ Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- ▶ Concluding on the appropriateness of management's use of the going concern basis of accounting.
- ▶ Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- ▶ Obtaining sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Authority to express an opinion on the consolidated financial statements. Reading other information contained in the financial statements, including the board's statement that the annual report is fair, balanced and understandable, the Scrutiny and Audit Panel reporting appropriately addresses matters communicated by us to the Scrutiny and Audit Panel and reporting whether it is materially inconsistent with our understanding and the financial statements; and
- ▶ Maintaining auditor independence.

### Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

Materiality determines:

- ▶ The level of work performed on individual account balances and financial statement disclosures.

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.



**EAST SUSSEX FIRE AUTHORITY**

**Panel** Scrutiny & Audit Panel

**Date** 1 February 2018

**Title of Report** Performance Report 2017/18 Quarter 3

**By** Liz Ridley, Assistant Director Planning & Improvement

**Lead Officer** Sharon Milner, Planning & Intelligence Manager

**Lead Member** Cllr Roy Galley

**Background Papers** None

**Appendices** Appendix A – Quarter 3 Performance Report 2017/18  
 Appendix B – Exceptions report  
 Appendix C – Definition of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

**Implications**

<b>CORPORATE RISK</b>		<b>LEGAL</b>	
<b>ENVIRONMENTAL</b>		<b>POLICY</b>	
<b>FINANCIAL</b>		<b>POLITICAL</b>	
<b>HEALTH &amp; SAFETY</b>		<b>OTHER (please specify)</b>	
<b>HUMAN RESOURCES</b>		<b>CORE BRIEF</b>	

**PURPOSE OF REPORT** To present the third quarter performance results 2017/18.

**EXECUTIVE SUMMARY** This report provides the Panel with a summary of service performance information for the 3rd quarter of 2017/18. The results of Quarter 3 continue to be an improvement on previous quarters.

**RECOMMENDATION** The Panel is asked:

- (i) to consider the 2017/18 performance results for quarter 3 as set out in Appendix A and the exceptions report as set out in Appendix B;
- (ii) note that the report has been updated to include the RIDDOR definition (Reporting of Injuries, Diseases

and Dangerous Occurrences Regulations) which can be found at Appendix C as requested at the last S&A Panel also sickness by category has been included; and

- (iii) To identify any issues where Members require further assurance

---

## **1 INTRODUCTION**

- 1.1 This report contains the Quarter 3 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 3 are an improvement on those reported in quarter one when 13 indicators were showing a decline in performance, but a decline against quarter 2 where 5 indicators had declined in performance. Eight indicators are showing a decline against the previous year, of those four indicators are reporting at least a 10% decline in performance against Quarter 3 2016/17 and have additional commentary in the exceptions report (Appendix B). These are:
  - (i) The number of deliberate fires
  - (ii) The number of business safety engagement events
  - (iii) The number of attendees at business safety engagement events
  - (iv) The percentage of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire

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 3 we have seen a reduction of 22 accidental dwelling fires against the same quarter in 2016/17. This gives a projected year end result of 488. Should this be achieved, this would be the lowest number of accidental dwelling fires recorded over the last 18 years from 1999/2000. The lowest number being 506 in 2010/11. The intervening years since then 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 completed a series of events in Eastbourne, Hastings and Brighton in November 2017 to promote fire safety advice and collect responses to a survey about behaviour in a fire or near miss. This was also promoted online and a total of 329 responses were collected. This information is now being analysed and will be considered by the Accidental Dwelling Fire Working Group. The plan is to produce a report for publication, publicity materials to help influence future activities around fire prevention.
- 2.3.3 A light hearted fire safety campaign, featuring singing sprouts, ran for several weeks in the run up to Christmas. It was carefully targeted using Mosaic data which identifies people who are more likely to have a fire and the best way to reach them. An event was held at Sainsbury in Sedlescombe outside of Hastings in December. Flyers were also handed out Iceland in Hastings. A social media campaign using both free post and paid for advertising encouraged people to take part in a competition and also to try out a “how safe is your home” quiz. A full evaluation is being completed, however we know that 209 people entered the competition and 34 people took part in the quiz.
- 2.3.4 Alongside this campaign, the Communications and Marketing team ran an “Elf on the Shelf” social media drive. This tapped into the popular trend of taking photos of Christmas Elves and sharing them online. Our elf ‘Florian’, was pictured giving out a number of fire safety messages as well as other safety messages.
- 2.3.5 As part of our ongoing drive to reduce the number of accidental dwelling fires, we have been awarded a grant of £25,000 from the Local Government Association to help us understand more about fires in the home. Our own research and that of others indicates that many fires could be prevented by the people involved – for example by paying more attention when cooking. We will be match-funding the investment to carry out a pilot in Brighton which is based on changing people’s behaviour. The idea is that interventions aimed at encouraging people to make better choices will be more successful if they are based on insights from behavioural science, known as “nudge theory” or “behavioural insights.”

- 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 decrease against the previous quarter and is just below the target of 94% at 91.1%; 112 of the 123 accidental dwelling fires were confined to the room of origin on quarter 3 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 premises owners being asked to confirm the need for an attendance. In quarter 3 2017/18 there was a 35.2% reduction in the number of false alarm calls attended against the base year, in the previous year there was a reduction in attendance at 38.1%
- 2.6 Increasing the percentage of home safety visits that we complete with the more vulnerable members of our community**
- 2.6.1 We delivered 92.0% of our home safety visits to vulnerable people within our community in the third quarter of 2017/18 which is an improvement on last year (90.2%).
- 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, and that additional information be provided in relation to long term sickness; to include referral take up, what counselling services are available and the take up and contact with work whilst off sick. Illness type has been included in the report. Additional areas are reported through the Occupational Health contract and a report will be developed and brought to the Panel.
- 2.7.2 Performance has declined from the same quarter last year, with 2.8 shifts lost as opposed to 2.7. 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 8.3 shifts lost per employee at the end of Q3 2017/18, 5.4 of these are due to long term sickness, 1.2 due to medium term sickness and 1.7 due to short term sickness. More detailed information can be seen in the exceptions report (Appendix B).
- 2.7.3 There have been some process 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 Policy have been communicated.

## **2.8 Inspections of high risk premises completed**

2.8.1 This is a new priority area and critically important following the Grenfell Tower fire on 14 June 2017. In the third quarter 2017/18 137 high risk inspections have been completed, this is a decrease of six 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. The year projected result is currently at 451 audits completed, an increase on 2016/17 when 300 were completed. More detail on this can be found in Appendix B, the exceptions report.

## **2.9 Numbers of Home Safety Visits completed**

2.9.1 In the third quarter of 2017/18, 2,678 home safety visits were completed, this is 287 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. The projected year end result for 2017/18 is now 10,768 completed home safety visits.

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

## **3 REPORTING REQUIREMENTS MOVING FORWARD**

3.1 The Panel requested further information to be included in future performance reports including, Policy implications resulting from performance measures, details on work into Road Safety and related issues and more detail on the reasons for sickness absences and phased returns.

3.2 Work is underway with the HR department to bring back a fuller report on sickness to the Panel. There are three support staff on phased returns currently. The figures for operational staff on light duties were not available in time for this report but will come back next quarter.

3.3 There is a business case progressing through Senior Leadership Team for a business intelligence solution which will enable the service to review its approach to what is measured and the way it reports its progress. It is anticipated that the quarterly performance reports will be replaced as part of that project and the Panel will be consulted on the performance measures it requires moving forward.

