



EAST SUSSEX FIRE AUTHORITY

SCRUTINY & AUDIT PANEL

THURSDAY, 13 JUNE 2018 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.	
145	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
146	1	Apologies for Absence
147	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)
148	5	<u>Minutes of the last Scrutiny & Audit Panel meeting held on 1 February 2018 (copy attached)</u>

Item No.	Page No.	
149	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
150	11	<u>External Audit Update and Fee Letter 2018/19 – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
151	27	<u>Internal Audit Annual Report and Opinion for the period 1 April 2017 to 31 March 2018 – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
152	43	<u>Internal Audit Strategy and Plan – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
153	63	<u>Internal Audit Review – IT Strategy Update – Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
154	73	<u>Internal Audit Review – GDPR Update – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
155	107	<u>IMD Transformation – Project Closure – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
156	167	<u>Assessment of the Corporate Framework and Annual Governance Statement for 2017/18 – Report of the Deputy Chief Fire Officer, Deputy Monitoring Officer and Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
157	181	<u>2016/17 Service Benchmarking Report – Report of the Assistant Director Planning & Improvement</u> <i>(copy attached)</i>
158	219	<u>Performance Report for Quarter 4 and Year End Results for 2017/18 – Report of the Assistant Director Planning & Improvement</u> <i>(copy attached)</i>
159	239	<u>2017/18 Fourth Quarter Corporate Risk Register Review – Report of the Assistant Director Resources/Treasurer</u> <i>(copy attached)</i>
160	257	<u>Corporate Projects Progress Report 2017/18 – Quarter 4 – Report of the Assistant Director Planning & Improvement</u> <i>(copy attached)</i>
161	271	<u>Programme Management Office Progress Report – Report of the Deputy Chief Fire Officer</u> <i>(copy attached)</i>

Item No.	Page No.	
162	281	<u>End of Year Health & Safety Statistics Report 2017-18 – Report of the Assistant Director Training & Assurance</u> (<i>copy attached</i>)
163	3	Exclusion of the Press and Public To consider whether, in view of the business to be transacted or the nature of the proceeding, the press and public should be excluded from the remainder of the meeting on the grounds that, if the press and public were present, there would be disclosure to them of exempt information. NOTE: Any item appearing in the confidential part of the Agenda states in its heading the category under which the information disclosed in the report is confidential and , therefore, not available to the public.
164	291	<u>Service Delivery Review – Report of the Assistant Chief Fire Officer</u> (Exempt category under paragraph 4 of the Local Government Act 1972) (<i>copy attached</i>)
165	303	<u>Internal Audit Follow Up Report of Cybersecurity – Update – Report of the Assistant Director Resources/Treasurer</u> (Exempt category under paragraph 7 of the Local Government Act 1972) (<i>copy attached</i>)

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

EAST SUSSEX FIRE AUTHORITY

Minutes of the meeting of the SCRUTINY & AUDIT PANEL held at County Hall, St. Anne's Crescent, Lewes, East Sussex at 10:00 hours on Thursday, 1 February 2018.

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

Also Present: D Whittaker (Chief Fire Officer), M. O'Brien (Deputy Chief Fire Officer), M. Andrews (Assistant Chief Fire Officer), E. Woodley (Deputy Monitoring Officer), D. Savage (Assistant Director – Resources/Treasurer), L. Ridley (Assistant Director – Planning and Improvement), H Scott-Youlton (Assistant Director Training & Assurance), S. Milner (Planning & Intelligence Manager), P King (Ernst & Young), A Blanshard (Senior Democratic Services Officer)

135 DECLARATION OF INTERESTS

135.1 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.

136 APOLOGIES FOR ABSENCE

136.1 Apologies were received from Councillors Osborne and Penn.

137 URGENT ITEMS AND CHAIRMAN'S BUSINESS

137.1 There were none.

138 MINUTES OF THE SCRUTINY & AUDIT PANEL MEETING HELD ON 2 NOVEMBER 2017

138.1 **RESOLVED** – That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 2 November 2017 be approved as a correct record and signed by the Chairman. (*Copy in Minute Book*)

139 CALLOVER

139.1 Members reserved the following items for debate:

140 Service HQ Relocation – Project Closure

141 External Audit Update

142 Performance Report 2017/18 Quarter 3

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

140 **SERVICE HQ RELOCATION – PROJECT CLOSURE**

- 140.1 Members received the Report of the Assistant Director Resources/Treasurer (ADR/T) which informed the Panel of the outcomes and lessons learnt from the Service HQ Relocation Project. (*Copy in Minute Book*)
- 140.2 The ADR/T reminded Members that the Service HQ Relocation Project had been formally established in July 2015 following Authority approval of a stage 3 business case. The project board agreed in July 2017 to close the project on the basis that the key outcomes and deliverables had been achieved. A small number of outstanding issues had been transferred to business as usual activity and would be monitored periodically.
- 140.3 The ADR/T explained that the objective of the project had been the relocation of staff, records and equipment from the existing HQ to the new joint HQ and other dispersal sites whilst minimising the impact on business critical process and at a cost that was affordable to the Authority.
- 140.4 Members were informed that the move had been successful and had come in within the agreed budget. The revenue savings from the project at £150,000 were significantly higher than originally planned. The project had also served as an enabler for broader cultural change within the service and ways of working within the Authority were continuing to change. The ADR/T added that the sale of the old HQ site had obtained a higher capital receipt that had been anticipated.
- 140.5 The ADR/T explained that as part of the project closedown a lessons learnt review had been conducted including surveys of both those closely involved in the project and those staff affected by it. It was notable that the most effective areas were those that were people led, including communication and partnership working whereas the areas that were least effective were process driven, namely project initiation meeting, controls to ensure delivery, planning and reports.
- 140.6 Members agreed that it had been a successful project, and that there had been a high level of staff engagement. The Panel felt that it was important to recognise this success and extended their congratulations to the team. The Panel also acknowledged the support and welcome that had been received from Sussex Police. The Chief Constable and Police staff had made efforts to welcome and involve ESFRS staff. It was agreed that the new joint branding, signage and additional flagpoles all contributed to a visible representation of both services to the public.
- 140.7 **RESOLVED** – That the Panel:
- i) noted the outcomes and lessons learnt from the Service HQ Relocation Project; and
 - ii) identified any further action it considered was required by officers as a result.

141 EXTERNAL AUDIT UPDATE

- 141.1 Members received the Report of the Assistant Director Resources/Treasurer which informed the Panel of the content of the external audit plan. (*Copy in Minute Book*)
- 141.2 Members received an outline of the contents of the external audit plan, Appendix 1 to the report, from the Authority's external auditor, Paul King of Ernst & Young (EY) LLP. The Panel were informed that the responsibilities of the external auditor remained unchanged. EY intended to carry out work in order to audit the Authority's 2017/18 accounts and form their judgement on the Authority's value for money arrangements. EY had not identified any specific risks relating to the Authority's accounts.
- 141.3 Members were informed that the fee for the 2016/17 audit, as shown at Appendix 2 to the report, was confirmed as £30,766 which was in line with the nationally set fee scales and unchanged from the previous year. It was 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.
- 141.4 Members were taken through the Audit Plan with particular reference made to the proposed approach and ensuring that it met the expectations of the Scrutiny & Audit Panel. The overview of the audit strategy summarised the significant accounting and auditing matters outlined in the plan giving an overview of EYs initial risk identification for the upcoming audit and any changes in risks identified in the current year. Members were reassured that inclusion of a risk or area of focus did not imply that there were any concerns in management at the service, but that they were included in all audits.
- 141.5 The Chair had requested an explanation of EYs setting of "Materiality", which at ESFRS had been set at £1.04m. Paul King explained that this was set in accordance with professional judgement and based on comparators in the sector more generally. The setting of 2% was applied to low risk bodies such as Fire Services and District Councils. By setting Materiality at 2% EY was displaying that ESFRS was not seen as a high risk authority.
- 141.6 Paul King, with the agreement of the Chair, then circulated an additional Risk paper were then informed that all audit plans were to include an additional risk following the introduction of an earlier deadline for production of the financial statements. The Accounts and Audit Regulations 2015 had introduced a significant change in statutory deadlines for the 2017/18 financial year, bringing forward the deadline for draft accounts to 31 May and publication of accounts to 31 July (*Additional Risk paper contained in Minute Book*)
- 141.7 A discussion followed during which Members asked whether issues surrounding procurement from some years ago were ongoing. The Panel were reassured that there were no issues that would warrant inclusion and that nothing within papers or discussions that caused concern.
- 141.8 Members asked whether there was a risk of a sudden pension bill to the Service. They were told that there were regular observations of the pension schemes, inherently this process could lead to changes in contribution levels of both the

employer and employees. The ADR/T added, by way of information, that the service administered two pension schemes. The vast majority of staff were members of a Firefighters Pension Scheme this was subject to review and a new scheme had been introduced in 2015 with the aim to ensure that it was more sustainable. The Firefighter Scheme was subject to ongoing legal action lead by the Fire Brigades Union relating to transferable benefits from existing schemes, the cost impact of this was as yet unknown. This was subject to a cost cap of 2% responsibility with the national scheme review board, if it were to go above that level then there would be cause to address this. The remainder of staff were members of the Local Government Pension Scheme (LGPS). The key difference was that this funded scheme was subject to a triennial review and could reach the stage of 100% funding.

- 141.9 The Panel enquired whether there would be any audit issues relating to future inspections. They were informed that the auditors were mindful of the new inspection regime and were paying due regard to the work of other regulators and inspectorates.
- 141.10 Members were concerned that there might be an issue surrounding the Authorities level of Reserves. Paul King explained that from an audit perspective reserve levels were only considered an issue if they appeared insufficient or too low for finances to be sustainable. There was no audit opinion given on reserves that were “too high”. The ADR/T added that government were likely to show and interest in reserves although there was no “right number”, ESFRS reserve levels were determined by the Fire Authority and that the Policy & Resources Panel were content with the current reserve policy. Interest was be shown in the extent to which reserves were committed, there was a legal requirement to explain the reasoning if over 5% were held as un allocated reserves. Currently ESFRS was holding 8% which was deemed average with our levels being midway in the table of Fire Authorities.
- 141.11 **RESOLVED** – That the Panel approved the External Audit Plan for 2017/18 as amended with additional risk.

142 PERFORMANCE REPORT 2017/18 QUARTER 3

- 142.1 Members received the Report of the Assistant Director Planning & Improvement (ADP&I) which provided the Panel with a summary of service performance information for the 3rd Quarter of 2017/18. (*Copy in Minute Book*)
- 142.2 The ADP&I informed members that service performance had improved overall during this quarter. Additional commentary had been added to the report following requests made at the last meeting of the Panel.
- 142.3 The ADP&I made particular reference to paragraph 2.3.1 which highlighted that there had Quarter 3 had seen a reduction of 22 accidental dwelling fires against the same quarter in 2016/17, this was the lowest number of accidental dwelling fires recorded over the last 18 years from 1999/2000. The Accidental Dwelling Fire Working Group was in place, and the Communications and Marketing Team had completed a series of events in Eastbourne, Hastings and Brighton in November 2017 to promote fire safety advice. Additionally a number of online campaigns, media drives and surveys had been conducted promoting fire safety messages.

- 142.4 Members were informed that as part of the ongoing drive to reduce the number of accidental dwelling fires the Service had been awarded a grant of £25,000 from the Local Government Association to help us understand more about fires in the home. Research indicates that many fires could be prevented by the people involved. The Service will match fund the investment to carry out a pilot in Brighton based on changing people's behaviour.
- 142.5 The ADP&I explained to the Panel that the sickness reporting had been broken down by category and that by working with HR and Occupational Health this more detailed reporting would continue to develop. Following the introduction of a new system, the reports to the Panel would be revamped and the intention was to work with Members to ensure that the reports detail the information that is required.
- 142.6 The Panel commended the ADP&I on the considerable improvement to the reports and thanked officers for the changes made to the reporting of sickness information.
- 142.7 Members were concerned at the levels of absences caused by stress for both Wholetime and Support staff and wanted information on what was being done to reduce this. The ADT&A explained that there were several workstreams underway to investigate and address this. These included work on workplace stress and change management. The results of a MIND employee survey were due later in February, these would provide a good and informed starting position for the Service to make changes and improvements. The CFO explained to Members that the Service was a microcosm of the area in which it was based, the stress levels for the Communities of Brighton & Hove and East Sussex also came out high, additionally there were past operational events still deeply affecting staff, it was therefore important to be mindful of these and that they provided context to the sickness levels.
- 142.8 **RESOLVED** – That the Panel:
- i) considered 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) noted that the Report had been updated to include the RIDDOR definition (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) which could be found at Appendix C as requested at the last S&A Panel also sickness by category had been included; and
 - iii) identified any issues where Members required further assurance.

143 2017/18 Health & Safety Statistics Report Quarter 3

- 143.1 Members considered the report of the Assistant Director Training & Assurance (ADT&A) which provided the Panel with a summary of Health and Safety statistics for Quarter 3 2017/18, whilst providing some narrative around the statistics. (*Copy in Minute Book*)
- 143.2 **RESOLVED** – That the Panel:
- i) considered the Quarter 3 Health and Safety statistics for 2017/18 as set out in the report;

- ii) would continue to monitor and scrutinise performance over the year; and
- iii) identified any areas where members required further assurance.

144 **2017/18 Third Quarter Corporate Risk Register Review**

144.1 Members considered the report of the Assistant Director Resources/Treasurer (ADR/T) which provided members with an update on the Services position following the latest quarterly review of corporate risks. (*Copy in Minute Book*).

144.2 **RESOLVED** – That the Panel:

- i) approved the latest Corporate Risk Registers.

The meeting concluded at 11:09 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 13 June 2018
Title of Report External Audit Update and Fee Letter 2018/19
By Duncan Savage, Assistant Director Resources/Treasurer
Lead Officer Duncan Savage, Assistant Director Resources/Treasurer

Background Papers None

Appendices

1. External Audit Update
2. External Audit Fee Letter 2018/19

Implications

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

PURPOSE OF REPORT To inform the Panel of progress on the external audit of the 2017/18 financial accounts and the proposed external audit fee for 2018/19

EXECUTIVE SUMMARY The Authority's external auditors EY LLP have provided an update on the delivery of the audit of the 2017/18 accounts (Appendix 1). Members are reminded that the statutory deadline for the publication of the draft accounts has been brought forward to 31 May 2018. At this stage EY have not identified any significant issues in relation to their audit.

The fee for the 2018/19 audit (Appendix 2) is confirmed as £23,690 which is in line with the nationally set fee scales under the new PSAA contracts and is a reduction of 23% on 2017/18. 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:

- i) note the progress on the external audit of the 2017/18 accounts;
 - ii) note the external audit fee for 2018/19; and
 - iii) identify any further information or reassurance they require from the Authority's external auditors, or any matters which they wish to raise with them.
-

East Sussex Fire and Rescue Authority

Audit Progress Report

May 2018

The Members of the Scrutiny and Audit Panel
Service Headquarters, Church Lane, Lewes
East Sussex
BN7 2DZ

29 May 2018

Dear Members,

Audit Progress Report

We are pleased to attach our Audit Progress Report.

This progress report summarises the work we have undertaken on the audit during 2017/18. The purpose of this report is to provide the Committee with an update of our plans for the 2017/18 audit, to ensure they continue to be aligned with your service expectations.

Our audit is undertaken in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2015 Code of Audit Practice, the Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA) Ltd, auditing standards and other professional requirements.

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

Yours faithfully



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

Contents

2017/18 audit	1
2018/19 audit	3
Appendix 1 - Faster Close Key Messages	4
Timetable	6

In April 2015 Public Sector Audit Appointments Ltd (PSAA) issued "Statement of responsibilities of auditors and audited bodies 2015-16". It is available from the Chief Executive of each audited body and via the [PSAA website](http://www.psaa.co.uk) (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 from 1 April 2015' issued by PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

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

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

2017/18 audit

Financial statements audit

We issued our 2017/18 Audit Plan in February 2018 where we outlined how we intend to carry out our responsibilities as auditor, including our proposed audit approach.

Our interim procedures have confirmed that the risks identified in the Audit Plan remain appropriate. These were:

- Risk of Management Override
- Valuation of land and buildings
- Pension asset/liability valuation
- Earlier deadline for production of the financial statements

Interim Visit

We started our first interim visit on 5 March for three weeks, to undertake walkthroughs of material systems and early substantive testing. We performed our second interim visit in April for 1 week, to complete the early substantive testing.

A significant portion of our interim testing was performed on property and land valuations that have been carried out in the year. The Authority changed their valuers in 2017/18. The Authority planned to continue its cyclical valuation plan of valuing one third of the properties each year (ten out of 26 properties).

The valuers changed the valuation methodology for three properties to one they felt more appropriate for the type of property and they also identified a number of errors in the areas/usage used to prepare the valuation of other properties, compared to prior valuations. There were also a number of changes in valuation that related to specific reasons such as some movements in value being more significant on individual assets due to recent refurbishments making the depreciation rate much lower.

For the most significant movements the Authority sought clarification from the valuers and their explanations appear reasonable and we have reviewed this and been able to corroborate the explanations.

As a result of the issues above, the valuations showed a marked differences from prior years, which made it difficult to use the increase in values as an indexation to update the valuation of the remaining properties. We consulted with EY valuation specialists and concluded that we could not support using the indexation method to value the remaining sixteen properties. The Authority has instructed the valuers to revalue the remaining properties. We will review the outcome of the additional valuations at the year end audit.

To facilitate the provision of working papers and audit evidence, our audit programme now incorporates a client portal whereby officers can upload documents directly to our audit file in response to specific requests. This constitutes a secure means of document transfer. We have been using this during our interim visit and we would encourage officers to respond to requests for evidence as quickly as possible.

We have not identified any additional risks from our interim work that we need to make the Panel aware of.

Post Statements Audit

Following the discussion held at the 1 February 2018 Scrutiny and Audit Panel meeting as part of presenting our audit plan, we have set out in Appendix 1 the key messages which we are communicating consistently to all authorities with regard to the earlier timetable for accounts production and audit completion for 2017/18. We would be happy to discuss this again at the meeting on 13 June 2018 if you would like to do so.

In view of the faster close this year, whereby the Authority will have to publish its audited statement of accounts by 31 July 2018 for the 2017/18 financial year, we are planning for our post statements work on the 2017/18 statement of accounts to be from 18 June 2018 for two weeks.

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

We will also continue to use the client portal to request working papers and evidence for samples and in view of faster close, quick responses from officers will be critical.

We will also review and report to the National Audit Office, to the extent and in the form required by them, on your whole of government accounts return.

We plan to present our audit results report, setting out the findings of our work and overall conclusions, to the Scrutiny and Audit Panel meeting on 26 July 2018.

Value for Money Assessment

We have completed our planning work and did not identify any risks to our conclusion.

2018/19 audit

Fee Letter

From 2018/19, new arrangements for local auditor appointment set out in the Local Audit and Accountability Act 2014 apply for principal local government and police bodies. These audited bodies are responsible for making their own arrangements for the audit of the accounts and certification of the housing benefit subsidy claim. Public Sector Audit Appointments Ltd (PSAA) has appointed auditors for bodies that have opted into the national scheme. Appointments were made for the duration of the five-year appointing period, covering the audits of the accounts for 2018/19 to 2022/23. Appointments for all bodies that had opted into the appointing person scheme before 9 March 2017 were confirmed, following consultation, in December 2017.

We issued our fee letter for 2018/19 in April 2018. For the 2018/19 financial year, PSAA has set the scale fee for each audited body that have opted into its national auditor appointment scheme. Following consultation on its Work Programme and Scale of Fees, PSAA has reduced the 2018/19 scale audit fee for all opted-in bodies by 23 per cent from the fees applicable for 2017/18.

The fee reflects the risk-based approach to audit planning set out in the National Audit Office's Code of Audit Practice for the audit of local public bodies.

For East Sussex Fire Authority our indicative fee is set at the scale fee level of £23,690 (£30,766 in 2017/18).

Any additional work that we may agree to undertake (outside of the Code of Audit Practice) will be separately negotiated and agreed with you in advance.

Appendix 1 - Faster Close Key Messages

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 accounts by 31 July.

These changes provide risks for both the preparers and the auditors of the financial statements:

- The Authority now has less time to prepare the financial statements and supporting working papers. Risks to the Authority include internal quality assurance arrangements, late working papers, and slippage in delivering data for analytics work in format and to the timescales required.
- As your auditor, we have a more significant peak in our audit work and a shorter period to complete the audit. Risks for auditors relate to delivery of all audits within the same compressed timetable. Slippage at one client could potentially put delivery of others at risk.

To mitigate this risk we will require:

- Good quality draft financial statements and supporting working papers by the agreed deadline, including analytics data;
- Appropriate Authority staff to be available throughout the agreed audit period; and
- Complete and prompt responses to audit questions and information requests.

If you are unable to meet key dates within our agreed timetable, we will notify you of the impact on the timing of your audit, which may include postponing your audit until later in the summer and redeploying the team to other work to meet deadlines elsewhere.

Where additional work is required to complete your audit, due to additional risks being identified, additional work being required as a result of scope changes, or poor audit evidence, we will notify you of the impact on the fee and the timing of the audit. Such circumstances may result in a delay to your audit while we complete other work elsewhere.

To support the Authority we have:

- Worked with the Authority to engage early to facilitate early substantive testing where appropriate.
- Facilitated faster close workshops to provide an interactive forum for Local Authority accountants and auditors to share good practice and ideas to enable us all to achieve a successful faster closure of accounts for the 2017/18 financial year.
- Worked with the Authority to implement EY Client Portal, this:
 - Streamlines our audit requests through a reduction of emails and improved means of communication;

- Provides on -demand visibility into the status of audit requests and the overall audit status;
 - Reduces risk of duplicate requests; and
 - Provides better security of sensitive data.
- Agreed the team and timing of each element of our work with you.
- Agreed the supporting working papers that we require to complete our audit and how these are being requested.

Timetable

For the 2017/18 financial year, the timetable for preparation and approval of accounts is brought forward to a draft accounts deadline of 31 May and an audit deadline of 31 July. We have planned our 2017/18 audit to meet these revised deadlines. We set out below a timetable showing the key stages of the audit, including the value for money work, and the deliverables we will provide to you through the 2017/18 committee cycle.

Audit phase	EY Timetable	Deliverable	Report to Panel	Status
High level planning	April 2017	Audit Fee Letter	2017	Completed
Risk assessment and setting of scope of audit	December 2017/January 2018	Audit Plan	February 2018	Completed
Testing of routine processes and controls	March / April 2018	Progress Report	June 2018	This document.
Year-end audit	June / July 2018	Audit results report to those charged with governance Audit report (including our opinion on the financial statements and a conclusion on your arrangements for securing economy, efficiency and effectiveness in your use of resources) Whole of Government Accounts Submission to NAO based on their group audit instructions Audit Completion certificate	July 2018	Work is planned to start mid June 2018 and run for 2 weeks.

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Dawn Whittaker
Chief Fire Officer and Chief Executive
East Sussex Fire Authority
East Sussex Fire and Rescue Service Headquarters,
Church Lane , Lewes
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BN7 2DZ

24 April 2018

Direct line: 023 8038 2099
Email: pking1@uk.ey.com

Dear Dawn,

Annual Audit 2018/19

We are writing to confirm the audit that we propose to undertake for the 2018/19 financial year at East Sussex Fire Authority.

From 2018/19, new arrangements for local auditor appointment set out in the Local Audit and Accountability Act 2014 apply for principal local government and police bodies. These audited bodies are responsible for making their own arrangements for the audit of the accounts and certification of the housing benefit subsidy claim. Public Sector Audit Appointments Ltd (PSAA) has appointed auditors for bodies that have opted into the national scheme. Appointments were made for the duration of the five-year appointing period, covering the audits of the accounts for 2018/19 to 2022/23. Appointments for all bodies that had opted into the appointing person scheme before 9 March 2017 were confirmed, following consultation, in December 2017.

Indicative audit fee

For the 2018/19 financial year, PSAA has set the scale fee for each audited body that have opted into its national auditor appointment scheme. Following consultation on its Work Programme and Scale of Fees, PSAA has reduced the 2018/19 scale audit fee for all opted-in bodies by 23 per cent from the fees applicable for 2017/18.

The fee reflects the risk-based approach to audit planning set out in the National Audit Office's Code of Audit Practice for the audit of local public bodies.

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 East Sussex Fire Authority;
- There is an effective control environment; and
- Prompt responses are provided to our draft reports.

Meeting these assumptions will help ensure the delivery of our audit at the indicative audit fee which is set out in the table below.

As we have not yet completed our audit for 2017/18, our audit planning process for 2018/19 will continue as the year progresses. Fees will be reviewed and updated as necessary, within the parameters of our contract.

Summary of fees

	Indicative fee 2018/19 £	Planned fee 2017/18 £	Actual fee 2016/17 £
Total Code audit fee	23,690	30,766	30,766

Any additional work that we may agree to undertake (outside of the Code of Audit Practice) will be separately negotiated and agreed with you in advance.

Billing

The indicative audit fee will be billed in four quarterly instalments of £5,922.

Audit plan

Our plan is expected to be issued in December 2018. This will communicate any significant financial statement risks identified, planned audit procedures to respond to those risks and any changes in fee. It will also set out the significant risks identified in relation to the value for money conclusion. Should we need to make any significant amendments to the audit fee during the course of the audit, we will discuss this in the first instance with the Assistant Director – Resources & Treasurer and, if necessary, prepare a report outlining the reasons for the fee change for discussion with the Audit Committee.

We are committed to providing you with a high quality service. If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, please contact me as your Engagement Lead. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London, SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute.

Yours sincerely



Paul King
Associate Partner

For and on behalf of Ernst & Young LLP

cc. Duncan Savage, Assistant Director – Resources & Treasurer
Cllr Roy Galley, Chair of the Scrutiny and Audit Panel

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report Internal Audit Annual Report and Opinion for the period 1 April 2017 to 31 March 2018

By Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer Russell Banks, Chief Internal Auditor, Orbis

Background Papers Scrutiny & Audit Panel 27 April 2017 - Internal Audit Strategy and Annual Audit Plan 2017-18

Appendices 1. Annual Internal Audit Report and Opinion 2017/18

Implications

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

PURPOSE OF REPORT To provide an Opinion on East Sussex Fire Authority's internal control environment and report on the work of Internal Audit for the period 1 April 2017 to 31 March 2018.

EXECUTIVE SUMMARY On the basis of the audit work completed, Orbis' Chief Internal Auditor, is able to provide reasonable assurance that the Fire Authority has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2017 to 31 March 2018. Individual reports on the systems evaluated by internal audit included recommendations to enhance controls and management have drawn up action plans to implement these recommendations.

Members' attention is drawn to the following:

- Only one report, GDPR Readiness, did not receive a substantial or reasonable assurance opinion (and that report features elsewhere on this Agenda).
- The review of Management of Sickness Absence is at draft report stage
- A planned follow up review of Use of Vehicles was agreed not to be carried out and fraud awareness training was delayed.
- Information on the Internal Audit Service's performance compliance with the Public Sector Internal Audit Standards (PSIAS).

RECOMMENDATION

The Panel is recommended to:

- i) note the Internal Audit Service's opinion on the Fire Authority's internal control environment for 2017/18; and
 - ii) consider whether the Fire Authority's system for internal audit has proved effective during 2017/18
-



EAST SUSSEX FIRE AUTHORITY

**INTERNAL AUDIT ANNUAL REPORT AND
OPINION 2017-2018**

1. Introduction

1.1 East Sussex County Council (ESCC) has provided the internal audit service to the Fire Authority since 1 April 1997 and we are pleased to submit this annual report of our work for the year ended 31 March 2018. The purpose of this report is to give an opinion on the adequacy and effectiveness of East Sussex Fire Authority's framework of internal control.

2. Internal Audit within East Sussex Fire Authority

2.1 On behalf of the Fire Authority, it is a management responsibility to determine the extent of internal control in the Fire Authority's systems, and it should not depend on internal audit as a substitute for effective controls.

2.2 The role of internal audit is to provide independent assurance that an organisation's risk management, governance and internal control processes are operating effectively.

2.3 Most of the work carried out by internal audit is in the form of risk based audits which analyse and report upon the existence, operation and effectiveness of internal controls within specified systems, both financial and otherwise. All audit reports produced have included a management action plan where actions are agreed to enhance the level of control, together with an opinion on the systems reviewed.

2.4 During the last two years, the County Council has been working with Surrey County Council, and more recently Brighton and Hove City Council, to develop and form the Orbis Partnership, covering a range of business services, including internal audit. This work has resulted in the formation of a single, integrated internal audit service from April 2018, involving three locality based teams supported by two specialist teams in the areas of ICT audit and counter fraud. It is our ambition that this will provide greater resilience and capacity whilst also building on existing high quality services. Where considered appropriate, we may also seek to utilise external specialist resources for certain assignments. In all cases, this will be agreed in advance with the Assistant Director of Resources and Treasurer.

3. Delivery of the Internal Audit Plan

3.1 In accordance with the 2017/18 annual audit plan, a programme of audits, based on an assessment of risk, was carried out across the Fire Authority. During the year and in agreement with the Assistant Director, Resources and Treasurer, two adjustments were made to the plan:

- We did not carry out the follow-up review of Use of Vehicles, which previously received partial assurance, as progress on agreed actions within the audit report has been limited in part due to ongoing data issues with vehicle trackers. In addition, a separate review of the Authority's external tax advisors, PSTax, has been carried out which provided assurance on tax compliance.
- We have not progressed the planned work in relation to counter fraud awareness as this has been on hold whilst the Risk and Insurance Officer post was vacant.

3.2 The terms of reference, approach and audit objectives for each audit assignment have been discussed and agreed with the Assistant Director of Resources and Treasurer, to whom internal audit reports are issued for consideration in the first instance, prior to wider consultation and consideration.

4. Audit Opinion

4.1 No assurance can ever be absolute; however, based on the internal audit work completed, I can provide reasonable assurance¹ that East Sussex Fire Authority has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2017 to 31 March 2018. Audit activity has confirmed that the majority of key controls examined are working in practice, with some specific exceptions.

Russell Banks, Orbis Chief Internal Auditor

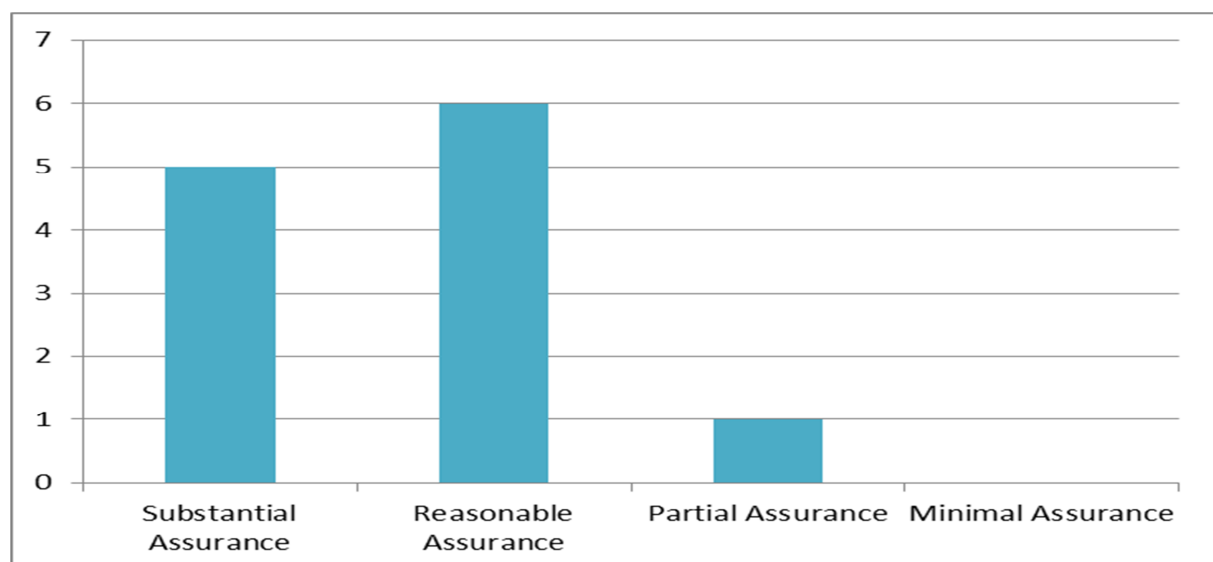
4.2 Audit testing has confirmed that the majority of key controls examined are working in practice, with some specific exceptions. Where improvements to control or compliance are required, we are satisfied that appropriate action has been agreed by the relevant managers to ensure these improvements are made within reasonable timescales. The overall level of assurance given also takes into account:

- All audit work completed during 2017/18 and, where relevant, in previous years;
- Follow-up of actions from previous audits where appropriate;
- Management's response to audit findings;
- The effects of any significant changes in the Fire Authority's systems;
- The level of resources available to deliver the audit plan.

4.3 No limitations were placed on the scope of internal audit during 2017/18.

5. Summary of Work and Key Findings

5.1 The following chart provides a summary of the outcomes from all audits completed during 2017/18 with standard audit opinions (including key financial system work). An explanation of our assurance levels can be found in Appendix C below.



¹ The use of the term 'reasonable assurance' reflects that the opinion has been reached based on the work set out in paragraph 4.2 and that it is not practicable to audit all activities of the Fire Authority within a single year.

5.2 A summary of the main findings from these reviews and all other work completed in 2017/18 is included at Appendix A.

6. Performance

6.1 It is the Fire Authority's responsibility to maintain an effective internal audit service and the information set out below should provide a sufficient basis for making this determination.

6.2 Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2017/18, including the results of our latest PSIAS self-assessment and the recently completed independent external assessment, along with the year end results against our agreed targets.

PSIAS

6.3 The PSIAS cover the following aspects of internal audit, all of which have been assessed during 2017/18 by the Orbis Chief Internal Auditor and subject to a full and independent external validation by the South West Audit Partnership, in accordance with the requirements of the standards:

- Purpose, authority and responsibility;
- Independence and objectivity;
- Proficiency and due professional care;
- Quality assurance and improvement programme;
- Managing the internal audit activity;
- Nature of work;
- Engagement planning;
- Performing the engagement;
- Communicating results;
- Monitoring progress;
- Communicating the acceptance of risks.

6.4 The results of our own self-assessment work found a high level of conformance and this was confirmed by the external assessors who have concluded that Orbis Internal Audit are achieving the highest of the three levels of conformance available under the professional standards. Only three areas of partial conformance were identified, none of which were considered to be significant enough to affect the overall rating. Only one recommendation for improvement was made, relating to updating our internal audit charters, and this has already been implemented. In both other cases, the assessors were satisfied that appropriate action was already taking place to address the minor issues.

Key Service Targets

6.5 Results against our previously agreed service targets are set out in Appendix B, with overall performance remaining high. However, we did not achieve our target of completing 90% of the audit plan to draft report stage by year-end. As at 31 March, our performance against this target was 62%. However, between year-end and the date of writing this report, all but one of the audit reviews (apart from the two referred to in 3.1 above) have been fully completed. The outstanding audit

relates to Management of Sickness Absence and is currently at draft report stage and will be reported to this Committee in due course.

6.6 Finally, internal audit continue to work closely with the Fire Authority's external auditor, Ernst and Young, especially in support of their work on the annual accounts.

SUMMARY OF INTERNAL AUDIT FINDINGS
For the period of 1 April 2017 to 31 March 2018

Reporting to Fire Authority Management and the Scrutiny and Audit Panel

Where required, representatives from Internal Audit have attended Scrutiny and Audit Panel meetings and offered advice and assistance to management throughout the year. This includes regular liaison meetings with the Assistant Director of Resources and Treasurer along with the production of the annual report and opinion and annual strategy and audit plan for presentation to the Scrutiny and Audit Panel. Internal Audit has also met separately with the Chairman of the Scrutiny and Audit Panel to discuss the Internal Audit Strategy and Plan.

Audit of Key Financial Systems

The Fire Authority uses the main financial systems of East Sussex County Council. Each year, internal audit review the key controls within these systems as part of our programme of key financial system audits. This work is directly relied upon by the Authority's external auditors for annual accounts purposes.

The following key financial system reviews have been completed during 2017/18:

- | | |
|-----------------------|---|
| • Accounts Payable | Audit Opinion: Substantial Assurance |
| • Accounts Receivable | Audit Opinion: Reasonable Assurance |
| • General Ledger | Audit Opinion: Substantial Assurance |
| • HR/Payroll | Audit Opinion: Substantial Assurance |
| • Pensions | Audit Opinion: Substantial Assurance |

It is pleasing to report that, in all cases, these reviews have resulted in either substantial or reasonable assurance.

Preparedness for the Introduction of General Data Protection Regulation (GDPR)

The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) is a regulation by which the European Parliament, the European Council and the European Commission intend to strengthen and unify data protection for individuals within the European Union (EU). It also addresses export of personal data outside the EU.

The primary objectives of the GDPR are to give citizens back the control of their personal data and to simplify the regulatory environment for international business by unifying the regulations within the EU. It has some similarities with, but supersedes, the existing provisions of the Data Protection Act 1998 (DPA).

The purpose of this review was to provide assurance that the Fire Authority is carrying out adequate preparations in order to comply with the GDPR from the date it comes into force on 25 May 2018.

In completing this review, we found that, whilst significant work had already been completed to prepare for GDPR, a similarly significant amount of work remained to achieve compliance. However, we found that management recognised the challenges and are committed to achieving compliance

by May 2018. Overall, we were therefore able to give an opinion of **partial assurance** that the Authority has appropriate plans in place to achieve GDPR compliance.

Our key findings were as follows:

- Whilst periodic reports on GDPR have been submitted to the Senior Leadership Team (SLT) since March 2015, senior management expressed concern during the review that there was a lack of visibility on progress made and of any issues and risks that could lead to delays. Regular updates on progress need to be provided to the Deputy Chief Fire Officer (Senior Information Risk Owner) and SLT for the duration of the project.
- An action log is maintained to track progress and this identifies key actions, target dates and responsibilities for GDPR compliance. Some activities are dependent upon completion of others, such as the need to agree the legal basis for processing personal data, prior to the review and update of the new GDPR policy and consent notices. These dependencies need to be clearly articulated in the action log. There is also a need to create a definitive list of policies and procedures that require review for GDPR compliance.
- There is a need to ensure GDPR compliant data protection arrangements are established with all third parties that process personal data on behalf of the Authority.
- In terms of awareness of GDPR, e-learning training has been delivered to the majority of employees and information asset owners. In addition, updates on progress towards GDPR compliance have been communicated to employees via the intranet and Service Brief. However, there are further opportunities to increase awareness of GDPR and reinforce key messages. These could include awareness material in all work locations and targeted face to face training.
- One of the requirements of the GDPR is that the organisation documents the personal data that it holds in an information asset register. Whilst an information audit has been undertaken, there were a number of gaps and further information is required in order to complete the register.
- Whilst the Data Retention policy is being reviewed and amended to ensure compliance with GDPR, it is unlikely that this will be completed by the 25 May 2018. In addition, once the policy has been agreed, processes will need to be developed and documented in relation to the archiving and deletion of personal data when required.

All of the findings from our work were reported to senior management who have confirmed that these will form the basis of an action plan which will allow the Authority to focus on the critical areas for improvement before the deadline.

A review of compliance with GDPR is scheduled within the 2018/19 Fire Authority internal audit plan.

Information Management Department (IMD) Contract Management

In November 2016, a large part of the then IMD function was outsourced and a contract was let with talent Technology Services. The value of the contract is expected to be up to £9m over seven years.