## **4      RECOMMENDATION**

4.1    The Panel is asked:

1.    to consider the 2017/18 performance results for quarter 3 as set out in Appendix A and the exceptions report as set out in Appendix B;
2.    note that the report has been updated to include the RIDDOR definition (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) which can be found at Appendix C as requested at the last S&A Panel also sickness by category has been included; and
3.    To identify any issues where Members require further assurance



# **East Sussex** **Fire & Rescue Service**

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# **East Sussex Fire & Rescue** **Performance Results** **Quarter 3** **2017/18**

FEBRUARY 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 Q3 result	National Quartile Position 2016/17	2017/18 Quarter 3	2017/18 Projected Year end	Direction of travel from 2016/17 result
6	Total number of incidents attended	2,337		2,334	9,769	Improved
7	Number of deaths in primary fires	2		1	2	Improved
8	Number of injuries in primary fires	13		6	35	Improved
1 Priority	No of accidental dwelling fires	145		123	488	Improved
9	Number of primary fires	312		272	1,157	Improved
10	Number of deliberate fires	164		201	871	Declined
11	No of Industrial and Commercial fires	57		38	151	Improved



<b>12. First arriving appliance</b>	<b>2015/16 England Average</b>	<b>2015/16 FG2 Average</b>	<b>Q3 2016/17</b>	<b>Q3 2017/18</b>	<b>2017/18 Projected year end</b>
Primary fires	8.7	10.2	8.4 (224)	8.2 (198)	8.5 (638)
Dwellings	7.7	9	8.1 (99)	7.4 (79)	7.5 (245)
with any casualty or rescue	7.6	N/a	7.9 (6)	6.8 (4)	6.6 (19)
without any casualty or rescue	7.7	N/a	8.2 (93)	7.4 (75)	7.6 (226)
Other Buildings	8.5	9.7	7.8 (42)	7.5 (41)	8.1 (133)
Other Residential	8.1	N/a	8.5 (12)	8.0 (4)	8.4 (15)
Non-Residential	8.5	N/a	7.5 (40)	7.4 (37)	8.1 (118)
Road Vehicles	10	10.9	9.7 (59)	9.4 (57)	9.5 (187)
Other (Outdoor)	11	12.3	8.3 (125)	8.2 (198)	8.2 (674)
RTC Persons trapped / enhanced	N/a	N/a	9.0 (36)	10.7 (21)	9.8 (76)

<b>13. Second arriving appliance</b>	<b>2015/16 England Average</b>	<b>2015/16 FG2 Average</b>	<b>Q3 2016/17</b>	<b>Q3 2017/18</b>	<b>2017/18 Projected year end</b>
Primary fires	N/a	N/a	11.9 (137)	11.3 (105)	12.0 (363)
Dwellings	N/a	N/a	10.9 (79)	10.0 (62)	10.3 (201)
with any casualty or rescue	N/a	N/a	13.5 (5)	8.5 (4)	11.2 (19)
without any casualty or rescue	N/a	N/a	10.7 (74)	10.2 (48)	10.2 (182)
Other Buildings	N/a	N/a	11.3 (42)	12.2 (29)	13.1 (98)
Other Residential	N/a	N/a	10.5 (12)	12.1 (4)	13.2 (12)
Non-Residential	N/a	N/a	11.7 (30)	12.2 (25)	13.0 (86)
Road Vehicles	N/a	N/a	18.4 (14)	13.0 (11)	14.6 (46)
Other (Outdoor)	N/a	N/a	15.6 (9)	14.3 (12)	14.3 (58)
RTC Persons trapped / enhanced	N/a	N/a	14.9 (35)	14.0 (19)	14.8 (70)

## We make our communities safer

**We will do this by:**

### Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2016/17 Q3 result	National Quartile Position 2016/17	2017/18 Quarter 3	2017/18 Projected Year end	Direction of travel from 2016/17 result
2 Priority	% of Home Safety Visits to vulnerable people	90.2%	This is an ESFRS indicator only, no National data is available for comparison	92.0%	91.7%	Improved
14	Undertake 10,000 Home Safety Visits	2,391		2,678	10,768	Improved
15	Number of safe and well visits conducted	113	This is an ESFRS indicator only, no National data is available for comparison	129	487	Improved
16	Inspections of high risk premises completed	143		137	411	Declined
17a	Number of business safety engagement events	18	This is an ESFRS indicator only, no National data is available for comparison	4	27	Declined
17b	Number of attendees at business safety engagement events	527	This is an ESFRS indicator only, no National data is available for comparison	180	1,468	Declined

## 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 Q3 result	National Quartile Position 2016/17	2017/18 Quarter 3	2017/18 Projected Year end	Direction of travel from 2016/17 result
<b>3 Priority</b>	<b>The number of working days/shifts lost due to sickness not to exceed 7.5 per employee</b>	<b>2.7</b>	This is an ESFRS indicator only, no National data is available for comparison	<b>2.8</b>	<b>11.0</b>	<b>Declined</b>
18	Number of RIDDOR incidents	2		2	15	Same
19	Number of workplace reported accidents / injuries	56		43	192	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 Q3 result	National Quartile Position 2016/17	2017/18 Quarter 3	2017/18 Projected Year end	Direction of travel from 2016/17 result
<b>4 Priority</b>	<b>A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10</b>	<b>-38.1%</b>	This is an ESFRS indicator only, no National data is available for comparison	<b>-35.2%</b>	<b>-30.1%</b>	<b>Declined</b>
20	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	1.6%	This is an ESFRS indicator only, no National data is available for comparison	2.1%	2.0%	Declined
21	% of AFA calls challenged by SCC	5.7%	This is an ESFRS indicator only, no National data is available for comparison	9.2%	5.6%	Improved
<b>5 Priority</b>	<b>% of accidental dwelling fires confined to room of origin</b>	<b>93.7%</b>	This is an ESFRS indicator only, no National data is available for comparison	<b>91.1%</b>	<b>92.8%</b>	<b>Declined</b>

### EXCEPTIONS REPORT – QUARTER 3 2017/18

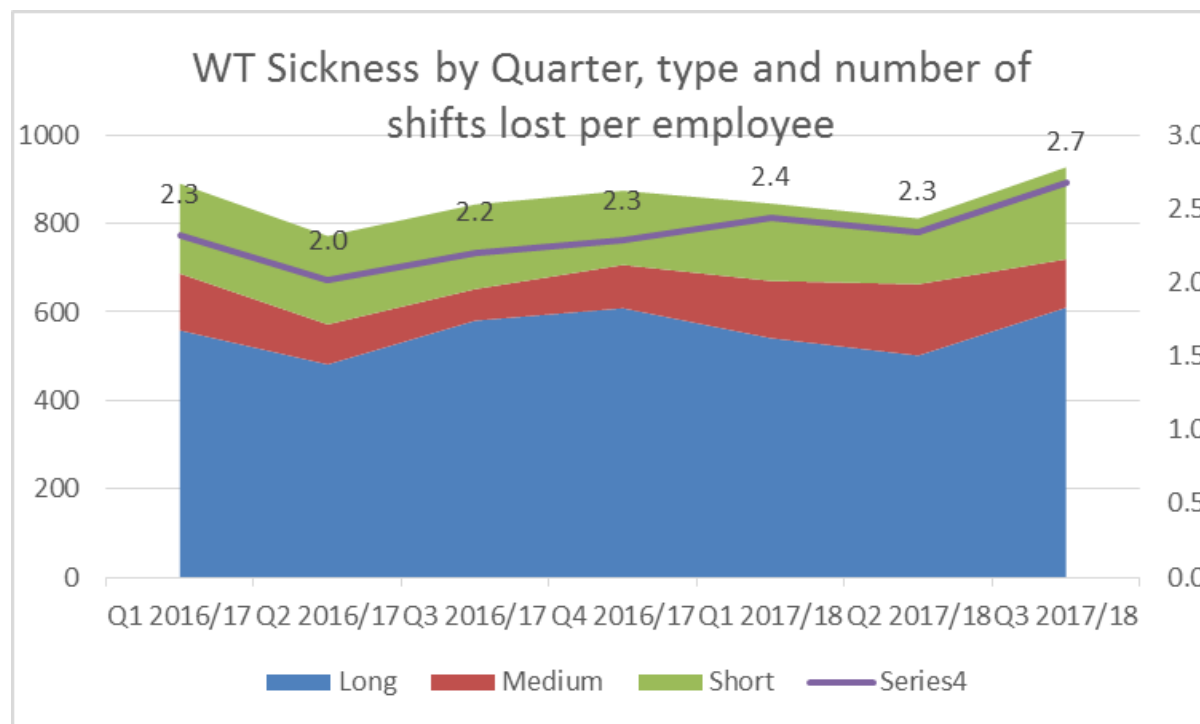
Indicator	Commentary	Actions to be taken
<p><b>10. Number of deliberate fires</b></p>	<p>In Q3 2017/18 there were 201 deliberate fires, this is against 164 in the previous year and give a projected year end result of 871. This is the highest number of recorded fires for the last five years.</p> <p>63 of these were deliberate primary fires, which is six less than in the previous year. However there were 138 deliberate secondary fires in Q3 2017/18 against 95 in 2016/17. Hove and Preston Circus are responsible for the majority of this increase; Hove from 5 to 17 this year and Preston Circus 19 to 42 in Q3 2017/18. 29 of these were in rubbish containers or wheelie bins</p>	<p>There has been a significant rise in deliberate fires specifically surrounding the lighting of secondary rubbish fires. There were three particular noticeable nights where deliberate activity was traceable through the Preston Park area and also in Hove. These issues are being raised through the newly formed Partnership Tactical Tasking Coordination Group (PTTCG) as part of the tactical response with Brighton &amp; Hove City Council and Sussex Police to identify the perpetrators and reduce occurrences for this activity.</p> <p>On a local level Watch Managers, through seminars, will focus on these exceptions and ensure that two or more calls to the same bin or location with a response in a single shift will then attract the monitoring and deployment of city based police albeit they do not prioritise these attendances.</p>