The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:

- Performance management ensures that the requirements of the contract are delivered in accordance with the contract specification and reimbursement is sought from the contractor for any failures;
- Procedures are in place to ensure that all payments are made correctly in accordance with contract terms;
- Payments are made in accordance with Finance Regulations and only for services actually delivered;
- Change control processes ensure all requests for any amendments to the contract specification and/or requests for ad-hoc additional works/services are properly assessed, authorised and documented, and;
- A proportionate contingency plan/business continuity plan is in place in the event of failure by the contractor and/or service provider.

In completing this work, we were able to provide **reasonable assurance** over the key controls operating because:

- No significant areas of under-performance have been identified and delivery of the contract through the transformation phase and into service delivery has been successful;
- The Authority has engaged, on a temporary basis, an experienced contract manager, who has identified a number of areas to improve the effectiveness of contract delivery and is working to implement them, and;
- The contract manager holds weekly meetings with the contractor.

However, some opportunities for improvement were identified to ensure that the maximum value is obtained from the contract over its lifetime, including the need to:

- Develop a contract management plan to provide guidance to officers; resilience in the face of staff changes; and to ensure a consistent approach is applied to managing the contract that maximises the likelihood that objectives, including obtaining value for money, are achieved. In particular, to ensure:
 - Validation checks on the information contained in the supplier's performance management reports are documented and applied consistently;
 - There is adequate guidance over the budget management process, and;
 - Routine financial checks are carried out on the supplier to provide assurance on its financial position.
- Ensure all boards' meetings are minuted to increase transparency and clarity of decision-making, and;
- Improve formal risk management.

All of the findings of the review were discussed with management during the audit and actions have been agreed to mitigate the associated risks.

Cyber Security Follow Up

Given the nature of the threat posed to organisations, it is essential that good cyber security practice is in place to manage cyber risks. The Government believes that action should begin with a core set of baseline controls which all organisations should apply in order to confidently conduct business securely. In order to provide clarity to organisations as to what these baseline controls should be, the 'Cyber Essentials' scheme was launched in April 2014.

An audit of Cyber Security was undertaken in 2017 which produced an opinion of minimal assurance. Given this previous opinion, we have undertaken a follow-up review. In completing this work, we have been able to provide an improved opinion of **reasonable assurance** over the extent to which the agreed actions have been implemented.

We found that five of the seven actions had been fully implemented and two had been partially implemented. The outstanding actions related to the need to:

- Implement a consolidated ICT security risk management framework that is regularly monitored for trends and continuous improvement. Whilst this has yet to be established, we found that many of the security activity key performance indicators, suggested as part of such a framework within the previous audit, are already being reported upon.
- Ensure that all actions arising from periodic IT health checks have been properly resolved.

Management have committed to addressing both of these outstanding issues and revised timescales have been agreed for these.

Security of Stocks and Stores

In 2015/16, a small number of areas were identified for proactive counter fraud work as part of a review of counter fraud arrangements within the Fire Authority. One of these related to the security of stocks and stores where there is a risk of theft and misuse of stock purchased by, and for the use of, the Fire Authority.

The control objectives of this review were therefore to ensure that:

- Stock is held securely and is only used for its intended purpose;
- Only stock required is ordered and stock levels are appropriate.

In completing this work, we agreed the following main areas of focus with management:

- Engineering workshop stocks;
- Fuel;
- Station general stocks and stores (including those held at the Training Centre and by Community Fire Safety teams), and;
- Uniform and Personal Protective Equipment (PPE).

Based upon the work undertaken, we were able to provide an opinion of **reasonable assurance** in respect of the security of stocks and stores. We found that:

- Stock levels for consumable items such as pens, paper, batteries and cleaning products were reasonable and held securely;
- In terms of uniform and PPE, the Authority has outsourced the supply of these and therefore doesn't generally hold stock;
- In completing checks on a sample of equipment held by stations from the asset register maintained by Engineering Services, we were able to locate all of the items selected for testing.

Only a small number of weaknesses were identified as detailed below:

- We found discrepancies of between 140 and 400 litres of fuel at the Training Centre, and three Fire Stations. These had not been reported to Engineering Services in accordance with the Service Fleet Management Manual Note (the note does, however, recognise that variations between dipstick readings and 'book stock' will occur for a number of reasons, including leaks, temperature changes and human error) which states that discrepancies of more than 1% should be reported to Engineering Services. Reporting discrepancies to Engineering Services will enable further investigation and action to take place where appropriate;
- We were not able to reconcile the stock of smoke alarms at three stations due to no stock records being maintained.

Actions to address the above findings were agreed with management within a formal action plan.

Appointment and Management of External Consultants

The Authority employs external consultants from a range of agencies, including those with specialist knowledge to support business services.

IR35 legislation passed in April 2017 puts an onus on public sector bodies engaging external consultants who work via their own intermediaries (e.g. personal service companies) to determine whether off-payroll working rules apply and the associated tax implications.

The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:

- External consultants are recruited appropriately in line with policy and legislation;
- Costs associated with external consultants are readily identifiable and known to the organisation, and;
- Monitoring arrangements ensure the performance of external consultants achieves value for money.

Overall, we were able to provide an opinion of **reasonable assurance** on the adequacy of controls in this area. We found a number of areas of good practice, including:

- Guidance on agency staff and external consultant recruitment has been produced by Human Resources and made available to hiring managers via the ESFRS intranet site to help ensure external consultants are recruited consistently in line with corporate policy;
- Sound records exist of all agency workers currently engaged by the organisation, including length of service and cost information;
- IR35 assessments have been appropriately undertaken for those external consultants who have been identified as operating via personal service companies;
- An approved agency framework is in use for sourcing suitable candidates that promotes best value, and;
- Adequate performance management arrangements are in place to ensure agency staff and consultants provide value for money.

However, some areas where controls could be improved were identified, including the need to:

- Enhance guidance by incorporating the process to be followed for engaging external consultants from agencies not included on the approved framework (where this is deemed necessary), and also to include the process for extending the duration of external consultant contracts, and;
- Review the existing agency framework to ensure appropriately skilled staff can be recruited to meet the organisation's business needs.

All of the findings of the review were discussed with management during the audit and actions have been agreed to mitigate the associated risks.

Management Control Compliance – Engineering

The Engineering Department is responsible for maintaining the ESFRS vehicle fleet. It has an annual revenue budget of approximately £1.7m and is responsible for capital schemes of £2.8m for the financial year 2017/18.

The main purpose of the audit was to provide assurance that there is compliance with basic internal and management controls within the Engineering Department. The control objectives of the review were to ensure:

- There is effective management control of staff attendance, sickness absence, supervision, and overtime and expenses claims;
- Expenditure incurred by the Engineering Department is for legitimate ESFRS business and in line with the relevant procurement processes;
- Assets purchased by the Engineering Department are held securely and appropriately managed, and;
- Capital schemes led by the Engineering Department are delivered within budget and in a timely manner.

We were able to provide an opinion of **reasonable assurance** in this area for the following reasons:

- Staff attendance and sickness absence are recorded appropriately on the Authority's resource planning and management system (FireWatch) and line managers comply with the requirement to complete a return to work interview for all episodes of sickness absence;
- Appropriate approval is obtained for any additional hours or overtime paid to staff;
- Corporate purchase cards are used by the Engineering Department, where appropriate, to help reduce costs through streamlining the procure to payment process;
- Purchase orders are approved as per the authorised signatory list and within the approver's authorised financial limits;
- A fleet asset inventory is maintained by the Engineering Department and testing showed that disposal of any fleet asset is carried out in accordance with the Authority's Financial Regulations;
- There is a rolling capital programme to replace the Authority's vehicle fleet, and the budget for the programme is monitored and reported to Senior Management on a monthly basis and to Members on a bi-monthly basis.

However, opportunities for improvement were identified in the following areas:

- Staff within the Engineering Department should have an annual performance appraisal in accordance with the Authority's People and Organisational Development strategy;
- Long term suppliers without defined contract end dates should undergo a competitive procurement exercise at least every four years in accordance with Contract Standing Orders and as a measure of good practice;
- An action plan to address the delay in replacing ancillary operational vehicles and light fleet should be developed, and;
- The fleet asset register published on the Authority's website should be reviewed and updated for completeness, accuracy and transparency.

The above findings were reported to management and a number of actions have been agreed to address these.

Compliance with Contract Standing Orders

Contract Standing Orders (CSOs) set out how ESFRS authorises and manages expenditure. They provide a framework to ensure that ESFRS obtains value for money and complies with legislation relating to public expenditure.

The main purpose of CSOs is to ensure that the Authority:

- complies with the laws which apply to the contract processes;
- has clear and fair rules for contracting;
- has suitable safeguards against fraud and corruption in its contract processes; and
- achieves Best Value with its contracts.

The overall objective of this audit was to assess ESFRS's compliance with CSOs to ensure transparency of the procurement process and that best value is obtained. We used analytical review to identify contracts or high-value aggregated expenditure to ensure procurement processes have been properly adhered to.

The purpose of this audit was to provide assurance that controls are in place to meet the following objectives:

- All expenditure is made in compliance with CSOs and regulatory requirements and that all procurement is subject to approval in accordance with delegated levels of authority, and;
- Arrangements ensure that contracts are in place to support all major expenditure.

In providing an opinion of **substantial assurance**, we found that procurement activity is generally in compliance with the Authority's CSOs. In addition, no instances of non-compliance with EU Procurement Regulations were identified. Only a small number of opportunities for improvement were found, including in relation to ensuring quotations are obtained/retained to demonstrate that value for money has been sought during the procurement process. Appropriate actions to address these findings were agreed with management.

SUMMARY OF PERFORMANCE INDICATORS FOR 2017/18

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Scrutiny and Audit Panel	By end April	G	2017/18 Annual Audit Plan approved by Scrutiny and Audit Panel on 27 April 2017
	Annual Audit Report and Opinion	By end May	G	2016/17 Annual Report and Opinion approved by Scrutiny and Audit Panel on 27 April 2017
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit plan – completion to draft report stage	90%	R	62% - see 6.5 above
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	Highest available level of conformance confirmed through independent external assessment
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified
Outcomes and degree of influence	Agreement to audit findings	95%	G	100%
Our staff	Professional Qualified/Accredited	80%	G	86% ²

APPENDIX C

² Includes 3 part-qualified staff and those working towards completing their professional examinations

Internal Audit Assurance Levels:

Substantial Assurance: Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.

Reasonable Assurance: Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.

Partial Assurance: There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.

Minimal Assurance: Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report Internal Audit Strategy and Plan

By Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer Russell Banks, Chief Internal Auditor, Orbis

Background Papers None

Appendices 1. Internal Audit Plan 2018/19

Implications

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

PURPOSE OF REPORT To provide an Internal Audit Plan for East Sussex Fire Authority covering the period 1 April 2018 to 31 March 2019.

EXECUTIVE SUMMARY The Authority's internal audit service is provided by Orbis. This service is usually delivered based on a standard annual budget of 70 audit days.

The Internal Audit Strategy and Plan for 2018/19 is set out as Appendix 1. This Strategy and Plan has been produced on a risk basis, following consultation with senior officers and the Authority's external auditor, Ernst and Young. The Strategy seeks to achieve a balance between ensuring that existing controls are maintained and that assurance can be given on key projects within the Authority's transformation programme. This draft strategy is based on an 80 day programme. This means that the overall cost of the internal audit plan in 2018/19 is £29,200. The additional cost can be funded from within the existing Finance budget.

RECOMMENDATION

The Panel is recommended to approve the 2018/19 Internal Audit Strategy and Plan.



EAST SUSSEX FIRE AUTHORITY

INTERNAL AUDIT STRATEGY AND

ANNUAL AUDIT PLAN 2018-19

1. Role of Internal Audit

1.1 Orbis Internal Audit provides a service to the Fire Authority in accordance with the Public Sector Internal Audit Standards (PSIAS) as defined by CIPFA and the Institute of Internal Auditors (IIA). It is the Fire Authority's responsibility to maintain an effective internal audit service and assurance of this can be obtained through confirmation that the service is delivered in conformance with PSIAS and that agreed performance indicators are being achieved, including delivery of the annual audit plan.

1.2 The mission of Internal Audit, as defined by the Chartered Institute of Internal Auditors (CIIA), is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. Internal Audit is defined as *"an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."*

1.3 Internal audit review, appraise and report upon the effectiveness of the internal control environment established by the management of the Fire Authority. It is the responsibility of management to establish and maintain appropriate systems of internal control.

1.4 The full role and scope of the internal audit service is set out within our revised Internal Audit Charter; a copy of which has been attached to this report as Annex A for consideration and approval.

2. Risk Assessment and Audit Planning

2.1 The Fire Authority's Internal Audit Strategy and Plan is updated annually and is based on a number of factors, especially management's assessment of risk (including that set out with the Authority's risk registers) and our own risk assessment of the organisation's major systems and other auditable areas. This allows us to prioritise those areas to be included within the audit plan on the basis of risk.

2.2 The update of the plan for 2018/19 has involved consultation with senior officers and the Chairman of the Scrutiny and Audit Panel to ensure that their views on risks and current issues are identified and considered. The Fire Authority is subject to audit and inspection by other bodies, in addition to internal audit, including the external audit of the accounts. These additional sources of assurance have been taken into account as part of the planning process, primarily through discussion with the Assistant Director of Resources and Treasurer. As in previous years, we have also consulted with the Fire Authority's external auditor, Ernst & Young, which has included clarifying their approach to reliance on the work of internal audit, particularly with regard to the annual audits of key financial systems.

2.3 In producing the audit plan (see below) the following key principles apply:

- A programme of key financial systems reviews is conducted annually based on a risk assessment. This includes compliance testing of key controls as agreed with the external auditors;
- Previous reviews which resulted in 'minimal assurance' audit opinions will be subject to a specific follow up review to assess the effective implementation by management of agreed

actions. This will also include any previous reviews of high risk areas which received a 'partial assurance' opinion.

2.4 The overall aim of the Internal Audit Strategy and Annual Audit Plan is to allocate the agreed level of internal audit resources so as to focus on the highest risk areas and to enable an annual opinion to be given on the adequacy and effectiveness of the Fire Authority's framework of governance, risk management and control.

2.5 During the last two years, Surrey County Council, East Sussex County Council and Brighton and Hove City Council have been working together to develop and form the Orbis Partnership, covering a range of business services, including internal audit. This work has resulted in the formation of a single, integrated internal audit service from April 2018, involving three locality based teams supported by two specialist teams in the areas of ICT audit and counter fraud. It is our ambition that this will provide greater resilience and capacity whilst also building on existing high quality services.

3. Audit Approach

3.1 The approach of internal audit is to use risk based reviews, supplemented in some areas by the use of regularity/compliance audits. Where considered appropriate, we may also seek to utilise external specialist resources for certain assignments. In all cases, this will be agreed in advance with the Assistant Director of Resources and Treasurer. All of our work will have regard to management's arrangements for ensuring:

- Achievement of the organisation's objectives;
- Reliability and integrity of financial and operational information;
- Efficiency and effectiveness of operations and activities;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts.

3.2 In addition, internal audit will continue to support management by providing informal advice and assistance throughout the year on key risk and control issues as required or as they arise.

4. Annual Internal Audit Plan 2018/19

4.1 In times of significant transformation, organisations must manage change effectively and ensure that core controls remain in place. Internal Audit must therefore be in a position to give an opinion that covers the control environment in relation to both existing systems and new developments.

4.2 As a result, and following consultation with senior management, we are proposing to deliver a programme of work in 2018/19 amounting to 80 days. Details of all the planned work is set out in the following table:

Area	Outline Objective	Planned Days
Fundamental Accounting Systems	<p>East Sussex Fire Authority use the main financial systems of East Sussex County Council, specifically:</p> <ul style="list-style-type: none"> • HR/Payroll • Accounts Payable • Accounts Receivable • Pensions • General Ledger <p>Each year, we review these systems to ensure that key controls remain in place.</p>	15
Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services – Preparedness for Inspection	<p>In July 2017, HMICFRSW extended its remit to include inspections of England's fire and rescue services to assess and report on the efficiency, effectiveness and leadership of the 45 fire and rescue services in England.</p> <p>We will review ESFRS's preparations for the HMICFRSW inspection, understood to be taking place in 2019/20.</p>	6
General Data Protection Regulation (GDPR) Compliance	<p>A review to assess compliance with the General Data Protection Regulation, where there is a risk of non-conformance and ensuing regulatory sanctions, including financial penalties, under the new regime. This follows our work on the Authority's preparedness for GDPR in 2017/18.</p>	10
Safeguarding Arrangements for Firefighters	<p>The majority of firefighters are required to have a Disclosure and Barring Service (DBS) check given the highly responsible nature of their role. Some firefighters, however, may undertake activities that require them to undergo enhanced DBS checks, e.g. where they deliver emergency healthcare or teach fire safety awareness to children. It is essential that these are completed and renewed in accordance with legislation.</p> <p>This review will assess compliance with DBS requirements within the Authority, including assessing the adequacy of arrangements for awareness, training and the renewals process.</p>	7
Procurement Cards	<p>In 2015/16, Mazars completed an exercise to review counter fraud arrangements within the Authority. As part of this review, a small number of areas were identified for proactive counter fraud work; one of which related to the use of P-Cards. The Authority is planning to roll out P-Cards more widely during the first half of 2018/19.</p>	8

Area	Outline Objective	Planned Days
	This review will assess the adequacy of controls within the P-Card process and will include the use of analytical review in order to identify exceptions for further investigation where appropriate.	
Delivery of Fire Safety	ESFRS has a statutory requirement to effectively and efficiently enforce all Fire Safety Legislation for which it has responsibility. This review will assess the adequacy of these arrangements to manage fire safety in order to deliver a reduction in risk through the effective enforcement of Fire Safety Legislation. To check compliance with local fire safety strategy, policy, education and the general service standards.	8
Supply Chain Management	A review to provide assurance that the Authority has appropriate arrangements in place to ensure there is sufficient awareness of the markets in which it operates. It will review key areas of risk, including levels of supply and demand, sustainability and pricing across supply chains, where the Authority is reliant on other organisations for the provision of its services. The review will also assess the process for undertaking due diligence of contractors used by the Authority, including their resilience (following recent high profile contractor collapses), both pre and post contract award.	8
Integrated Transport Project	A review to provide assurance that this collaborative project, covering fuel tanks, workshops and telematics, has in place appropriate governance, risk management and internal controls.	8
Anti-Fraud and Corruption	In preparation for the next round of the National Fraud Initiative (NFI) we will organise the necessary Fair Processing Notices and format the required data for data matching to take place.	2
Management and Advice	This includes preparation of the Internal Audit Strategy and Plan, production of the Annual Internal Audit Report and Opinion, advice and ongoing liaison with management.	8
	Total Planned Days	80

5. Potential Future Reviews

5.1 The following areas have been identified during the audit plan consultation process and risk assessment but have not been incorporated within the 2018/19 audit plan. These will be subject to consideration as the year progresses and when planning audit work for future years:

- Firewatch – RDS Pay
- SCC Operation – Benefits Realisation
- Project Management Office/Project Management;
- Integrated Transport Function;
- Fuel Card Process;
- Impact of Savings Activity (Riding at Standard);
- Capital Programme and Project Management.

6. Quality and Performance

6.1 With effect from 1 April 2013, all of the relevant internal audit standard setting bodies, including CIPFA, have adopted a common set of Public Sector Internal Audit Standards (PSIAS). These are based on the Institute of Internal Auditors International Professional Practices Framework and replace the previous Code of Practice for Internal Audit in Local Government.

6.2 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment. The outcomes from these assessments, including any improvement actions arising, will be reported to the Scrutiny and Audit Panel, usually as part of the annual internal audit report.

6.3 In addition, the performance of the internal audit service to the Fire Authority continues to be measured against key service targets focussing on service quality, productivity and efficiency, compliance with professional standards, influence and our staff. These are all underpinned by appropriate key performance indicators as set out in the following table:

Aspect of Service	Orbis IA Performance Indicator	Target
Quality	<ul style="list-style-type: none"> • Annual Audit Plan agreed by Scrutiny and Audit Panel • Annual Audit Report and Opinion • Satisfaction levels 	<ul style="list-style-type: none"> • June • June • 90% satisfied
Productivity and Process Efficiency	<ul style="list-style-type: none"> • Audit plan – completion to draft report stage by 31 March 2019 	<ul style="list-style-type: none"> • 90%
Compliance with Professional Standards	<ul style="list-style-type: none"> • Public Sector Internal Audit Standards • Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act 	<ul style="list-style-type: none"> • Conforms • Conforms

Aspect of Service	Orbis IA Performance Indicator	Target
Outcomes and Degree of influence	<ul style="list-style-type: none"> • Agreement to audit findings 	<ul style="list-style-type: none"> • 95%
Our staff	<ul style="list-style-type: none"> • Professional Qualified/Accredited 	<ul style="list-style-type: none"> • 80%

6.4 At a detailed level, each audit assignment is monitored and subject to appropriate manager review. Customer feedback is also sought.

Russell Banks CMIIA, CIA, QIAL

Orbis Chief Internal Auditor

INTERNAL AUDIT CHARTER

1. Introduction

This Charter describes for the Fire Authority the purpose, authority and responsibilities of the Internal Audit function in accordance with the UK Public Sector Internal Audit Standards (PSIAS).

The PSIAS require that the Charter must be reviewed periodically and presented to “senior management” and “the board” for approval. For the purposes of this charter “senior management” will be the Senior Leadership Team (SLT) and the board will be the Scrutiny and Audit Panel (described generically in this Charter as the Audit Committee).

The Charter shall be reviewed annually and approved by SLT and the Audit Committee. The Chief Internal Auditor is responsible for applying this Charter and keeping it up to date.

2. Internal Audit Purpose

The mission of Internal Audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

Internal Audit is defined in the PSIAS as “an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”

Internal Audit supports the whole Authority to deliver economic, efficient and effective services and achieve its vision, priorities and values.

3. Statutory Requirement

Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2015, which require every relevant authority to maintain an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes taking into account public sector internal auditing standards or guidance.

These regulations require any officer or Member of the Fire Authority to

- make available such documents and records; and
- supply such information and explanations;

as are considered necessary by those conducting the audit.

This statutory role is recognised and endorsed within the Fire Authority's Financial Regulations.

In addition, the Fire Authority's Treasurer has a statutory duty under Section 112 of the Local Government Finance Act 1988 to establish a clear framework for the proper administration of the Authority's financial affairs. To perform that duty the Treasurer relies, amongst other things, upon the work of Internal Audit in reviewing the operation of systems of internal control and financial management.

4. Internal Audit Responsibilities and Scope

Annually the Chief Internal Auditor is required to provide to the Audit Committee an overall opinion on the Fire Authority's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

Internal Audit is not responsible for control systems. Responsibility for effective internal control and risk management rests with the management of the Fire Authority.

Internal Audit activity must be free from interference in determining the scope of activity, performing work and communicating results.

The scope of Internal Audit includes the entire control environment and therefore all of the Fire Authority's operations, resources, services and responsibilities in relation to other bodies. In order to identify audit coverage, activities are prioritised based on risk, using a combination of Internal Audit and management risk assessment (as set out within Fire Authority risk registers). Extensive consultation also takes place with key stakeholders and horizon scanning is undertaken to ensure audit activity is proactive and future focussed.

Internal audit activity will include an evaluation of the effectiveness of the Fire Authority's risk management arrangements and risk exposures relating to:

- Achievement of the organisation's strategic objectives;
- Reliability and integrity of financial and operational information;
- Efficiency and effectiveness of operations and activities;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts

5. Independence

Internal Audit will remain sufficiently independent of the activities that it audits to enable auditors to perform their duties in a way that allows them to make impartial and effective professional judgements and recommendations. Internal auditors should have no operational responsibilities.

Internal Audit is involved in the determination of its priorities in consultation with those charged with governance. The Chief Internal Auditor has direct access to, and freedom to report in their own name and without fear of favour to, all officers and Members and particularly those charged with governance.

All Internal Audit staff are required to make an annual declaration of interest to ensure that objectivity is not impaired and that any potential conflicts of interest are appropriately managed.

6. Reporting Lines

Regardless of line management arrangements, the Head of Internal Audit has free and unfettered access to report to the Treasurer; the Monitoring Officer; the Chief Fire Officer; the Audit Committee Chairman; the Leader of the Fire Authority and the Fire Authority's External Auditor.

The Audit Committee will receive reports on a periodic basis – as agreed with the Chairman of the Audit Committee – on the results of audit activity and details of Internal Audit performance including progress on delivering the audit plan.

7. Fraud & Corruption

Managing the risk of fraud and corruption is the responsibility of management. Internal Audit will however be alert in all its work to risks and exposures that could allow fraud or corruption and will investigate allegations of fraud and corruption in line with the Fire Authority's Anti Fraud and Corruption Strategy.

The Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or irregularity in order to consider the adequacy of the relevant controls and evaluate the implication for their opinion on the control environment.

Internal Audit will promote an anti-fraud and corruption culture within the Fire Authority to aid the prevention and detection of fraud.

8. Consultancy Work

Internal Audit may also provide consultancy services, generally advisory in nature, at the request of the organisation. In such circumstances, appropriate arrangements will be put in place to safeguard the independence of Internal Audit and, where this work is not already included within the approved audit plan and may affect the level of assurance work undertaken; this will be reported to the Audit Committee.

9. Resources

The work of Internal Audit is driven by the annual Internal Audit Plan, which is approved each year by the Audit Committee. The Chief Internal Auditor is responsible for ensuring that Internal Audit resources are sufficient to meet its responsibilities and achieve its objectives.

Internal Audit must be appropriately staffed in terms of numbers, grades, qualifications and experience, having regard to its objectives and to professional standards. Internal Auditors need to be properly trained to fulfil their responsibilities and should maintain their professional competence through an appropriate ongoing development programme.

The Chief Internal Auditor is responsible for appointing Internal Audit staff and will ensure that appointments are made in order to achieve the appropriate mix of qualifications, experience and audit skills. The Chief Internal Auditor may engage the use of external resources where it is considered appropriate, including the use of specialist providers.

10. Due Professional Care

The work of Internal Audit will be performed with due professional care and in accordance with the UK Public Sector Internal Audit Standards (PSIAS), the Accounts and Audit Regulations (2015) and with any other relevant statutory obligations and regulations.

In carrying out their work, Internal Auditors must exercise due professional care by considering:

- The extent of work needed to achieve the required objectives;
- The relative complexity, materiality or significance of matters to which assurance procedures should be applied;
- The adequacy and effectiveness of governance, risk management and control processes;
- The probability of significant errors, fraud or non-compliance; and
- The cost of assurance in proportion to the potential benefits.

Internal Auditors will also have due regard to the Seven Principles of Public Life – Selflessness; Integrity, Objectivity; Accountability; Openness; Honesty; and Leadership.

11. Quality Assurance

The Chief Internal Auditor will control the work of Internal Audit at each level of operation to ensure that a continuously effective level of performance, compliant with the PSIAS, is maintained.

A Quality Assurance Improvement Programme (QAIP) is in place which is designed to provide reasonable assurance to its key stakeholders that Internal Audit:

- Performs its work in accordance with its charter;
- Operates in an effective and efficient manner; and,
- Is adding value and continually improving the service that it provides.

The QAIP requires an annual review of the effectiveness of the system of Internal Audit to be conducted. Instances of non-conformance with the PSIAS, including the impact of any such non-conformance, must be disclosed to the Audit Committee. Any significant deviations must be considered for inclusion in the Fire Authority's Annual Governance Statement.

April 2018

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April 2018

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report Internal Audit Review – IT Strategy Update

By Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer Ken Pearce, IT Governance Manager

Background Papers Fire Authority 15 June 2017 – item 989 – IT Strategy
S&A Panel 2 November 2017 – IT Strategy Update

Appendices

1. June 2018 – S&A Panel – IT Strategy Update
2. June 2018 - IT Strategy Update – Large Print – Project (A3)

Implications

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

PURPOSE OF REPORT To inform the Panel of progress against delivery of the IT Strategy.

EXECUTIVE SUMMARY The Fire Authority approved the new IT Strategy, which forms part of the IMG Transformation Programme, at its meeting in June 2017. The purpose of the attached deck is to provide the Panel with an update against delivery progress of the strategy.

The attached slide deck provides the Panel an update on those projects that have delivered, are inflight or are currently in the business case development phase.

At time of writing, work is underway with the ESFRS Senior Leadership Team (SLT) to re-baseline the IT Strategy deliverables in line with the ESFRS Corporate Plan priorities and available business capacity required to implement the initiatives. These have not been included in this deck, however

the details will flow through into the next Scrutiny & Audit Panel update.

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

RECOMMENDATION

The Panel is recommended to :

- i) acknowledge progress made against delivering the IT Strategy; and
 - ii) identify any areas where the Panel requires further information or assurance.
-



ESFA
Scrutiny & Audit Panel
IT Strategy – Project Update

June 2018
Version 1.0

Executive Summary



- The purpose of this slide deck is to provide the Scrutiny & Audit Panel with a highlights overview of approved projects relative to their position within the project lifecycle (business case development through to production of close down report).
- At time of writing the strategy re-baseline and project alignment to the Corporate Plan is underway.

IT Strategy – Project Update Highlights



- IMD Transformation completed successfully. Infrastructure upgrade has delivered new IT capabilities including disaster recovery (DR) and 99.98% system uptime.
- ESFRS went live on the new SCC 4i mobilisation system on 20th March 2018
- Business Cases successfully delivered and approved by ESFRS SLT in support of Performance Management and CRM projects. Both projects have now been initiated and are being progressed.
- Engagement from ITG into the business is strengthening. Workshops are underway with the Senior Leadership Team (SLT) to align the IT Strategy deliverables with the ESFRS Corporate Plan.
- Flexible working capabilities are being rolled out to eligible staff and now forms part of the Business Continuity Plan. A total of 180 laptops have now been deployed. Feedback has been very positive in terms of flexible working options delivered.

Lowlights (Areas Requiring Improvement)



- The project initiation and mobilisation processes are taking longer than expected, steps are being taken to streamline the project initiation process e.g. simplified initiation process for smaller projects.
- Concerns have been raised about the business resources and available capacity required to deliver the IT Strategy projects. A lack of business or talent resources could result in a delay in delivering the programme. This is being reviewed as part of the re-baselining of the IT Strategy and alignment with the Corporate Plan.
- The low maturity of enterprise architecture means there is a risk that the interdependencies between the different technologies deployed will not be clearly understood. In turn this could lead to additional cost and complexity when supporting the new systems. The ESFRS Lead Technical Architect will work closely with talent's technical architects to define a set of design principles and maintain the overall enterprise architecture.
- Electronic Incident Recording System (e-IRS) and MIS Retained Pay upgraded to the latest version of software. The e-IRS and MIS Retained Pay software provider 3tc encountered significant issues in completing the testing of the data feeds from the 4i mobilisation system. This has impacted on ability to report key performance data and make payment to RDS staff. Both issues are being addressed as a matter of urgency.
- The new 4i mobilisation system and associated audit capabilities, combined with talent's automated monitoring, have enabled a number of station end IT infrastructure issues to be identified. talent are now undertaking an audit of station end IT infrastructure, which will result in a report and set of recommendations.

IT Strategy – Project Update

Project Lifecycle Overview – June 2018

Project / Activity	Ass Dir / PO Owner	Status	Project Stage					Next Milestone	Expected Date	Delivery Commentary
			Pending Bus. Case	OBC Approved	Full BC Approved	Project Mobilising	Project Flight			
BI (Data Warehouse lite)	LR	In progress						Project to be delivered	30/04/19	Supplier days have been held and requirements are being defined for Request for Quotation
Performance Management System	LR	In progress						Project to be delivered	30/04/19	Supplier days have been held and requirements are being defined for Request for Quotation
FWZ - Firewatch Augmentation	MA	In progress						Project in flight		Awaiting project management resource
FWZ - Firewatch Integration	MA	In progress						Project in flight		Awaiting project management resource
Softphones	DS	In progress						N/A	31/05/18	Roll out of flexible workers near completion
RPE - Fireground Radio	RF	In progress						Project Delivery	31/03/18	Recommendation of radios received, being reviewed by the project
FWZ - Firewatch Implementation continuation	MA	In progress						Project Mobilisation	N/A	Awaiting project management resources
ERMS Phase 1	VC	In progress						Project Mobilisation	31/07/2018	
CRM 2 - HSV	MM	In progress						Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.
SCC - 4i Implementation Continued support	MOB	In progress						Project delivered	30/06/18	Phase 1 of SCC project with ESFRS gone live. Planning for WISFRS
SOC - ERS Integration	LR	In progress						Project delivered	31/05/19	eRS data transfer from 4i in UAT testing
Define device selection policy	DS	In progress						Project delivered	08/05/18	
ERMS Phase 2	DS	In progress						Project Mobilisation	31/07/18	
ERMS Phase 3	DS	In progress						Project Mobilisation	31/07/18	
Mobile Phone and Application Standardisation	MOB	In progress						Project Inflight	31/08/18	Project negotiations with EE still on going.
CRM 4: Integration	MM	In progress						Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.
CRM 3 - SSRI Implementation	MM	In progress						Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.
CRM 3 - SSRI Implementation	MM	In progress						Project delivered	31/05/18	Roll out to officers cars well under way and deployment to appliances completed.
Officer Navigation	RF	In progress						Project delivered	30/04/19	Project board setup, suppliers being engaged and RFCQ due out soon
Project (315) - Hydrant Management Software	RF	In progress						Project delivered	N/A	Plan required to ensure ITG commitments understood - ITG liaising with Project Mgr
ESN Realisation	RF	In progress						Delayed Project Plan	N/A	
PSN Compliance	DS	In progress						N/A	N/A	Activity yet to start - not due until FCQ3 2019.
ESMCP/ ESN Device Migration	RF	In progress						N/A	N/A	Activity yet to start - not an issue

IT Strategy – New Initiatives

Project Lifecycle Overview – June 2018

Project / Activity	Ass Dir / PO Owner	Status	Project Stage					Next Milestone	Expected Date	Delivery Commentary
			Pending Bus. Case	OBC Approved	Full BC Approved	Project Mobilising	Project Light			
ICU Reconfiguration	RF	New Initiative								
Mapinfo Central Repository	LR	New Initiative								
Online Spatial Analysis Mapping	LR	New Initiative								
One voice	RF	New Initiative								
Support for Future Fuel Monitoring System Implementation.	RF	New Initiative								
Electronic Signatures	DS	New Initiative								
Equinox Data Modelling	LR	New Initiative								
Claims Processing For Expenses	DS	New Initiative								
Integrated Health & Safety System	HSY	New Initiative								
Interactive Online Content Provisioning	LR	New Initiative								
ITF Device For Vehicle Checks	MA	New Initiative								
CMS Sharing With Sussex Police	RF	New Initiative								
Smart Board Integration	RF	New Initiative								
ITF Telematic (Vehicle Tracking)	MA	New Initiative								

Project / Activity	Ass Dir / PO Owner	Status	Project Stage						Next Milestone	Expected Date	Delivery Commentary	Original Budget (£000's)	Forecast / Actual (£000's)	Spend to Date	Finance summary	Original Estimated Budget Requirement over time £000's					BAU budget impact £000's																					
			Starting Bus. Case	GBC Approved	Full BC approved	Project Mobilising	Project Inflight	Project Delivered								125	250	125					20	20	20	20																
BI (Data Warehouse lite)	LR	In progress							Project to be delivered	30/04/19	Supplier days have been held and requirements are being defined for Request for Quotation	500																														
Performance Management System	LR	In progress							Project to be delivered	30/04/19	Supplier days have been held and requirements are being defined for Request for Quotation	250																														
FW2 - Firewatch Augmentation	MA	In progress							Project in flight		Awaiting project management resource	15																														
FW2 - Firewatch Integration	MA	In progress							Project in flight		Awaiting project management resource	12																														
Softphones	DS	In progress							N/A	31/05/18	Roll out of flexible workers near completion	n/a																														
RPE - Fireground Radio	RF	In progress							Project Delivery	31/03/18	Recommendation of radios received, being reviewed by the project	150																														
FW2 - Firewatch Implementation continuation	MA	In progress							Project Mobilisation	N/A	Awaiting project management resources	25																														
EDRMS Phase 1	DS	In progress							Project Mobilisation	31/07/18		100																														
CRM 2 - HSV	MM	In progress							Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.	250																														
SCC - 4i Implementation Continued support	MOB	In progress							Project delivered	30/06/18	Phase 1 of SCC project with ESFRS gone live. Planning for WSFRS	480																														
SCC - EIRS Integration	LR	In progress							Project delivered	31/05/19	eIRS data transfer from 4i in UAT testing	100	53	???																												
Define device selection policy	DS	In progress							Project delivered	08/06/18		15																														
EDRMS Phase 2	DS	In progress							Project Mobilisation	31/07/18		250																														
EDRMS Phase 3	DS	In progress							Project Mobilisation	31/07/18		250																														
Mobile Phone and Application Standardisation	MOB	In progress							Project Inflight	31/08/18	Project negotiations with EE still on going.	50																														
CRM 4: Integration	MM	In progress							Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.	200																														
CRM 3 - SSRI implementation	MM	In progress							Project Inflight	31/05/18	Project board being setup, collaboration with Surrey being explored.	250																														
Officer Navigation	RF	In progress							Project delivered	31/05/18	Roll out to officers cars well under way and deployment to appliances completed.	100																														
Project (315) - Hydrant Management Software	RF	In progress							Project delivered	30/04/19	Project board setup, suppliers being engaged and RFQ due out soon	40																														
ESN Realisation	RF	In progress							Detailed Project Plan	N/A	Plan required to ensure ITG commitments understood - ITG liaising with Project Mgr	1000	1,160	??																												
PSN Compliance	DS	In progress							N/A	N/A	Activity yet to start - not due until FQ3 2019.	500																														
ESMCP/ ESN Device Migration	RF	In progress							N/A	N/A	Activity yet to start - not an issue	85																														

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report Internal Audit Review – GDPR Update

By Duncan Savage, Assistant Director Resources / Treasurer

Lead Officer Ken Pearce, IT Governance Manager

Background Papers None

Appendices

1. June 2018 – S&A Panel – GDPR Update
2. May 2018 – GDPR RAID Log At 25 May 2018
3. March 2018 – Orbis Internal Audit Report – ESFRS Preparedness For The Introduction GDPR

Implications

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

PURPOSE OF REPORT To inform the Panel of the Authority’s readiness for the implementation of the General Data Protection Regulations (GDPR) following a review by Internal Audit.

EXECUTIVE SUMMARY The General Data Protection Regulation (GDPR) Regulation EU 2016/679 is intended to strengthen and unify data protection for individuals within the European Union (EU). It also addresses exposure of personal data outside the EU.

GDPR which came into effect on 25 May 2018 has some similarities with, but supersedes, the existing provisions of the Data Protection Act 1998.

Failure to comply with GDPR could result in reputational damage and substantial fines by the Information Commissioner’s Office of up to 4% of annual global revenue or 20 million Euros, whichever is the greater.

In March 2018 Orbis Internal Audit undertook an audit to assess ESFRS preparedness for the introduction of GDPR, given that the organisation had been working towards compliance with the new legislation since 2015. The audit gave a partial assurance opinion and under our agreed protocol was reported in full to the Senior Leadership Team (SLT) and subsequently to this Panel.

The attached slide deck provides the Panel an update on the high priority compliance issues highlighted in the March internal audit report (also attached). Members should be reassured that since the audit review was carried out significant progress has been made in addressing these high priority issues. However, it is clear that The Authority will not be fully compliant by 25 May 2018 when GDPR is implemented. Pro-active work to achieve compliant status is continuing and being tracked on a weekly basis.