<p><b>16. Inspections of high risk premises completed</b></p>	<p>In Q3 2017/18 137 Audits were completed. In the same period of the previous year 143 were completed. The projected year end result is 451 compared to 300 last year. Only raised as an exception report due to a delay in entering work on CRM (vacancies and BS workload resulting from Grenfell incident)</p>	<p>I can report that at least 56 audits have not been placed on the system, a large number of which have been completed increasing the 137 figure by a minimum of 20, exceeding the performance of Q3 total of last year of 143. The projected audit total once the audits started are added to the system is 451 compared to last year's total of 300.</p> <p>This is a significant improvement in performance when comparing against the overall total from last year, this improvement in performance is enhanced further on acknowledging the total number of vacancies currently unfilled in Business safety.</p> <p>A wider business safety review is planned for this year and will incorporate the work that has already commenced in respect to Strategy review, end of monthly returns and the associated support plan.</p> <p>We will be addressing the vacancies, finishing our work resulting from the staff open day, moving to electronic files where appropriate, reviewing the current risk based approach and delivering against the support plan (staff views on how to improve things further) as well as benefitted from the additional posts that are to be provided to BS through the redistribution of resource (officers review).</p> <p>With the rollout of station based business safety audits in April it is hoped a 1,000 audits will be delivered from April 18 growing to 1,500 19/20 the following year and 2,000 20/21 which will represent over a 300% improvement on this years projected performance, which itself is an enhancement.</p> <p><b>Assistant Director Safer Communities</b></p>
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<p>17a. Number of business safety engagement events</p>	<p>In Q3 2017/18 11 Business safety events were completed, in the previous year there were 27. The revised number for this quarter is now 36 with a projected year end result of 69 compared to a total of 29 last year.</p>	<p>As above, the number of business safety engagements have been under reported by at least 18 that would increase the Q3 figure to at least 29 exceeding the performance of Q3 total of last year of 27. The projected business safety engagements for the year is now 69 compared to last year's total of 29. At least 800 Business Safety interactions have taken place this year, so far, some of which could be classed as a business safety events.</p> <p><b>Assistant Director Safer Communities</b></p>
<p>17b. Number of attendees at business safety engagement events</p>	<p>In Q3 2017/18 117 people were engaged with at the above events. In the same period in the previous year 665 people were engaged with.</p>	<p>Business safety events are now being more targeted and this often means smaller groups so the number of events (clearly improvement this year) is a more valuable measure of outcome as each business safety is undertaken due to a recognised need or disproportionate risk. A number of business safety events have been undertaken at hi rise premises of recent months and these are not always in front of 100's of attendees as a more formal seminar may attract.</p> <p><b>Assistant Director Safer Communities</b></p>
<p>3. The number of days/shifts lost due to sickness</p>	<p>In Q3 2017/18 there were 2.8 days/shifts lost due to sickness, this was 2.7 in the previous year. 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 8.3 shifts lost per employee at the end of Q3 2017/18, 5.4 of these are due to long term sickness, 1.2 due to medium term sickness and 1.7 due to short term sickness. More detailed information can be seen below</p> <p><b>Assistant Director HR &amp; Organisational Development</b></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.

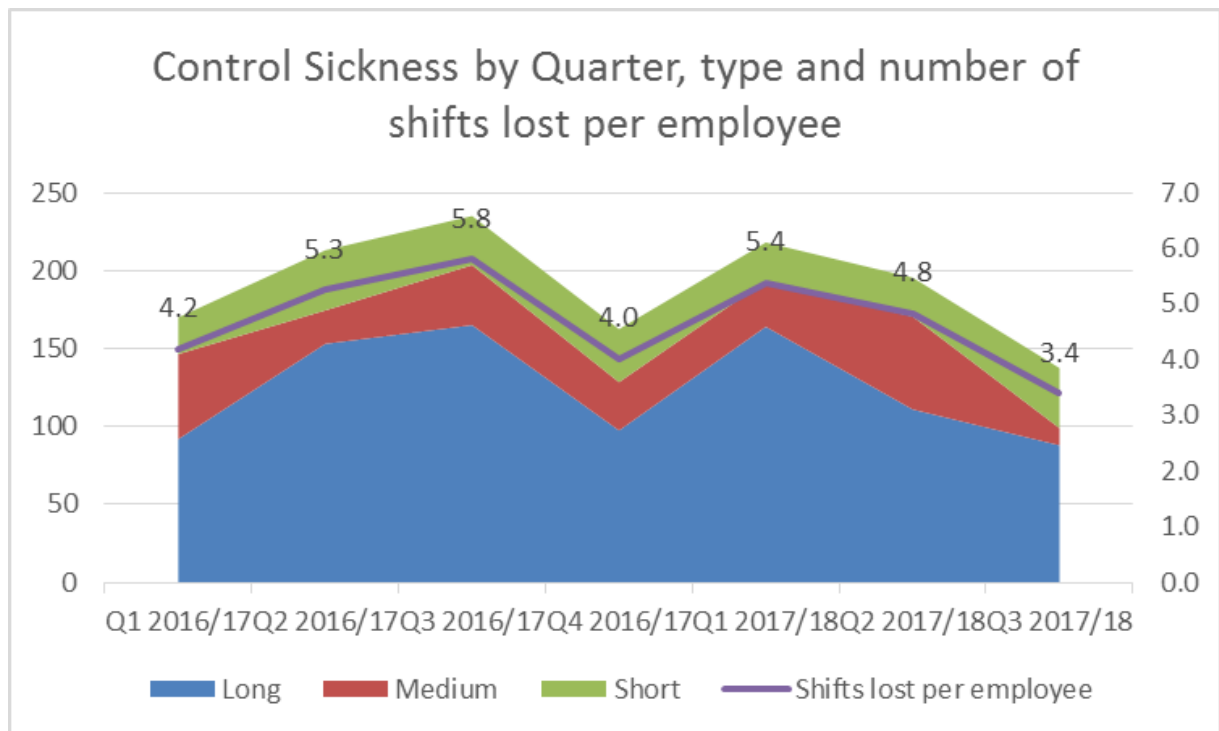
**Graph 1:** Whole time sickness from quarter 1 2016/17 to quarter 3 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