RECOMMENDATION

The Panel is recommended to :

- i) note the results of the Internal Audit Review of GDPR;
 - ii) acknowledge progress made towards full GDPR compliance; and
 - iii) identify any areas where the Panel requires further information or assurance.
-



**ESFA
Scrutiny & Audit Panel**

**General Data Protection Regulation
GDPR
Update**

**June 2018
Version 1.0**

General Data Protection Regulation (GDPR)




Executive Summary



- The General Data Protection Regulation (GDPR) Regulation EU 2016/679 is a regulation by which the European Parliament, the European Council and the European Commission intend to strengthen and unify data protection for individuals within the European Union (EU). It also addresses exposure of personal data outside the EU.
- The primary objectives of the GDPR are to give citizens back the control of their personal data and to simplify the regulatory environment for international business by unifying the regulations within the EU. It has some similarities with, but supersedes, the existing provisions of the Data Protection Act 1998 (DPA).
- Failure to comply with GDPR regulations could result in reputational damage and substantial fines by the Information Commissioner's Office of up to 4% of annual global revenue or 20 million Euros, whichever is the greater.
- ESFRS has been working towards GDPR compliance since 2015, as the regulation requires ESFRS to make changes to processes and procedures affecting all parts of the organisation.
- Orbis Internal Audit carried out a Preparedness For The Introduction GDPR report in February 2018. The report concluded Partial Assurance that ESFRS had appropriate plans in place in order to achieve GDPR compliance by 25th May. The report also noted that whilst significant work had already been completed, a similarly significant amount of work remains.
- This update is to make the Scrutiny & Audit Panel aware of the position at June 2018 and the remaining high priority tasks that need to be completed in order for ESFRS to achieve full GDPR compliance.

Audit Ref	Audit Recommendation	RAG Status	Audit Ref	Audit Recommendation	RAG Status
1-2	Appropriate data protection and information security policies are in place, supported by appropriate security measures		13	Processes are in place to ensure that the personal data held remains accurate and up to date	
3	Business has a written contract with any data processors		19	Processes are in place to recognise and respond to individuals' requests to access their personal data.	
4	Business provides data protection awareness training for all staff		20	Business has identified the lawful basis for processing personal data and documented them	
9	Decision makers in ESFRS demonstrate support for data protection legislation and promote culture of data protection compliance across the organisation		21-22	Business has reviewed how it asks for and records consent. Systems in place to record and manage ongoing consent	
10-11	ESFRS has conducted an information audit and documented information held by completing Information Asset Registers		24	Business has effective processes to identify, report, manage and resolve any personal data breaches	
12	Privacy notices have been issued to individuals where required				

RAG Key:

-  No plan in place
-  In progress / plan in place to remediate
-  Completed / on schedule

Introduction of GDPR

Highlights



- GDPR is now an ESFRS SLT standard agenda item and covered within the terms of reference of the Governance Board. In addition a Task and Finish Group has been established comprising DCFO (as SIRO), Assistant Director Resources / Treasurer, ITG Manager and Information Security Officer, to manage the completion of the critical elements of GDPR by 25th May 2018.
- Assistant Directors have each allocated a named individual to complete Information Asset Registers, to ensure key requirements for information are provided in a timely manner for the deadline of 25th May.
- All Assistant Directors committed that personnel under their respective Directorates will successfully complete e-Learning Information Security training by 1st May 2018.
- A centralised process is being adopted where Clerks will receive, respond and record all Subject Access Requests (SARs). Clerks are being provided with the appropriate GDPR SARs training.
- Data Privacy Impact Assessments (DPIA) are now being completed for all projects with any risks identified being tracked as part of normal project governance.
- Personal Data Sharing Agreements and Form Templates in future will be overseen by the Business Services function with the appropriate version and change control. Updates will be signed off by Business Services and the Information Security Officer.
- GDPR is now established as a project within the organisation, with the appropriate governance established. Additional project support is also in the process of being allocated to the initiative until the organisation achieves full GDPR compliance.

General Data Protection Regulations- (GDPR) RAID Log (Last Updated 25th May 2018)

RISK	Description	Pre 25th May 2018 Probability (1-4)	Pre 25th May 2018 Impact (1-4)	Score	Audit Recommendation/Action	Owner	GDPR Regulation Requirement by 25th May	ESFRS Action	Document Type	Post 25th May 2018 Probability (1-4)	Post 25th May 2018 Impact (1-4)	Score	Current Status As At 25th May
R1	Information Commissioners Office (ICO) Requirement: Your business has an appropriate data protection policy	4	4	16	Current DPA policy to be replaced by a new GDPR Policy – AR: The legal bases for processing personal information must be identified and documented before the new GDPR policy can be completed. The new policy must be ready for review by the end of March 2018 to allow sufficient time for consultation and approval.	SIRO/InfoSec & DPO	Y	Information Security and Data Protection Officer (InfoSec & DPO) to create policy - requires changes to Data Protection Impact Assessment. Agreed escalation of risk, approval of Subject Access Request (SAR), (add in Governance. Right of individuals, Breach reporting, incident management team/process, training and awareness, centralise form template and logs for sharing agreements.	New Policy	2	2	4	GDPR policy to be completed by end of May 2018 (current status: 90% complete)
R2	ICO Requirement: Your business has an information security policy supported by appropriate security measures.	2	6	6	Requires updating to reflect GDPR from DPA will refer to new GDPR	SIRO/ InfoSec & DPO	Y	InfoSec & DPO will update the IT Security & Information Assurance Policy. Minor wording changes.	Current Policies	2	2	4	to finalise once GDPR policy draft is complete
R3	ICO Requirement: Your business has a written contract with any data processors you use.	4	4	16	GDPR compliant Data Protection Agreements must be established with all third parties that process personal data on behalf of the East Sussex Fire & Rescue Service.	AD R & T	Y	Working Group formed to ensure compliance. B&HCC to provide legal clauses	minutes	2	2	4	contract letters sent and returns are being monitored
R4	ICO Requirement: Your business provides data protection awareness training for all staff.	3	3	9	Any employees who have not completed e-learning should be reminded to complete the training and a deadline should be set. Workshops should be arranged for any Information Asset Owners who have not received training. Consideration should be given to implementing further measures to raise awareness of GDPR amongst employees. This could include display of high visibility posters at all work locations, targeted face to face training and post training questionnaires.	SIRO / All ADs	Y	InfoSec & DPO to report weekly to project board on status. DCFO will action as required	Firewatch	2	3	6	717 complete, 65 on long term sick, unpaid leave, maternity secondment, 50 outstanding, weekly reviews
							Y	One Information Asset Owners and Data Custodians to receive external training	Form (To be created) to IAOS				Actioned last workshop 26 June
							Y	Create posters/communications on Information security, IAO responsibilities and questionnaires	Create Document				Actioned
R5	ICO Requirement: Your business monitors your own compliance with data protection policies and regularly reviews the effectiveness of data handling and security controls.	2	2	4	A process should be established to ensure that the measures detailed within data protection policies are regularly tested to give assurance as to their continued effectiveness. Results of testing should then be reported on a regular basis to senior management	SIRO/InfoSec & DPO	N	This will be placed within the Information Security Management Forum to add to dashboard and sample - report to Governance Board, exact details to be agreed (SIRO/InfoSec & DPO 121 June)	Minutes	2	2	4	Actioned
R6	ICO Requirement: Your business manages information risks in a structured way so that management understands the business impact of personal data related risks and manages them effectively.	3	3	9	Consider adding risks identified at the Data Protection Impact Assessment (DPIA) stage & proposed mitigations in a central risk register so that proposed mitigations can be reviewed periodically to give assurance to management that the mitigations are effective.	InfoSec & DPO	Y	DPIA Process to be added to RAID logs and upon completion of project any outstanding risks transferred to Corporate Risk Register	DPIA	2	2	4	Actioned
R7	ICO Requirement: Your business understands when you must conduct a Data Privacy Impact Assessment (DPIA) and has processes in place to action this.	2	4	8	As Above R6	InfoSec & DPO	Y	As Above R6	DPIA	2	2	4	Actioned
R8	ICO Requirement: Your business has a DPIA framework which links to your existing risk management and project management processes.	2	4	8	Whilst it is not mandatory for PIA's to be completed retrospectively, consideration should be given to completing one does not already exist for any systems that process sensitive personal information	InfoSec & DPO	N	This is not mandatory, revised policy will require review and PIA completion for all upgrades	DPIA	2	2	4	Actioned
R9	ICO Requirement: Decision makers and key people in your business demonstrate support for data protection legislation and promote a positive culture of data protection compliance across the business.	3	3	9	Robust governance arrangements in place in the short term with weekly communication, updates and decisions, longer term (Post 25 th) to sit under the governance board), with quarterly reports from ISMF (Information Security Management Forum)	SIRO	Y	SIRO to add to role to Governance Group post 25th May 2018, reports via ISMF for sampling policy (see R5) and reports to Governance Group and SLT via SIRO/InfoSec & DPO Currently reported annually around HMG Security Policy Framework	Agenda/reports/ minutes	2	3	6	Actioned
					N		Weekly meeting/updates until 25th May 2018,	Minutes	2				2
	ICO Requirement: Your business has conducted an information audit to map data flows.				Departments have been given a new deadline for providing the requested information of 16th April 2018.	SIRO	Y	Required by 8th June	Forms				Ongoing return date 080818
					Senior management should be informed of any departments that have not provided the requested information by the new deadline so that appropriate action can be taken.	ADs	Y	weekly reported to DCFO disseminated to ADs	Emails				weekly updates

R10		4	4	16	The Information Audit Map then needs to be completed and updated on an ongoing basis and any risks identified should be recorded in a central risk register.	InfoSec/DPO	Y	Ongoing	Spreadsheet	2	3	6	Ongoing, most depts are working on Information Asset Register 3 departments plus 13 stations outstanding
R11	ICO Requirement: Your business has documented what personal data you hold (in an information asset register), where it came from, who you share it with and what you do with it. Note that you may be required to make these records available to the ICO on request	4	4	16	As Above R10	AS Above	Y	Requested as per R10	Spreadsheet	2	3	6	Ongoing with weekly updates
R12	ICO Requirement: Your business has provided privacy notices to individuals.	4	4	16	All privacy notices on the internet and on data capture forms need to be reviewed and updated to comply with the new GDPR requirements.	SIRO/InfoSec & DPO	Y	Once R10,R11 is completed (16/3/18) notices will be drafted in preparation for release on to internet by May 25th	Centralise Forms (SIRO Authorisation Notices (TBC)	2	2	4	Actioned
R13	ICO Requirement: Your business has processes to ensure that the personal data you hold remains accurate and up to date.	4	4	16	The new GDPR policy should ensure that responses to requests are made without delay and at least within one month of receipt.	SIRO/ InfoSec & DPO	Y	New GDPR Policy and notice on Individual rights see R1	Policy (tbc)				Actioned
					Consideration should be given to conducting regular data quality reviews of systems and manual records to ensure the information continues to be adequate for the purposes of processing (for which it was collected).	InfoSec & DPO	Y	DPO will create a plan signed off by SIRO and given to ADS for sampling and reassurances to Governance Group (25/5/18)	Report and Minutes	2	2	4	Currently weekly reporting until may 25th then transfer to gov board
					Additional consideration should be given to undertaking regular data quality checks to provide assurances on the accuracy of the data being inputted by employees.	InfoSec & DPO	N	DPO will create a plan signed off by SIRO and given to ADS for sampling and reassurances to Governance Group (25/5/18)	Report and Minutes				Once all IAR are received InfoSec will audit and gain sign off by IOA
R14	ICO Requirement: Your business has a process to securely dispose of personal data that is no longer required or where an individual has asked you to erase it.	3	3	9	Data retention policies should be reviewed to ensure compliance with GDPR requirements.		Y	This will be an ongoing review, previous SIRO gave authorisation for an archivist to review, needs to cover both Electronic and hard copy data retention ITG Manager to review IT processes, telnet to be engaged to complete task	Policy review				This will be added as a longer term project with telnet
					Processes should be developed to ensure that all personal information is deleted when no longer required.	ADS	N	In current policy but records retention policy requires updating and complete overhaul	change date on policy	2	3	6	This will be added as a longer term project with telnet
					Periodic checks should then be made to ascertain whether personal information is being deleted in compliance with data retention policies.		N	ISMF to add to dashboard and report to Governance Group annually under current policy	Agenda/minutes				Actioned added to agenda and agreed BY SLT
R15	ICO Requirement: Your business has procedures to respond to an individual's request to restrict the processing of their personal data.	2	4	8	The new GDPR policy should identify whether any circumstances exist to restrict the processing of personal information. The data retention policy should be subject to periodic review to make sure it continues to meet business and statutory requirements.	SIRO / InfoSec & DPO	Y	GDPR policy(R1) and notices (R12) will explain identify Process, policy have reviews automatically for updating	Policy (tbc)	2	2	4	In Policy and within privacy notice, DPO will action as part of Subject Access Request process
R16	ICO Requirement: Your business has processes to allow individuals to move, copy or transfer their personal data from one IT environment to another in a safe and secure way, without hindrance to usability.	2	4	8	Consideration should be given to any circumstances where individuals may request that their personal data is moved, copied or transferred. These circumstances should be documented in the GDPR policy and in privacy notices.	InfoSec & DPO	Y	As per R1,R12,R15	Policy/ Privacy Notice (tbc)	2	2	4	Actioned
R17	ICO Requirement: Your business has procedures to handle an individual's objection to the processing of their personal data.	2	4	8	The GDPR policy and privacy notices must state the circumstances where individuals may object to the processing of their personal data. Individuals must be clearly informed of their right to object at the point of first communication.	InfoSec & DPO	Y	This will be in Policy and notices and as part of Subject access request process R1,R12,R15,R16	Policy/ Privacy Notice (tbc)	2	2	4	actioned
R18	ICO Requirement: Your business has identified whether any of your processing operations constitute automated decision making and have procedures in place to deal with the requirements.	2	4	8	Where personal information is subject to automated decision making, explicit consent should be obtained	ADS	Y	This needs to be requested and a decision made regarding Consent and whether we carry on with automated processing - add to required response from Depts (see R10,R11)	Policy/ Privacy Notice (tbc)	2	2	4	Actioned
R19	ICO Requirement: Your business has a process to recognise and respond to individuals' requests to access their personal data.	4	4	16	The process for dealing with subject access requests should be reviewed and updated to ensure compliance with the new GDPR requirements. The process for making a subject access request should be incorporated within privacy notices and on the ESFRS website.	ADS	Y	Will be added to both GDPR Policy and Notices and Process verbally agreed but will be formally requested to SIRO that clerks process and record accordingly training will be offered by InfoSec and DPO (R1,R12)	SIRO Decision on SAR centralised Process - add to Policy	2	2	4	On Notice and In draft GDPR Policy
R20	ICO Requirement: Your business has identified your lawful bases for processing and documented them	4	4	16	The lawful bases for processing personal data must be agreed and documented in all privacy notices.	ADS/Legal	Y	This currently has been requested and LW is collating, will require to go on notices (R12)	Privacy Notice (TBC) via Form	2	2	4	agreed with B&HCC Legal Department we are collecting under legal obligation
R21	ICO Requirement: Your business has reviewed how you ask for and record consent	3	4	12	Privacy notices should be reviewed and updated to record the legal bases upon which personal information is processed.	ADS	Y	ESFRS is looking at legal Obligation mainly as this will be in Policy and notices, may be required to be addressed under automated decision making (see R18)	Policy, Privacy Notices (TBC) via form/legal	2	2	4	Actioned

R22	ICO Requirement: Your business has systems to record and manage ongoing consent.	3	4	12	As Above R21	ADS	Y	This hopefully will not be required as we are looking only at legal obligation for collecting and processing, employment contracts will suffice for employees and a review is consent is used anywhere else to be added to revised list for departments	Policy, Privacy Notices (TBC) via form/legal	1	1	2	Actioned
R23	ICO Requirement: If your business offers online services directly to children, you communicate privacy information in a way that a child will understand.	3	4	12	A process needs to be established and documented for verifying individual ages when capturing data relating to children and for obtaining consent from parents or guardians for the data processing activity.	ADS	Y	Departments to check is this happens and if so consent will be required unless legislation supersedes	Policy, Privacy Notices (TBC) via Form	2	2	4	Actioned, solution in place until B&HCC delievr longerterm solution
R24	ICO Requirement: Your business has effective processes to identify, report, manage and resolve any personal data breaches.	4	4	16	The IT Security and Information Assurance policy should be reviewed and updated to ensure compliance with GDPR. In particular, the need to report all breaches within 72 hours of being discovered. A reminder should be issued to all employees on the process for responding to data breaches. Where personal data is processed by third parties, contracts / data sharing agreements should be reviewed and amended to incorporate a requirement to report personal data breaches within the timescales specified within GDPR regulations.	SIRO/InfoSec & DPO	Y	Review will take place see R2 and will be added to new GDPR policy	Policy review	2	2	4	Actioned. In Policy
							Y	This will be progressed via Policy and Core Brief,	Policy/comms				To be actioned June 2018
							Y	Currently underway B&HCC have provided clauses and working group are actioning see R3	Contract clause inserts-working group progressing				Actioned
R25	ICO Requirement: Your business has implemented appropriate technical and organisational measures to integrate data protection into your processing activities.	2	3	6	The PIA template should be reviewed and updated to encourage new projects to consider data minimisation, pseudonymisation and transparency measures.	InfoSec & DPO	Y	PIA require minor amendments adding to GDPR Policy and project implementation process by 25th May 2018	DPIA	2	2	4	Actioned
R26	ICO Requirement: Your business is currently registered with the Information Commissioner's Office.	0	0	0	ESFRS is Registered with the ICO, Annual charge will rise from £500 to £2,900	SIRO	Y	No further action required	Actioned by siro?	0	0	0	Actioned
R27	ICO Requirement: Your business has nominated a data protection lead or Data Protection Officer (DPO)	0	0	0	ESFRS have in post an Information Security and Data Protection Officer	SIRO	Y	No further action required	In JD	0	0	0	Actioned
R28	ICO Requirement: Your business ensures an adequate level of protection for any personal data processed by others on your behalf that is transferred outside the European Economic Area (EEA).	2	3	6	All data processing contracts must be reviewed to ensure they contain suitable clauses that prevent data from being processed outside of the EEA.	AD R&T	Y	no data has been identified as being sent outside of the UK (cloud storage or processing)	Contracts	1	1	2	Actioned

Internal Audit Report

Preparedness For The Introduction Of GDPR

FINAL

Assignment Lead: Gary Neal, Senior Auditor

Assignment Manager: Nigel Chilcott, Senior Audit Manager

Assignment Ref: R1-010-10

Prepared for: East Sussex Fire & Rescue Service

Date: March 2018

Report Distribution List

Draft Report

- Duncan Savage, Assistant Director, Resources and Treasurer
- Mark O'Brien, Deputy Chief Fire Officer – Director of Service Planning and Assurance
- Mark Andrews, Assistant Chief Fire Officer – Director of Service Delivery
- Daryll Luxford, Information Security & Data Protection Officer
- Ken Pearce, ITG Manager

Final Report

- Dawn Whittaker, Chief Fire Officer and Chief Executive
- Duncan Savage, Assistant Director, Resources and Treasurer
- Mark O'Brien, Deputy Chief Fire Officer – Director of Service Planning and Assurance
- Mark Andrews, Assistant Chief Fire Officer – Director of Service Delivery
- Daryll Luxford, Information Security & Data Protection Officer
- Ken Pearce, ITG Manager

This audit report is written for the officers named in the distribution list. If you would like to share it with anyone else, please consult the Chief Internal Auditor.

Name of Authority - Internal Audit Key Contact Information

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1. Introduction

- 1.1. The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) is a regulation by which the European Parliament, the European Council and the European Commission intend to strengthen and unify data protection for individuals within the European Union (EU). It also addresses export of personal data outside the EU.
- 1.2. The primary objectives of the GDPR are to give citizens back the control of their personal data and to simplify the regulatory environment for international business by unifying the regulations within the EU. It has some similarities with, but supersedes, the existing provisions of the Data Protection Act 1998 (DPA).
- 1.3. Failure to comply with GDPR regulations could result in reputational damage and substantial fines by the Information Commissioner's Office of up to 4% of annual global revenue or 20M Euros, whichever is the greater.
- 1.4. This review is a planned audit approved as part of the Fire Authority's Internal Audit Plan for 2017/18.
- 1.5. The findings in this report are based upon discussion with, and evidence provided by, the Information Security and Data Protection officer (IS&DPO) and meetings with Senior Management.

2. Scope

- 2.1. The purpose of the audit is to provide assurance that the Fire Authority is carrying out adequate preparations in order to comply with the GDPR from the date it comes into force on 25 May 2018.

3. Audit opinion

Partial Assurance is provided in respect of **Preparedness For The Introduction of GDPR**. Further detail on this is provided in Section 4 'Basis of Opinion'. *Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.*

4. Basis of Opinion

- 4.1. We have been able to provide **Partial Assurance** that East Sussex Fire & Rescue Service (ESFRS) has appropriate plans in place in order to achieve GDPR compliance by 25 May 2018. Whilst significant work has already been completed, a similarly significant amount of work remains. Management recognise the challenges and are committed to achieving compliance over the next few months.
- 4.2. Our key findings are as follows:
- 4.3. Whilst periodic reports have been submitted to SLT since March 2015, senior management have expressed concern that the GDPR project does not have robust governance arrangements in place, resulting in a lack of visibility on progress made and of any issues and risks that could lead to delays. Regular updates on progress need to be provided to the Deputy Chief Fire Officer (Senior Information Risk Owner) and the Senior Leadership Team (SLT) for the duration of the project.
- 4.4. An action log is maintained to track project progress and this identifies key actions, target dates and responsibilities for GDPR compliance. Some activities are dependent upon completion of others, such as the need to agree the legal basis for processing personal data, prior to the review and update of the new GDPR policy and consent notices. However, these dependencies are not clearly articulated in the project action log and this could result in unexpected delays. In addition, there is a need to create a definitive list of policies and procedures that require review for GDPR compliance. There is also a need to ensure GDPR compliant data protection agreements are established with all third parties that process personal data on behalf of ESFRS.
- 4.5. In terms of awareness of GDPR within ESFRS, e-learning training has been delivered to the majority of employees and Information Asset Owners. In addition, updates on progress towards GDPR compliance has been communicated to employees via the intranet and Service Brief. However, there are further opportunities to increase awareness of GDPR and reinforce key messages.
- 4.6. One of the requirements of the GDPR is that the organisation documents the personal data that it holds in an information asset register. Whilst an information audit has been undertaken, it was found to contain a number of gaps and some required information has not yet been forthcoming, therefore preventing completion of the register.
- 4.7. The Information Security and Data Protection Officer advised that the Data Retention policy is currently being reviewed and amended to ensure compliance with the GDPR. However, this activity is unlikely to be completed by the 25th May. In addition, once the

policy has been agreed, manual / electronic processes will need to be developed and documented to archive or delete personal data when required. This activity will also not be completed before the 25 May 2018.

- 4.8. The Information Security and Data Protection Officer has undertaken GDPR training and is now GDPR certified and therefore qualified to be undertaking the work necessary for achieving GDPR compliance.
- 4.9. A summary of the findings from our work is presented below against each of the 12 steps towards GDPR compliance published by the ICO. Further detail on each of the 12 steps is included in Section 6 of this report.

Ref	ICO Step	Status	Ref	ICO Step	Status
1	Governance & Awareness	Red	7	Consent	Amber
2	Information You Hold	Red	8	Children	Amber
3	Communicating Privacy Information	Red	9	Data Breaches	Amber
4	Individuals Rights	Red	10	Data Protection by Design and Data Protection Impact Assessments	Amber
5	Subject Access Requests	Amber	11	Data Protection Officers	Green
6	Lawful Basis for Processing Personal Data	Amber	12	International	Amber

Key

Red	Not yet started or started but unlikely to be completed by 25 May 2018
Amber	Started and likely to be completed by 25 May 2018
Green	Completed

5. Acknowledgements

- 5.1. We would like to thank all staff that provided assistance during the course of this audit.

6. Findings

ICO Step 1 - Awareness & Governance				
Ref	ICO Requirements	Findings	Priority	Actions
1	Your business has an appropriate data protection policy.	The current ESFRS data protection policy will be replaced by a new GDPR compliant ESFRS policy. This needs to be completed by the end of March 2018 to allow for necessary consultation and approvals before May 2018.	High	The legal bases for processing personal information must be identified and documented before the new GDPR policy can be completed. The new policy must be ready for review by the end of March 2018 to allow sufficient time for consultation and approval.
2	Your business has an information security policy supported by appropriate security measures.	<p>The new GDPR policy cannot be finalised until the legal bases under which personal data will be processed have been identified. This is currently being considered by Legal Services and a response is expected by 9th March 2018.</p> <p>In addition, we understand that minor changes will also be required to a number of other policies and procedures, including the information security policy. However, at the date of this review, there is no definitive list of which policies are in need of amending. Until such time that a definitive list is</p>		<p>A definitive list of policies and procedures requiring review for GDPR compliance should be produced. This will enable the work to be scoped and resourced to ensure that all relevant policies & procedures are GDPR compliant by 25 May 2018.</p>

ICO Step 1 - Awareness & Governance				
Ref	ICO Requirements	Findings	Priority	Actions
		produced, the work to review and amend these policies cannot be properly scoped and resourced.		
3	Your business has a written contract with any data processors you use.	We understand that approximately 240 contracts have been reviewed by the contracts team and they have identified 16 contractors (including Orbis/ESCC) that process personal data and where new Data Protection agreements need to be obtained.	High	GDPR compliant Data Protection Agreements must be established with all third parties that process personal data on behalf of the East Sussex Fire & Rescue Service.
4	Your business provides data protection awareness training for all staff.	<p>Most employees have completed e-learning training. In addition, GDPR awareness material is provided to employees through a dedicated intranet page and updates provided via Service Brief.</p> <p>Most Information Asset Owners have attended training workshops and one further 'mop up' session may be necessary.</p> <p>Limited enquiries at three Fire Stations have identified the need to provide employees with additional awareness</p>	High	<p>Any employees who have not completed e-learning should be reminded to complete the training and a deadline should be set.</p> <p>Workshops should be arranged for any Information Asset Owners who have not received training.</p> <p>Consideration should be given to implementing further measures to raise awareness of GDPR amongst employees. This could include display of high visibility posters at all work locations, targeted face to face training and post training questionnaires. The ICO website contains example media for organisations -</p>

ICO Step 1 - Awareness & Governance				
Ref	ICO Requirements	Findings	Priority	Actions
		material and to reinforce key GDPR messages.		https://ico.org.uk/media/for-organisations/think-privacy/2694/ico-think-privacy-toolkit-edgy-type.pdf
5	Your business monitors your own compliance with data protection policies and regularly reviews the effectiveness of data handling and security controls.	We understand that currently there are no processes in place to monitor and test the existence and effectiveness of measures documented within DP policies.	Low	A process should be established to ensure that the measures detailed within data protection policies are regularly tested to give assurance as to their continued effectiveness. Results of testing should then be reported on a regular basis to senior management.
6	Your business manages information risks in a structured way so that management understands the business impact of personal data related risks and manages them effectively.	Privacy Impact Assessments (PIA) have been completed for all new system development over the past two years. The PIA process identifies any risks to personal information and is recorded in a project risk log along with proposed mitigations. However, there is no central record of these risks which would make it harder to demonstrate that proposed mitigations are in place and are effective.	Low	Consider adding risks identified at the PIA/DPIA stage & proposed mitigations in a central risk register so that proposed mitigations can be reviewed periodically to give assurance to management that the mitigations are effective.
7	Your business understands when you must conduct a Data Privacy Impact Assessment (DPIA) and has processes in place to action this.			
8	Your business has a DPIA framework which links to your existing risk management and project management processes.	The Information Security and Data Protection Officer has consulted with the ICO who have confirmed that it is not necessary to complete PIA's retrospectively for any systems that	Low	Whilst it is not mandatory for PIA's to be completed retrospectively, consideration should be given to completing a PIA where one does not already exist for any systems that process sensitive personal information.

ICO Step 1 - Awareness & Governance				
Ref	ICO Requirements	Findings	Priority	Actions
		have not been risk assessed. However, it may be prudent to consider undertaking a PIA for any system that processes sensitive personal information.		
9	Decision makers and key people in your business demonstrate support for data protection legislation and promote a positive culture of data protection compliance across the business.	<p>Senior officers were consulted on the requirements for GDPR compliance at an early stage. In addition, senior officers have been designated as data owners and the DCFO has been appointed to the role of Senior Information Risk Officer (SIRO) and is the GDPR project sponsor.</p> <p>Concerns were raised during the review that the GDPR project does not have robust governance arrangements in place. As a consequence, there is a lack of visibility of the progress that has already been made and of any issues and risks that could lead to delays, resulting in the service not being fully compliant by the 25 May 2018.</p>	High	The Information Security and Data Protection Officer will create a project plan showing all dependencies and a risk log and will provide weekly updates to the Deputy Chief Fire Officer for the duration of the project.

ICO Step 2 - Information You Hold				
Ref	ICO Requirements	Findings	Priority	Actions
10	Your business has conducted an information audit to map data flows.	An information audit has been undertaken. However, it was found to contain a number of gaps.	High	Departments have been given a new deadline for providing the requested information of 9 March 2018.
11	Your business has documented what personal data you hold (in an information asset register), where it came from, who you share it with and what you do with it. Note that you may be required to make these records available to the ICO on request.	The Information Security and Data Protection Officer advised that he had asked departments to help him document what personal data is held, however, information requested back in October 2018 has still not been received.		Senior management should be informed of any departments that have not provided the requested information by the new deadline so that appropriate action can be taken. The Information Audit Map then needs to be completed and updated on an ongoing basis and any risks identified should be recorded in a central risk register.

ICO Step 3 - Communicating Privacy Information

Ref	ICO Requirements	Findings	Priority	Actions
12	Your business has provided privacy notices to individuals.	<p>An action has been raised in the GDPR mapping action log to review and update all privacy notices. Currently, there is no target date for completing this activity in log.</p> <p>In addition; there is no definitive list of forms used to collect personal information. Without this, it will be difficult to scope and resource the work necessary to review all privacy notices.</p>	High	<p>All privacy notices on the internet and on data capture forms need to be reviewed and updated to comply with the new GDPR requirements.</p> <p>A definitive list of all personal data capture forms should be developed. This will assist in scoping and resourcing the work.</p> <p>A deadline should be recorded in the GDPR mapping action log for reviewing all privacy notices.</p>

ICO Step 4 - Individuals' Right				
Ref	ICO Requirements	Findings	Priority	Actions
13	Your business has processes to ensure that the personal data you hold remains accurate and up to date.	<p>Individuals have the right to have personal data rectified if it is inaccurate or incomplete and the ESFRS DPA policy already recognises this.</p> <p>The ICO recommends conducting regular data quality reviews of systems and manual records to ensure the information continues to be adequate for the purposes of processing and, conducting regular data quality checks to provide assurances on the accuracy of the data being inputted by employees. In addition, where data accuracy issues are identified, to communicate lessons learned through ongoing awareness campaigns and internal training. The Information Security and Data Protection Officer advised that whilst information is corrected when identified to be incorrect, there are no processes in place to undertake regular data quality reviews.</p>	High	<p>The new GDPR policy should ensure that responses to requests are made without delay and at least within one month of receipt.</p> <p>Consideration should be given to conducting regular data quality reviews of systems and manual records to ensure the information continues to be adequate for the purposes of processing (for which it was collected).</p> <p>Additional consideration should be given to undertaking regular data quality checks to provide assurances on the accuracy of the data being inputted by employees.</p> <p>Where data accuracy issues are identified, these should be communicated to employees through ongoing awareness campaigns and internal training.</p>

ICO Step 4 - Individuals' Right

Ref	ICO Requirements	Findings	Priority	Actions
14	<p>Your business has a process to securely dispose of personal data that is no longer required or where an individual has asked you to erase it.</p>	<p>Data retention periods are recorded in the data protection policy and also in the Access to Information and Records Management (Freedom of Information Act) Manual.</p> <p>The retention periods need to be reviewed to ensure compliance with GDPR. An archivist is to be employed to review all hard copy and electronic records. We understand that this process could take up to 18 months to complete.</p> <p>Once the data retention periods have been agreed, processes need to be developed to ensure that personal information is securely disposed of when no longer required.</p>	Medium	<p>Data retention policies should be reviewed to ensure compliance with GDPR requirements.</p> <p>Processes should be developed to ensure that all personal information is deleted when no longer required.</p> <p>Periodic checks should then be made to ascertain whether personal information is being deleted in compliance with data retention policies.</p>

ICO Step 4 - Individuals' Right				
Ref	ICO Requirements	Findings	Priority	Actions
15	Your business has procedures to respond to an individual's request to restrict the processing of their personal data.	<p>Whilst individuals have the right to be forgotten and can request the erasure of personal data, such requests can be refused where legal bases are identified for processing personal information.</p> <p>A written retention policy acts as a reminder for when to dispose of various categories of data, and help plan for its secure disposal.</p>	Medium	<p>The new GDPR policy should identify whether any circumstances exist to restrict the processing of personal information.</p> <p>The data retention policy should be subject to periodic review to make sure it continues to meet business and statutory requirements.</p>
16	Your business has processes to allow individuals to move, copy or transfer their personal data from one IT environment to another in a safe and secure way, without hindrance to usability.	<p>The GDPR allows individuals the right of to receive a copy of their own data.</p> <p>However, the right to data portability only applies in specific circumstances including where the processing is based on the individual's consent and where it is carried out by automated means. In these circumstances, information must be provided free of charge, without delay and at least within one month of receipt.</p> <p>We understand that Legal Services are reviewing whether legal bases can be</p>	Medium	<p>Consideration should be given to any circumstances where individuals may request that their personal data is moved, copied or transferred. These circumstances should be documented in the GDPR policy and in privacy notices.</p>

ICO Step 4 - Individuals' Right				
Ref	ICO Requirements	Findings	Priority	Actions
		identified to process personal information rather than relying on individuals consent.		
17	Your business has procedures to handle an individual's objection to the processing of their personal data.	<p>The current DPA policy recognises that individuals may object to the processing of their personal data, "for direct marketing and other purposes".</p> <p>The GDPR requires that organisations stop processing personal data when requested by an individual unless there are compelling legitimate grounds for the processing, which override the interests, rights and freedoms of the individual; or the processing is for the establishment, exercise or defence of legal claims. The GDPR policy needs to reflect this.</p>	Medium	The GDPR policy and privacy notices must state the circumstances where individuals may object to the processing of their personal data. Individuals must be clearly informed of their right to object at the point of first communication.
18	Your business has identified whether any of your processing operations constitute automated decision making and	We understand that automated decision making is taking place as part of the HR recruitment process.	Medium	Where personal information is subject to automated decision making, explicit consent should be obtained.

ICO Step 4 - Individuals' Right

Ref	ICO Requirements	Findings	Priority	Actions
	<p>have procedures in place to deal with the requirements.</p>	<p>Individuals have the right not to be subject to a decision when:</p> <ul style="list-style-type: none"> • it is based on automated processing; and • it produces a legal effect or similarly significant effect on the individual. <p>The right does not apply if the decision:</p> <ul style="list-style-type: none"> • is necessary for entering into or performance of a contract between you and the individual; • is authorised by law (e.g. for the purposes of fraud or tax evasion prevention); or • is based on the individual's explicit consent, and your business has put in place suitable measures to safeguard the individual's rights, freedoms and legitimate interests. 		

ICO Step 5 - Subject Access Requests

Ref	ICO Requirement	Findings	Priority	Actions
19	Your business has a process to recognise and respond to individuals' requests to access their personal data.	The current DPA policy recognises an individual's right to request access to the personal data. However the GDPR requires that subject access requests are actioned without delay and at least within one calendar month of receipt. In addition, this information must now be provided free of charge. These changes need to be included in the new GDPR policy.	High	The process for dealing with subject access requests should be reviewed and updated to ensure compliance with the new GDPR requirements. The process for making a subject access request should be incorporated within privacy notices and on the ESFRS website.

ICO Step 6 - Lawful Basis for Processing Personal Data

Ref	ICO Requirement	Findings	Priority	Actions
20	Your business has identified your lawful bases for processing personal data and documented them.	The legal bases for processing personal information are currently being reviewed by Legal Services and the outcome of this work is expected by 9 th March 2018.	High	The lawful bases for processing personal data must be agreed and documented in all privacy notices.

ICO Step 7 – Consent

Ref	ICO Requirement	Findings	Priority	Actions
21	Your business has reviewed how you ask for and record consent.	Consent is only required if lawful bases cannot be identified for the processing of personal information.	High	Privacy notices should be reviewed and updated to record the legal bases upon which personal information is processed.
22	Your business has systems to record and manage ongoing consent.	Legal Services are currently reviewing the legal bases for the processing of personal information.		

ICO Step 8 – Children

Ref	ICO Requirement	Findings	Priority	Actions
23	If your business offers online services directly to children, you communicate privacy information in a way that a child will understand.	<p>Information is captured relating to children and processes need to be established to verify individual's ages and to gather parental or guardian consent for the data processing activity.</p> <p>A working group was established to look at this on 22 January 2018.</p>	Medium	A process needs to be established and documented for verifying individual ages when capturing data relating to children and for obtaining consent from parents or guardians for the data processing activity.

ICO Step 9 – Data Breaches

Ref	ICO Requirement	Findings	Priority	Actions
24	Your business has effective processes to identify, report, manage and resolve any personal data breaches.	The IT Security and Information Assurance policy refers to the actions that need to be taken if a breach is identified. This policy needs to be reviewed and updated to ensure that it is compliant with GDPR, particularly the need to ensure that breaches are reported within 72 hours of being discovered.	High	<p>The IT Security and Information Assurance policy should be reviewed and updated to ensure compliance with GDPR. In particular, the need to report all breaches within 72 hours of being discovered.</p> <p>A reminder should be issued to all employees on the process for responding to data breaches.</p> <p>Where personal data is processed by third parties, contracts / data sharing agreements should be reviewed and amended to incorporate a requirement to report personal data breaches within the timescales specified within GDPR regulations.</p>

ICO Step 10 - Data Protection by Design and Data Protection Impact Assessments

Ref	ICO Requirement	Findings	Priority	Actions
25	Your business has implemented appropriate technical and organisational measures to integrate data protection into your processing activities.	<p>Privacy Impact Assessments (PIA) have been completed for all new system development over the past two years.</p> <p>The ICO recommends that organisations adopt internal policies and implement measures which help your organisation comply with the data protection principles – this could include data minimisation, pseudonymisation and transparency measures.</p>	Medium	The PIA template should be reviewed and updated to encourage new projects to consider data minimisation, pseudonymisation and transparency measures.

ICO Step 11 – Data Protection Officers

Ref	ICO Requirements	Findings	Priority	Actions
26	Your business is currently registered with the Information Commissioner's Office.	The Information Security and Data Protection Officer confirmed that ESFRS is registered with the ICO.	N/A	
27	Your business has nominated a data protection lead or Data Protection Officer (DPO).	ESFRS has a Data Protection Officer.	N/A	

ICO Step 12 – International

Ref	ICO Requirement	Findings	Priority	Actions
28	Your business ensures an adequate level of protection for any personal data processed by others on your behalf that is transferred outside the European Economic Area (EEA).	The Information Security and Data Protection Officer confirmed that no data is processed outside of the EEA. However, there is a need to ensure that suitable clauses are added to contracts with data processors.	Medium	All data processing contracts must be reviewed to ensure they contain suitable clauses that prevent data from being processed outside of the EEA.

Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Management Responsibilities

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

This report, and our work, should not be taken as a substitute for management's responsibilities for the application of sound business practices. We emphasise that it is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal Audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report IMD Transformation – Project Closure

By Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer Dan Drummond, Strategic IT Adviser
Phil Giles, Programme Manager (Spirit Acuity)

Background Papers ICT Transformation Programme Item 953 P&R Panel 11 July 2014
IMD Transformation Item 6 Urgency Panel 7 July 2016

Appendices 1. Project Closure Report (including appendices A-C)

Implications

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

PURPOSE OF REPORT To inform the Panel of the outcomes and lessons learnt from the IMD Transformation Programme Board.

EXECUTIVE SUMMARY The Service’s Corporate Management Team agreed on 29 January 2015 to set up a transformation programme to change the way that IT functions and services were delivered, and the way in which IT resources were managed. The Programme Board met on 19 October 2017 and agreed that the project should be closed down subject to the completion of the remaining deliverable from Project / Contractual Milestone 5. This was achieved on 12 January 2018. The Project Closedown was subsequently authorised by the Senior Leadership Team in February 2018.

The overall objective of the project was to “Select the right suppliers to transform our IT services to meet the changing needs of the Service, with certainty that our selection represents the best value possible”. Further, the PID defined

three major components for the transformation programme. It was intended to achieve:

- A modern ICT infrastructure to enable smarter and more efficient ways of working;
- An infrastructure that provides secure and resilient ICT services; and
- A transition of the management of the technology to a third party.

The Project has delivered fully against these three components and against the majority of the expected benefits. It has delivered a transformation in the organisation's IT and laid the foundations for the Authority to leverage value from further investment through its IT Strategy. Service levels have stabilised since the service was transitioned to telent Technology Services in November 2016 achieving agreed performance targets. The new service provider telent also played a key role in the delivery of new IT to support the Service HQ Relocation Project.

The Programme has experienced delays at several key stages which meant that it did not meet its originally planned timescale and as a result there was an increased use of external project and procurement support resulting in an overspend on the project budget of £293,000 or 16%. This was funded from within the existing IT Revenue Budget.

The transformation of IT 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 was conducted which concluded that:

- The majority of negative issues were related to missing or poorly defined internal processes; and
- The majority of positive lessons were people related.

It is reasonable to conclude that, since the programme was successful, the use of a hybrid team including external third party support with the relevant skills, knowledge and experience helped to mitigate the effects of the lack of defined internal processes.

Collectively, the lessons learnt identify practical ways in which processes can be improved to deliver future programmes successfully and cost effectively. They describe how programmes can successfully mitigate against process issues in the meantime. These lessons are informing the

design and approach of the new Programme Management Office.

RECOMMENDATION

That the Panel:

- i) note the outcomes and lessons learnt from the IMD Transformation Project; and
 - ii) identify any further action it considers is required by officers as a result.
-

IMD Transformation

Handover and Close-down Report

Manager previously: Phil Giles, SPIRIT / ACUITY

Manager currently: Dan Drummond

Owner: Duncan Savage

Version: V4

Date: 12/02/2018

Project Registry No: 00313

Contents

1. Overview	3
1.1 Overall Programme Objectives	3
1.2 Organisational Change – Intelligent Client Function	4
What is an Intelligent Client Management.....	4
The ESFA Intelligent Client Function	4
1.4 Programme Summary – Head of ITG	5
1.4.1 Reconciling aims and achievements	5
1.4.2 Programme milestones & their support of key aims	6
1.4.3 Ongoing ITG function.....	7
1.5 Summary of Expenditure	7
2. Benefits Realisation	9
2.1 Immediate Investment Objectives and Benefits	9
2.2 Benefits Achievement Table	10
2.3 Ongoing Transformation of ESFRS IT	14
2.4 Increased value for money	14
3. Transfer of Risks and Issues.....	16
3.1 Programme Risks and Issues Log.....	16
3.2 Ongoing ESFA responsibilities	16
4. Practical Arrangements for Closedown.....	17
4. 1 Contractual Arrangements.....	17
Appendices.....	18
<i>Appendix A Lessons Learned Workshop and Report.....</i>	<i>18</i>
<i>Appendix B Lessons Learned Analysis</i>	<i>18</i>
<i>Appendix C Final Risk Log.....</i>	<i>18</i>

1. Overview

ESFRS CMT agreed on 29/01/2015 to authorise SPIRIT / ACUITY to set up a transformation programme to change the way that IT functions and services were delivered, and the way in which IT resources were managed. This report assesses the extent to which the investment objectives of the programme were achieved, and documents the close-down processes for the programme.

The IMD Transformation programme was tasked with delivering the outsourced service delivery model and the initial contractual transformation milestones.

Transformation of IT will continue through the Authority's IT Strategy but that is not governed through the IMD Transformation Board.

Project management arrangements were audited by ESCC Internal Audit during the project and were found to be satisfactory.

1.1 Overall Programme Objectives

Section 1.1 of the PID for the programme, identified the overarching objective for the programme:

Select the right suppliers to transform our IT services to meet the changing needs of the Service, with certainty that our selection represents the best value possible.

Further, the PID defined three major components for the transformation programme. It was intended to achieve:

- A modern ICT infrastructure to enable smarter and more efficient ways of working;
- An infrastructure that provides secure and resilient ICT services; and
- A transition of the management of the technology to a third party.

The purpose of this work was to provide a clear cost structure, and to enable:

- Smarter and flexible working;
- Alignment with the statutory data transparency requirements;
- Clear reporting against performance standards;
- Efficiency savings, by reducing estate running costs and environmental impacts;
- Improved staff engagement by use of smarter technologies; and
- Workplace transformation by including the implementation of mobile devices, shared services and innovative design.

1.2 Organisational Change – Intelligent Client Function

We have introduced adjustments to the way that we work, both as an IT department, but also more widely in respect of how the IT team engages with the wider organisation and how wider organisational processes can help us implement a more rigorous and effective operating environment in which IT serves.

The key change implemented is the creation of an IT Client Function (IT Governance team - ITG) which works in tandem with the new supplier to plan, deliver and manage IT services going forward as well as internally with the newly formed Programme Management Office and wider business planning function.

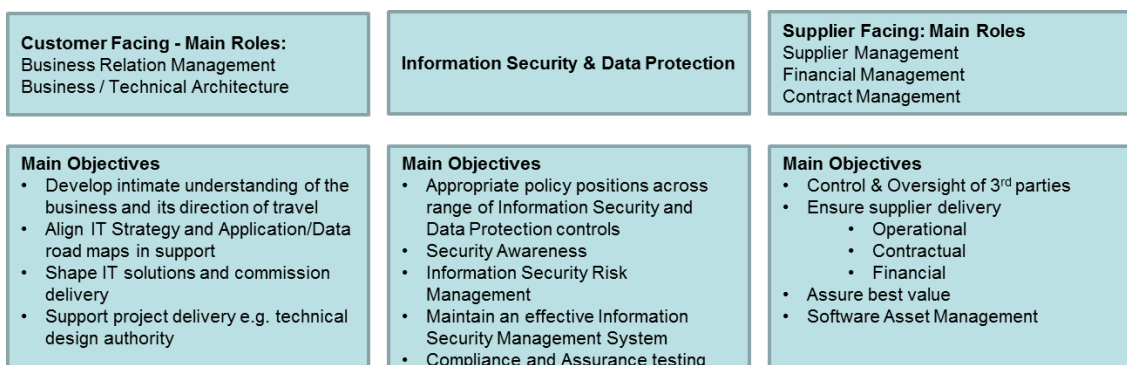
What is an Intelligent Client Management

A standard definition: The 'Intelligent Client' retains sufficient technical knowledge of the services being provided by a third party to competently specify requirements and manage delivery of the services.

The ESFA Intelligent Client Function

We changed the delivery model of IT services and in doing so still require an ITG team. The previous in house IMD team consisted of 13 positions, comprising full time, part time and contracting staff split across IT management, service delivery and support.

Our new ITG Team, headed by an ITG Manager, was established in November 2016 has been restructured to better meet the needs of the organisation.



The new internal Intelligent Client Function has taken on responsibility to:

- Provide business relationship management and service management to the business and supplier

- Work with the business to clearly articulate business requirements and processes to translate these into IT requirements
- Work with emerging portfolio and programme management functions to support the delivery of strategic priorities.
- Continue to develop, evolve and govern the IT Strategy and IT roadmaps going forward whilst ensuring alignment with ESFRS IRMP and associated programmes and projects.
- Create a more effective information environment through the development of information management framework and supporting processes
- Manage the supplier contract and effective service delivery against defined and agree SLAs, KPIs and PIs.
- Work with the new supplier to ensure that proposed solutions are aligned across the organisation and with strategic objectives
- Work with the new IT managed service supplier to make sure these requirements are translated into effective IT service arrangements - acting as a gateway to manage the flow and channelling of user requirements from the wider organisation.
- Work with suppliers to plan, implement and train the service to achieve the desired IT requirement outcome
- Work with the suppliers on a common IT architecture and standards
- Manage IT spend and budgets; with regards to Business as Usual services, new services and ad hoc requirements.

1.4 Programme Summary – Head of ITG

The IMD Transformation programme is concluding following a period of 3 years – 2 in procurement and 1 installing the new IT Outsource Service Provider and undertaking initial transformation of elements of the IT services.

1.4.1 Reconciling aims and achievements

In preparing a closedown report it is important to reconcile what has been achieved against the original aims and objectives of the programme, whilst considering how some objectives may be satisfied over the life of the new outsourced model in support of items such as IT Strategy delivery and cost management. The original aims and objectives are summarised below:

Key Aims & Objectives	Met?
1. Cost reduction	Partially
2. Improved security model	✓
3. Improved IT resilience	✓
4. Improved staff mobility	✓
5. A more joined up organisation	✓
6. An organisation more able to work with partners and suppliers	✓
7. A more agile IMD department	✓

1.4.2 Programme milestones & their support of key aims

The Transition project over the past year has aimed to realise the majority of these aims and objectives. These were delivered via 4 milestones (MS), in addition to some activity undertaken by the new ITG function.

MS1 – this in effect repositioned the IT Service delivery responsibility from the internal IMD function to telent.

MS2 – The newly introduced dual commercial data centres together with new networking and firewall infrastructure made significant inroads in delivering the enhanced security model (2) - physical and virtual security. It also laid the foundations for enhanced IT resilience (3), whilst removing the legacy Novell directory services and Groupwise email, replacing them with the de-facto solution from Microsoft, Active Directory and Microsoft Exchange (5&6).

MS3 & MS4 between then introduced the Flexcloud infrastructure then moved the core Fire Authority services from the old Eastbourne HQ into this new cloud infrastructure further enhancing the IT resilience (3) and providing for a sophisticated DR capability.

In addition MS4 delivered key elements of the flexible working capabilities (4&5) with secure connectivity from outside the Fire Authorities network, unlocking the potential for remote working on a large scale.

During the course of delivery an element of the delivery associated with MS2 and MS3 was repositioned in a new milestone, MS5, however there was not material change to the deliverables of the programme overall.

What has been achieved through a robust procurement process is a significant enhancement in the quality of the Authority's core infrastructure and support with no increase in ongoing revenue cost (1). The new operating model will allow us to drive greater value from existing IT services and from future investment through our IT Strategy (and the significant investment required to deliver this). We expect this to deliver efficiencies elsewhere within the business. At the same time the new contract requires our outsourced provider to demonstrate best value both in the services it delivers directly and those contracts that it manages on our behalf.

1.4.3 Ongoing ITG function

Repositioning the service delivery responsibility with telent (BAU and projects) has freed up the ITG function to focus on areas such as Strategy delivery ensuring free flowing movement of business demand through to telent who have the ability to scale capacity and capability upon planned demand (7) thereby creating a more responsive IT function that is better able to support the business.

The initial transformation has resulted in a significant financial investment to secure the services of telent and to introduce enhanced IT capabilities during the transition year. Over time this will enable opportunities to register greater cost efficiencies with effective management of 3rd party spend (1).

The IMD Transformation phase has been a success, and though it is early in the relationship the outlook remains positive. telent are becoming increasingly involved in strategy delivery which will help fuel the pace of change that the business demands and early cost savings bode well for further opportunities to be realised.

The newly created ITG function has created visibility of the vital signs to monitor the IT Outsourcing and IT Service delivery. This will enable ITG to exercise the correct levels of governance and oversight with telent, whilst ensuring effective interactions with the business.

1.5 Summary of Expenditure

Project funding consisted of two main elements: programme management and procurement support (including legal advice); and the cost of the contractual transformation milestones. Total agreed funding was £1.831m and actual expenditure was £2.124m an overspend of £0.293m or 16%. The majority (90%) of the overspend related to the first element. All of the overspend was funded from within the existing IT revenue budget without the need to call on additional revenue

resources or Authority reserves (beyond that originally agreed). The main reasons for the overspend are:

Overrunning of several key phases of the project causing increased use of external programme management and legal support e.g.

- Procurement to contract award – originally planned 27 May 2016 actually achieved 8 August 2016 (10 weeks delay)
- Contract award to service transition – originally planned 30 September 2016 actually achieved 18 November 2016 (7 weeks delay)
- Delivery of transformation milestones – originally planned to complete 18 May 2017 actually achieved to 12 January 2018 (35 weeks delay)

Internal capacity issues – the absence of key staff at periods during the project and the failure to fill a number of posts in the IT structure.

Spirit Acuity was also commissioned to conduct two further pieces of work outside of the scope of the project:

- Project Initiation including the specification for external support (£24,300)
- IT Strategy development (£21,300)

Additional agency staff were also brought in to backfill substantive resources during the workshop phase of the project August – October 2016 (£20,300)

This expenditure was also funded from within the IT revenue budget.

Area Of Expense	Budget £'000	Actual £'000	Variance £'000
External Programme and Procurement Support :			
- Up to completion of procurement phase (Approved P&R Panel 11 July 2014)	400		
- Contract Implementation Phase (Approved Urgency Panel 7 July 2016)	255		
Total funding	655		
Spirit Acuity (programme and procurement support)		820	
DACB (external legal advisers)		98	
Total expenditure		918	263
Transformation Milestone Payments	1,176	1,206	30
Telent MS0 – MS5			
Project Total	1,831	2,124	293

2. Benefits Realisation

2.1 Immediate Investment Objectives and Benefits

The table on the next page is based on the one in Section 3.2 of the programme PID. It originally took objectives from the corporate plans, and those stated by stakeholders, as its basis. The right hand column assesses the degree to which the objective was achieved and the benefit realised.

2.2 Benefits Achievement Table

Objective / Benefit		Detail	Achieved? Benefit realised?
1	Cost reduction	Total ICT costs are expected to reduce through the transformation	<p>Partially</p> <p>New delivery model and some investment in IT Strategy provided from within existing IT budget. Starting to identify and deliver efficiency savings directly through IT e.g. printers and through IT Strategy e.g. CRM. IT Category Strategy being developed with telent. Much better oversight of IT revenue and strategy budgets through ITG.</p>
2	Improved security model	The transformed services must comply with appropriate HMG security standards.	<p>Fully</p> <p>Data Centre: Core IT services now housed within physically and environmentally secure commercial data centre environment with redundant capabilities via primary and secondary delivery locations.</p> <p>Network: core network infrastructure transformations introduced robust network connectivity and enhanced perimeter protections.</p> <p>Core Platforms: Newly introduced platforms and services (email, active directory, VM estate and file servers) run supported and patched versions of Microsoft products.</p> <p>Client: Introduction of solutions that support secure mobile working, including VPN, laptop encryption, 2 factor authentication, remote device wiping together with operational management controls</p> <p>IT Controls, General: In addition the IT 27001 controls operated by telent on behalf of ESFRS are now the subject of assessment and remediation to align to the ISO27001 standard.</p>

Objective / Benefit		Detail	Achieved? Benefit realised?
3	Improved resilience	The transformed services should be reliable and resilient. Services should be protected from failure, and recovery from failures should be rapid.	<p>Fully</p> <p>Significant enhancements as a result of the creation of Flexicloud solution within a commercial data centre. Key elements being.</p> <ul style="list-style-type: none"> • Industrial Strength Data Centre (power, environmental and network resilience) • Reduction in single points of failure (platform resilience) • Technology refresh across elements of the core infrastructure (platform resilience) <p>The implementation of a dual data centre approach (primary and secondary) with replicated storage and standby compute affords the Service significant protection against IT disaster failure scenarios.</p> <p>Increasing confidence in Disaster Recovery (DR) Solution will be developed through DR testing.</p> <p>Solution aligned with ISO22301.</p>

Objective / Benefit	Detail	Achieved? Benefit realised?
4	Improved mobility	<p>The transformed services should strongly support the objectives of a more mobile workforce, able to work flexibly from a range of locations.</p> <p>Fully</p> <p>Laptop: core components to enable flexibility introduced:</p> <ul style="list-style-type: none"> • Device encryption • VPN connectivity enabled with 2FA • Unified Comms enabling, voice and video conferencing, Instance Messaging • Extension Mobility – follow me extension <p>The above combined means the opportunity exists to operate from home as if you were in the office.</p> <p>iPad:</p> <ul style="list-style-type: none"> • Secure Email, File access (via Exchange Outlook Web Access and Centrestack) • Remote device wipe enabling further security <p>Smart Phone:</p> <ul style="list-style-type: none"> • Secure Email, File access (via Exchange Outlook Web Access and Centrestack) • Remote device wipe enabling further security <p>Infrastructure in place, laptops rolled out as part of HQ project, enabling projects for further development of Smarter Working set out in IT Strategy</p>

Objective / Benefit		Detail	Achieved? Benefit realised?
5	A more joined up organisation	The transformed services should enable all ESFRS staff to work together without technology barriers.	<p>Fully</p> <p>All intended improvements to infrastructure in place. Further transformation through approved IT Strategy.</p> <p>Move to Active Directory, migration of email from Groupwise to MS Exchange and introduction of standardised file / print server combined with introduction of Flexcloud platform provide solid foundations upon which more effective services can be developed thereby enabling less technology friction within and without ESFRS.</p>
6	An organisation more able to work with partners and suppliers	The transformation should provide services which specifically facilitate better external collaboration, and which make it easier for other organisations to work with ESFRS.	<p>Fully</p> <p>Centrestack rolled out as collaboration tool. Further enhancements under IT Strategy</p> <p>In addition move to Active Directory and MS Exchange will additionally enable easier collaboration with external parties.</p>
7	A more agile IMD department	The transformed IMD services should demonstrate improved flexibility and responsiveness to meet changes to business requirements in a more rapid and structured manner.	<p>Partially</p> <p>Access to talent capacity and expertise and refocussing of client side on driving strategy / transformation in place. Further maturity of the model required to be fully effective alongside development of Programme Management Office and improved business maturity.</p>

2.3 Ongoing Transformation of ESFRS IT

The outcomes of this element of IT Transformation need to be considered in the context of the wider IT Transformation programme, not simply this project – the outsource transition and initial technology transformation. Through the outsourcing to telent, establishment of ITG intelligent client function, agreement of IT Strategy and delivery of contractual transformation milestones, we have put in place the building blocks that will enable us to deliver the outcomes fully over the years ahead.

2.4 Increased value for money

Initially there was a view that IT could be delivered at a lower price but that view changed as the project progressed. The total revenue budget remains the same as it was prior to outsourcing and it continues to make provision for some investment in the IT strategy. However, the Service has achieved much greater value for money, with a much more efficient and effective service being provided for the same money. This is also reflected in improved service levels and greater service windows.

Equally, the Service intends to increase investment in order to deliver the IT Strategy which may increase IT costs but will deliver efficiencies elsewhere in the organisation. Given the measures built into the contract the Service will seek assurance that that investment is benchmarked. At the same time, the Service expects to deliver savings on IT procurement overall.

Lastly, it should be noted that there was a significant amount of accrued technology debt resulting from limited investment in the years leading up to the decision to outsource. This creates a legacy position that will be addressed during the life of the IT Outsource contract thereby resulting what may appear as an increased cost of IT.

2.5 Skills transfer benefits delivered

An extra benefit that was not a deliverable of the programme, was the skills transfer element which took place as it progressed. The Service had not previously conducted an OJEU competitive dialogue process. The process was run by consultants with the involvement of ESFRS staff, including the Procurement Manager. At the conclusion of the process, ESFRS staff had gained in knowledge and understanding of the processes involved both in OJEU and in an outsourcing project of this magnitude.

2.6 Programme Benefits Realisation Plan

The PID for the programme stated in *13.1 Benefits Realisation Planning*, that benefits to be delivered would be identified and allocated to an owner. The intention was to quantify, measure and monitor the realisation of benefits. This does not appear to have happened.

The non-occurrence of this monitoring activity has not affected the actual benefits achieved, and the benefit description can clearly be undertaken as part of the closedown activities.

However, this aspect of any programme is undertaken towards the end of the programme's activities, when learnings may already have been collected and written up. A further learning point may therefore be that Benefit Measurement and Monitoring may be a useful heading to add to the Project Manager's Highlight Report. This would ensure that the Board considered progress in achieving benefits each month.

2.7 Capturing Ongoing Benefits

In order to cost benefits accurately, we need to understand the cost to serve versus the cost to outsource. Historically the Service has found it difficult to extrapolate the true cost of an internal function beyond salaries paid. However, to capture the true benefit of any outsourcing activity, the Service must be able to accurately capture the previous cost as against the cost of outsourcing. It should not focus on apparent headline cost savings for elements of the service or for particular proprietary components.

In order for the Service to achieve not only the negotiated result but continuing benefit realisation from its relationship with telent, it must perfect its skills in applying supplier management within a partnership environment. Coherent processes and clear roles will be key in ensuring that the service continues to improve and has access to technical innovations.

3. Transfer of Risks and Issues

3.1 Programme Risks and Issues Log

During the programme, SPIRIT ACUITY maintained a risk and issues log which was reviewed at each Programme Board meeting.

17th March v152 was the final RAID log, and shows those risks transferred to ITG. It went to the programme board on Monday 20th March and is included as Appendix D of this document for information.

The Highlight Report presented at the April 2017 Board meeting comments:

Programme Risks and Issues

ESFRS identified risks and issues previously managed within the programme, have now been formally transferred to other ESFRS governance.

Telent are responsible for managing programme risks and issues pertaining to the implementation (i.e. please see the 'telent Executive Summary Report').

SPIRIT / ACUITY Highlight Report, April 2017 Board

3.2 Ongoing ESFA responsibilities

The Authority's ongoing responsibilities are listed in Schedule 3 of the contract documentation. Schedule 3 is attached as an appendix of this document. Ongoing BAU work will be subject to the normal risk management framework used by the Authority.

4. Practical Arrangements for Closedown

4.1 Contractual Arrangements

ESFA and therefore ESFRS, has ongoing responsibilities under the contract. Schedule 3, defining these responsibilities, is included as Appendix D of this document.

4.2 Close-down date

Final board meeting: 19 October 2017

Close-down date: 12 January 2018 (sign off of Milestone 5)

Appendices

Appendix A - Lessons Learned Workshop and Report

Appendix B - Lessons Learned Analysis

Appendix C - Final Risk Log

Document Control

VERSION BEFORE CHANGES	CHANGES	BY	DATE	VERSION AFTER CHANGES
None	Initial draft	H. George	12/10/17	V2
V1	Additional details included	D Drummond	20/10/17	V3



East Sussex Fire Authority

IMD Transformation
Lessons Learned Overview

East Sussex Fire Authority

3rd May 2017 Workshop

V0.1

Document Control

Version	Changes	Author/ By	Date
0.1	Draft for Helen George	Jules Jackson/ Guy Middleton	15 th May 2017

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Contents

1. Summary	3
1.1. Approach	3
1.2. Key Findings	3
1.3. Conclusions	4
2. Introduction	5
2.1. Overview	5
2.2. Background to the Programme	5
3. Summary of Feedback	7
3.1. Pre-Session questionnaire responses	7
3.2. Lessons Learned Workshop	8
3.3. Stakeholder Qualitative Feedback	12
4. Appendix A: Lessons Learned Log	13
5. Appendix B: Workshop Approach	14
5.1. Attendees.....	14
5.2. Structure and focus areas	14
5.3. Workshop Agenda.....	15
5.4. Workshop Prompt Questions	16
6. Appendix C: Pre-Session Questionnaire Response Scores	20
7. Appendix D: Qualitative Feedback – telent team	21

1. Summary

1.1. Approach

The IT Transformation Programme Lessons Learned session was held on Tuesday 3rd May and was attended by the majority of Programme team members and senior sponsors. The aim was to identify the lessons that can be learned from the IT Transformation Programme, so that its positive lessons can be repeated in new programmes and its negative experiences can be planned for and avoided.

Each identified Lesson was plotted on a matrix according to whether it had a positive or negative impact. These experiences were then considered in terms of whether the source factor was people or process related, and whether it was due to external or internal.

1.2. Key Findings

The cluster charts below show the positioning of each of the lessons and so the general themes.

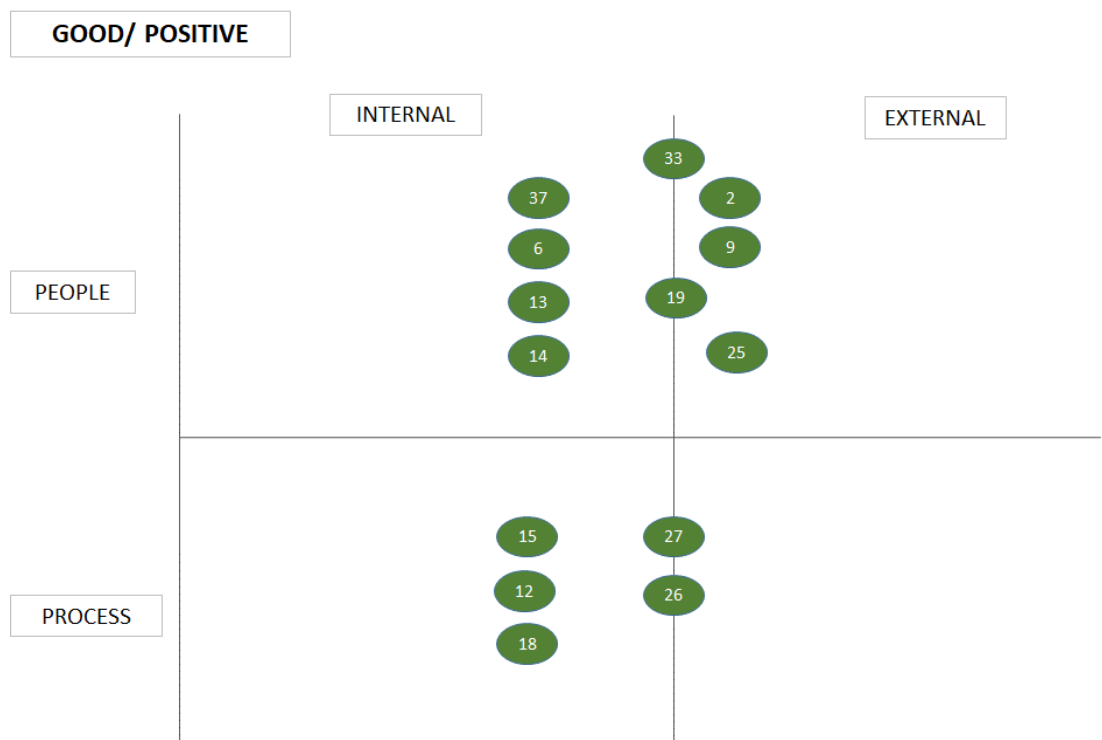


Fig 1: Positive Impact

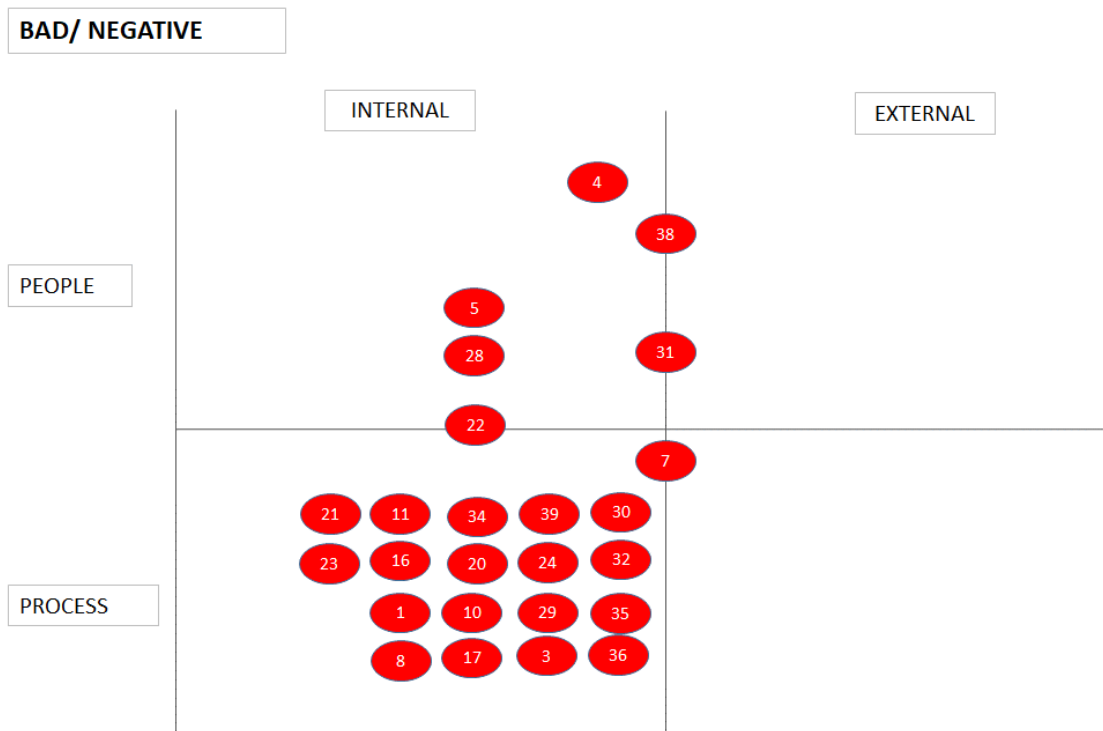


Fig 2: Negative Impact

1.3. Conclusions

The Programme is considered successful, with stakeholder qualitative responses highlighting some good examples of best practice and people involvement.

This was recognised at the start of the Workshop, which set out to acknowledge the good practice but also to specifically focus on the areas where the Programme could have applied different approaches to improve delivery and outcomes. The Lessons Log which is provided in Appendix A should be considered in this context, otherwise an unbalanced interpretation of the lessons could be derived.

Plotting the Lessons Learned identified at the workshop shows that:

- The majority of negative issues were related to missing or poorly defined internal processes; and
- The majority of positive lessons were people related.

It is reasonable to conclude that, since the programme was successful, the use of a hybrid team with the relevant skills, knowledge and experience helped to mitigate the effects of the lack of defined internal processes.

Collectively, the Lessons Learned identify practical ways in which processes can be improved to deliver future programmes successfully and cost effectively. They describe how programmes can successfully mitigate against process issues in the meantime.

The Authority should review the detailed Lessons Learned, identify specific actions to embed them in the organisation, and assign owners and delivery timetables for those actions. Doing so will ensure that future programmes can build on the success of the IT Transformation Programme and learn from its mistakes.

2. Introduction

2.1. Overview

The IMD Transformation programme is now nearing formal closure and will soon enter Business as Usual (BaU) activity and management.

The identification of Lessons Learned is a key opportunity to help improve how the Authority plans and delivers programmes of a similar scale in future. It helps us to:

- Identify what went well and why - recognise good practice and re-apply principles where appropriate to improve overall organisational project delivery standards.
- Identify what could have been done better and why - recognise similar risks and issues that acted as sources of lessons to avoid making the same mistakes.
- Identify how the lessons will be applied in future and so contribute to longer term improvements in how ESFRS plans and delivers large programme of activity.

The feedback this process provides was captured from two principal sources:

- We asked our stakeholders: we circulated a questionnaire to CMT and other programme stakeholders, to obtain scoring and qualitative feedback on several key areas. The summary of their responses is provided in Section 3.1 and the full scoring sheet provided in Appendix C. A number of comments were also provided and these are provided in Section 3.3.
- We then brought together the key Programme participants in a workshop and explored a broader range of areas in more detail, using the information also obtained from the questionnaire responses as an input. The summary of Lessons is provided in section 3.2 with the detailed log in Appendix A. The approach that was taken is provided in Appendix B.

2.2. Background to the Programme

The IMD Transformation Programme was initiated in August 2015, to transform the way that Information Management and Communication Services were delivered within the organisation.

Over time, IT systems within ESFRS had become fragmented, with many reaching End of Life (EoL). Resources were capacity constrained, and in some cases, there was a lack of skills to meet the increasingly dynamic and demanding requirements of the business. The combination of these factors presented a significant risk to effective service delivery.

In this context, the current service delivery model was no longer considered fit for purpose in meeting the demands of the business, and did not provide the strong technological environment to support a cost effective and coherent approach to future strategic service delivery.

The organisation recognised the need for change, and the CMT assessed the options for an effective way forward. From the CMT meeting on the 29th January 2015, the CMT agreed that the option to be taken forward was a variant on an outsourced solution.

There were two major components of the change ahead – a Transformation of IMD services to make them more suitable for the needs of the business, and a Transition of the

management of those services to another party. The overall Objective of the Programme was to

“Select the right suppliers to transform our IT services to meet the changing needs of the business, with certainty that our selection represents the best value possible”.

The Programme also had several Investment Objectives:

- Investment Objective 1: Cost reduction
Total ICT costs may reduce through the transformation (*Note, that the focus of this objective was changed through consultation with SMT, from cost reduction, to best value*).
- Investment Objective 2: Improved security model
The transformed services must comply with appropriate HMG security standards.
- Investment Objective 3: Improved resilience
The transformed services should be reliable and resilient. Services should be protected from failure, and recovery from failures should be rapid.
- Investment Objective 4: Improved mobility
The transformed services should strongly support the objectives of a more mobile workforce, able to work flexibly from a range of locations.
- Investment Objective 5: A more joined up organisation
The transformed services should enable all ESFRS staff to work together without technology barriers.
- Investment Objective 6: An organisation more able to work with partners and suppliers
The transformation should provide services which specifically facilitate better external collaboration, and which make it easier for other organisations to work with ESFRS.
- Investment Objective 7: A more agile IMD department
The transformed IMD services should demonstrate improved flexibility and responsiveness to meet changes to business requirements in a more rapid and structured manner.

The Programme consisted of several phases; Initiation and detailed planning, Specification, procurement, Transition and Transformation.

3. Summary of Feedback

3.1. Pre-Session questionnaire responses

Prior to the session, a questionnaire was circulated to Programme team members and other key stakeholders. Participants were asked to rate their opinions and experiences on a scale of 1- 4:

1: Poor/ Poorly/ Strongly Disagree/ Much Worse than usual

2: Fair/ Fairly Badly/ Mostly Disagree/ Slightly Worse than usual

3: Good/ Fairly Well/ Mostly Agree/ Slightly better than usual

4: Excellent Very Well/ Strongly agree/ Much better than usual.

The vast majority of responses indicated that stakeholders agreed or strongly agreed with the statements in the questionnaire, indicating a high level of satisfaction with the success of the Programme. A range of qualitative comments from FRS respondents are shown in Section 3.3 together with comments from telent who were also invited to provide feedback, in Appendix F.

The table below shows a summary of the number of responses for each response type. For reference, there were a total of 12 questions and 69 score responses were received.

Response type	Number of Scores	Notes where appropriate
4: Excellent Very Well/ Strongly agree/ Much better than usual.	35	
3: Good/ Fairly Well/ Mostly Agree/ Slightly better than usual.	31	
2: Fair/ Fairly Badly/ Mostly Disagree/ Slightly Worse than usual	2	Scores received in relation to question 2: Do you agree that to date, the programme has delivered on its key objectives? No supporting comments identified
1: Poor/ Poorly/ Strongly Disagree/ Much Worse than usual.	1	Score received in relation to question 1: “Do you agree that the IMD Transformation Programme was an effectively managed programme?” Supporting comment from stakeholder to say: “Only that clearly my time at CMT has been very recent and short but from my level of understanding I have answered in the spirit of the exercise and with current awareness”.

3.2. Lessons Learned Workshop

During the session, thirty-nine Lessons were identified and categorised as High, Medium and Low. The High importance lessons, both with negative and positive impact are shown in the table below. The full list of all Lessons is provided in Appendix A. The Authority should now review the list, confirm the importance and assign owners and follow up actions.

Lesson No.	Background Description	Lesson
1	<p>The Authority did not formally complete a Business Case before the initiation of the Programme. The Economic and Financial Cases were not clear from the outset.</p>	<p>Define and implement a clear and standard business case process for all projects and programmes of work.</p> <p>Each project should have a well-formed business case justifying the project and defining its outcomes, so that stakeholder expectations can be managed from the outset. Staff should be trained to have the necessary skills to participate and apply these processes.</p>
2	<p>The programme managed the absence of a Business Case by proceeding in all respects with a business case in mind.</p> <p>The Programme Initiation Document and detailed planning phase mitigated the risks due to this lack. In particular, the PID covered some of the key BC questions in more detail, e.g. Investment Objectives, scope of services to be procured, one supplier or many, procurement route options.</p> <p>The team engaged closely with CMT at the outset to ensure that stakeholders agreed the approach taken, and provided CMT with a structure for clear decision making.</p>	<p>Until a Business Case process is implemented, ensure that the PID and other documents clearly address topics that should normally be addressed in the OBC.</p> <p>Ensure key stakeholders agree the approach and provide clear and documented decision points.</p>
4	<p>The contract is designed so that an outline of key areas is defined, and some details are completed after contract award. The purpose of this framework for management is to make bidding and evaluation less onerous, and to give more control to the Authority. This approach means that the contract itself does not include some service detail. Some aspects of the service are not defined in sufficient detail to support operations.</p> <p>The early stage deliverable documents, such as the Service Management Plan, are intended to provide this detail, and should not be signed off until they do. Supplier documentation delays and poor quality, along with Authority staff changes mean that the contract was not</p>	<p>Hold the Supplier to the required standard of supplementary documentation, or set in place mitigations for limited detail.</p> <p>Ensure effective knowledge transfer from the procurement team to the operational team responsible for managing the contract as part of business as usual activity, so that the approach to contract management is clearly understood.</p>

Lesson No.	Background Description	Lesson
	in a fully operable state by the planned date.	
9	<p>Stakeholder engagement, particularly with CMT, was structured and planned.</p> <p>The use of credible external resources to present and manage messages helped to maintain strong stakeholder support.</p> <p>Cllr Barnes was complimentary of the regular updates provided at Board level.</p>	<p>Ensure that a clear and structured plan is in place to engage with stakeholders, particularly for CMT.</p> <p>For strategic programmes involve a Member representative in all Programme Board briefings.</p> <p>Maintain clear and consistent programme messages. Ensure they reflect current stakeholder concerns and direction.</p>
10	<p>Transformation programme planning and delivery required a high level of input from the business as a whole and particularly from the IT and procurement teams.</p> <p>The internal teams were therefore expected to manage business as usual activity in tandem with Transformation activity. This posed some significant workload issues for the team members involved.</p> <p>The requirement for a high level of input was clearly identified, but practical solutions to increase resources were delayed.</p> <p>Controls were implemented to reduce BAU workload to some degree.</p>	<p>Define a corporate approach to resource allocation that will help the Authority better plan and manage competing programme and BAU workloads.</p> <p>Agree and maintain a detailed resourcing plan throughout every programme. Set in place additional resources to manage workload.</p>
16	<p>The feedback and resolution for strategic risks was less successful than the management of programme risks. The process for successful mitigation of these corporate risks did not work always well.</p> <p>Some features of the process for strategic risks may make it difficult to surface and manage risks clearly enough for successful mitigation.</p>	<p>Make changes to the process for major corporate risks so that CMT take ownership of strategic risks and that they are more effectively mitigated.</p>
20	<p>The Programme incorrectly expected the Communications team to lead the planning and delivery of programme communications to stakeholders. The Communications team's limited capacity, spread between many ESFRS initiatives, made this level of support unfeasible.</p>	<p>Agree the roles and responsibilities of the programme and central Communications teams at the start.</p> <p>Include the substantial workload of communications drafting in the resource plan.</p>

Lesson No.	Background Description	Lesson
	<p>DaC and EiA were therefore tasked with planning internal communications, and developing messages for Comms team copywriting and final production. Their own high workload left some gaps in the planning and provision of comms materials.</p>	<p>Ensure that the strategic functions of communications planning and delivery are fully managed together with any change requirements that arise from any planned transformation activity.</p>
24	<p>The involvement of the procurement team largely ceased at contract award stage. This meant that their knowledge of the contract and the more strategic value that the team can add was not brought to bear.</p> <p>This also meant some loss of staff continuity from procurement, through to implementation and operation, and some expected loss of feedback in respect of operability of contract and performance of supplier.</p>	<p>Consider giving the procurement team a full lifecycle role, including in-life contract management, dispute resolution and re-procurement planning.</p> <p>Ensure that the Procurement team can offer strategic advice and support and have an active role in service and supplier management, rather than simply act as a gatekeeper which can often be the case.</p>
26	<p>The specification phase included a major discovery exercise, through 1:1 engagement with Service Heads and end user workshops.</p> <p>This level of business engagement helped to test understanding of IT use and define a comprehensive service catalogue.</p> <p>It helped users to better understand the IT services they use and where they fit in the context of the organisation.</p> <p>It allowed the programme to set realistic service level expectations with user agreement, based on a clear view of the impact of IT services.</p>	<p>Programmes should invest in structured user discovery activities to capture corporate knowledge and secure wide stakeholder support.</p> <p>Although it is an intensive and time-consuming activity, the value of extensive end user engagement during the specification phase should not be underestimated.</p>
27	<p>The planning for the Competitive Dialogue stage was thorough, robust and worked extremely well, both in terms of organisation (e.g. administrative processes) and structure (team involvement and level of preparation). The team and suppliers were well briefed and the process clear and understandable. It meant that a challenging timescale for CD was achieved to the benefit of all parties.</p> <p>Even simple structure such as the same days each week and the suppliers having dedicated days each week made the process run smoothly.</p>	<p>Clear and effective planning for OJEU CD processes is a critical factor in delivery of a successful CD. The team and suppliers should be clear on the scheduling of the sessions, the outcomes, and the parameters within which dialogue can/ can't and should/shouldn't happen so that the process can run smoothly.</p>

Lesson No.	Background Description	Lesson
29	<p>The Authority does not have a documented and structured approach to evaluating Economic and Financial Standing that complies with the Regulations.</p> <p>The conditions for requiring financial guarantees and the method for assessing bidders' standing at PQQ stage required extensive discussion.</p>	<p>Set out a clear policy for evaluating Economic and Financial Standing.</p> <p>Set out the conditions for working with Suppliers where there are issues of Economic and Financial Standing.</p>

3.3. Stakeholder Qualitative Feedback



4. Appendix A: Lessons Learned Log

Please see attached spreadsheet

5. Appendix B: Workshop Approach

5.1. Attendees

The following members of the Programme team attended the workshop. Representation covers all phases of the Programme's duration from inception through to transition and implementation, although not all representatives were present for the full Programme lifecycle.