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

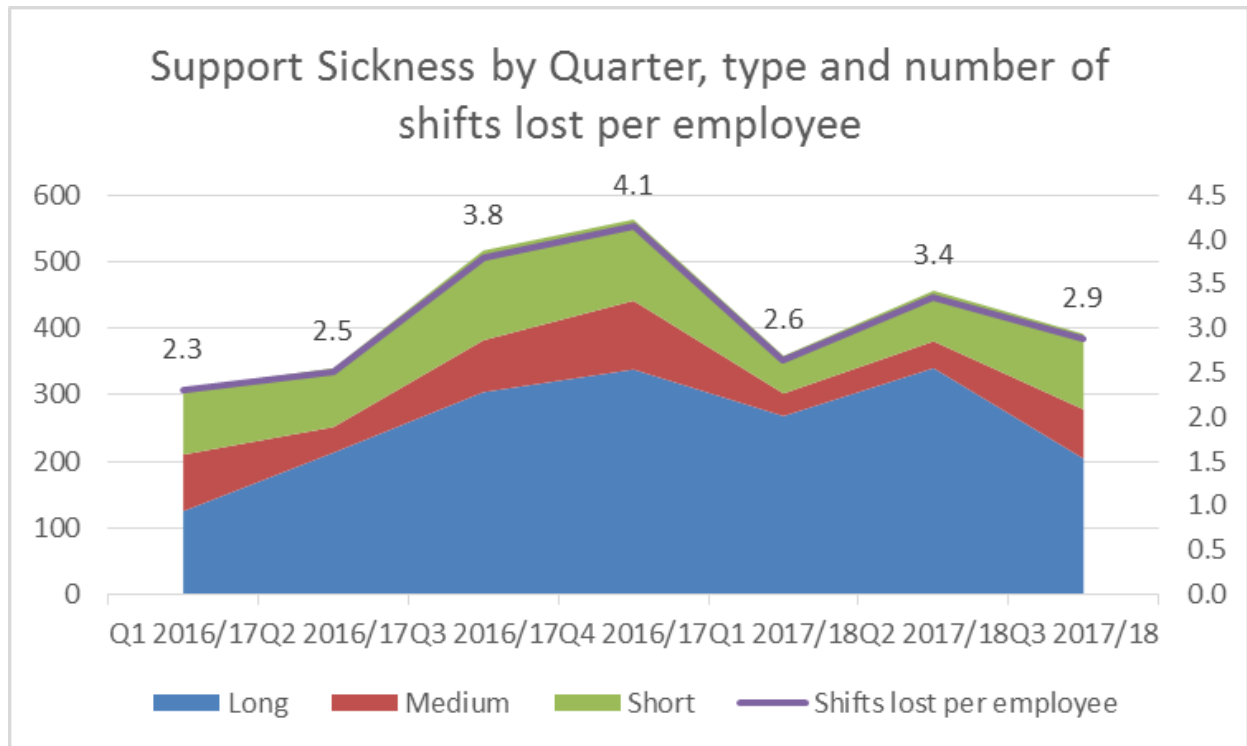


**Graph 2:** Control sickness from quarter 1 2016/17 to quarter 3 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



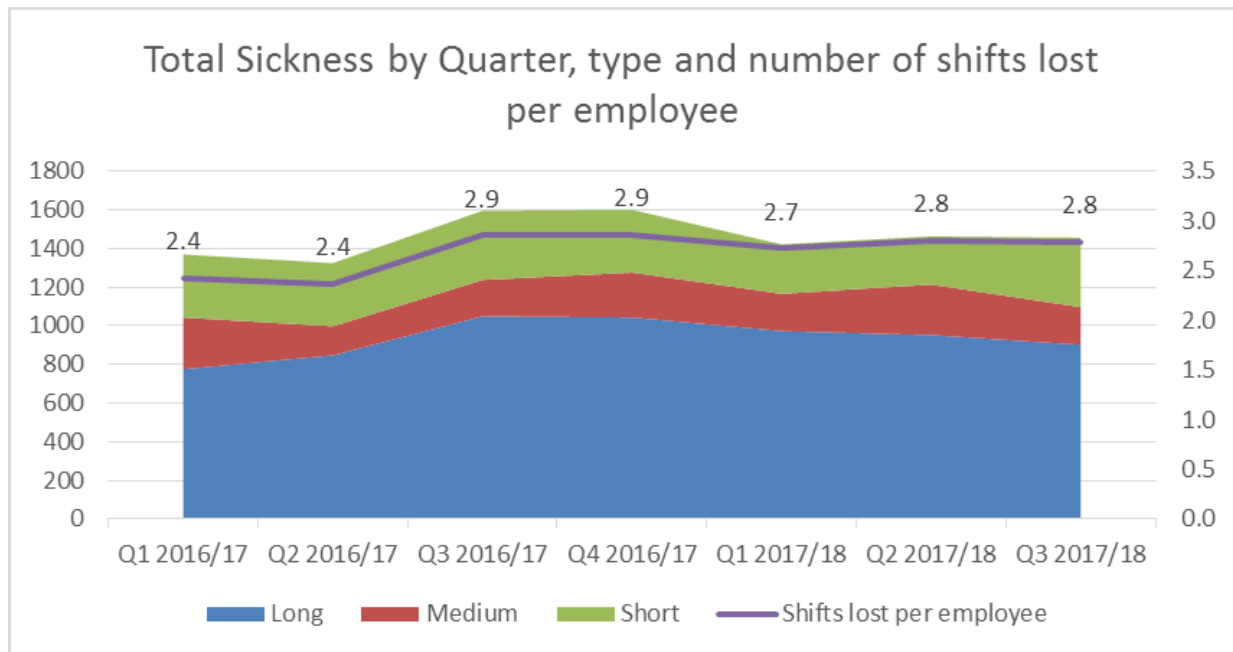
- Long term sickness makes up 65% of all control sickness
- Medium term sickness makes up 18%
- Short term sickness makes up 16%

**Graph 3:** Support sickness from quarter 1 2016/17 to quarter 3 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%

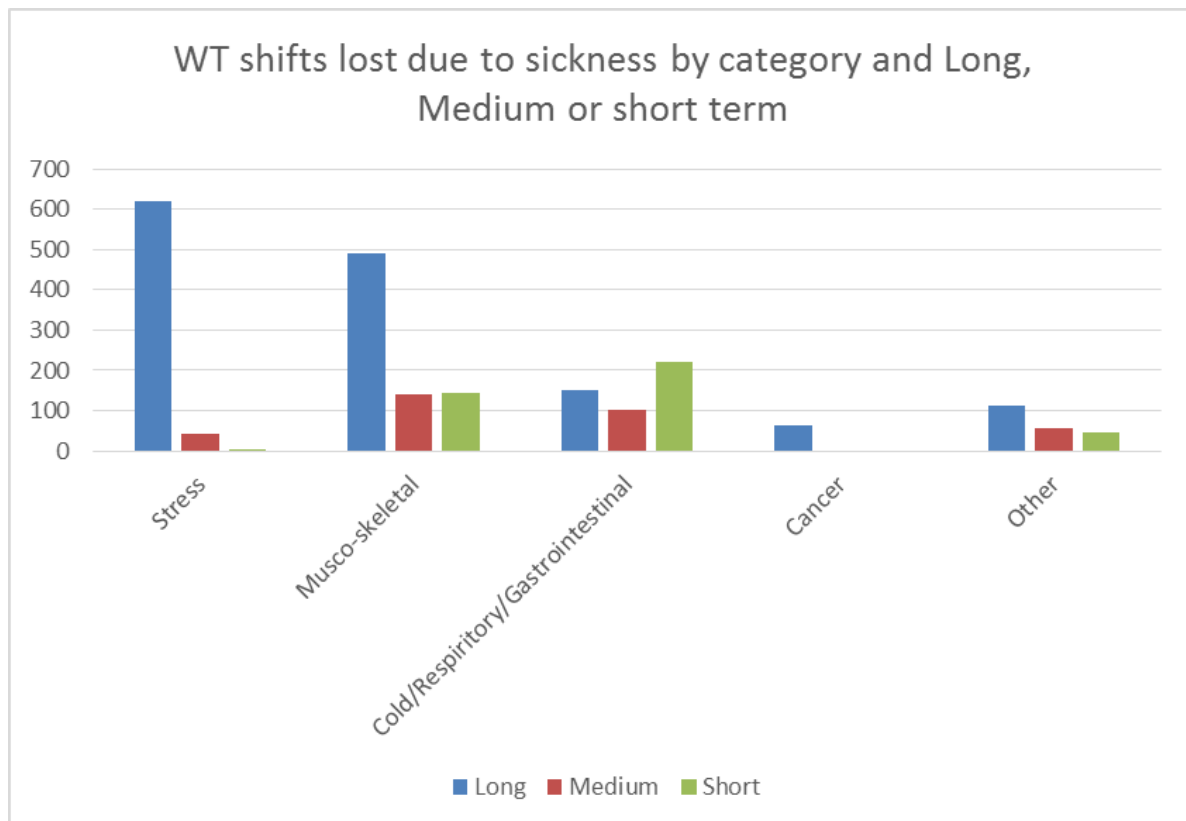
**Graph 4:** Total sickness from quarter 1 2016/17 to quarter 3 2017/18, showing shifts lost by long, medium and short term and the number of shifts lost per employee