- Duncan Savage
- Claire George
- Steve Sims
- Helen George
- Hamish Sinclair
- Maya Polak
- Phil Giles
- Jules Jackson
- Guy Middleton

Apologies

- Dan Drummond
- Einar Arnarson

5.2. Structure and focus areas

The purpose of the workshop was to review the objectives, outcomes, and delivery of the Programme, so that lessons may be applied to improve the organisation's future outcomes. We focused upon the main areas of:

- Programme Overview and Outcomes;
- Programme management;
- Key Phases:
 - Specification;
 - Procurement;
 - Implementation

To guide the discussion, we used the information collated as part of the questionnaire exercise and supplemented this with an Agenda that covered a broader range of areas in more specific detail to bring lessons together in a coherent structure, so that they can be applied in future. A list of prompt questions was prepared in advance and used to facilitate discussion on the day.

The Workshop Agenda together with the list of prompt questions are provided later in this section.

During the session, we first considered the areas of the Programme to identify examples of:

- a) What we did well
- b) What we did less well
- c) What we didn't do - good (a near miss)
- d) What we didn't do - bad (a missed opportunity)

From these examples, we then identified the lesson to be learned and whether it had a positive or negative impact and considered each positive to determine what the key factor was. This was represented on a matrix with the following axes to highlight general themes.

- People / Process - on the x axis: To identify whether the people involved or the process determined caused the impact
- Internal/ external - on the y axis: To identify whether the lessons related primarily to the role of internal or external team members.

The Lessons and scoring from this exercise was captured into the Lessons Learned Log in Appendix A, with the Lessons summarised in Section 3.2.

5.3. Workshop Agenda

Item	Description
1	<p>Introductions:</p> <ul style="list-style-type: none"> • Aims of the day • Ground rules and structure • Purpose of lessons learned
2	<p>Programme Overview and Outcomes:</p> <ul style="list-style-type: none"> • What did we set out to deliver? • What were the results?
3	<p>Programme management:</p> <ul style="list-style-type: none"> • Governance, Board attendance and structure • Operational control • Risks and Issues • Resourcing • Spend • Documentation • Stakeholder engagement • Integration with corporate structure • Other <p>Teamwork:</p> <ul style="list-style-type: none"> • Internal teamwork • Team structure • Teamwork – working with a 3rd party • Knowledge transfer <p>Activities:</p> <ul style="list-style-type: none"> • Delivery of the tasks themselves
4	<p>Procurement</p> <p>Procurement stages:</p> <ul style="list-style-type: none"> • Preparation and planning • Specification • Procurement operation and evaluation • Outcomes <p>Procurement Process:</p> <ul style="list-style-type: none"> • Timeliness

	<ul style="list-style-type: none"> • Spend • Rigour • Supplier experience
5	<p>Implementation:</p> <ul style="list-style-type: none"> • Process • Due Diligence • Milestones • Supplier Management • Staff experience • Supplier experience • Contract performance
6	<p>Forward Look</p> <p>What expected future changes might make lessons more or less important. E.g.:</p> <ul style="list-style-type: none"> • Major projects • Personnel and governance changes
7	Next Steps and Close

5.4. Workshop Prompt Questions

The following table illustrates the prompt questions to initiate and guide discussion in each area.

Section	Prompt questions
Introduction	
Ground rules and structure	<ul style="list-style-type: none"> • Any feedback is valid - but should be evidenced with examples. • Keep things constructive and programme specific • Be tactful • Split into overall programme view and then by each phase - there will be some overlap.
Programme Overview and Outcomes	
What did we set out to deliver?	<ul style="list-style-type: none"> • Recall the environment 2-3 years ago e.g. beginning of 2015 - what did it look and feel like? (i.e. broken, chaotic, unmanageable) • Do you remember what our objective was? • Was it the right objective? • Do you remember what our IOs were? • What are the main things we wanted? E.g. • Transfer of responsibility • A sound contract? • Less stressful environment for the IT team and wider staff? • A service that works for the users? • Reduced risk to the service / operations during significant changes (e.g. HQ move)? • Should we have considered collaboration more carefully?
What were the results?	<ul style="list-style-type: none"> • How well does the new environment meet these aims? • What did we get in return for all the hard work? • Has there been a difference to how the service is delivered and managed?

Section	Prompt questions
	<ul style="list-style-type: none"> • How big a difference? And in what way? • What has made the biggest difference/ benefit? • Was CMT clear on what we were setting out to do? • Was the BC clear enough?
Programme management	
Governance, Board attendance and structure	<ul style="list-style-type: none"> • Was the Governance structure clear to all? • Did it help us get the decisions we needed? • Did we have the right people involved? • Did we convey the right messages to help get everyone on the same page? • Did PB and wider governance members show enough commitment? • Did they give it enough attention and time? • Could we demonstrate a clear decision making process that evidenced why we made the decisions we did?
Operational control	<ul style="list-style-type: none"> • How well was resource and activity managed? • Who managed the programme?
Risks and Issues	<ul style="list-style-type: none"> • Did we identify Risks and issues in a timely fashion? • Did we act on them in a timely fashion? • Did we identify the right risks? • Did any catch us out e.g. unexpected ones that we should have anticipated? • How well did we align with Corporate R&I process?
Resourcing	<ul style="list-style-type: none"> • Did we have the right people? • Did we have sufficient skills across the team? • Did we get the resources on board quickly enough? • Did we manage resource costs well? • How was BHCC legal support?
Spend	<ul style="list-style-type: none"> • Did we work to budget? • If variations occurred, was it clear why this was the case? • Did we have an appropriate and adequate process for managing spend? • Were the right people involved in oversight of spend?
Documentation	<ul style="list-style-type: none"> • What level of quality was the documentation provided throughout? • Were some areas of documentation better than others? • Did we provide a clear and evidenced audit process? • Was the change control/ review process effective? • Was everyone who should have been involved in documentation, actually involved?
Stakeholder engagement	<ul style="list-style-type: none"> • Did we involve the right people at the right stage? • Did we keep the right people informed? - CMT, SMT, Users? • Did we manage our stakeholders in a timely fashion? • Did we give them sufficient time and information to do what we needed? • Did we maintain stakeholder lists – did that help?
Integration with corporate structure	<ul style="list-style-type: none"> • Did this programme run the same way as others, or did it do its own thing? • What impact did that have?
Other	<ul style="list-style-type: none"> • As required on the day.

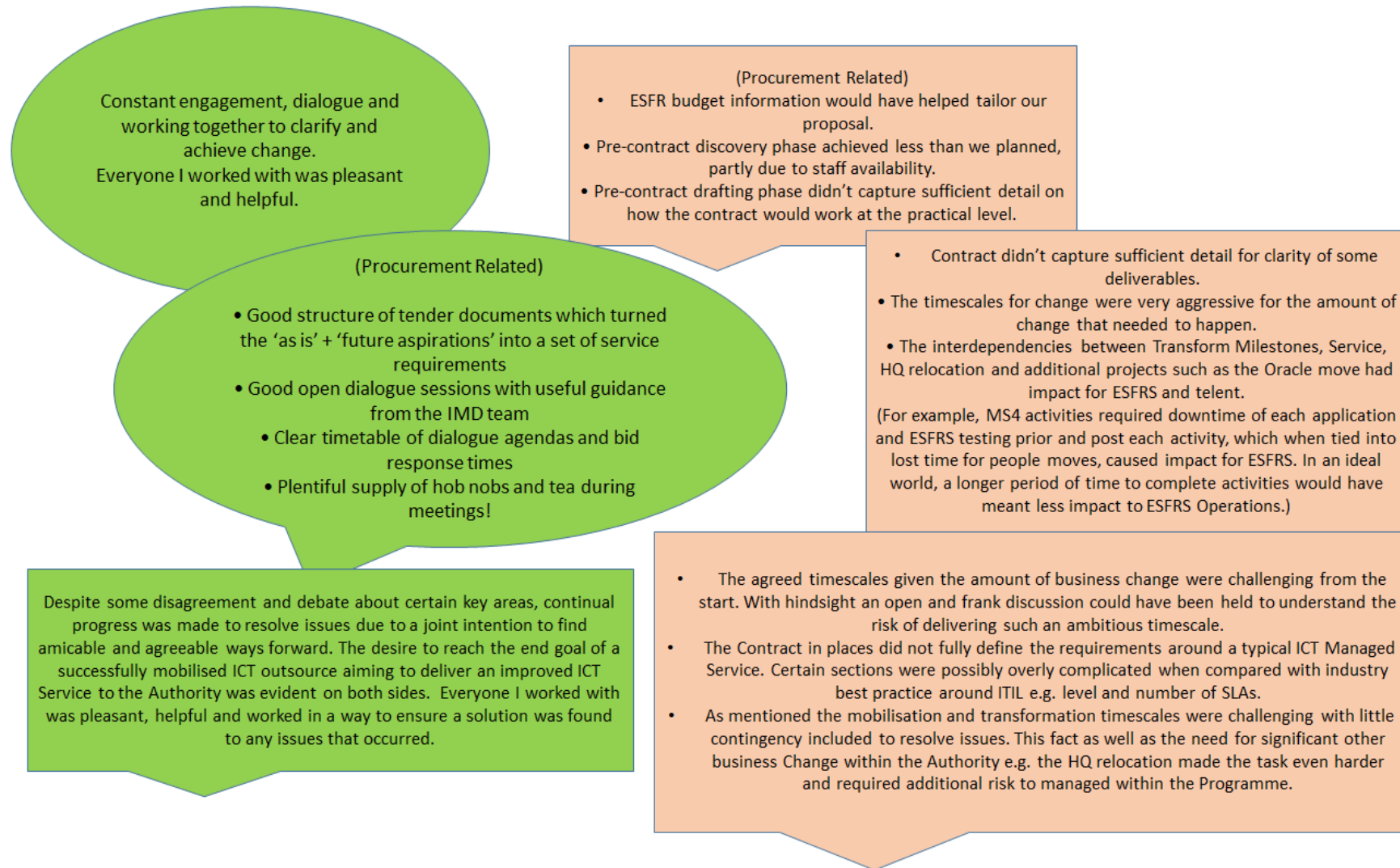
Section	Prompt questions
Teamwork	
Internal teamwork	<ul style="list-style-type: none"> • How well did the Programme team work together? • Did we support each other when needed? • Did we actively recognise when that support was needed?
Team structure	<ul style="list-style-type: none"> • How well did the hybrid team structure work? • Did we have the right roles in place? • Did we miss putting in place any significant roles?
Teamwork – working with a 3rd party	<ul style="list-style-type: none"> • How was the experience of working with Acuity/Spirit? • How was the experience of working with DACB? • Anyone else??
Knowledge transfer	<ul style="list-style-type: none"> • Have we ensured that the Client Team has the skills to manage the new IT environment? • What approach do you think we have taken to achieve this? • Did the approach of shadowing/ on the job knowledge share work? • Where are the areas of knowledge strength and weakness as a result? • What could have been done better?
Activities	
Delivery of the tasks themselves	<ul style="list-style-type: none"> • Quality of documents • Quality of thinking and analysis • Consistency, reliability, timeliness • Appropriateness of tasks - did we do pointless things? • etc
Programme Phases	
Preparation and planning	<ul style="list-style-type: none"> • How well was the programme planned? • Were we clear on the procurement route and rationale? • Did we make the right choices? • Did we obtain the support of CMT in the right way?
Specification	<ul style="list-style-type: none"> • Did we capture a sufficient understanding of how the service works? • Did we have the right people involved to inform the specification? • Did we cover all bases? • Did we miss any key requirements? • What has been the result - did we ask for the right thing and did we get it?
Procurement operation and evaluation	<ul style="list-style-type: none"> • Was it a smooth process - for the team/ for suppliers? • RFC process - could we have done anything better? • CD process - was it a useful experience? • Did we engage suppliers in the right way during CD? • Did we choose the right people to participate in the evaluation? • What skills did they bring and why were they of use? • What benefits did this approach bring?
Procurement Process:	
Timeliness	<ul style="list-style-type: none"> • Were the timescales in line with expectations? • Did we manage timescales effectively?
Spend	<ul style="list-style-type: none"> • Was the expected cost of the bids in line with expectations?

Section	Prompt questions
Rigour	<ul style="list-style-type: none"> • Was it a safe and compliant procurement? • Were the rules followed? • Did we get the right answer? • Would we have paid more for a different outcome? i.e. was the Quality/ Price balance right? • Was evaluation matched by eventual performance – i.e. did we get what we expected? • Did we avoid challenge? • Would we have changed the spec or the contract knowing what we know now?
Supplier experience	<ul style="list-style-type: none"> • Did suppliers feel it was fair? • Did suppliers feedback on the process?
Implementation:	
Process	<ul style="list-style-type: none"> • How well was the implementation planned - by us? And by the supplier? • Did we anticipate the correct activities and gear up accordingly?
Due Diligence	<ul style="list-style-type: none"> • How thorough was it? • Was the approach correct? • Have we unearthed any surprises since that we should have discovered through DD?
Milestones	<ul style="list-style-type: none"> • Have all milestones been hit on time? If not, why - what can we learn?
Supplier Management	<ul style="list-style-type: none"> • Has the supplier been managed well? • How well have we ensured that the Supplier has delivered to the services terms of the contract? • Does the contract have the right leverage?
Staff experience	<ul style="list-style-type: none"> • How has the experience been for Client Team Staff? • Tupe'd staff? • Service Users? • What are the key contributors to this experience (either good/ bad)
Supplier experience	<ul style="list-style-type: none"> • How has the experience been for telent?
Contract performance	<ul style="list-style-type: none"> • Has the supplier delivered what he is contracted to deliver?

6. Appendix C: Pre-Session Questionnaire Response Scores

	Poor / Poorly Strongly disagree / Much worse than usual	Fair / Fairly badly Mostly disagree / Slightly worse than usual	Good / Fairly well Mostly agree / Slightly better than usual	Excellent / Very well Strongly agree / Much better than usual
Do you agree that to date, the programme has delivered on its key objectives?	1	1	4	0
Do you agree that the IMD Transformation Programme was an effectively managed programme?	0	1	4	1
Do you agree that the composition and size of the Board were appropriate?	0	0	5	1
How well did a mixed Board (consultants and ESFRS) work?	0	0	1	6
How well did the IMD Transformation Board and other programme governance carry out its functions?	0	0	2	4
How well was progress and scope managed and governed?	0	0	1	6
Compared to other projects, how well were risks and issues governed?	0	0	4	3
How effectively did the programme communicate with CMT e.g. on governance issues, progress etc.?	0	0	2	3
How well were the finances managed and governed?	0	0	3	3
Do you agree that CMT had good visibility of the financial controls?	0	0	3	2
Do you agree that the Transformation Programme kept you informed about changes to your {TUPE'd staff} job throughout the process?	0	0	1	0
Do you agree that your {TUPE'd staff} interests were appropriately managed by ESFRS?	0	0	1	0
telent: How easy to work with were ESFRS and its representatives?	0	0	0	3
telent: How responsive were ESFRS and its representatives?	0	0	0	3

7. Appendix D: Qualitative Feedback – telent team



Area	No.	Subject	Observation	Description	Lessons	Impact	Importance	People	Process	Internal	External
Prog Overview and Outcomes	1	Business Case	No Business Case	The Authority did not formally complete a Business Case before the initiation of the Programme. The Economic and Financial Cases were not clear from the outset.	<p>Define and implement a clear and standard business case process for all projects and programmes of work.</p> <p>Each project should have a well-formed business case justifying the project and defining its outcomes, so that stakeholder expectations can be managed from the outset. Staff should be trained to have the necessary skills to participate and apply these processes</p>	Negative	High	-	Y	Y	-
Prog Overview and Outcomes	4	Contract Structure	Contract Approach	<p>The contract is designed so that an outline of key areas is defined, and some details are completed after contract award. The purpose of this framework for management is to make bidding and evaluation less onerous, and to give more control to the Authority.</p> <p>This approach means that the contract itself does not include some service detail. Some aspects of the service are not defined in sufficient detail to support operations.</p> <p>The early stage deliverable documents, such as the Service Management Plan, are intended to provide this detail, and should not be signed off until they do.</p> <p>Supplier documentation delays and poor quality, along with Authority staff changes mean that the contract was not in a fully operable state by the planned date</p>	<p>Hold the Supplier to the required standard of supplementary documentation, or set in place mitigations for limited detail.</p> <p>Ensure effective knowledge transfer from the procurement team to the operational team responsible for managing the contract as part of business as usual activity, so that the approach to contract management is clearly understood.</p>	Negative	High	Y	-	Y	-
Prog Management	10	Resource Planning: Internal (and associated comms)	Staff Workload	<p>Transformation programme planning and delivery required a high level of input from the business as a whole and particularly from the IT and procurement teams. The internal teams were therefore expected to manage business as usual activity in tandem with Transformation activity. This posed some significant workload issues for the team members involved.</p> <p>The requirement for a high level of input was clearly identified, but practical solutions to increase resources were delayed.</p> <p>Controls were implemented to reduce BAU workload to some degree.</p>	<p>Define a corporate approach to resource allocation that will help the Authority better plan and manage competing programme and BaU workloads.</p> <p>Agree and maintain a detailed resourcing plan throughout every programme. Set in place additional resources to manage workload.</p>	Negative	High	-	Y	Y	-

Prog Management	16	Strategic Risk Management	Strategic Risk Management	<p>The feedback and resolution for strategic risks was less successful than the management of programme risks. The process for successful mitigation of these corporate risks did not always work well.</p> <p>Some features of the process for strategic risks may make it difficult to surface and manage risks clearly enough for successful mitigation.</p>	<p>Make changes to the process for major corporate risks so that CMT take ownership of strategic risks and that they are more effectively mitigated.</p>	Negative	High	-	Y	Y	-
Prog Management	20	Comms / Stakeholder Engagement	Communications	<p>The Programme incorrectly expected the Communications team to lead the planning and delivery of programme communications to stakeholders. The Communications team's limited capacity, spread between many ESFRS initiatives, made this level of support unfeasible.</p> <p>DaC and EiA were therefore tasked with planning internal communications, and developing messages for Comms team copywriting and final production. Their own high workload left some gaps in the planning and provision of comms materials.</p>	<p>Agree the roles and responsibilities of the programme and central Communications teams at the start.</p> <p>Include the substantial workload of communications drafting in the resource plan.</p> <p>Ensure that the strategic functions of communications planning and delivery are fully managed together with any change requirements that arise from any planned transformation activity.</p>	Negative	High	-	Y	Y	-
Teamwork	24	Contract Management Procurement Role	Procurement Role in Contract Management	<p>The involvement of the procurement team largely ceased at contract award stage. This meant that their knowledge of the contract and the more strategic value that the team can add was not brought to bear.</p> <p>This also meant some loss of staff continuity from procurement, through to implementation and operation, and some expected loss of feedback in respect of operability of contract and performance of supplier.</p>	<p>Consider giving the procurement team a full lifecycle role, including in-life contract management, dispute resolution and re-procurement planning.</p> <p>Ensure that the Procurement team can offer strategic advice and support and have an active role in service and supplier management, rather than simply act as a gatekeeper which can often be the case.</p>	Negative	High	-	Y	Y	-
Programme Phases	29	PQQ and Policy Approach	Economic and Financial Standing	<p>The Authority does not have a documented and structured approach to evaluating Economic and Financial Standing that complies with the Regulations.</p> <p>The conditions for requiring financial guarantees and the method for assessing bidders' standing at PQQ stage required extensive discussion.</p>	<p>Set out a clear policy for evaluating Economic and Financial Standing.</p> <p>Set out the conditions for working with Suppliers where there are issues of Economic and Financial Standing.</p>	Negative	High	-	Y	Y	-

Prog Overview and Outcomes	2	Business Case	Managed lack of Business Case	<p>The programme managed the absence of a Business Case by proceeding in all respects with a business case in mind.</p> <p>The Programme Initiation Document and detailed planning phase mitigated the risks due to this lack. In particular, the PID covered some of the key BC questions in more detail, e.g. Investment Objectives, scope of services to be procured, one supplier or many, procurement route options.</p> <p>The team engaged closely with CMT at the outset to ensure that stakeholders agreed the approach taken, and provided CMT with a structure for clear decision making.</p>	<p>Until a Business Case process is implemented, ensure that the PID and other documents clearly address topics that should normally be addressed in the OBC.</p> <p>Ensure key stakeholders agree the approach and provide clear and documented decision points.</p>	Positive	High	Y	-	-	Y
Prog Management	9	Stakeholder Engagement (CMT and Members)	Stakeholder Engagement	<p>Stakeholder engagement, particularly with CMT, was structured and planned.</p> <p>The use of credible external resources to present and manage messages helped to maintain strong stakeholder support.</p> <p>Clr Barnes was complimentary of the regular updates provided at Board level.</p>	<p>Ensure that a clear and structured plan is in place to engage with stakeholders, particularly for CMT.</p> <p>For strategic programmes involve a Member representative in all Programme Board briefings.</p> <p>Maintain clear and consistent programme messages. Ensure they reflect current stakeholder concerns and direction.</p>	Positive	High	Y	-	-	Y
Programme Phases	26	Specification	User Discovery	<p>The specification phase included a major discovery exercise, through 1:1 engagement with Service Heads and end user workshops.</p> <p>This level of business engagement helped to test understanding of IT use and define a comprehensive service catalogue.</p> <p>It helped users to better understand the IT services they use and where they fit in the context of the organisation. It allowed the programme to set realistic service level expectations with user agreement, based on a clear view of the impact of IT services.</p>	<p>Programmes should invest in structured user discovery activities to capture corporate knowledge and secure wide stakeholder support.</p> <p>Although it is an intensive and time-consuming activity, the value of extensive end user engagement during the specification phase should not be underestimated.</p>	Positive	High	-	Y	Y	Y
Programme Phases	27	Procurement Operation and Evaluation	Managed CD Process	<p>The planning for the Competitive Dialogue stage was thorough, robust and worked extremely well, both in terms of organisation (e.g. administrative processes) and structure (team involvement and level of preparation). The team and suppliers were well briefed and the process clear and understandable. It meant that a challenging timescale for CD was achieved to the benefit of all parties. Even simple structure such as the same days each week and the suppliers having dedicated days each week made the process run smoothly.</p>	<p>Clear and effective planning for OJEU CD processes is a critical factor in delivery of a successful CD. The team and suppliers should be clear on the scheduling of the sessions, the outcomes, and the parameters within which dialogue can/ can't and should/shouldn't happen so that the process can run smoothly.</p>	Positive	High	-	Y	Y	Y

Prog Overview and Outcomes	5	Contract Development	Contract Management	Some elements of the contract, particularly the Milestone 0 Supplier documentation, lack detail necessary for operational control. Some contract terms are not well defined.	Review contract schedules and Supplier documentation. The contract allows for changes so use the project controls to manage changes to address shortcomings.	Negative	Medium	Y	-	Y	-
Prog Management	11	Resource Management / Control of Spend	Resource Planning	The Authority spent more than planned on external resources, although it monitored spend closely. A modest amount of this was for work that the Authority could have carried out with lower cost resources.	Plan to do as much as possible with internal or low cost resources, but acknowledge where external resources represent the best option. Continue to use external support where it makes sense to do so, for example where activities require specialist knowledge and skills that are not cost effective to build internally, for example for one-time activity, or where timely delivery precludes internal skills development.	Negative	Low	-	Y	Y	-
Implementation	34	Implementation Change Management	Timescale Expectations	telent's timescale expectations for EFSRS responses were not always realistic. Poor supplier planning and internal expectation management of the supplier meant some requests were at short notice.	Ensure that the ways of working are documented and agreed to manage the expectations of all parties. Plan major resource loads carefully.	Negative	Low	-	Y	Y	-
Implementation	39	Service Operational Requirements	Background information	The Supplier was slow to understand how fire service operations work, such as shift patterns.	Draft a more detailed description of key aspects of EFSRS and provide it to prospective suppliers. Plan a session with preferred bidders, and ideally with all bidders, to ensure that this background is fully understood.	Negative	Low	-	Y	Y	-
Prog Management	15	Risks & Issues	Risk Management	A comprehensive risk log was maintained through regular reviews and updates, and the process for escalating strategic risks to CMT worked well. PhG and HeG worked well together to document and manage risks.	Ensure that all projects use the standard risk management methodology.	Positive	Low	-	Y	Y	-
Prog Management	19	Comms / Stakeholder Engagement	User Engagement	The programme delivered a high level of successful engagement with all departments, through end-user workshop in the earlier stages of the project, particularly in developing the specification.	Engage widely with users and stakeholders in the early stages of projects.	Positive	Low	Y	-	Y	Y
Implementation	37	Implementation	Early Transition	The Programme Board approved the pragmatic decision to proceed with service transition before the completion of Milestones 0 and 1. Transition went smoothly, with no major service issues afterwards, confirming that this decision was correct/ Although some delays to Milestone 0 presented minor problems.	Use the risk management and governance processes to make key changes to programme plans. Allow staff to have the flexibility to make pragmatic decisions where necessary.	Positive	Low	Y	-	Y	-

Prog Overview and Outcomes	3	Roadmap	Roadmap for future services not well defined	The roadmap for new services was not sufficiently detailed which meant that the Supplier's bid response also lacked detail. Some key strategic objectives, such as collaboration with other services, were not well defined by the Authority.	Develop a more detailed corporate strategy and policy framework to ensure that the strategic inputs needed to inform programmes are available. Work with the Supplier to define a clear IT service	Negative	Medium	-	Y	Y	-
Prog Overview and Outcomes	7	Contract Management	Staff Continuity	The programme team suffered from a high level of internal staff turnover with a corresponding impact on knowledge transfer. Continuity from procurement activity and contract development through to operational contract management was not ensured. External resources were used extensively and worked closely with the internal team, but formal knowledge transfer was not carried out as planned.	Take a structured approach to knowledge transfer, allowing sufficient time to brief incoming personnel. When using interim or external resources for internal roles, ensure that particular attention is paid to making sure that the handover approach from one external party to another mitigates the risk of the potential eventual loss of that knowledge to ensure that the Authority can still achieve long term results in the absence of those resources. Document the approach taken, the rationale and the key features of the programme. Plan for continuity from the procurement and evaluation team to the operational team that will manage the	Negative	Medium	Y	-	Y	Y
Prog Management	8	Stakeholder Engagement (CMT and Members)	Managing Governance Changes	Changes in CMT membership meant that ensuring continuity of stakeholder support was challenging at some stages. The interim SRO was not a full time member of SMT, and so communications with CMT may have been less frequent and less extensive at times. The absence of the Head of IMD presented some significant sponsorship challenges.	For strategic programmes, ensure the SRO is a full time member of CMT. When new key stakeholders are appointed, ensure that they are fully briefed and made aware of their communications and sponsorship responsibilities. Ensure they have the necessary background information and the governance and communications structures to be effective in the role and to provide continuity of sponsorship.	Negative	Medium	-	Y	Y	-
Prog Management	17	Resource Management: Procurement	Procure external support	The programme took a considerable time to procure consultant and legal support, causing project delays and additional pressure on key team members. There are standard regulated procurement routes which need to be followed. However, it is recognised that review of the options for external use could have happened at an earlier stage.	Plan resources at an early stage, being realistic about internal capacity and capability. Develop and rehearse a standard process for procuring external support, including routes for different types of resource and a standard governance approach.	Negative	Medium	-	Y	Y	-

Prog Management	21	Best Practice	No PMO function	The absence of a formal PMO function with clearly defined processes and best practice across a range of programme activity, meant that in many cases, the Programme defined the process to be followed rather than vice versa.	The new PMO function may find the Programme's documentation a useful basis for its own processes and templates.	Negative	Medium	-	Y	Y	-
Teamwork	22	Contract (including legal) Development and Responsibility	Knowledge Transfer	Future operational contract management would have benefitted from earlier liaison between BHCC/Orbis legal and DACB to ensure effective knowledge transfer from Beachcroft. BHCC legal had a very hands off involvement during the development of the contract and CD process but will now be responsible for any changes to the contract. Opportunities were missed for BHCC and DABC to work more closely together to build a better foundation for future management.	Make sure that the Authority works closely with any 3rd party to ensure understanding of the contract and is able to operate effectively in future. Make sure that the Authority's lawyers take responsibility for the contract throughout its development and operation.	Negative	Medium	Y	Y	Y	-
Programme Phases	23	Planning Contract Management Plan	Contract Management Plan	The Authority's contract management plan (i.e. describing how the Authority will manage the contract) was not set in place. The contract calls for the Supplier to draft and agree a Service Management Plan, defining how it will operate the services, and a Contract Management Plan, describing how the parties will work together. However, the Authority should also document its own approach to managing value from the contract. Internal responsibility for defining the plan was not clearly identified.	In future procurements, the contract management plan should be established more clearly before contract award and responsibility for its creation clearly identified.	Negative	Low	-	Y	Y	-
Programme Phases	28	Competitive Dialogue: Timescales and Preparation	CD Process resources	The challenging timescales of the CD period did however cause some resource challenges. The CD period required the team to provide high levels of information for suppliers each week and this placed a high workload on IT and Procurement team members, particularly given the need to manage BaU and other organisation priorities in tandem.	Where possible, backfill BaU requirements so that the team is freed up from operational work during this stage. Consider the likely requirements for information provision and prepare materials in advance where possible.	Negative	Medium	Y	-	Y	-

Programme Phases	30	Due Diligence	Supplier's Due Diligence performance	In Due Diligence, the Supplier's resource focus was more on the contract detail, rather than service discovery and solution detail. This may have contributed to milestone delivery delays.	Include a detailed plan for Due Diligence in the procurement process. Manage the Supplier's focus more directly from the earliest opportunity.	Negative	Medium	-	Y	Y	-
Programme Phases	31	Due Diligence	Due Diligence	A better understanding of telent's organisation and internal processes could have made it easier to manage the supplier better to drive more effective delivery in the early stages of transition. telent's lack of experience in delivering a fully managed service, particularly in service desk aspects, was not clear before implementation.	Actively determine and manage supplier shortcomings to compensate for weaknesses and improve delivery performance. Help the Supplier to be successful.	Negative	Medium	Y	-	Y	Y
Implementation	32	Implementation	Supplier Personnel Continuity	The Supplier's bid team members were reassigned to other projects before contract award, or before key implementation milestones. This loss of Supplier staff continuity contributed to some milestone delays on the part of the Supplier. The Service Design Manager, who left telent during the implementation, was not listed on the Key Personnel list, although the effect of this omission was minor. Clear and agreed parameters for personnel changes would have aided this process.	Specify the duration and handover from bid teams in the procurement process. Review the key personnel list frequently and enforce its provisions.	Negative	Medium	-	Y	Y	-
Implementation	35	Staff Roles	Team Structure	Although the outline ITG roles were defined early in the Programme, the detailed definition and implementation of the roles and team was not managed as early or as closely as it could have been.	HR should set out clear guidance for defining, agreeing and filling new team roles. Staffing matters should be carefully managed at the earliest opportunity, so that team members are fully appraised of the process at all stages.	Negative	Medium	-	Y	Y	-
Implementation	36	TUPE	TUPE	More clarity on TUPE conditions could have been given earlier in the process. The supplier was allowed to guide too much of the communications process. Nevertheless, the feedback from staff who transferred was positive.	Take firm ownership of the TUPE process from the outset, using the right internal skills and experience to make it simple and unambiguous.	Negative	Medium	-	Y	Y	-
Implementation	38	Transition Planning & Management	Contract Schedules	The Supplier had difficulty in providing key early stage contract deliverable documents to the standard expected.	Articulate more clearly the requirements for early stage documents, for example by providing templates and content guides. Be prepared to invest in helping the Supplier to be successful.	Negative	Medium	Y	-	Y	Y

Prog Overview and Outcomes	6	Contract Development	External Support	The Authority recognised that it did not have the necessary contract expertise and therefore brought in external support to develop the contract.	Recognise where external resources can bring contract skills and experience to supplement internal capability or capacity.	Positive	Medium	Y	-	Y	-
Prog Management	12	Project Board Composition	Strong Project Board	Overall the composition of the board was appropriate and effective but there were some opportunities to improve further. For example, the PID identified all relevant roles, but not all were filled. For example the Senior User role on the Programme Board, to represent and feedback on operational aspects, was informally performed by the Head of IMD but the lack of formal representation was a notable gap. This was mitigated to some extent through CMT and SMT	Ensure that all Board roles are filled and any responsibility for filling any temporary gaps is clear. Consider a Board role tasked with stewardship of public expenditure.	Positive	Medium	-	Y	Y	-
Prog Management	13	Approach to working with external consultants	Working with Consultants	The Programme worked closely with an external team which was a good cultural fit and the level of teamwork considered excellent. The Authority provided a high trust environment allowing Acuity-Spirit to guide and direct the programme and provide many of the programme controls. The Acuity-Spirit team was already known to ESFRS, and this existing relationship strongly supported the successful hybrid team. The Authority also gained valuable knowledge of how to effectively work with consultants in a delivery programme.	Where consultants are used, work closely with them in a hybrid team, using them for the right activities to make best use of their skills and knowledge. Create a high-trust environment supported by effective controls. Use consultants to provide guidance.	Positive	Medium	Y	-	Y	-
Prog Management	14	Organisational Maturity	Managed Services	The delivery of IT is not considered the Authority's core business and so the intention to outsource core elements was overall seen as the correct course of action to take.	Be clear where the Authority's core business and core competency lies. Focus on these, and use specialist suppliers to provide other services.	Positive	Medium	Y	-	Y	-
Prog Management	18	Programme Document Management	Documentation	Documentation was well presented and managed. Change control mechanisms supported periods of highly intensive document production. Suppliers were highly complimentary of the quality of the procurement documentation.	Ensure there is a clear and structured environment for the production and control of project documentation across all team members, including a central shared repository, filing conventions, storage, review and input processes. Ensure that there is an owner for the production, review and control processes.	Positive	Medium	-	Y	Y	-
Programme Phases	25	Procurement Preparation and Planning	Clear Roadmap	The programme's roadmap diagram, showing the dates for key phases and activities, and relationships between activities, was highly useful. It was an important element of stakeholder communications, and also supported the detailed planning of the project. A comprehensive view of a large programme is useful for the organisation's longer term planning, including the relationships between projects and programmes.	Adopt a similar approach at the outset of each programme. Document and manage the roadmap as the programme progresses to signpost team members and the wider organisation on the key activities, durations and dependencies.	Positive	Medium	-	Y	-	Y

Implementation	33	Supplier Relationship Management	Working with the Supplier	Despite early challenges, the programme team built and maintained good relationships with the talent team.	Ensure continuity of staff on Supplier and Customer teams throughout implementation and into service delivery. Plan face to face activities to build strong teamwork.	Positive	Medium	Y	-	Y	Y
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Count of No.	Column Labels			
Row Labels	High	Low	Medium	Grand Total
Negative	7	4	14	25
-YY-	6	3	8	17
Y-Y-		1	2	3
Y-YY	1		2	3
YYY-			2	2
Positive	4	3	7	14
-YY-		1	2	3
-YYY	2		1	3
Y--Y	2			2
Y-Y-		1	3	4
Y-YY		1	1	2
Grand Total	11	7	21	39

People	Process	Internal	External
	Y	Y	
Y		Y	
Y		Y	Y
Y	Y	Y	
	Y	Y	
	Y	Y	Y
Y			Y
Y		Y	
Y		Y	Y
Y			