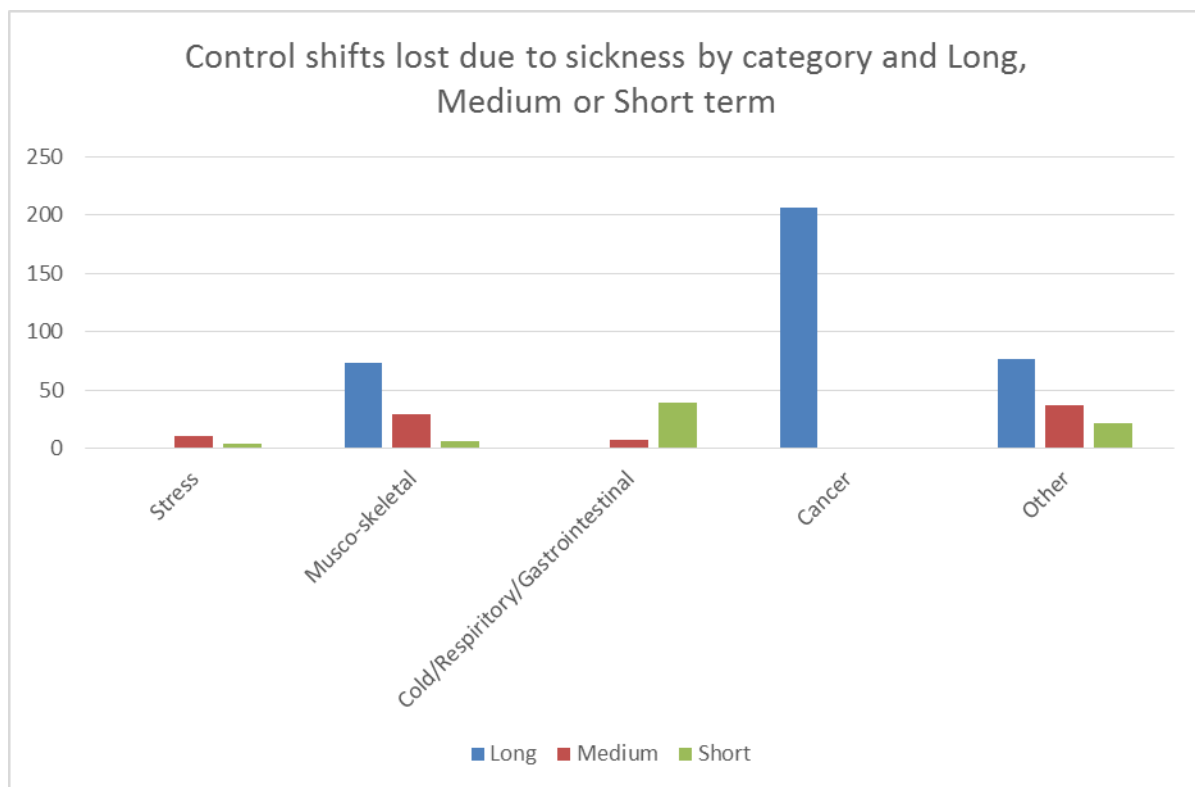
- Long term sickness makes up 64% of all ESFRS staff sickness
- Medium term sickness makes up 15%
- Short term sickness makes up 21%

The following graphs show the Sickness breakdown by a number of broad categories, this is then split by number 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) and by Wholetime, Control and Support staff. NB due to time constraints this data is April to November 2017.

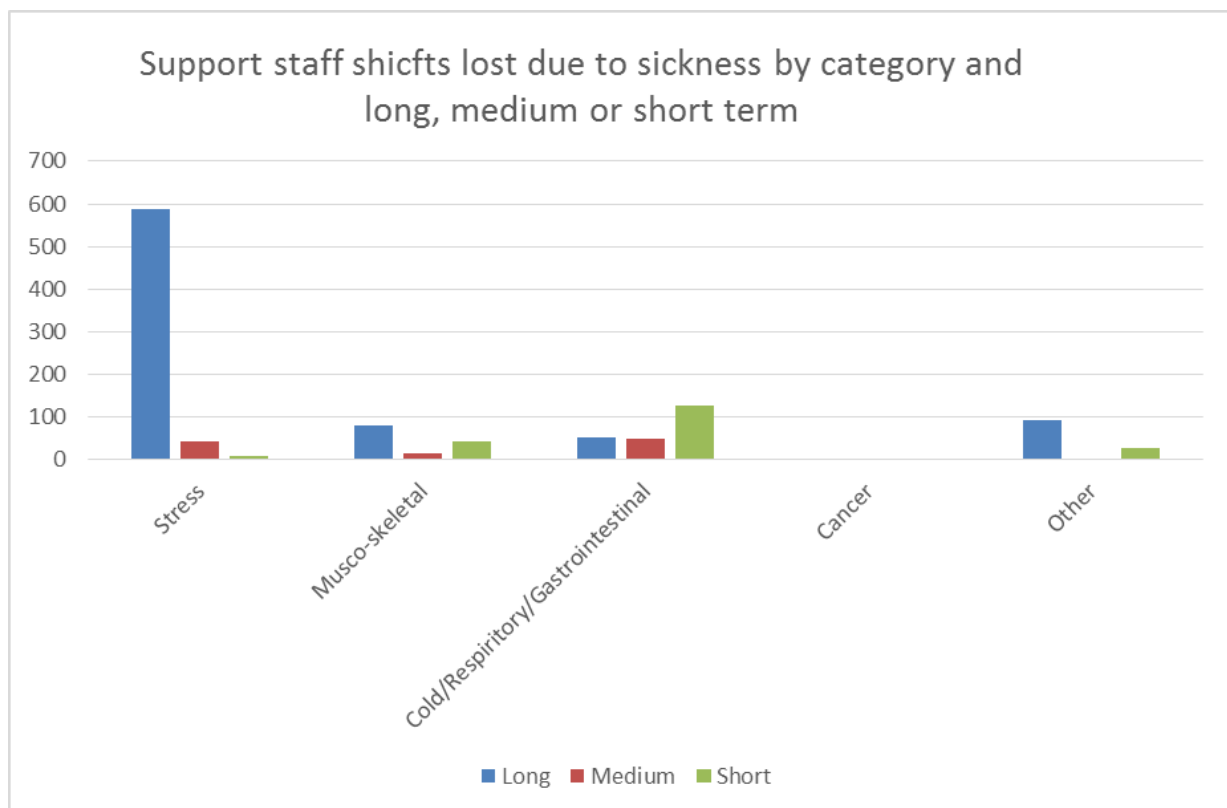
**Graph 5:** Total sickness April to November 2017 showing shifts lost by sickness category and long, medium and short term for wholetime staff



**Graph 6:** Total sickness April to November 2017 showing shifts lost by sickness category and long, medium and short term for Control staff



**Graph 7:** Total sickness April to November 2017 showing shifts lost by sickness category and long, medium and short term for Support staff





### **RIDDOR DEFINITION RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)**

As requested at the Scrutiny & Audit Panel on 2 November 2017, please note the full definition of RIDDOR as per the 2013 Regulations:

#### **Types of reportable injury under RIDDOR**

##### **The death of any person**

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

##### **Specified injuries to workers**

The list of 'specified injuries' in RIDDOR 2013 are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

##### **Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

### **Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

### **Non fatal accidents to non-workers (eg members of the public)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

### **Occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available.

### **Specific guidance is also available for:**

- occupational cancers
- diseases associated with biological agents

### **Dangerous occurrences**

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:



- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

**The most likely one for the Fire Service is**

**Breathing apparatus**

12. The malfunction of breathing apparatus:

1. where the malfunction causes a significant risk of personal injury to the user; or
2. during testing immediately prior to use, where the malfunction would have caused a significant risk to the health and safety of the user had it occurred during use other than at a mine.

**Further guidance on these dangerous occurrences is available.**

**Gas incidents**

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the online form.

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas



**EAST SUSSEX FIRE AND RESCUE SERVICE**

**Panel** Scrutiny & Audit Panel

**Date** 1 February 2018

**Title of Report** 2017/18 Health and Safety Statistics Report Quarter 3

**By** Hannah Scott-Youlton, Assistant Director Training & Assurance

**Lead Member** Cllr Stuart Earl

**Background Papers** Health, Safety & Wellbeing Strategy (2017-2020)

**Appendices** Appendix A – Full breakdown of statistics

**Implications**

<b>CORPORATE RISK</b>	✓	<b>LEGAL</b>	
<b>ENVIRONMENTAL</b>		<b>POLICY</b>	
<b>FINANCIAL</b>		<b>POLITICAL</b>	
<b>HEALTH &amp; SAFETY</b>	✓	<b>OTHER (please specify)</b>	
<b>HUMAN RESOURCES</b>		<b>CORE BRIEF</b>	

**PURPOSE OF REPORT** To present the Quarter 3 Health and Safety statistics.

**EXECUTIVE SUMMARY** This report provides the Scrutiny and Audit Panel with a summary of Health and Safety statistics for Quarter 3 2017-18, whilst providing some narrative around the statistics.

**RECOMMENDATION** The Scrutiny and Audit panel is asked to:

- i. consider the Quarter 3 Health and Safety statistics for 2017/18 as set out in the report;
- ii. continue to monitor and scrutinise performance over the year: and
- iii. identify any areas where Members require further assurance.

**1 INTRODUCTION**

1.1 This report contains Quarter 3 results, compared with 2016/17 of East Sussex Fire & Rescue Service (ESFRS) performance against the Health and Safety lagging indicators.

## **2 MAIN ISSUES**

2.1 A full breakdown of the quarter 3 statistics can be found in Appendix A.

### **2.2 Indicator No. 1 - The number of safety events received**

There were 43 Level 1 Safety Events reported to the HSW Department in Q3 and they are spread across the four category types of incident as:

Injury sustained	19
Vehicle accident	8
Near Hit	14
Damage to premises/equipment	1
Fatality (public)	1

This compares with 56 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.

The report of a fatality should have been reported as a near hit as the Safety Event was about the changeover of the Virtual Mobile Data System (VMDS) terminals and the potential delay in a response to a call that was a fatality. The appliance response time was well within the designated target time and the fatality was a suicide and thus an earlier response would not have changed the outcome.

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

There were 2 RIDDOR reportable incidents in Q3 as compared with the same number in Q3 last year. Initially, both of these RIDDOR reports were for fractures, with one RIDDOR later changing from a fracture to absence over 7 days (fracture clinic attendance later confirmed that elbow was not fractured).

The breakdown of these RIDDOR reports are:

- i. Injury to elbow while trying to lift a grille that was (unbeknown to IP) jammed by cement. Hospital originally diagnosed a fracture, but following attendance at the fracture clinic this was changed to ligament damage. Change in RIDDOR from fracture to over 7 day absence.
- ii. FF attending fire at the flat of a hoarder. With poor visibility IP twisted foot on piles of rubbish/materials. Attended A&E and diagnosed as torn ligament in foot and fractured metatarsal. RIDDOR for the specified injury of a fracture.

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

There were 9 manual handling injuries reported in Q3 with 3 recorded as compared with 8 in the same quarter last year. One of these injuries resulted in a RIDDOR report and that was the elbow injury while trying to remove the grille. The other causes of the injuries were:

- 4 lifting casualties at operational incidents;
- 1 lifting a ladder during drilling;
- 1 injury in the gym when using the press
- 1 sprained back while cleaning the appliance

1 near hit report of potential manual handling injury due to having to carry a casualty rescued from the River Ouse over a long distance along the river bank.

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 5 reports of slips, trips and falls in Q3 2017/18 compared with 4 in 2016/17. One of these injuries resulted in a RIDDOR report and that was the ligament damage and fractured metatarsal while firefighting in poor visibility. The other injuries occurred:

1 trip in the gym causing jarring;

1 trip over own feet during drilling;

2 slips on ice in the drill yard at Station 76 during the icy weather in December

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 fallen slightly in Q3 to 7 and this is significantly lower when comparing this with the performance in Q3 in 2016/17 when there were 13 vehicle accidents. The cause of vehicle accidents is varied with 3 wing mirrors striking a bus and tree branches; 3 vehicles clipping stationary vehicles and 1 reversing incident, striking a bollard.

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

There were 4 incidents of lost working time in Q3 when compared with 7 incidents in 2016/17. Two of these occurrences were the injuries reported under Indicator No.2 RIDDORs, the other two were short duration absences of back strain when cleaning the appliance and a cut finger on glass in sink when washing up.

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

There was 1 report of work related violence in Q3 following attendance at an incident where one of the occupants was unstable and made threats to crews. Crews withdrew and police were called to attend. There were 4 violence incidents reported in Q2 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 Q3 compared to 3 in Q3 in 2016/17. The cause of the incident was that the new VMDS terminal does not track the vehicle or indicate incident location causing stress to the crew's enroute to an incident.

The VMD System has been upgraded in preparation for implementing the new 4i mobilising system, causing an interim gap in functionality. A solution has been implemented until the 4i system goes live.

## 2.10 **Indicator No. 9 – The number of near hits**

In Q3 there were 14 reports of near hits which is comparable with the 13 reported in 2016/17. The near hits covered a wide variety of issues some of which link back to other safety events already detailed. There was 1 report of crewing below minimum at SCC and a report that the training system at SCC was defective. Almost all of the other near hits were reported as equipment failures ranging from a barrier malfunction, blue lights not working, a damaged charging lead to a faulty rising main. All of these were defected and repaired or replaced as necessary.

## 2.11 **Regional Statistics and comparator**

The South East Regional Health & Safety Group have started to develop a comparative analysis and an initial report has been completed. The report is not being shared more widely at this stage as the report needs further refining and moderation. However, the key findings of the regional comparison report echo the trends that we see within our own internal safety events statistics so, from an assurance perspective, the data is consistent. Given the type of work that Fire & Rescue Services undertake, the range of percentage of employees injured is low, from 3-8%, with ESFRS at the top of the range.

Interestingly, only 2 out of the 9 FRSs had RIDDOR reportable incidences in this year, which is ESFRS and Kent FRS. Two areas of activity where ESFRS record high levels of injuries are at Special Service Calls which is reasonably foreseeable due to the complexity of some of these calls but what is more notable is the high number of injuries occurring during routine activities which are more avoidable. There is evidence of a strong and healthy reporting culture within this Service and this enables us to use the information to focus our resources towards those areas of greatest need. This initial piece of regional comparative work is going to be extended through the Emergency Services Collaboration Programme Health & Safety Group who will look to further align our KPIs across the 3 Fire Services (ESFRS, WSFRS and SFRS) and feed this back into the regional group.

## **3 CONCLUSION**

- 3.1 The interventions made in relation to driving appears to be having a positive impact, however, the Service will continue to monitor the statistics and work with line managers to further improve the statistics. Further work around musculo-skeletal injuries, in terms of preventative measures, are now being considered as well as considering the Services approach (such as preventative measures / training) in dealing with the high number of injuries that seem to be occurring during routine activities within the Organisation.