ESFRS IMD Transformation Programme - Risk Log

Risk Ref	Category	Risk Description	Impact	Risk Owner	Type (e.g. PB - Programme Board)	Inherent Risk 4x4			Mitigating Actions	Action Progress	Residual Risk Post Mitigation		
						Likelihood 4 - Almost Certain 3 - Very Likely 2 - Might Happen 1 - Unlikely	Impact 4 - Severe 3 - Major 2 - Moderate 1 - Minor	Risk Score >8 Red 4-8 Amber <4 Green			Likelihood (Unlikely 1 - 4 Almost Certain)	Impact (Minor 1 - 4 Severe)	Residual Risk Score
Risks which follow have been transferred to ITG since February Programme Board													
15	Strategy	Links between IMD Strategy and ESFRS Business Strategy unclear. E.g. General understanding exists of move towards CRM / Firewatch, but not set out in a strategy. Business requirements tend to be driven by technology requirements.	This may lead to difficulties in accurately defining IT requirements to inform technical specifications, with subsequent impacts on programme outcomes and deliverables.	DD / DS	PB	4	3	12	The IMD strategy will be further developed as business strategy is developed in line with the IRMP. IMD to place the right Initial Order and manage IT moving forward, it will be important to have direction from CMT and for the IMD Strategy to be updated to meet the needs of the business, together with an agreed rolling programme of IT service delivery to be developed so that investment is properly focused.	23/1/17 PB update: CMT received proposal in December ad workshop held in January. 20/3/17 DD update: RISK TRANSFERRED TO ITG	3	3	9
16	Strategy	The programme is put under pressure to deliver to multiple, diverse business requirements; greater clarity of the strategic business approach is needed.	This may result in unclear or contradictory requirements being put to the supplier, with resultant increases in cost due to risk. There is the additional impact of a possible organisation restructure.	DS	CMT	3	3	9	Through programme activities and liaison with key teams across the organisation, we have rationalised a story about where the organisation is headed and in doing so are mitigating the risk as much as possible at this level. Governance arrangements will include customer engagement and control over ability to commission work from telent.	20/3/17 DD update: RISK TRANSFERRED TO ITG	2	3	6
17	Stakeholders	Organisation is not prepared for a new model of engagement with IT provision with more structured rules, processes and procedures governing the way the business and individuals access their IT.	This may lead to disruption as the business adapts to the new ways of working, resentment at the perceived increase in bureaucracy and in the increased costs as the business takes on the non-IT costs currently absorbed by IMD.	DD / DS	PB	4	2	8	Brief CMT and key stakeholder groups; gain agreement to new ways of engaging. Reinforce messages at regular updates as part of the planned comms approach.	1/12/16: Following transition, it is now vital to manage the change element of the transition and transformation plans. The Authority need to understand the implications of the service change and plan the necessary comms and training to accommodate the process and systems changes. 20/3/17 DD update: RISK TRANSFERRED TO ITG	3	2	6
47	Governance	Risk that the Authority does not adhere to the protocol for procurement of services from telent. i.e. The Client Function should be central to the process and with the power of 'veto'.	Disjointed and unauthorised interaction with telent leading to unauthorised and misaligned solution design and cost. Without adherence to the defined and agreed process for requesting services from telent (i.e. through the Client Team), ESFRS may have uncontrolled (and possibly unauthorised) requests fulfilled by telent.	DS	PB	4	4	16	Ensure clear Client Function process for the management of requirements definition within the Authority and for communications of requirements to telent. Ensure telent understand the process and flag if requests come outside of the agreed process.	5/12/16 DS update: Likelihood reduced to 2 now transition has occurred and ITG is in place. 20/3/17 DD update: RISK TRANSFERRED TO ITG	2	3	6
52	Governance	Changes resulting from the new service implementation/requirement definition, are not effectively managed through ESFRS.	Insufficient consideration of business impact resulting in poor change management / implementation.	DD / DS	PB	4	3	12	Ensure sufficient resource is committed to understanding, translating and communicating the business impact of implementation changes. Further key mitigation is effective training and planning for training in advance of key service changes.	23/1/17 PB update: Likelihood reduced to 1 as no longer likely due to programme progress. 20/1/17: Resumed emphasis on training and comms planning with telent being closely engaged in early joint planning. Requires telent to incorporate and manage in their implementation planning, including indentifying key comms trigger activities. 20/3/17 DD update: RISK TRANSFERRED TO ITG	1	3	3
53	Resource	Programme impacted by concurrent ESFRS programmes. Multiple, large programmes (with significant IT involvement) now have the same completion date (31st March 2017).	Over committed ESFRS and telent resource.	DS	CMT	4	3	12	ESFRS and telent to have clear view of resource requirements across programmes and ensure sufficient resource is available to IMD Transformation programme.	20/3/17 DD update: RISK TRANSFERRED TO ITG	2	3	6

ESFRS IMD Transformation Programme - Risk Log

Risk Ref	Category	Risk Description	Impact	Risk Owner	Type (e.g. PB - Programme Board)	Inherent Risk 4x4			Mitigating Actions	Action Progress	Residual Risk Post Mitigation		
						Likelihood 4 - Almost Certain 3 - Very Likely 2 - Might Happen 1 - Unlikely	Impact 4 - Severe 3 - Major 2 - Moderate 1 - Minor	Risk Score >8 Red 4-8 Amber <4 Green			Likelihood (Unlikely 1 - 4 Almost Certain)	Impact (Minor 1 - 4 Severe)	Residual Risk Score
59	Strategy	PSN accreditation process yet to commence, which may result in insufficient time to complete all IT and business policy process changes to be accredited. NB. Long leadtime item requiring external support.	Take up of ESN services may be delayed as a result (or some form of exemption may be required to do so).	DS	CMT	3	3	9	ESN project timetable and prioritisation should be jointly reviewed with telent.	20/3/17 DD update: RISK TRANSFERRED TO ITG	3	3	9
60	Implementation	Risk that telent do not effectively/adequately process the information provided for and gathered from the technical workshops	The service design is not informed by critical information and therefore does not fully meet ESFRS's service requirements	DD	PB	3	3	9	telent have been asked to make the delivery plan outcome focussed rather than input focussed. Telent have been advised to rectify omissions in their document submissions and planned activities.	20/1/17: Development of the contractual planning documents is evidencing this risk. ESFRS continue to drive telent to meet the contractually required service design, quality and performance. 20/3/17 DD update: RISK TRANSFERRED TO ITG	2	3	6
Risks which follow have been reduced to zero residual score since February Programme Board													
41	Strategy	Risk that SCC project is isolated from IMD Transformation	May result in; unclear or contradictory requirements being put to telent (with resultant increases in cost due to risk), disjointed requirement not integrated with telent stack, outcome not as desired, conflicts between stakeholders, wasted effort, revenue, time.	DS	CMT	3	3	9	Improve engagement with SCC project with a view to greater alignment with the IMD Transformation Programme.	20/2/17 PB update: Far closer cross-programme relationship, therefore likelihood reduced to 0.	0	3	0
43	Resource	Insufficient Authority resource to manage telent through current and upcoming phases. Supplier may need management and direction, to ensure progress and control costs.	As expected, the supplier will require a considerable degree of management and direction to ensure progress and for supplier costs remain as stated. Without sufficient Authority management, there may be a impact to both.	DS	CMT	4	3	12	Supplement current team with additional resources where necessary and possible (e.g. external, contractors etc.). Continue current PM arrangements and tracking of time spent and required. Flag any anticipated variance and raised risk to the Authority where effort exceeds that requested by the Authority.	20/3/17 DD update: Given stage of programme and progress/mitigation to date, likelihood reduced to 0.	0	3	0
46	Implementation	The delivery team/operations of telent prove to be not as integrated with the rest of telent as required.	Extended timescale for delivery. Greater oversight and management of the supplier required to achieve desired results.	DS	PB	3	4	12	Keen oversight of telent required to identify early those issues resulting from this risk.	20/3/17 DD update: Given stage of programme and progress/mitigation to date, likelihood reduced to 0.	0	4	0
56	Implementation	Data Centre delivery (specifically its connectivity) delays the programme. i.e. Interoute and BT administration delays.	Timing or nature of service transition impacted. Either way, increased cost of service. HQ move plan also potentially impacted.	DD / EA	Team	3	4	12		20/3/17: DC connection successfully delivered.	0	4	0

ESFRS IMD Transformation Programme - Issue Log

Issue Ref.	Category	Date Raised	Issue Title	Issue Description and how it is impacting on the project	Impact (4-Catastrophic, 3-Major, 2-Moderate, 1-Minor)	Action Required	Action Progress	Associated Risk Refs	Last Updated / Reviewed	Issue Owner	Status
4	Strategy	10/05/16	EDRMS plans should be brought in-line with IMD Transformation Programme and IMD Strategy	EDRMS plans formed with the SHQ programme appear divergent from the IMD Transformation programme and overall IMD strategy. As a result, there is significant potential for an undesirable outcome and wasted money.	3 - Major	Align EDRMS project with IMD strategy and Transformation Programme. Ideally, project to be led by IMD.	20/3/17 update: ISSUE TRANSFERRED TO ITG 12/9/16: Originally, the SHQ relocation project was due to provide resource to support. uAgile / Agile Light has been removed from the SHQ relocation project. 15/8/16 PB: Duncan has started the process for the different approach with the HQ board. Darryl Luxford is progressing.	15	20/02/17	DS	Transferred to ITG
6	Implementation	10/10/16	telent's Service Design Manager is leaving (17/10/16).	The role may not be filled by an individual with equivalent skillset and experience of both the programme requirements and telent's processes /operations /systems. telent may not be able to develop the service design to meet the contract requirements (i.e. for Milestone 1)	2 - Moderate	telent to provide an appropriate resource as replacement and effectively manage the handover.	20/3/17 update: Given stage increased focus and resourcing from telent (and programme progress), issued closed.	46, 57, 60	20/03/17	DD	Closed
10	Implementation	23/01/17	Milestone 0-1 Delay	telent have not been completed milestones 0&1. The service transitioned to telent without the completion of the associated deliverables and a number remain outstanding.	3 - Major	Ensure telent contract adherence and through good governance, rigorous oversight and programme management.	20/3/17 Update: Given stage of programme and progress since February PB, issue closed.		20/03/17	DD	Closed

EAST SUSSEX FIRE AUTHORITY

Meeting: Scrutiny & Audit Panel

Date: 13 June 2018

Title of Report: Assessment of the Corporate Framework and Annual Governance Statement for 2017/18

By: Mark O'Brien, Deputy Chief Fire Officer
Liz Woodley, Deputy Monitoring Officer
Duncan Savage, Assistant Director Resources/Treasurer

Lead Officer: Abigail Blanshard, Senior Democratic Services Officer

Background Papers: Local Code of Corporate Governance

Appendices:

1. Local Code of Corporate Governance – extract
2. Annual Governance Statement 2017/18
3. 2016/17 Action Plan - update

Implications

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

PURPOSE OF REPORT: To set out how the Fire Authority has assessed the effectiveness of its governance arrangements and to seek approval of the Annual Governance Statement in line with the Accounts and Audit Regulations 2015.

EXECUTIVE SUMMARY: The Authority is required under the Accounts and Audit Regulations 2015 to conduct an annual review of the effectiveness of its system of internal control and to prepare an annual governance statement in accordance with proper practices to accompany its Statement of Accounts.

The review has been carried out by the Governance Group of senior officers in line with the Authority's Local Code of Corporate Governance.

As part of this review we have not identified any gaps in assurance over key risks or significant governance issues. The Authority has, however, identified a range of

improvements to its corporate governance framework. Action Plans are in place to address the necessary improvements and these will be monitored during the year.

The draft Annual Governance Statement (Appendix 2) is included in the draft Statement of Accounts 2017/18 published on 31 May 2018, and were approved by Senior Leadership Team on 22 May 2018 prior to reporting to this Panel.

-
- RECOMMENDATION:** The Panel is recommended to:
- i) confirm that they are satisfied with the level of assurance provided to them through this report and the Authority's governance framework and processes;
 - ii) note that the following policies have been removed from the governance framework:
 - Sustainability (covered under Strategy template)
 - Environment (covered under Strategy template)
 - Partnership (replaced by Collaboration Framework)
 - iii) identify any significant governance issues that should be included in the Authority's Annual Governance Statement; and
 - iv) approve the Annual Governance Statement for signing by the Panel Chairman and the Chief Fire Officer.
-

INTRODUCTION

1. Sound Corporate Governance is crucial if the Authority is to continue to provide leadership, direction and control. The Annual Governance Statement provides an opportunity for the Authority to assess and report transparently to the public how it ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
2. The Authority has a local Code of Corporate Governance which reflects best practice guidance from the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (SOLACE), and revisions to the Authority's internal processes.
3. The Accounts and Audit Regulations 2015 require the Authority to ensure that it has in place a sound system of internal control which facilitates the effective exercise of its functions and which includes arrangements for risk management. The Authority is required to conduct an annual review of the effectiveness of its system of internal control and to prepare an annual governance statement in accordance with proper practices to accompany its Statement of Accounts.

4. The production of an Annual Governance Statement is the final stage of an on-going process of review of our governance arrangements including risk management and internal control. In summary, the process must involve an organisation reviewing the adequacy of its governance arrangements, developing an action plan for improving those arrangements, and communicating the framework to users and stakeholders.
5. This report was prepared by the Governance Group of senior officers and approved by SLT on 22 May 2018.
6. The Authority's corporate governance framework is underpinned by a number of key documents and processes. These are summarised in section 4 of the Annual Governance Statement (Appendix 2).
7. The main policies and strategies that make up the Authority's corporate governance framework are summarised in the Local Code of Corporate Governance (see extract at Appendix 1). The sources of assurance in place for each of these policies and strategies have been reviewed and where the need for improvement has been identified this is set out within the Annual Governance Statement.
8. Evidence shows that the Authority continues to have in place good arrangements for corporate governance and that they are working effectively.
9. The Annual Governance Statement is included at Appendix 2. It includes the mandatory disclosure of any significant governance issues identified through the Authority's governance and internal control arrangements. Appendix 3 sets out the progress made against the areas for improvement identified in the AGS for 2016/17.
10. Since 2013 the Authority has been required to produce a Statement of Operational Assurance on an annual basis in line with the requirements of the Fire and Rescue National Framework and DCLG guidance issued in May 2013. Whilst there is some overlap between this statement and the Annual Governance Statement, officers have decided to continue to publish them separately in order that their separate and distinct objectives are transparently fulfilled.
11. The Annual Governance Statement will be reviewed by our external auditors, Ernst & Young LLP, as part of their audit of the 2017/18 accounts.

Mark O'Brien
DEPUTY CHIEF FIRE
OFFICER

Duncan Savage
ASSISTANT DIRECTOR
RESOURCES /
TREASURER

Liz Woodley
DEPUTY MONITORING
OFFICER

22 May 2018

Appendix 1

Local Code of Corporate Governance – key policies and processes

Policy or process	Owner	Purpose, vision & outcomes	Purpose, functions & roles	Values, good governance, conduct & behaviour	Decisions, value for money, scrutiny & risk management	Capacity & capability	Engagement & accountability
Annual Plan	DCFO (delegated to ADP&I)	Y	Y				Y
Constitution	ADP&I / DMO	Y	Y		Y		Y
Integrated Risk Management Plan	DCFO	Y			Y		Y
Operational policies and processes	ADOSR	Y					
Risk Management Strategy	ADR/T	Y		Y	Y		
Medium Term Finance Plan	ADR/T	Y					
Budget and financial management (incl DFM scheme)	Finance Manager	Y			Y		
Statement of Accounts	ADR/T				Y		
Standing Orders	DMO		Y	Y	Y		Y
Contract Standing Orders	DMO	Y		Y	Y		
Financial Regulations	ADR/T			Y	Y		
Scheme of Delegation	DMO		Y	Y	Y		
Code of Conduct for Members	DMO		Y	Y			

Policy or process	Owner	Purpose, vision & outcomes	Purpose, functions & roles	Values, good governance, conduct & behaviour	Decisions, value for money, scrutiny & risk management	Capacity & capability	Engagement & accountability
Code of Conduct for Member and Employee Relations	ADHROD		Y	Y			
Information Transparency	DCFO						Y
Anti-fraud, Bribery & Corruption Strategy	ADR/T			Y			
Member Learning & Development Strategy	ADP&I	Y	Y			Y	
Whistleblowing Policy	ADHROD / DMO		Y	Y			Y
Complaints Policy	ADP&I	Y		Y	Y		Y
Code of Conduct and Conflict of Interest	ADHROD			Y	Y		
Community Safety Strategy	ACFO / ADSC	Y					Y
Business Safety Strategy	ACFO / ADSC	Y					Y
Collaboration Framework	ADT&A	Y	Y	Y	Y		Y
Comms Strategy	ADP&I	Y				Y	Y
Inclusion & Diversity Strategy	ADHROD			Y			
Health, Safety & Wellbeing Strategy	ADT&A		Y	Y	Y		

Policy or process	Owner	Purpose, vision & outcomes	Purpose, functions & roles	Values, good governance, conduct & behaviour	Decisions, value for money, scrutiny & risk management	Capacity & capability	Engagement & accountability
People & Organisational Development Strategy	ADHROD	Y	Y	Y		Y	
Asset Management Strategy	ADR/T / ADOSR	Y	Y	Y	Y	Y	
Local Code of Corporate Governance	DCFO / DMO / ADR/T	Y	Y	Y	Y	Y	Y
IT Strategy	ADR/T	Y	Y	Y	Y		
Procurement Strategy	ADR/T			Y	Y		
Response & Resilience Strategy	ADOSR	Y					Y
Project Management / Stage Gate processes	ADP&I				Y		
Internal Audit Strategy	ADR/T			Y	Y		
Performance Management	ADP&I	Y	Y	Y		Y	
Freedom of Information Scheme	ADP&I			Y	Y	Y	
Data Protection Policy	DCFO		Y	Y			
Regulation of Investigatory Powers Act Policy	DCFO (delegated to ADOSR)				Y		

Core Principle 1 Focussing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area

Core Principle 2 Members and officers working together to achieve a common purpose with clearly defined functions and roles

Core Principle 3 Promoting values for the authority and demonstrating the values of good governance

Core Principle 4 Taking informed and transparent decisions which are subject to effective scrutiny and managing risk

Core Principle 5 Developing the capacity and capability of members and officers to be effective

Core Principle 6 Engaging with local people and other stakeholders to ensure robust public accountability

East Sussex Fire Authority**DRAFT Annual Governance Statement for the year ended 31 March 2018****1. Scope of responsibility**

East Sussex Fire Authority (the Authority) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk. To this end the Authority has approved and adopted a local code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework *Delivering Good Governance in Local Government*. A copy of the Authority's code is on our website at <https://www.esfrs.org/about-us/east-sussex-fire-authority/corporate-governance/> or can be obtained from fireauthorityclerk@esfrs.org. This statement explains how the Authority has complied with the Code and also meets the requirements of Accounts and Audit (England) Regulations 2015, regulation 6, which requires all relevant bodies to prepare an annual governance statement.

2. The purpose of the governance framework

The governance framework comprises the systems and processes, culture and values by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads its communities. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can, therefore, only provide reasonable, and not absolute, assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the Authority's policies, aims and objectives, to evaluate the likelihood and potential impact of those risks being realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at the Authority for the year ended 31 March 2018 and up to the date of approval of the statement of accounts.

3. The governance framework

The key elements that comprise the Authority's governance arrangements are set out in the local code of corporate governance and they include:

- an Annual Plan that sets out our purpose and commitments to the community and the outcomes we intend to achieve;
- an established business planning process, including the development of the medium term finance plan;
- a business planning and performance management framework which includes setting clear objectives and targets;
- regular reporting of performance against the Authority's key performance indicators, as set out in the Annual Plan, to officers and Members;

- established budgeting systems, clear budget management guidance and regular reporting of financial performance against budget forecasts to officers and Members;
- clear arrangements for the discharge of the statutory functions of the Head of Paid Service, Monitoring Officer and Treasurer;
- compliance with the Chartered Institute of Public Finance and Accountancy's Statement on the Role of the Chief Finance Officer;
- clear arrangements for decision making, scrutiny and the delegation of powers to officers and Members;
- codes of conduct for Members and employees which set out clear expectations for standards of behaviour;
- a clear framework for financial governance based on Contract Standing Orders and Financial Regulations;
- a risk management strategy and risk management framework, which takes account of both strategic and operational risks and ensures that they are appropriately managed and controlled;
- Member Panels with clear responsibilities for governance, audit and standards;
- established arrangements for dealing with complaints and whistle-blowing, and combating fraud and corruption;
- schemes for identifying the development needs of Members and officers, supported by appropriate training;
- a strategy for communicating and consulting with the people of East Sussex and the City of Brighton & Hove and our key stakeholders;
- clear guidance that promotes good governance in our partnership working and collaboration;
- a range of policies and processes designed to ensure best practice and legal compliance for personnel matters, Information Security, access to information, data protection and project management.

4. Review of effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by:

- the work of Members through the Fire Authority and its Panels, including Policy & Resources and Scrutiny & Audit;
- the work of senior officers and managers within East Sussex Fire & Rescue Service, who have primary responsibility for the development and maintenance of the internal control environment;
- the work of the Monitoring Officer and the Treasurer;
- the risk management arrangements, including the maintenance and regular review of corporate risks by the Senior Leadership Team and Scrutiny & Audit Panel;
- the work of the internal audit service including their individual reports, and overall annual report and opinion;
- the external auditors in their annual audit letter and annual governance report;
- the judgements of external inspection and statutory bodies and the Operational Assurance Peer Review.

5. Assurance and significant governance issues

No assurance can ever be absolute; however, this statement seeks to provide a reasonable assurance that there are no significant weaknesses in the Authority's governance arrangements. On the basis of the review of the sources of assurance set out in this statement, we are satisfied

that the Authority has in place governance arrangements and a satisfactory system of internal control, both of which are fit for purpose and operating effectively.

As part of our review we have not identified any gaps in assurance over key risks or significant governance issues. The Authority has, however, identified a range of improvements to its corporate governance arrangements. Action Plans are in place to address the necessary improvements and these will be monitored during the year.

Both governance and internal control arrangements must be kept under review to ensure that they continue to operate effectively, meet changing legislative needs, and reflect best practice and our vision of achieving safer and more sustainable communities.

We propose over the coming year to take steps to further enhance our governance arrangements and these are summarised below. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and we will monitor their implementation and operation as part of our next annual review.

- *Complete the development of our new Corporate Strategy to include priority outcomes and key performance indicators and develop the Integrated Risk Management Plan workstreams (DCFO) (continuing action)*
- *Rationalise and align our suite of corporate strategies in line with the new Corporate Strategy and IRMP (DCFO) (continuing action).*
- *Improve our performance monitoring against our Corporate Strategy / IRMP and revise our approach to monitoring key performance indicators (ADP&I) (continuing action)*
- *Make improvements to Information Security arrangements, including compliance with the General Data Protection Regulations (ADR/T) (continuing action)*
- *Review the Management of Road Risk Policy and the effectiveness of arrangements for ensuring compliance in response to the review by internal audit (ADOSR) (continuing action)*
- *Improve the management and delivery of projects by establishing a Programme Management Office (PMO) (ADP&I) (continuing action)*
- *Review the Local Code of Corporate Governance against the most recent best practice guidance issued by CIPFA / SOLACE (ADP&I / ADR/T) (continuing action)*
- *Carry out an independent review of the Authority's governance arrangements (DCFO)*
- *Deliver improvements in our sickness absence performance (ADHR&OD)*
- *Take action to ensure compliance the National Operational Guidance (ADOSR)*
- *Review the Scheme of Delegation (including financial delegations) to reflect a more enabling organisation (DMO / ADR/T)*
- *Respond to the Hackitt Review and the Grenfell Tower Inquiry and any subsequent changes in legislation (ACFO)*
- *Ensure compliance with Regulation of Investigatory Powers Act (RIPA) (DCFO)*
- *Complete reviews of the following strategies:*
 - *Estates (ADR/T)*
 - *Fleet & Equipment (ADOSR)*
- *Put in place a new Performance Management framework (ADP&I)*

Councillor Roy Galley, Chairman, Scrutiny & Audit Panel

Dawn Whittaker, Chief Fire Officer

13 June 2018

Appendix 3

Status of improvement actions set out in the Annual Governance Statement 2017/18

Action	Status
Complete the development of our new Corporate Strategy to include priority outcomes and key performance indicators and develop the Integrated Risk Management Plan workstreams (DCFO)	Ongoing
Rationalise and align our suite of corporate strategies in line with the new Corporate Strategy and IRMP (DCFO)	Ongoing
Improve our performance monitoring against our Corporate Strategy / IRMP and revise our approach to monitoring key performance indicators (ADP&I)	Ongoing
Ensure that the Authority responds effectively to the Fire Reform Agenda (CFO)	Completed – work on workforce reform, HMICFRS and a collaboration framework
Put in place arrangements to deliver our statutory duty to collaborate including responding to proposals for changes of governance under the Policing and Crime Act (CFO)	Completed
Complete the implementation of the Accident Investigation Action Plan for Service Training Centre (ADT&A)	Completed
Publish the new Inclusion and Diversity Strategy (ADHR)	Completed
Make improvements in the process for reporting compliments, complaints and enquiries to SLT and the Fire Authority to ensure transparency (ADP&I)	Completed
Review the arrangements for enforcement of Petroleum Certification to ensure that they remain fit for purpose (ACFO)	Completed – responsibility rests with ESCC / BHCC from 1 April 2018
Make improvements to Information Security arrangements, following changes in IT provision including increased use of mobile devices, with a focus on employee awareness.(ADR/T)	Ongoing

Review the Management of Road Risk Policy and the effectiveness of arrangements for ensuring compliance in response the review by internal audit (ADOSR)	Ongoing – no progress for 2017/18
Improve the management and delivery of projects by establishing a Programme Management Office (ADP&I)	Ongoing
Review the Local Code of Corporate Governance against the most recent best practice guidance issued by CIPFA / SOLACE (ADP&I / ADR/T)	Ongoing

EAST SUSSEX FIRE AUTHORITY

Panel Scrutiny & Audit

Date 13 June 2018

Title of Report 2016/17 Service Benchmarking Report

By Liz Ridley, Assistant Director Planning & Improvement

Lead Officers Sharon Milner, Planning & Intelligence Manager
 Marcus Whiting, Planning & intelligence Analyst

Background Papers

Employee comparisons from the ‘Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017’
 Station and appliance comparisons from the ‘CIPFA annual statistics for 2016-17’

Health and Safety comparisons from the ‘Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017’

Incident comparisons from the ‘Fire Statistic Monitor: England April 2016 to March 2017’ and the ‘Fire Incident Response Times: England, for 2016-17’

Sickness comparisons for the FG2 from the ‘National Fire & Rescue Service Occupational Health Performance Report April 2016 – March 2017’

Appendices Appendix A – East Sussex Fire & Rescue Service Benchmarking Report 2016/17

Implications

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

PURPOSE OF REPORT To present the Fire Statistics for 2016/17 and comparative benchmarking of East Sussex Fire & Rescue Service against its family group in order to provide context to support the Authority’s future decision making.

EXECUTIVE SUMMARY This report serves as an illustrative benchmark of East Sussex Fire and Rescue Service performance against other fire and rescue service performance. The report provides Members with a summary of the national context across Fire & rescue Service performance with key findings from the Fire & Rescue Incident Statistics, followed by a more in depth comparison against the twelve fire and rescue services that make up Family Group 2. These are Services deemed to be of similar size in terms of area and population.

The report brings together a wide range of information about how East Sussex Fire & Rescue Service compares in delivering its services to local communities, including the cost of service provision, current performance measures, as well as organisational resourcing.

Benchmarking performance enables the Service to make decisions based on the results and provides a spotlight to managers for further investigation. Results of previous year's benchmarking exercises has enabled the Service to prioritise a number of areas where concentrated effort has borne positive results in the 2017/18 year-end figures.

The Panel is asked to note that the report contains information as at the 31 March 2017 as the national statistical are compiled a year in arrears.

RECOMMENDATION That the Panel:

- i) consider the results of the report; and
- ii) direct the Service into any areas of performance not highlighted in the report that it would like to see further investigation into.

1 INTRODUCTION

- 1.1 This Report aims to provide Members with a summary of the performance across the fire and rescue service sector. The national context with key findings from the Fire & Rescue Incident Statistics, is presented first followed by the Services annual benchmarking report that compares ESFRS against the twelve fire and rescue services that make up Family Group 2. These are Services deemed to be of similar size in terms of area and population.
- 1.2 Appendix A provides comparator information across Family Group 2, focussing on the following areas:
- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017'
 - Station and appliance comparisons from the 'CIPFA annual statistics for 2016-17'
 - Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017'
 - Incident comparisons from the 'Fire Statistic Monitor: England April 2016 to March 2017' and the 'Fire Incident Response Times: England, for 2016-17'
 - Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2016 – March 2017'
- 1.3 The main purposes of the benchmarking report is to help us understand why we are achieving our performance levels, where our performance varies and help to investigate why variations may occur. The results of previous benchmarking reports has enabled the Service to prioritise a number of areas where concentrated effort has borne positive results in the 2017/18 year-end figures.

2 NATIONAL/REGIONAL POSITION

2.1 Key findings

Fire & Rescue Incident Statistics

- In 2015/16, fire-related fatalities increased for the first time for several years, but this increase did not continue in 2016/17. There were 261 fire-related fatalities in 2016/17 compared with 303 in 2015/16 (a decrease of 14 per cent). Fatality figures can fluctuate between years because the numbers are relatively small.
- FRSs attended 161,770 fires in 2016/17. This was virtually unchanged compared with the previous year (162,267 in 2015/16), but less than half compared with ten years ago (336,233 in 2006/07). The total number of fires attended by FRSs has been broadly stable since 2012/13.
- FRSs attended 161,770 fires in 2016/17. This was virtually unchanged compared with the previous year (162,267 in 2015/16), but less than half compared with ten years ago (336,233 in 2006/07). The total number of fires attended by FRSs has been broadly stable since 2012/13.
- There were 3,133 non-fatal casualties requiring hospital treatment in 2016/17. This was a five per cent decrease compared with the previous year (3,282 in 2015/16) and a 27 per cent decrease compared with five years ago (4,299 in 2011/12). It appears that the downward trend in non-fatal casualties in fires has slowed in the last few years.

- There were 7,081 non-fatal casualties in fires in 2016/17. This was an eight per cent decrease compared with the previous year (7,664 in 2015/16) and a 34 per cent decrease compared with ten years ago (10,783 in 2006/07).
- For the first time, in 2016/17 FRSs attended more non-fire incidents than fires. Thirty-one per cent of all incidents attended by FRSs in 2016/17 were non-fire incidents compared with 29 per cent that were fires. In 2006/07 these percentages were 39 per cent (fires attended) and 19 per cent (non-fire incidents). The largest incident type continues to be fire false alarms (40 per cent in 2016/17).
- There were 558,963 incidents attended by FRSs in 2016/17. This was a six per cent increase compared with the previous year (529,504 in 2015/16) but a 35 per cent decrease compared with ten years ago (854,371 in 2006/07). The total number of incidents was on a downward trend for around a decade before it was relatively flat between 2012/13 and 2014/15. Since then there have been two annual increases mainly driven by increases in non-fire incidents attended.

Fire & Rescue workforce and pensions statistics

Total workforce and leavers

- 40,180 staff (FTE) were employed by FRSs on 31 March 2017. This was a five per cent decrease compared with the previous year (42,347 in 2016). Since the peak in 2009, the number of FRS staff has decreased by an average of more than three per cent per year.
- 33,049 staff (FTE) were employed as firefighters on 31 March 2017. This was a four per cent decrease compared with the previous year (34,395 in 2016). Since 2009 the number of firefighters has decreased by an average of almost three per cent per year.
- During the financial year 2016/17, 4,425 staff left FRSs. This is 11 per cent of staff headcount. Since 2009/10 the proportion of FRS staff leaving has been on a slow upward trend from seven per cent to 11 per cent in 2016/17. This is partly caused by increases in the rate of staff retiring either through “normal” retirement, “early” retirement or ill health.

Workforce diversity

- 5.2 per cent (1,838) of firefighters were women in England in 2017. This compares with 5.0 per cent in the previous year (1,824 in 2016). Since 2010 the main cause in the increase in the proportion of women firefighters has been a decrease in the number of men firefighters.
- 3.9 per cent (1,244) of firefighters were from an ethnic minority group in England in 2017. This compares with 3.8 per cent in the previous year (1,270 in 2016). This has been caused by the number of white firefighters decreasing by a greater rate than the number of firefighters from an ethnic minority group. There were 134 fewer firefighters from an ethnic minority group in 2017 than in 2011. This compares with 14.6 per cent of the English population in the 2011 Census coming from an ethnic minority group.

Firefighter health and safety

- There was a total of 2,523 firefighter injuries during 2016/17, three per cent lower than in the previous year (2,602). The number of firefighter injuries has been on a downward trend for over a decade.

Firefighter pensions

- The Firefighters' Pension Scheme deficit in 2016/17 was around £535.3 million. This was a five per cent increase compared with the previous year (£510.6 million in 2015/16). Expenditure was around £818.2 million while income was around £282.9 million.

Fire prevention and protection statistics

Fire prevention:

- Overall the number of Home Fire Risk Checks (HFRCs) that FRAs and their partners carry out have been on a downwards trend although there was a small increase between 2015/16 and 2016/17. In 2016/17, FRAs completed 590,198 HFRCs, this was a two per cent increase compared with the previous year (581,364) and 24 per cent fewer than in 2010/11 (775,019). Partners carried out 26,677 HFRCs which was 40 per cent fewer compared with 2015/16 (44,388) and 47 per cent fewer compared with 2010/11 (50,105).
- Although the number of HFRCs has been declining, the number of targeted visits has fluctuated but has increased over the last two years. Of the 590,198 HFRCs completed in 2016/17, 53 per cent were targeted towards the elderly and 24 per cent were targeted towards the disabled.
- Overall since 2010/11 the number of campaigns and initiatives and hours spent on campaigns and initiatives show no clear trend and appear to fluctuate year on year. In 2016/17 FRAs completed 145,689 campaigns and initiatives visits which was a two per cent increase compared with 2015/16 (142,758) and eight per cent fewer compared with 2010/11 (157,636).

Fire protection:

- There has been a decline in the number of fire safety audits that FRAs complete however this figure has fluctuated in the past two years. FRAs carried out 54,247 fire safety audits in 2016/17 which accounted for four per cent of premises known to the authorities and was 14 per cent fewer than in 2015/16 (63,201) and 36 per cent fewer than in 2010/11 (84,575).
- In 2016/17 the majority (68%) of fire safety audits were satisfactory, similar to the previous year.
- In 2016/17 the highest proportion of fire safety audits were carried out on shop premises (20% or 10,880), followed by care homes (14% or 7,391) and licensed premises (13% or 6,867).
- In 2016/17 FRAs carried out 51,259 building regulation consultations, this amounted to 100,643 hours. Similarly to fire safety audits, the highest proportion (22%) of building regulation consultations were on shop premises.

3 CURRENT POSITION FOR ESFRS

3.1 The key areas of 2016/17 performance in *Operational Statistics* identified above for ESFRS are as follows:

- There were five fire fatalities in 2016/17, two more than in 2015/16, three of these fatalities occurred in accidental dwelling fires.
- ESFRS attended 2,064 fires in 2016/17, an increase of 5.3% on the previous year but a 20% reduction since 2010/11. The national trend was a 0.3% decrease.
- In 2016/17, ESFRS attended 4,514, false alarms an increase of 5.2% from the 4,290 false alarms recorded in 2015/16.

- ESFRS attended 2,570, non-fire incidents in 2016/17, 3% less than in 2015/16. The most common types of non-fire incidents attended by ESFRS were road traffic collisions (14%), flooding (13%) lift release (12%) effecting entry (14%), and Animal assistance (8%).

3.2 The main purposes of the benchmarking report is to help us understand why we are achieving our performance levels, where our performance varies and help to investigate why variations may occur.

4 OUTCOMES FROM PREVIOUS BENCHMARKING EXERCISES

4.1 This report provides the Service with an opportunity to consider its performance against those of its Peers. Over recent years this report has enabled the Service to focus on a number of areas where its performance is consistently in the bottom quartile. During 2017/18 the Service increased the number of priority areas and undertook significant work to improve performance in those areas.

4.2 Accidental dwelling fires

4.2.1 During 2017/18 a concentrated effort to tackle accidental dwelling fires began with a visit to Durham and Darlington Fire and Rescue Service to understand how it had achieved a reduction in ADFs. The visit was very successful and as a consequence helped inform the accidental dwelling fire working group. This group, made up from a number of teams within the Service devised a number of innovative campaigns including a survey to help understand the problems more widely and ran a number of engagement events on top of the community fire stations open days. It was also successful in gaining a grant from the Local Government Association and tendered for a behavioural insights project to help reduce kitchen fires. 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.” This project will run in 2018/19. The results of this concentrated effort will be demonstrated in future benchmarking reports. The quarter 4 end of year outcome report elsewhere on the agenda provides more detail on the work undertaken this year in this important area.

4 The number of Home Safety Visits undertaken by Crews and Community Safety Advisors has increased with 10,982 visits undertaken against a target of 10,000. The year end result of 496 accidental dwelling fires equates to an 8% decrease on the previous year when 540 accidental dwelling fires were attended. This is the lowest number of accidental dwelling fires recorded over the last 18 years from 1999/2000. The previous lowest number being 506 in 2010/11. The intervening years since then saw 538, 558, 526, 544, 552 and 540 respectively.

4.3 Sickness absence

4.3.1 Sickness still remains an area where we are high in comparison to our family group. We had the highest level of sickness in FG2 for 2016/17 with 10.91 days lost to sickness per employee, which is above the 2016/17 average of 7.14. However, only five FRS from FG2 provided data in 2016/17. At the end of the year 2017/18 sickness

has reduced marginally to 10.8 shift lost. There have been a number of changes throughout the year to support the organisation in managing attendance as follows:-

- The Audit of Management of Sickness Absence has been completed and the Service was given reasonable assurance. The HR team will be implementing the recommendations in order to drive through improvements in this area.
- A change to the way payment for specialist treatment is authorised in HR to speed up approvals
- We will be adopting a case conference approach to manage long term sickness absences.
- Closer working with the Fitness Advisor on case management
- A blended approach to occupational health and well-being services will provide greater resilience across the occupational health environment and support the HR Strategic Review of Attendance Management which is one of the department's priorities for 2018/19.

Managers have also been reminded that this is a key priority indicator and the key principles from the Attendance Management Policy have been communicated.

4.4 The number of high risk inspections

4.4.1 This was a new priority area in 2017/18 and critically important following the Grenfell Tower fire on 14 June 2017. As can be seen by the 2016/17 benchmarking report we completed the lowest recorded number of Fire Safety Audits per 1,000 non-domestic properties with 10.3 (299 audits) The year projected result for 2017/18 is currently at 451 audits completed which would see us move mid table. The protection strategy is being revised this year with an emphasis on increasing the number of visits

4.3 False Alarm Apparatus

4.3.1 Similarly the benchmarking report has shown that the Service is high in relation to false alarms apparatus and lift rescues in recent years. This has led to the Service undertaking a demand management review. For unwanted fire alarms at premises under the FSO, we will work with responsible persons to encourage more robust management and reduce the impact on unnecessary emergency response. We will also:

- Raise awareness and signpost to relevant information, including through letters/publicity/websites/training
- Consider financial charges for repeat offenders

4.3.2 Where the Service responds to AFAs which turn out to be false alarm at domestic premises, HMOs or specialised housing, these could be considered as an early indication of a potential fire or the presence of a vulnerable person(s) I.E. If the alarm had not activated, the incident could have developed into a fire and therefore this could be considered a near hit. On the principle of Every Contact Counts, we want to use this opportunity to engage with the resident(s) to share advice and promote fire safety:

- Provide crews with training, knowledge and understanding to identify and deliver a more effective response to these incidents
- Ensure there is support for initial incident commanders when attending false alarms
- Review data to see where the AFAs are happening and what caused them



East Sussex Fire & Rescue Service

East Sussex Fire & Rescue Service Benchmarking Report 2016/17

MAY 2018

Background

This document aims to provide benchmarking information for East Sussex Fire & Rescue Service (ESFRS) against its other Family Group 2 (FG2) members. The UK's Fire and Rescue Services (FRS) are divided into five family groups, these groups are used to aid analysis and comparisons between similar FRS. ESFRS is grouped together with other similar sized FRS, which are deemed to have some, but by no means all of the same key characteristics.

The twelve FRS that make up FG2 are:

Bedfordshire
Royal Berkshire
Buckinghamshire
Cambridgeshire
Dorset & Wiltshire
Durham
East Sussex
Norfolk
Northamptonshire
Oxfordshire
Suffolk
West Sussex.

Previously FG2 reported on thirteen members, but this has now reduced to twelve since Dorset & Wiltshire have now combined as one service and their statistics are now reported as one.

This benchmarking report focuses on the following areas:

- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017'
- Station and appliance comparisons from the 'CIPFA annual statistics for 2016-17'
- Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017'
- Incident comparisons from the 'Fire Statistic Monitor: England April 2016 to March 2017' and the 'Fire Incident Response Times: England, for 2016-17'
- Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2016 – March 2017'

On the 1st April 2016 the Home Office took over responsibility for the FRS. ESFRS previously submitted a number of datasets throughout the year to Local Government and Communities (DCLG). These submissions are now being returned to the Home Office.

Datasets include ESFRS's incident data captured within the Electronic Incident Recording System (E-IRS), the Operational Statistics data collection returns, Fires of Special Interest (FOSI) and Fires on Crown premises. These are collated, verified and released into the public domain at different intervals by the Home Office.

The most current Home Office datasets were released in January 2018. The figures in this report are based on the latest published figures, the regional demographic information. Appliance and Station numbers are based on data released by CIPFA (annual statistics for 2016-17) and the Employee and Health & Safety comparisons are based on 2016/17 Operational Statistics data collection returns. These returns reflect the positions within each organisation as of 31 March 2017. Sickness data is provided directly from Fire and Rescue Services in the 'National Fire and Rescue Service Occupational Health Performance Report April 2016 – March 2017'. This report is prepared by Cleveland Fire Brigade.

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire prevention and protection statistics: England, April 2016 to March 2017). These contain data from each UK FRS on:

- Fire Prevention and Community Fire Safety Activities
- Fire Safety Audits, Enforcement, Prohibition and Compliance Notices, and Prosecutions

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire and rescue workforce and pensions statistics: England, April 2016 to March 2017). These contain data from each UK FRS on:

- Staff strength by rank and contract
- Health and Safety – Injuries during operational incidents and training
- Vehicle Incidents and Accidents

All the Operational Statistics Bulletin datasets are in the public domain and can be accessed via the GOV.UK website or using this link: <https://www.gov.uk/government/collections/fire-statistics-great-britain>

The Home Office also collect and collate the E-IRS data sets and produce the 'Detailed analysis of fires attended by fire and rescue services, England, April 2016 to March 2017' and the 'Response times to fires attended by fire and rescue services: England, April 2016 to March 2017'.

These contain data from each UK FRS on:

- Incident types
- Attendance times
- Fatalities and casualties

All Fire Statistics and Incident Response Times datasets are in the public domain and can be accessed via the GOV.UK website by using these links:<https://www.gov.uk/government/statistical-data-sets/fire-statistics-data-tables>

Population and Geographic details

In order to create meaningful comparators across the Family Group 2 (FG2) the performance indicators are often expressed as a rate or ratio against a standard demographic or geographic value.

Table 1 sets out these main comparators and shows that East Sussex shares a similar population profile to that of Cambridgeshire and West Sussex. However, the area ESFRS covers is the third smallest, yet ESFRS has the third highest number of Wholetime (WT) firefighters and the third highest number of combined WT and Retained Duty Systems (RDS) Full time equivalent (FTE) firefighters overall.

ESFRS also has the fourth highest numbers of Domestic and Non-domestic properties in the group.

	Bedfordshire	Berkshire	Buckinghamshire	Cambridgeshire	Dorset & Wiltshire	Durham	East Sussex	Norfolk	Northamptonshire	Oxfordshire	Suffolk	West Sussex
Population	664,500	896,800	799,200	849,000	1,478,200	627,700	837,000	892,900	733,100	683,200	745,300	843,800
Domestic Properties (Dwellings)	262,762	361,079	321,723	349,772	647,231	285,135	366,948	405,511	309,997	273,064	327,577	369,055
Non-domestic Properties	17,891	23,699	22,206	24,733	50,866	18,628	28,909	34,948	20,984	18,541	28,920	26,632
Wholetime (Full Time Equivalent)	270	380	252	256	418	306	352	263	249	233	201	325
RDS (Full Time Equivalent)	117	44	116	146	489	141	209	454	159	215	438	211
Total	387	424	368	402	907	447	561	717	408	448	639	536
Area Sq Km	1,235	1,262	1,874	3,390	6,138	2,423	1,791	5,380	2,364	2,605	3,801	1,991

Table 1: Sources: i) CIPFA Fire and Rescue Service Statistics 2017 Summary ii) Fire statistics data tables 1102a:Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters & 1102b Total Staff Numbers (FTE) by role and fire and rescue authority – Retained Duty System

Locations of the Family Group 2 Fire and Rescue Services



 FAMILY GROUP TWO

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Employee comparisons

ESFRS management structures overall numbers are comparable to Oxfordshire FRS. ESFRS reports the third highest numbers of operational staff in FG2.

The figures in Table 2 represent the 'Strength' of each FRS. This is the actual number of operational posts filled as per contract during the reporting period 1 April 2016 to 31 March 2017. They do not include any temporary posts or posts that are fully funded by outside agencies. For example, persons seconded to DCLG, the Home Office, Fire Service College or charitable organisations. Posts such as these are not included in FRS Strength figures. However, it will reflect temporary promotions within the organisation.

ESFRS shows the second highest decrease in Wholetime (WT) operational staff against the numbers stated in the 2015/16 Benchmarking report. The 8% reduction equates to 30 WT posts. The average ratio of firefighters to Senior Managers in FG2 is 20, so ESFRS is above this with 24; this is the third highest ratio.

Fire & Rescue Service	Brigade Manager	Area Manager	Group Manager	Station Manager	Watch Manager	Crew Manager	Firefighter	Total	% change from previous year	Ratio of Firefighters to Senior Manager*
Bedfordshire	2	5	10	12	37	44	160	270	0.0%	15 to 1
Berkshire	4	4	8	23	53	71	217	380	-1.3%	23 to 1
Buckinghamshire	2	4	7	20	35	43	141	252	-2.7%	18 to 1
Cambridgeshire	2	3	8	26	48	24	145	256	8.0%	19 to 1
Dorset & Wiltshire	4	5	12	38	68	64	227	418	-0.7%	19 to 1
Durham	2	4	6	26	44	49	175	306	-2.5%	25 to 1
East Sussex	3	2	9	22	44	68	204	352	-8.0%	24 to 1
Norfolk	2	3	7	24	44	35	148	263	-0.4%	21 to 1
Northamptonshire	2	4	8	18	50	31	136	249	-9.5%	17 to 1
Oxfordshire	3	3	7	27	43	36	114	233	1.7%	17 to 1
Suffolk	2	3	7	19	38	28	104	201	-4.3%	16 to 1
West Sussex	2	3	6	22	52	55	185	325	3.5%	29 to 1

*Senior Manager includes Brigade Manager, Area Manager & Group Manager

Table 2 Source: Fire statistics data tables Table 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters

Fire & Rescue Service	Watch Manager	Crew Manager	Firefighter	Crew & Watch Manager total	No. of WT & DC stations	Average no. of watch & crew managers by DC & WT station	Rank
Bedfordshire	37	44	160	81	6	13.50	12
Berkshire	53	71	217	124	12	10.33	8
Buckinghamshire	35	43	141	78	10	7.80	1
Cambridgeshire	48	24	145	72	7	10.29	7
Dorset & Wiltshire	68	64	227	132	13	10.15	6
Durham	44	49	175	93	9	10.33	8
East Sussex	44	68	204	112	12	9.33	3
Norfolk	44	35	148	79	9	8.78	2
Northamptonshire	50	31	136	81	8	10.13	5
Oxfordshire	43	36	114	79	6	13.17	11
Suffolk	38	28	104	66	6	11.00	10
West Sussex	52	55	185	107	11	9.73	4

Table 3: Source - Fire statistics data tables Table 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters. Number of Stations: CIPFA Statistics 2016/17 Estimates and FRS Websites

Chart 1, below, shows the comparisons of WT firefighters across FG2.

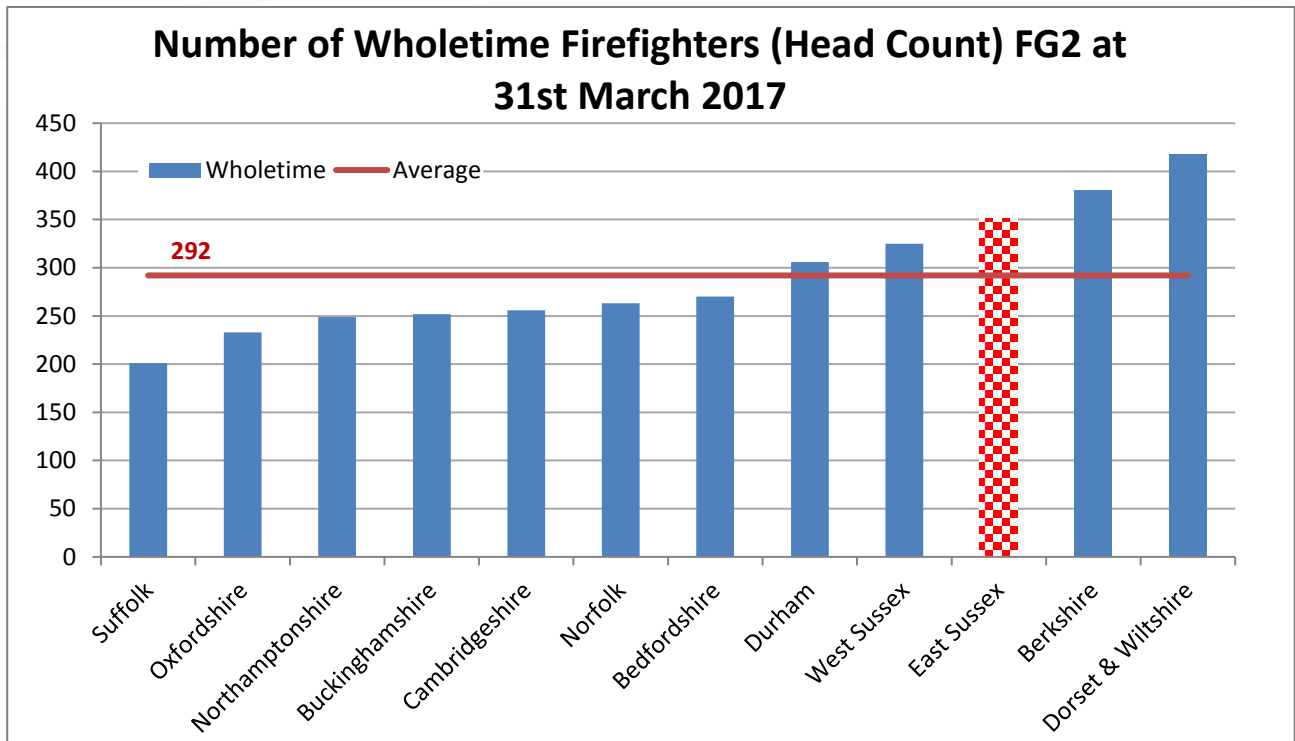


Chart 1 Number of WT Firefighters (Source: Fire statistics data tables 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters)

Chart 2 shows the comparisons of Retained Duty Systems (RDS) firefighters across FG2. The average number of RDS firefighters across the group is 228. The RDS staffing model is often dependent on a number of factors which include geographical location, the number of incidents in an area and the levels of risk within an area.

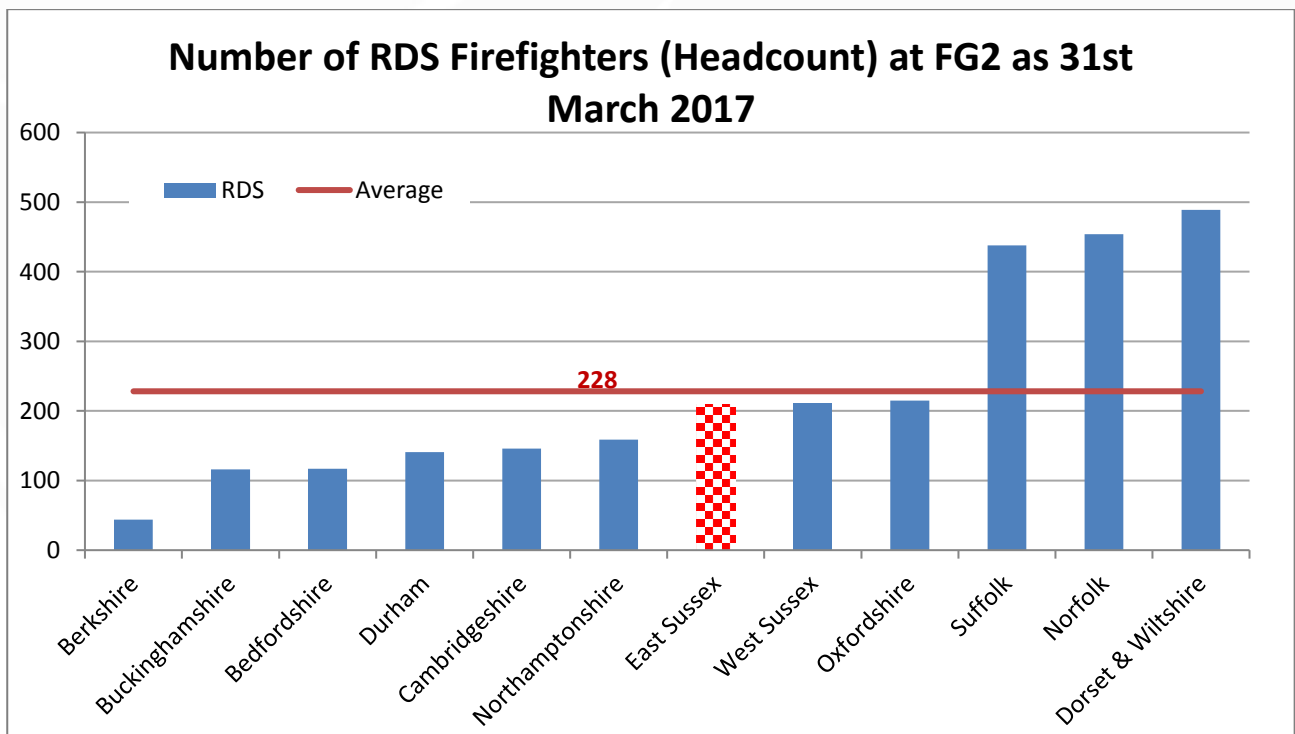


Chart 2 Number of RDS Firefighters (Source: Fire statistics data tables, 1102b Total Staff Numbers (FTE) by role and fire and rescue authority – Retained Duty System)

Stations and Appliances comparisons

Table 4 presents the number of pumping appliances per 100,000 population and area per pumping appliance (km²) for each member of FG2. ESFRS has a ratio of 5.50 pumping appliances per 100,000 population, this is just above the average for FG2 (the average is 4.56). The table also shows that ESFRS and Suffolk cover very similar sized areas and with a similar number of appliances.

Two FG2 members have a higher number of appliances per 100,000 population than ESFRS but East Sussex has the smallest area (km²) per pumping appliance compared to the other FG2 members.

Fire & Rescue Service	Pumping Appliances	Appliances per 100,000 population	Area per Pumping Appliance (km ²)	FRS Area (km ²)
Bedfordshire	26	3.91	47.5	1,235
Berkshire	20	2.23	63.1	1,262
Buckinghamshire	30	3.75	62.5	1,874
Cambridgeshire	36	4.24	94.2	3,390
Dorset & Wiltshire	88	5.95	69.8	6,138
Durham	29	4.62	83.6	2,423
East Sussex	46	5.50	38.9	1,791
Norfolk	53	5.94	101.5	5,380
Northamptonshire	26	3.55	90.9	2,364
Oxfordshire	34	4.98	76.6	2,605
Suffolk	42	5.64	90.5	3,801
West Sussex	37	4.38	53.8	1,991

Table 4: Number of pumping appliances (Source: CIPFA Statistics 2016/17 Actuals)

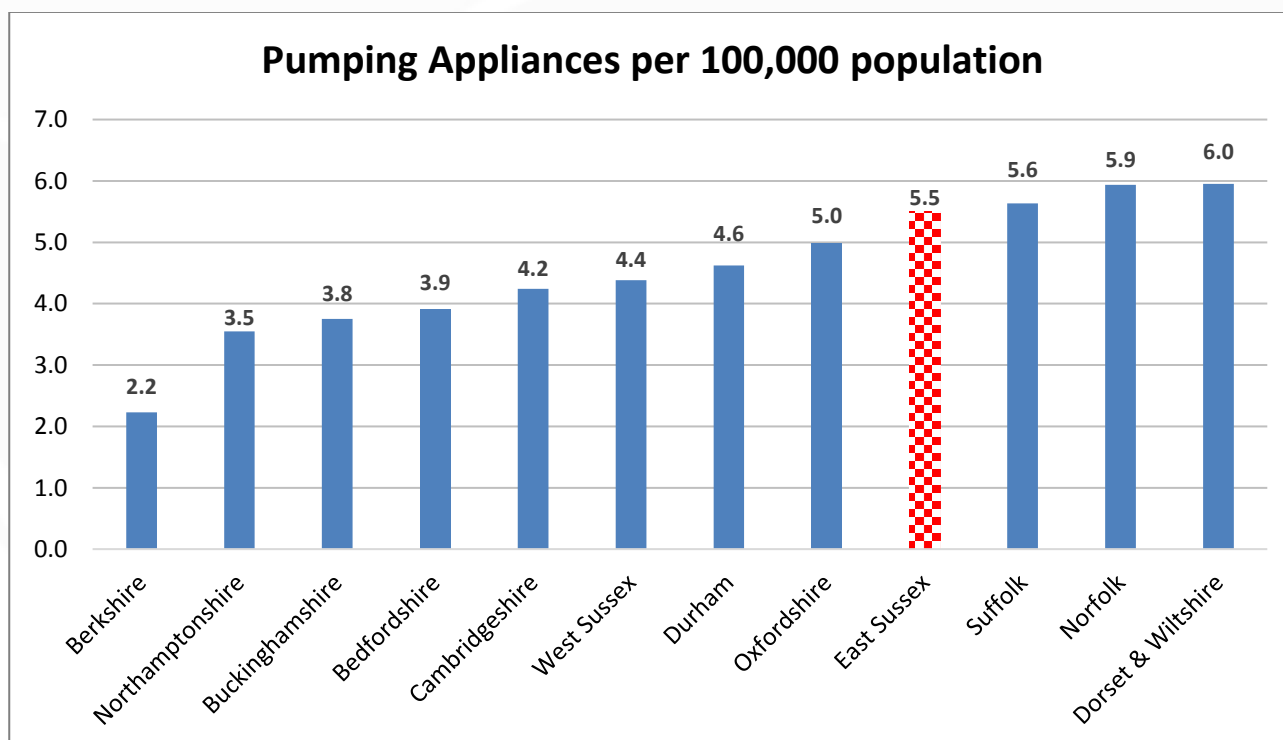


Chart 3: Pumping Appliances per 100,000 population (Source: CIPFA Statistics 2016/17 Actuals)

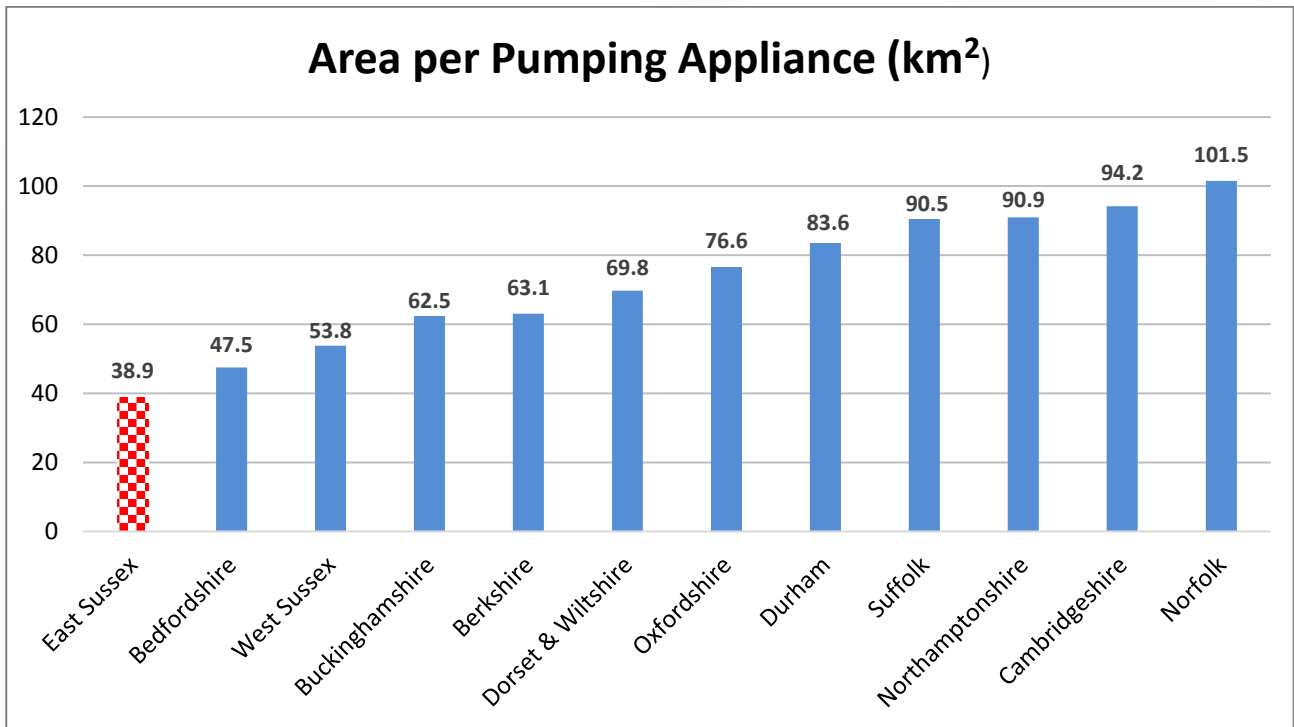


Chart 4: Square kilometers per appliance (Source: CIPFA Statistics 2016/17 Actuals)

Table 5 shows the number of stations per 100,000 population and the geographical area per station in km² for each FG2 FRS. It shows that ESFRS has 6 WT, 6 Day-crewed and 12 RDS stations. ESFRS has a ratio of 2.87 stations per 100,000 population, placing ESFRS 5th in FG2. Compared to other FG2 members, West Sussex is the closest fit to ESFRS.

Fire & Rescue Service	Wholetime Stations	Day crewed Stations	Retained Stations	Total Number of Fire Stations	Stations per 100,000 population	Area per Station (km ²)
Bedfordshire	3	3	8	14	2.11	88.24
Berkshire	11	1	6	18	2.01	70.11
Buckinghamshire	6	4	10	20	2.50	93.68
Cambridgeshire*	3	4	20	27	3.18	125.54
Dorset & Wiltshire	6	7	37	50	3.38	122.76
Durham	2	7	6	15	2.39	161.56
East Sussex	6	6	12	24	2.87	74.64
Norfolk	3	6	33	42	4.70	128.10
Northamptonshire	3	5	14	22	3.00	107.45
Oxfordshire	2	4	18	24	3.51	108.54
Suffolk**	4	2	29	35	4.70	108.60
West Sussex***	2	9	14	25	2.96	79.64

Table 5: Number of Stations (Source: CIPFA Statistics 2016/17 Actuals and FRS Websites)

* Cambridgeshire has 1 Volunteer Fire Station

** Suffolk has 1 Nucleus Fire Station

*** West Sussex also share an additional station with Surrey FRS

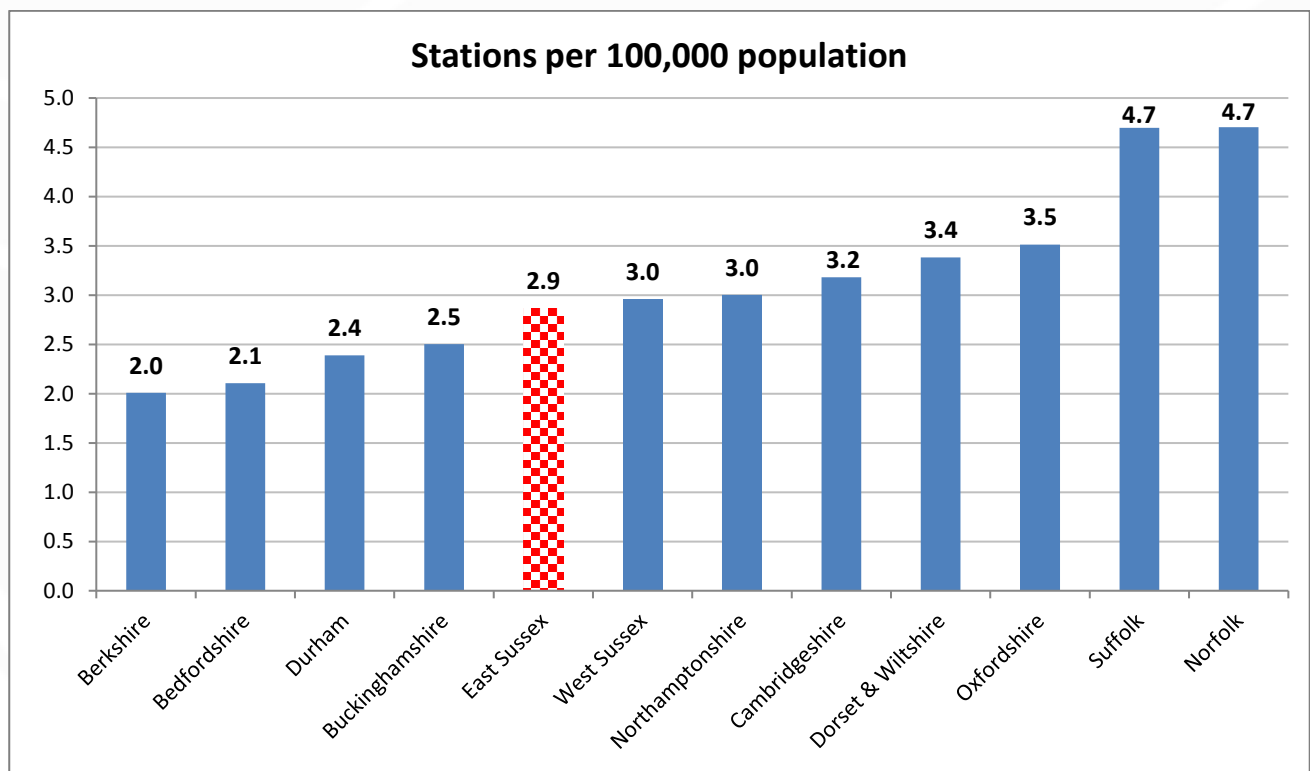


Chart 5: Stations per 100,000 pop (Source: CIPFA Statistics 2016/17 Estimates)

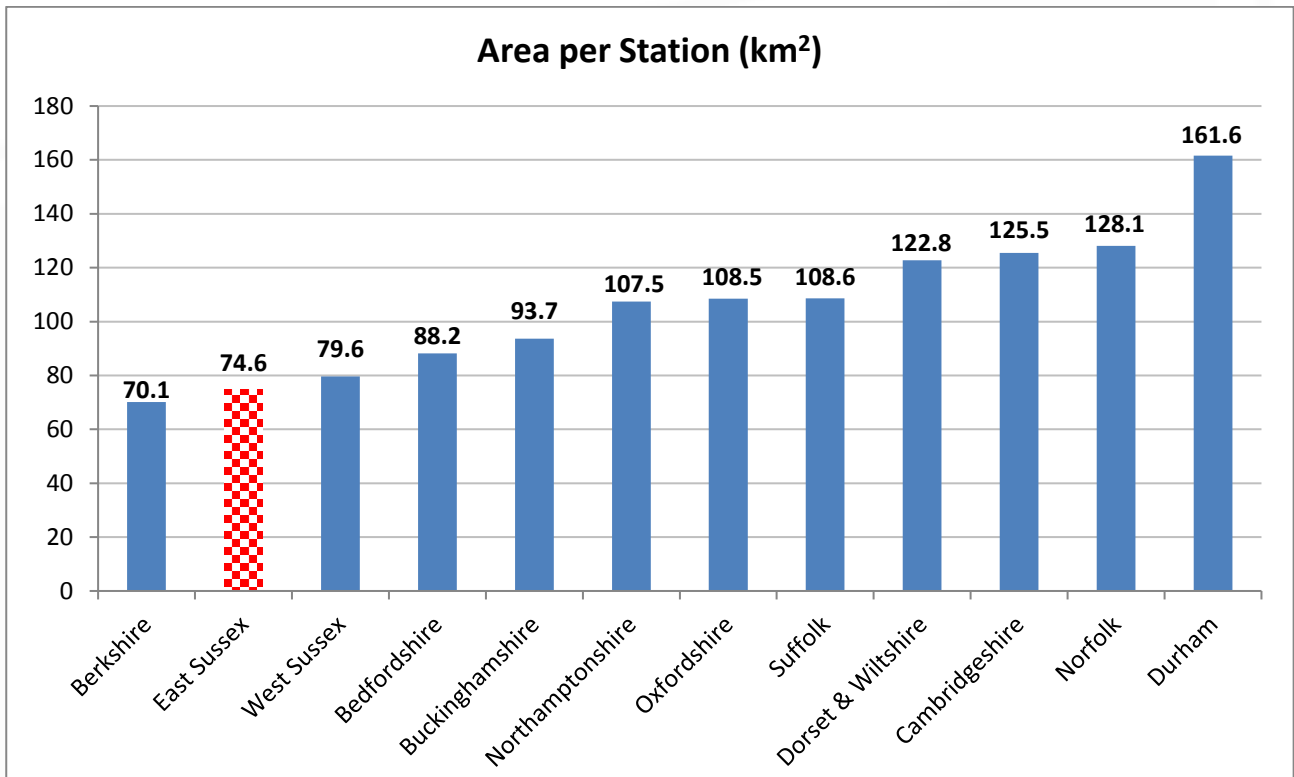


Chart 6: Stations per square km (Source: CIPFA Statistics 2016/17 Estimates)

Chart 7 illustrates the number of WT, Day crewed and RDS stations for each FG2 member. Dorset and Wiltshire has the highest number of RDS stations within the group. Bedfordshire and Durham have the lowest number of fire stations in total.

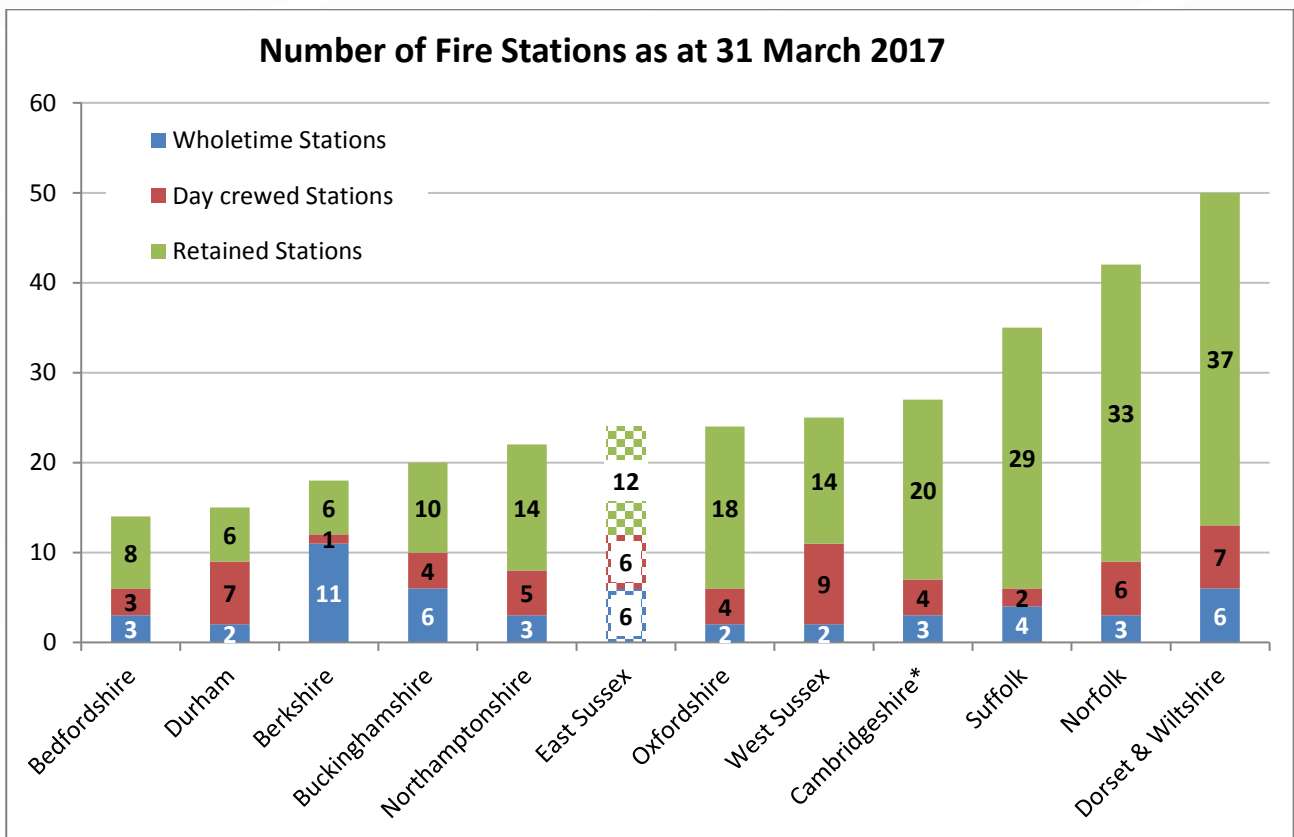


Chart 7 Number of Stations (Source: CIPFA Statistics 2016/17 Estimates & FRS Websites)

Financial comparisons

Chart 8 shows the average net expenditure of each FRS in FG2 per domestic household and average Band D equivalent Council Tax for each FRS and for Combined Fire Authorities. (This information is not readily available for County Fire Authorities, as Fire budgets are generally combined with other departments.)

ESFRS has the highest average net expenditure cost per domestic household and the 3rd highest cost per Council Tax Band D.

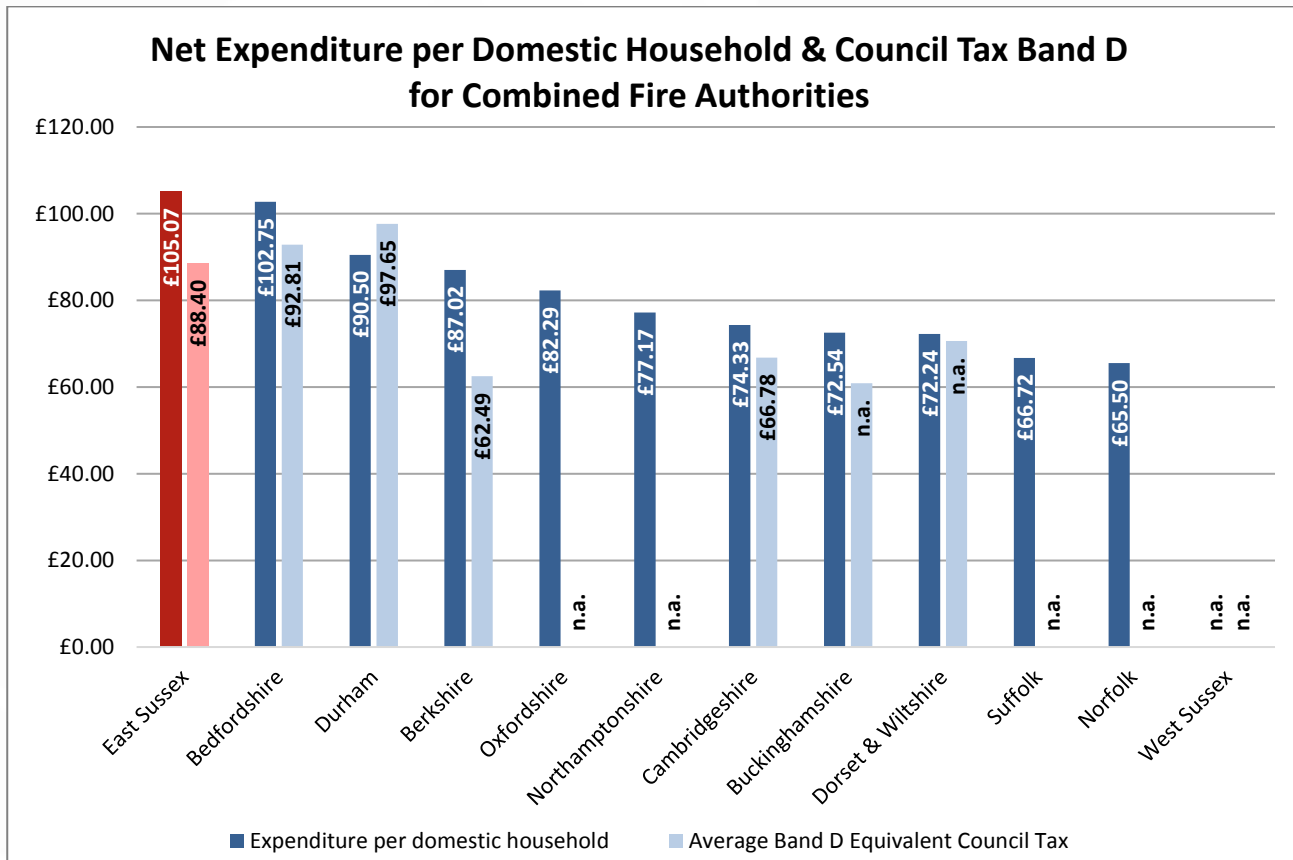


Chart 8 Average net expenditure per number of domestic properties & Council Tax Band D (Source: CIPFA Statistics 2016/17)

Health & Safety

Chart 9, below, shows the number of injuries per 100 WT and RDS firefighters sustained during operational incidents and training for FG2 FRS. In 2016/17, ESFRS sustained 3.57 (5.85 in 2015/16) injuries per 100 firefighters at operational incidents and 4.10 (5.35 in 2015/16) injuries per 100 firefighters during training. The FG2 average number of injuries per 100 firefighters at operational incidents is 4.19 and the average rate for injuries during training is 4.15 per 100 firefighters.

ESFRS is currently below the average for injuries at operational incidents with our Service being ranked 6th best performing (12th in 2015/16) and also below the average in relation to injuries at training incidents, ranked 7th (10th in 2015/16). Cambridgeshire FRS has the worst injury ratio per 100 firefighters in operational incidents and during training.