## Appendix A

### Full breakdown of statistics

	Per quarter 2017/18				2017/18	2016/17	2015/16	2014/15
	Q1	Q2	Q3	Q4	Actual Total	Actual Total	Actual Total	Actual Total
<b>1. Number of safety events received</b>	51	56	43		150	234	224	233
<b>2. Number of RIDDOR incidents</b>	3	6	2		11	9	3	6
<b>3. Number of manual handling Incidents</b>	6	4	9		19	23	30	14
<b>4. Number of slips, trips &amp; falls</b>	8	9	5		22	19	18	14
<b>5. Number of vehicle collisions</b>	12	11	7		30	60	44	53
<b>6. Number of incidents where work time lost</b>	7	9	4		20	26	20	16
<b>7. Incidence of work-related violence</b>	0	1	1		2	8	4	5
<b>8. Incidence of stress</b>	3	1	1		5	9	3	15
<b>9. Number of near hits</b>	17	14	14		45	46	61	59





**EAST SUSSEX FIRE AND RESCUE SERVICE**

**Panel** Scrutiny & Audit Panel  
**Date** 1 February 2018  
**Title of Report** 2017/18 Third Quarter Corporate Risk Register Review  
**By** Duncan Savage, Assistant Director Resources/Treasurer  
**Lead Officer** Warren Tricker, Finance Manager

**Background Papers** 2017/18 Second Quarter Corporate Risk Register Review

**Appendices** Appendix A RAID Log Scoring Matrix  
 Appendix B Risk Management Mitigation Plans  
 Appendix C Corporate Project Risk Report

**Implications**

<b>CORPORATE RISK</b>	√	<b>LEGAL</b>	
<b>ENVIRONMENTAL</b>		<b>POLICY</b>	
<b>FINANCIAL</b>		<b>POLITICAL</b>	
<b>HEALTH &amp; SAFETY</b>		<b>OTHER (please specify)</b>	
<b>HUMAN RESOURCES</b>		<b>CORE BRIEF</b>	

**PURPOSE OF REPORT** To report on the latest quarterly review of Corporate Risk

**EXECUTIVE SUMMARY** The Authority has in place established procedures for ensuring that risks are identified and managed for all corporate projects. All high risks identified in the Project RAID (Risks, Assumptions, Issues, and Dependencies) logs are now collated and reported to Senior Leadership Team (SLT) to allow any themes to be identified and risks to be escalated to the corporate risk log as necessary. Risks are scored against a 4x4 scoring matrix as shown in Appendix A.

Reviews of corporate risks take place on a quarterly basis and all risks have been reviewed. The updated position is shown in Appendix B.

Completion and Target dates are now included under the heading Key actions and where an action was not complete a target date would be added. Appendix B has been updated to highlight those mitigations that remain ongoing or completion date remains planned.

Recommendations have been made to SLT on suggested revised scoring. Where Action plans are complete and the risk score has been mitigated sufficiently SLT may agree that the risk be removed from the Corporate Risk Register.

Resources are now being put in place to support SLT in the preparation of the corporate risk register and specifically to Assistant Directors to 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.

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**RECOMMENDATION**

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

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## 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)	<p><b>Completed</b></p> <p>1) 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 <b>Settlement expected 4 December 2017</b>.(TBC)</p> <p>2) Improvement and Efficiency reserve established to fund transformation initiatives. <b>Completed 2013</b>, current balance £1.5m</p> <p>3) IRMP reviews will more clearly link service provision to the public, to the MTFP. <b>Completed February 2017</b>.</p> <p>4) Efficiency Plan approved by the Home Office to secure multi-year funding offer providing some certainty to aid financial planning. <b>Completed January 2017</b></p> <p><b>Ongoing</b></p> <p>5) Draft budget paper for 2018/2019 to P&amp;R Panel 18/01/2018. Show Balanced budget for 2018/19 and 2019/20 and savings of £0.8m to £1.3m by 2022/23 depending on Council Tax option agreed – In progress final budget papers to CFA 15/01/218.</p> <p>6) Work commenced on delivering activities agreed be CFA Sept 2017 to deliver savings target – <b>In progress</b></p>	3	2	6 (Moderate)  Suggest Moderate (4 x 2 = 8)	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>7) Business rate pool reconstituted for 2018/19but possible only to continue for two financial year if national changes to BR. Activities funded by income are scalable. Billing authorities working to agree risk management actions around provisions for appeals in 2017/18. – <u>In progress</u></p> <p>8) Delivery of savings monitored on a monthly basis and reported to CMT and Members. <u>Ongoing</u>.</p> <p>9) Opportunities for further collaboration with public sector partners being examined especially around support services and through Emergency Services <u>Collaboration Project. Ongoing</u>.</p> <p>10) Ongoing work through ESFOA seeking to maximise income from council tax and non- domestic rates. <u>Ongoing</u></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><u>Ongoing</u></p> <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"> <li>active monitoring of delivery by ITG (Information Technology Governance). Ongoing,</li> </ul>	3	2	6 (Moderate)  suggest Tolerable (2 x 2 =4)	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
						<ul style="list-style-type: none"> <li>monthly contract management meetings. Ongoing,</li> <li>quarterly IT Strategy Board meetings. Ongoing,</li> <li>periodic reporting to CMT and Scrutiny &amp; Audit Panel. Commenced September 2017),</li> <li>monitoring of IT service delivery against suite of KPIs. Ongoing.</li> <li>development of outline and full business cases to support all new IT Strategy projects including benefits realisation. Ongoing.</li> </ul>					
3 Partnership	1	<p>4) Sussex Control Centre does not deliver effective mobilisation service or planned savings.</p> <p>5) Failure to deliver full specification for mobilising leading to contractual issues.</p>	4	4	16 (Intolerable)	<p><b>Completed</b> Remsdaq Project</p> <p>1) The Factory Acceptance Test (FAT) is now preceded by a joint pre-FAT program overseen by the SCC Implementation Project Board. <b>Completed January 2017.</b></p> <p>2) The Factory Acceptance Test (FAT) is now preceded by a joint pre-FAT program overseen by the SCC Implementation Project Board. <b>Completed January 2017.</b></p> <p>3) Any milestone payments are not triggered until pass of acceptance tests and these are staged. <b>Completed March 2017.</b></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 <b>November 2017.</b></p> <p>5) Savings target for 2016/17 revised to reflect delays in implementation. <b>Completed February 2016.</b></p>	4	3	<p>12 (Substantial)</p> <p>Suggest substantial (12)</p>	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>6) 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. <a href="#">Completed June 2017</a></p> <p>7) The maintenance contract for the 3tc legacy system has now been extended. <a href="#">Completed June 2017</a></p> <p>8) Additional support in the form of a Technical Project Manager now in place to refresh and refocus project management arrangements. <a href="#">Completed July 2017.</a></p> <p>9) The maintenance contract for the 3tc legacy system has now been extended. <a href="#">Completed June 2017</a></p> <p>10) The Home Office have commissioned an external review of the project to date to consider matters related to the delay in implementation. The outcomes from this review will provide further support to the Service in relation to delivering the project. <a href="#">Completed March 2017</a></p> <p>11) Recommendations from HO report and subsequent assurance visits have now been captured within an action plan overseen by SCC Implementation Board. <a href="#">Completed March 2017</a></p> <p style="text-align: center;">Business As Usual</p> <p>12) 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.</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><u>Completed December 2012.</u></p> <p>13) Refreshed approach to attendance management now being implemented through combination of support and engagement with staff and application of service policies. <u>Completed May 2017</u> with Group Manager appointed on temporary basis to provide additional managerial capacity and support.</p> <p><u>Ongoing</u> Remsdaq Project</p> <p>14) Regular monthly progress and financial reporting to SCC Implementation Board, both Management Teams and the Executive Governance Board. <u>Ongoing.</u></p> <p>15) The project has been subjected to scrutiny by internal audit, report findings are now progressed and monitored by the SCC Implementation Board. <u>Ongoing.</u></p> <p>16) 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 <u>mitigation on-going.</u></p> <p>Business As Usual</p> <p>17) 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. <u>Ongoing.</u></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>18) ESFRS specific operational and performance matters considered at the relevant management team meetings. <b>Ongoing</b></p> <p>19) 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 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. <b>Ongoing</b></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><b>Completed</b></p> <p>1) Planning &amp; 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. <b>Completed April 2017.</b></p> <p>2) Restructure to address a number of strategic roles and management structures. <b>Completed April 2017.</b></p> <p>3) A People and Organisational Development Strategy will be developed which draws out the main</p>	3	3	9 (Moderate) suggest Tolerable (2 x 2 = 4)	CFO	DCFO/ ACFO

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>drivers for change over the next five years and the impact on our people.  <a href="#">Approved by the CFA in September 2017</a>  <b>Ongoing</b></p> <p>4) 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 &amp; OD programme. <a href="#">Target September 2018.</a></p>					
5 Community	1	<p>1) Longer term Industrial Action (IA) could impact on the ability to deliver services, impact on the relationships with the workforce and has the potential for reputational damage</p> <p>2) Short to medium term impact of Action Short of Strike (ASOS)</p>	3	3	9 (Moderate)	<p><b>Completed</b></p> <p>1) 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. <a href="#">Completed July 2015.</a> FBU have advised no industrial action to take place under this dispute until at least June 2017.</p> <p>2) 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 <a href="#">March 2017.</a>  <b>Ongoing</b></p> <p>3) Constant Review of Business Continuity and Industrial Action Contingency Plans. <b>Ongoing.</b></p> <p>4) Maintain consultation and negotiation with trade unions.</p>	2	3	6 (Moderate)  suggest moderate (6)	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><u>Ongoing.</u></p> <p>5) Maintain effective communications with staff, staff groups and trade unions to ensure a connection with national negotiations, communication and impact highlighted in local discussion.</p> <p><u>Ongoing</u></p>					
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)	<p><u>Completed</u></p> <p>1) Trade Union and management briefings in place October 2015 to discuss outcome of local consultations on savings proposals. <u>Completed April 2016.</u></p> <p>2) Bridging the savings board is now managing implementation with engagement of staff and rep bodies from 1st April 2016. <u>Completed April 2016.</u></p> <p>3) Employee Engagement Framework now included in Reform and OD Programme. <u>Completed.</u></p> <p>4) Staff briefings and engagement for SHQ relocation <u>proposals</u></p> <p><u>Ongoing</u></p> <p>5) Support middle and senior managers to ensure regular meetings and engagement with staff and to review feedback from managers. <u>Ongoing.</u></p> <p>6) Ensure staff representative bodies are engaged with and informed of emerging issues. <u>Ongoing.</u></p> <p>7) Continue to develop communication opportunities including where appropriate, social media and new Communications Strategy. <u>Ongoing.</u></p>	3	3	6 (Moderate)  Suggest Moderate (6)	ACFO	SLT

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>8) Develop a strategy to ensure a clear, effective sustainable framework for future staff engagement. <b>Target to be determined.</b></p> <p>9) Programme of PO and CMT visits to all staff groups and stations. <b>Ongoing.</b></p>					
9 Health and Safety	1,3,4	<p>1) An incident occurring which could impact on the health &amp; safety of our staff, specifically in a training environment &amp; the risk of HSE intervention.</p> <p>10) The Authority's H&amp;S approach is not effectively targeting the highest risk areas.</p>	4	3	12 (Substantial)	<p>1) Changes to the management and staffing structure at CMT and STC agreed and started. <b>Completed December 2016</b></p> <p>2) The Authority has agreed to £300k capital scheme to make improvements to its 4 BA Chambers (including those at STC). <b>Completed 2017.</b></p> <p>3) Broader changes are being made to our H&amp;S approach following a H&amp;S Peer Review carried out by a third party. <b>Completed August 2017.</b></p> <p>4) Restructure of H&amp;S Team approved by CMT. <b>Completed July 2017.</b></p> <p>5) Changes to governance structures for Health, Safety &amp; Wellbeing approved by CMT and being put in place. <b>Completed February 2017.</b></p> <p>6) 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 &amp; February 2018 – <b>with a view to this work being completed and therefore closing</b></p>	3	2	6 (Moderate) Suggest Tolerable (3 x 1 = 3)	ACFO	AD Training & Assurance

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
						<u>down this action.</u>					
11 ESMCP / ESN	1, 4	<p>1) Failure to complete transition readiness requirements in line with Home Office expectations by September 2018 resulting in failure to 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 &amp; 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>	4	3	12 (Substantial)	<p><u>Completed</u></p> <p>Transition</p> <p>1) Joint ESFRS / WSFRS Project Manager Recruitment process now underway. <u>Completed April 2017.</u></p> <p><u>Ongoing</u></p> <p>Transition</p> <p>2) SE Regional Transition Governance Plan identifies project management, planning, funding and governance arrangements including reporting process providing assurance to HO. <u>Ongoing.</u></p> <p>3) Local project management and governance arrangements overseen by Project Board chaired by CMT member. <u>Ongoing.</u></p> <p>Legacy failure</p> <p>4) National, regional and local governance and communications arrangements will ensure that ESFRS has early warning if it appears this risk is likely to materialise. <u>Ongoing.</u></p> <p>5) ESFRS will work with regional blue light partners to understand likelihood and potential alternative solutions. <u>Ongoing.</u></p>	3	3	9 (Moderate)  Suggest Moderate (3 x 2 = 6)	DCFO	AD OS&R
12 Pensions Administration	3,4	Failure to comply with statutory requirements and performance	3	3	9 (Moderate)	<p><u>Completed</u></p> <p>6) Officers have met with</p>	3	2	6 (Moderate)  Suggest	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
		standards for administration of Firefighter Pension Scheme. Possible sanction by the Pension Regulator (tPR).				<p>representatives from Orbis our pension administration provider to raise concerns regarding compliance and performance. <b>Completed March 2017.</b></p> <p>7) Officers to track progress through bi-monthly contract review meetings with Orbis – <b>Completed</b></p> <p><b>Ongoing</b></p> <p>8) New agreement to reflect all financial services provided by Orbis to be put in place by <b>31 March 2017. Revised target 31 March 2018.</b></p> <p>9) Orbis has presented improvement actions to local FPS Pension Board and now attend on a quarterly basis to report progress and report on performance. <b>Ongoing.</b></p> <p>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. <b>Completed but problem reoccurred in 2017/18.</b></p>			Moderate (6)		
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	4	3	12 (Substantial)	<p><b>Ongoing</b></p> <p>1) Dec 16 Report and recommendations to CMT, policy, service delivery review and changes to meet new regulation. Training and awareness programme. <b>All changes by March 2018.</b></p> <p>2) To complete the review, using the Information Commissioners Office 13 point Plan. To be actioned by the DPO in liaison with AD's and</p>	2	2	4 (Tolerable)  Suggest Tolerable (4)	AD Resources Treasurer	Finance Manager

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
		the organisation vulnerable for large fines.				relevant Managers as appropriate and be completed by <b>February 2018</b>  3) 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 <b>May 2018</b>					
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 (Substantial)	<b>Ongoing</b>  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 (Tolerable)  Suggest Tolerable (4)	AD Safer Communities	





	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	02/08/17	06/12/17	<p>Additional unfunded amount puts pressure on budgets of East and West.</p> <p>Identified extra spending is in the order of £300K 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.</p> <p>The delay to go-live may affect equipment and make it more likely to need replacing.</p> <p>(Logged as a risk but also being managed by the Project Board as an issue).</p>	3	3	9	<p>East and West have met and agreed funding of the project. However, go-live delay means we need to reassess the financial impact (DD to do). In addition, new items of work have been identified. New financial forecast to be provided to East and West.</p> <p>In light of UAT extension NS and MOB are talking about use of contingency. DD has estimated cost of an overrun to end of January 2018 as approx. £93K.</p> <p>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.</p> <p>Formal budget position has been reported to WSFRS. Apportionment of costs has been agreed.</p>	4	3	12		ACFO
R2	SCC	27/04/17	04/09/17	Impacts of change in go-live date for staffing leave embargo.	4	4	16	Resourcing of UAT, control room and evacuation plan all being identified.	3	3	9		ACFO

No risks above an “8” were reported by, ESMCP, Firewatch, Savings Implementation Group, or P-cards projects.