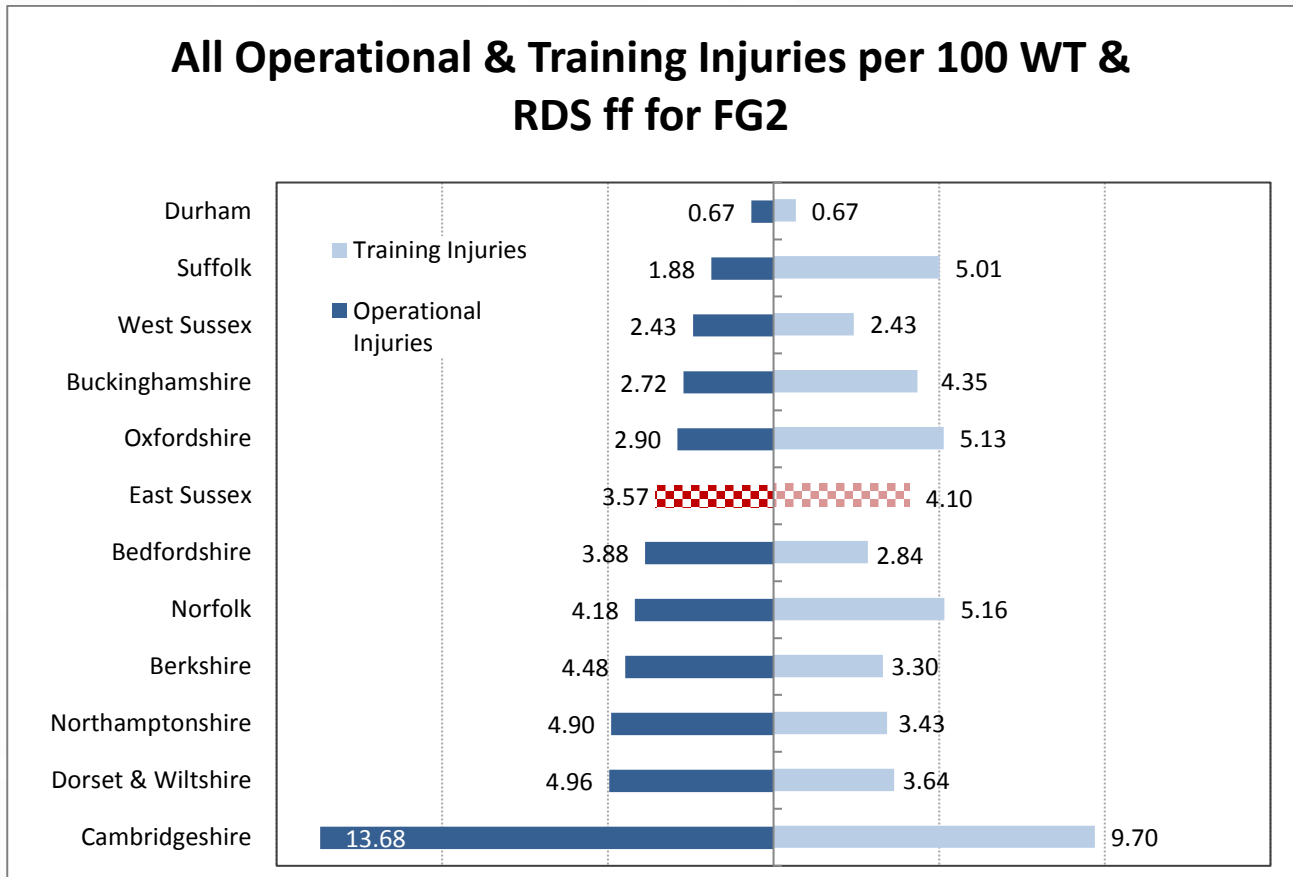


Chart 9: Operational & Training Injuries per 100 firefighters Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 0508b: Injuries sustained by firefighters and firefighter fatalities, during operational incidents, by fire and rescue authority & FIRE STATISTICS TABLE 0508c: Injuries sustained by firefighters and firefighter fatalities, during training incidents, by fire and rescue authority)

Firefighters by Gender and Ethnicity comparisons

Chart 10 shows the percentage of female WT firefighters for each FG2 member over the past seven years. The profile of WT firefighters in England is predominantly male and white. However, the proportion of firefighters who are female has increased from a national average of 1.3% in 2002 to a national average of 5.2% in March 2017 but it is understood that this proportional increase is owing to the larger numbers of males leaving the FRS, rather than an actual increase in the numbers of female firefighters.

ESFRS has the 5th highest proportion of female firefighters across FG2 with 5.7% of WT firefighters, which is above the national average (5.2%) and the FG2 average of 5.1%.

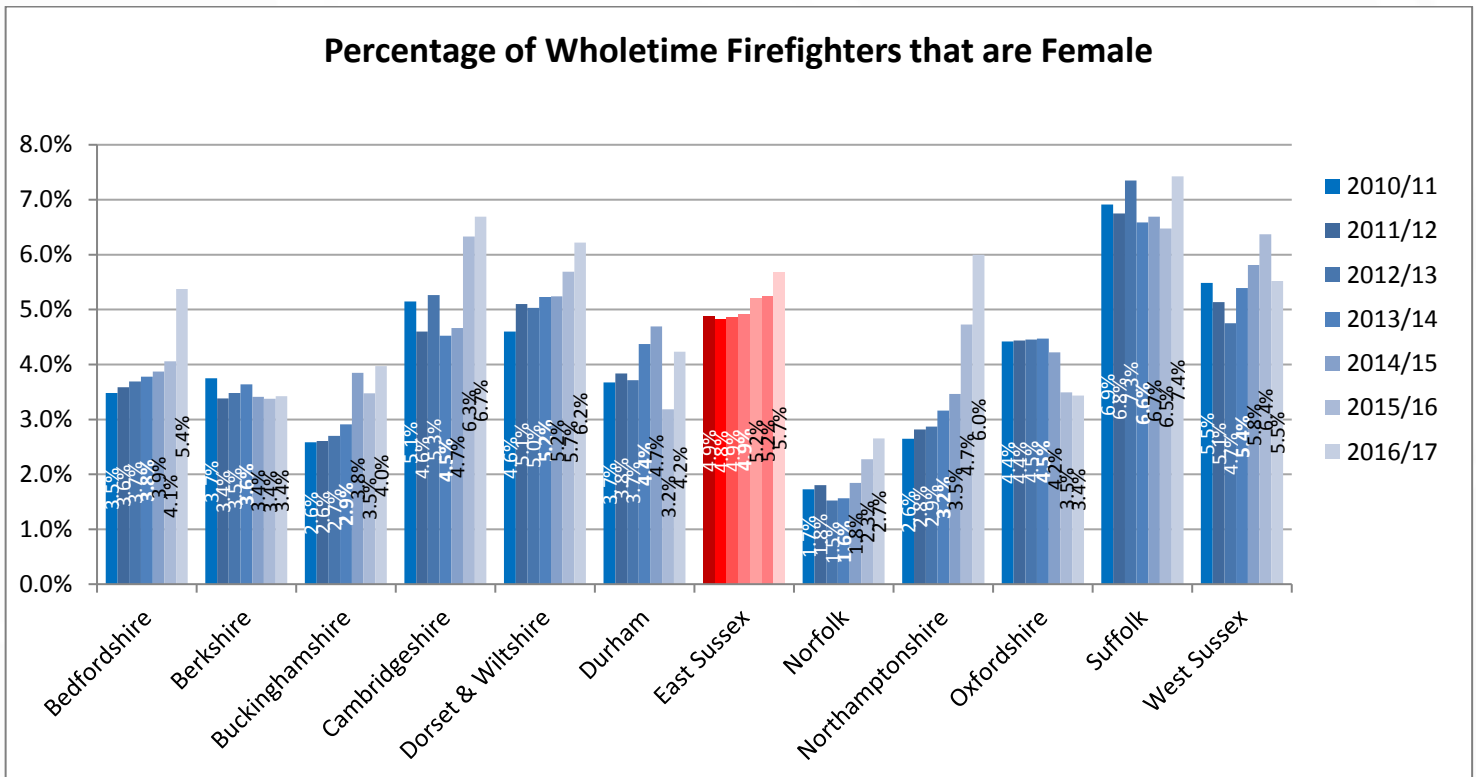


Chart 10: Percentage of WT firefighters that are female (Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 1103: Staff headcount by gender, fire and rescue authority and role)

Chart 11 shows the actual numbers of male and female firefighters at each FG2 FRS. In terms of raw numbers, ESFRS has the 2nd highest numbers of female firefighters: 20; only the recently combined Dorset & Wiltshire FRS, with 26, has more female WT firefighters.

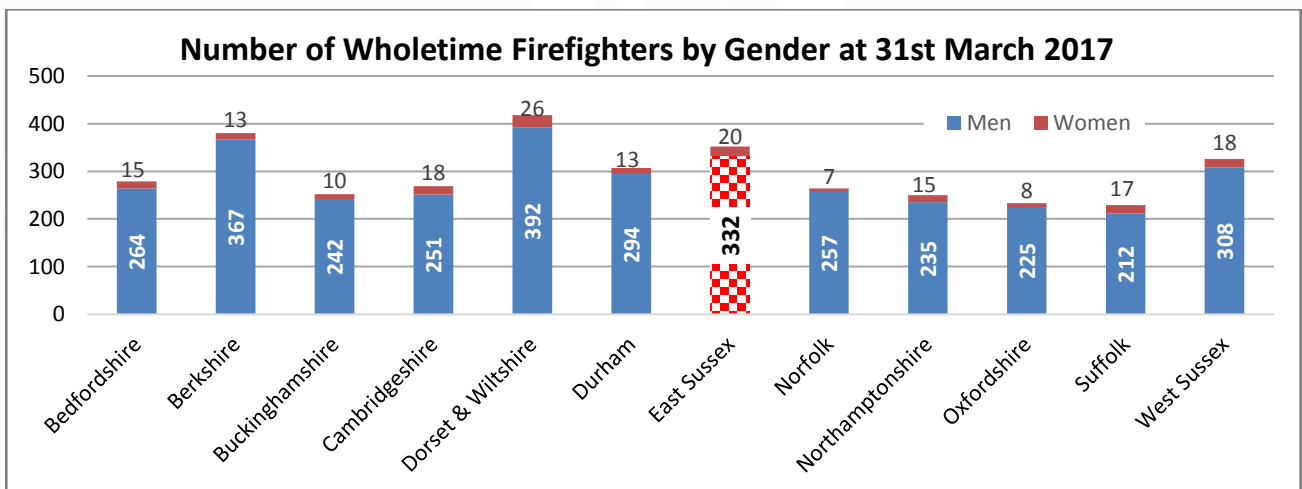


Chart 11: Numbers of WT firefighters that are female (Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 1103: Staff headcount by gender, fire and rescue authority and role)

Nationally, the percentage of WT firefighters from ethnic minority backgrounds has also increased: from an average across all FRS of 1.5% in 2002 to 3.9% in March 2017. ESFRS is currently below the national average at 2.7% as is the case with most of the FG2 FRS except for Bedfordshire, Northamptonshire and Suffolk.

Chart 12 illustrates the percentage of WT firefighters that are from an ethnic minority background for FG2. As of 31 March 2017, ESFRS has the 6th highest proportion of ethnic minority staff across the FG2 members.

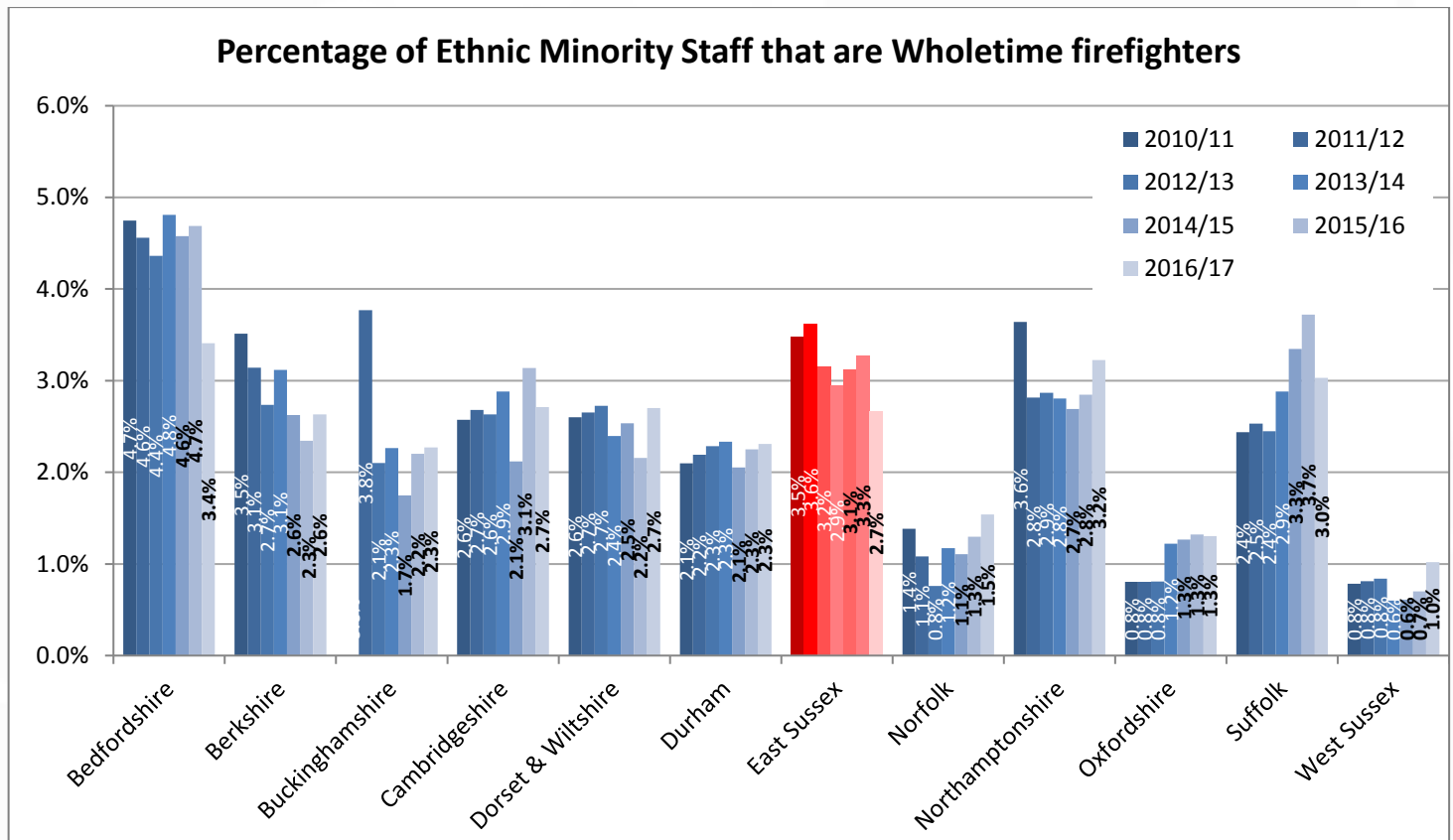


Chart 12: Percentage of WT firefighters that are from an ethnic minority (Source: Operational Statistics Bulletin for England 2017 to 2017 FIRE STATISTICS TABLE 1104: Staff headcount by ethnicity, fire and rescue authority and role)

N.B. Nationally, based on the 2011 Census, England had 14.5% classified as being from an ethnic minority background. The corresponding figures for the East Sussex County Council area was 3.9%; the Brighton and Hove City Council area: 10.9%. This combined, and therefore covering the ESFRS area, equates to 6.4 %.

Chart 13 shows the actual numbers of white and ethnic minority WT firefighters by each FG2 member. ESFRS has the 3rd highest numbers of ethnic minority WT firefighters with 9. The recently combined Dorset and Wiltshire FRS has the highest number: 11.

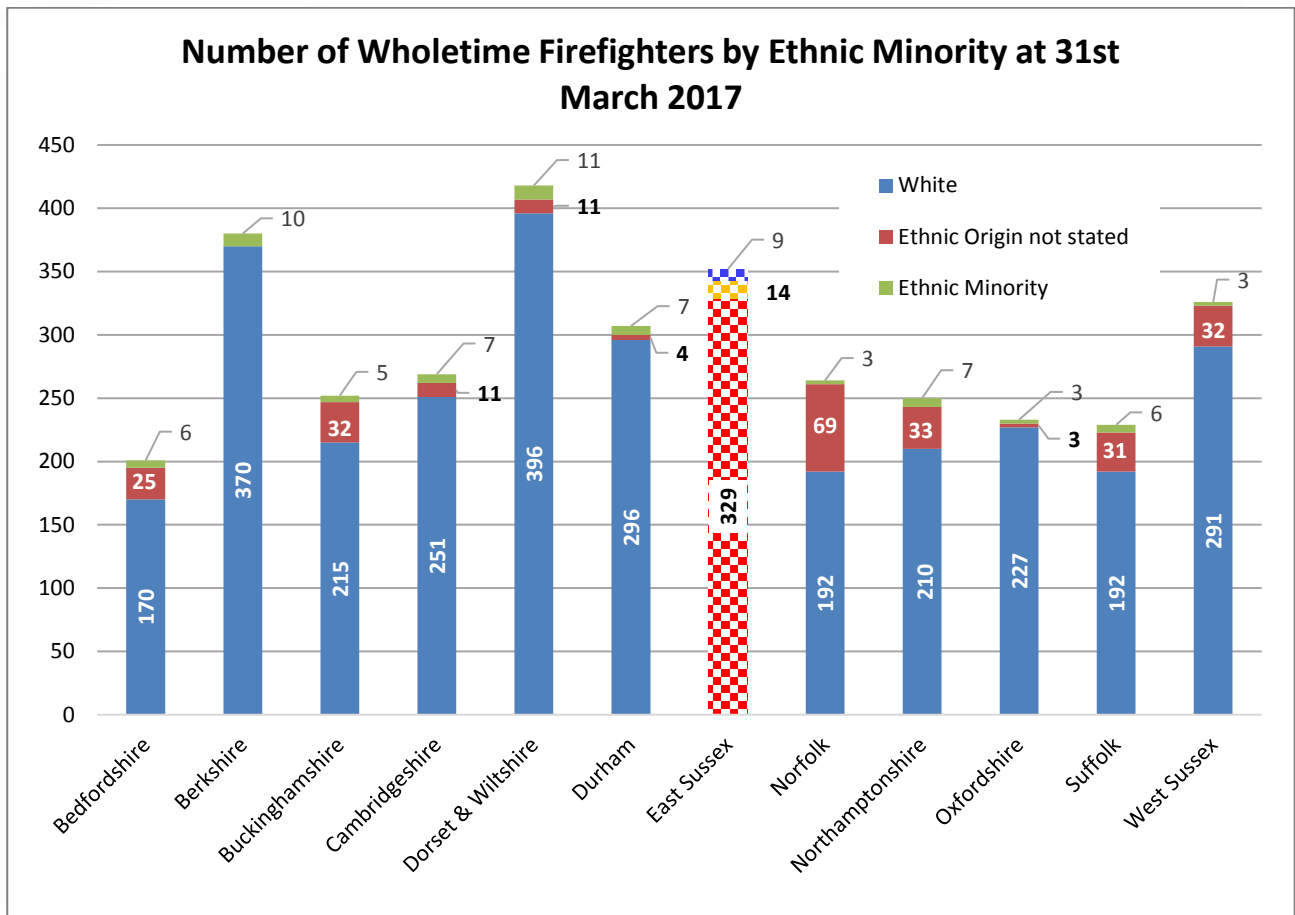


Chart 13: Number of WT firefighters that are from an ethnic minority (Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 1104: Staff headcount by ethnicity, fire and rescue authority and role)

Sickness

Chart 14 illustrates the number of duty days lost per person for WT and Control staff due to sickness. ESFRS has the highest level of sickness in FG2 for 2016/17 with 10.91 days lost to sickness per employee, which is above the 2016/17 average of 7.14. However, only five FRS from FG2 provided data in 2016/17. These are represented as 'n.a.' (not available) in the chart below where no value was returned by a FRS.

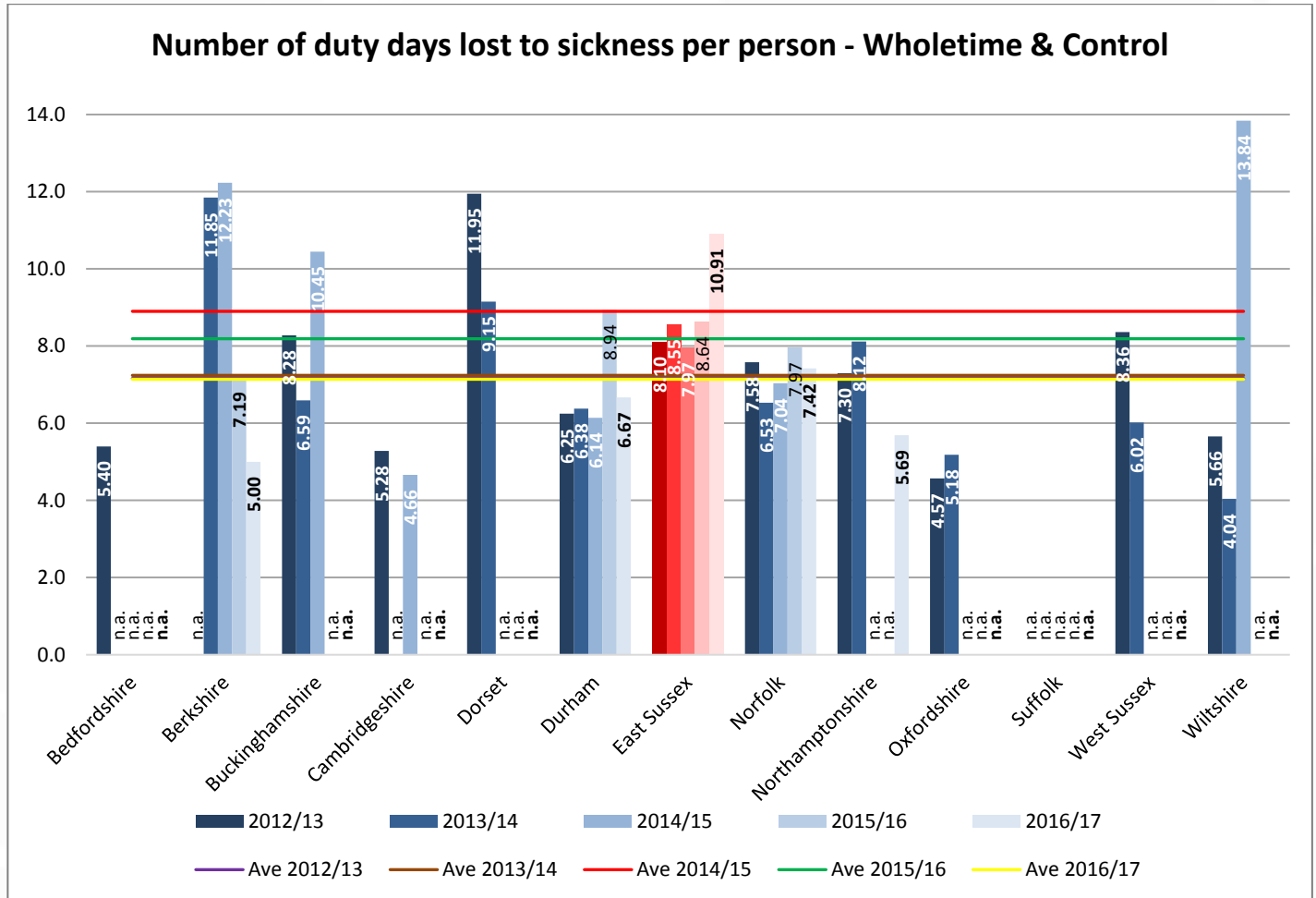


Chart 14: Number of shifts lost per person due to sickness (WT and Control) (Source: National Fire & Rescue Service Occupational Health Performance Report April 2016 – March 2017)

Chart 15 illustrates the number of shifts lost per person for non-uniformed staff due to sickness. ESFRS has the highest level of sickness in FG2 from the eight FRS that provided data in 2016/17 with 12.43 days lost to sickness per employee. This is above the 2016/17 average of 8.05 and the highest figure for ESFRS since the first Occupational Health Report was produced in 2012/13.

In the chart below, 'n.a.' represents no value being returned by a specific FRS.

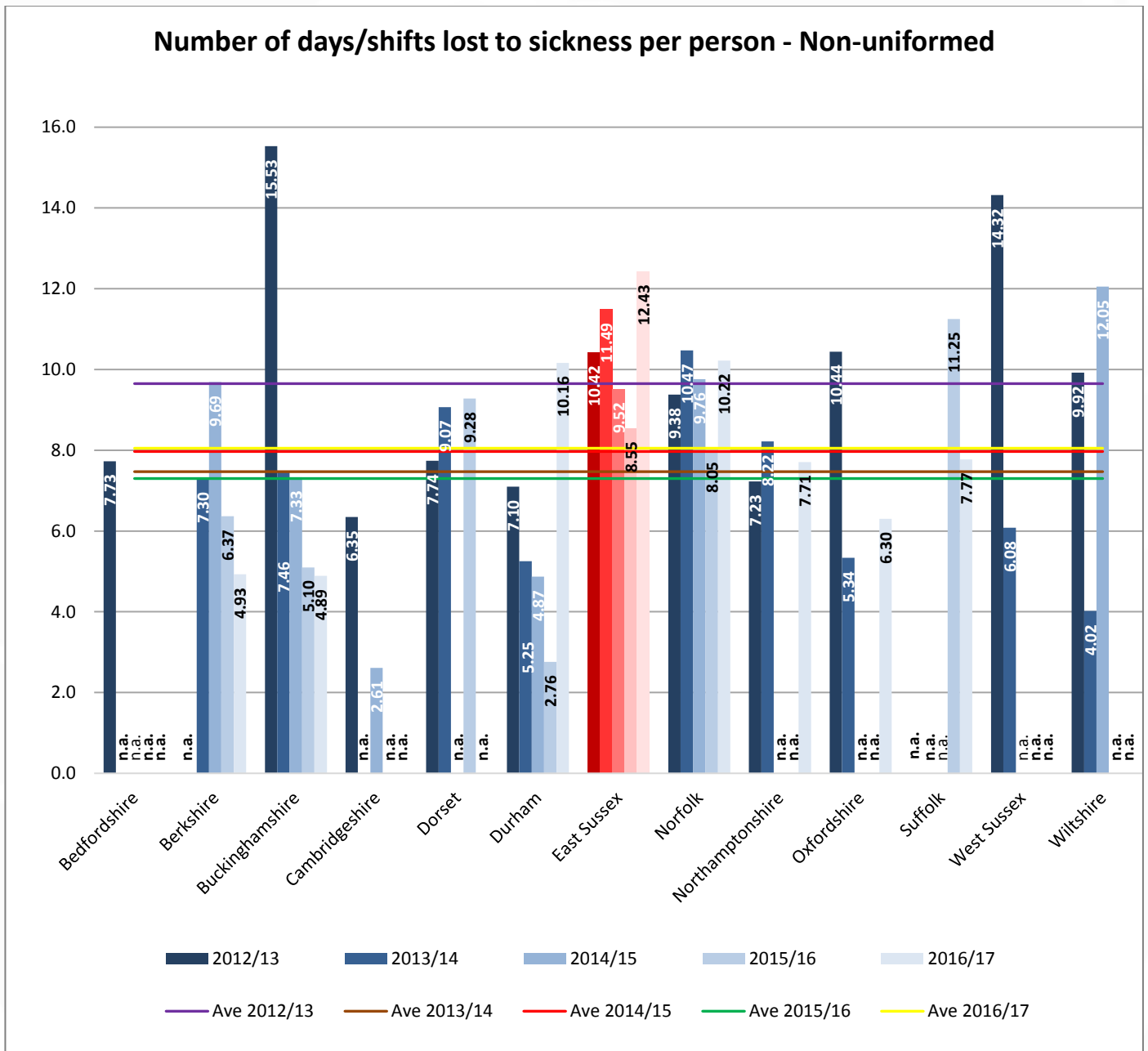


Chart 15: Number of shifts lost per person due to sickness (Support) (Source: National Fire & Rescue Service Occupational Health Performance Report April 2016 – March 2017)

Home Safety Visits completed

Chart 16 shows the numbers of Home Safety Visits (HSVs) completed from 2010/11 to 2016/17 per 1,000 domestic dwellings for each FG2 member.

ESFRS has the 2nd highest number of HSVs completed per 1,000 domestic dwellings in 2016/17 with 25.2. However, Durham, with the highest HSVs, completed 66.3 per 1,000 domestic dwellings.

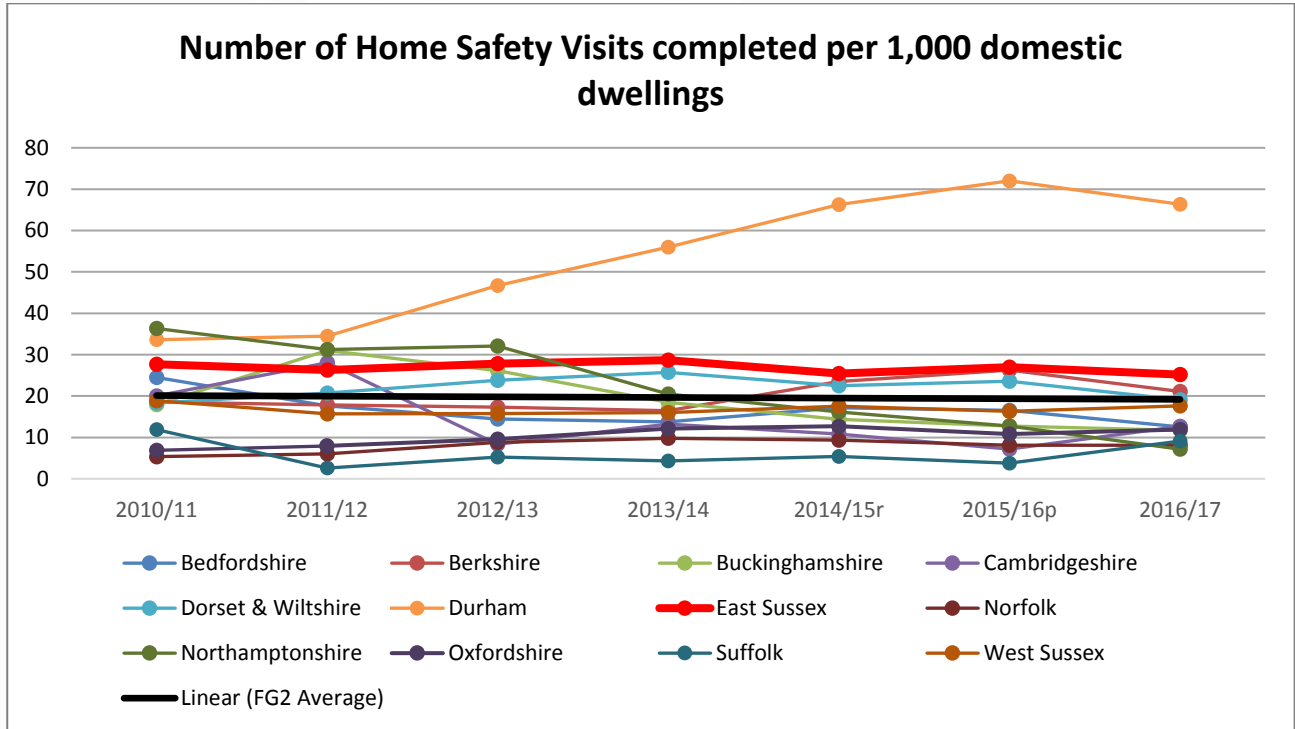


Chart 16: Number of HSVs completed per 1,000 domestic dwellings (Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 1201: Home Fire Risk Checks carried out by fire and rescue authorities and partners, by fire and rescue authority)

Number of Fire Safety Audits completed

Chart 17 shows the number of Fire Safety Audits completed per 1,000 non-domestic properties by each FG2 member in 2016/17.

ESFRS completed the lowest recorded number of Fire Safety Audits per 1,000 non-domestic properties with 10.3, whereas Durham completed the most with 110.9 per 1,000 non-domestic properties.

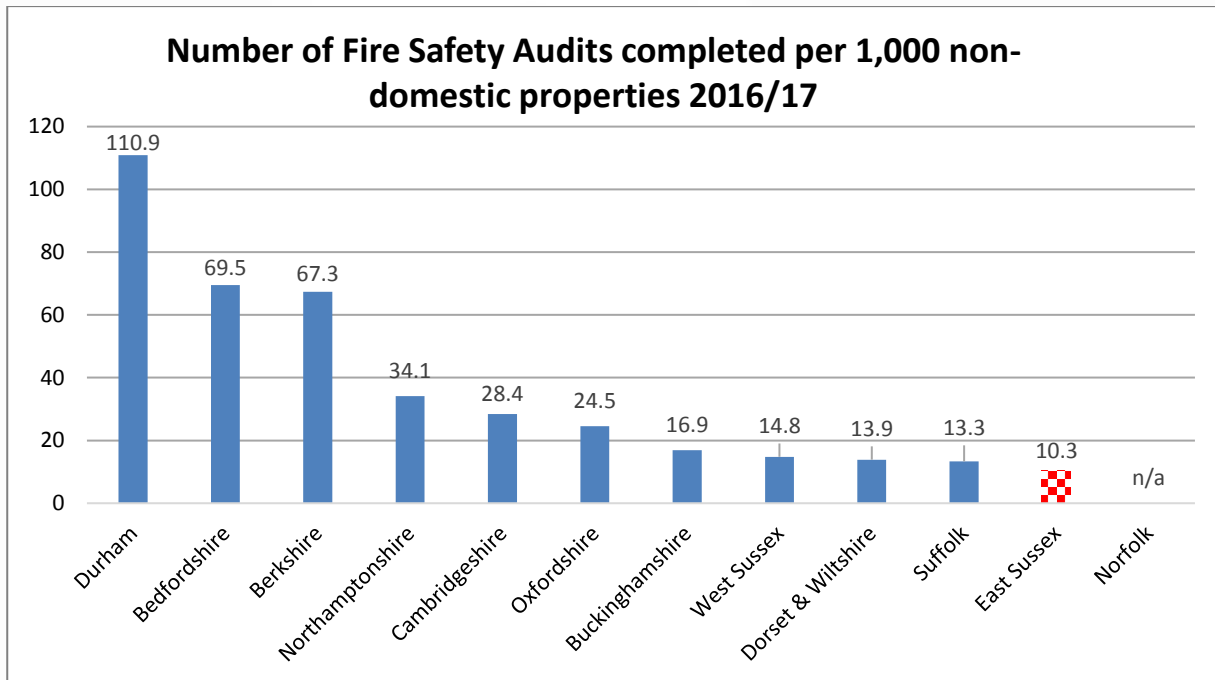
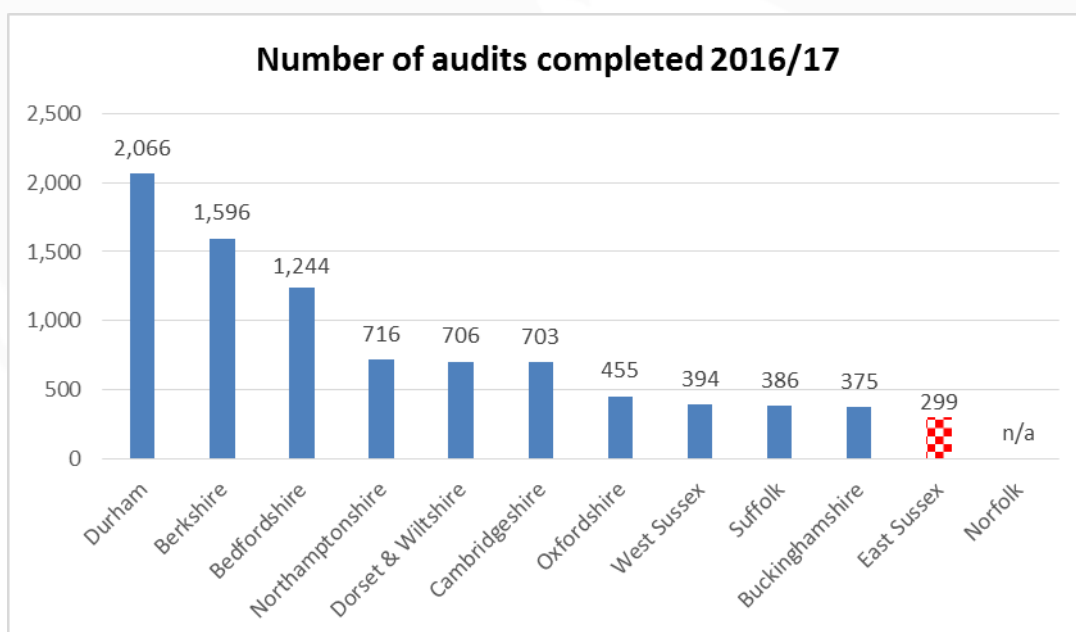


Chart 17: Number of Fire Safety Audits completed. (Source: Operational Statistics Bulletin for England 2016 to 2017 FIRE STATISTICS TABLE 1202: Fire Safety Audits carried out by fire and rescue authorities, by fire authority)



Incident comparisons - Benchmarking

Nationally, over the past decade, the number of incidents each FRS has had to attend has reduced, demonstrating a consistent downward trend. Since 2001/02, ESFRS has attended 61.5% less fires (5,352 in 2001/02 down to 2,060 in 2016/17). Each FRS across the country has been experiencing similar reductions.

Chart 18, below, shows the reduction of Primary Fires per 1,000 population for the FG2 members from 2001/02 to 2016/17.

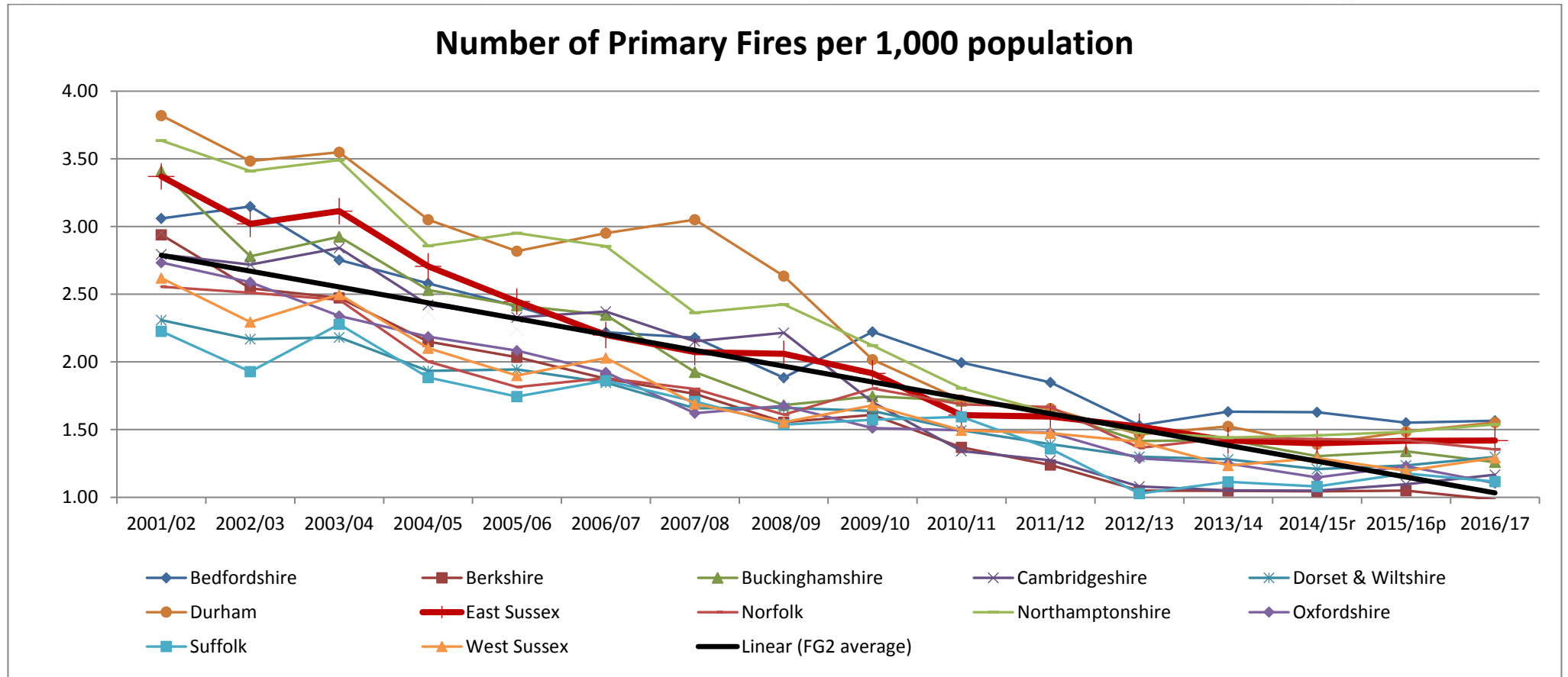


Chart 18: The number of Primary Fires per 1,000 population (source: Fire Statistics Monitor: April 2016 to March 2017, FIRE STATISTICS TABLE 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 19, below, shows the number of Accidental Dwelling Fires per 1,000 population for each FG2 member.

As with Primary Fires, the number of Accidental Dwelling Fires has been reducing for a significant number of years. In 2016/17, ESFRS had 0.65 Accidental Dwelling Fires per 1,000 population. This was the highest amount in FG2.

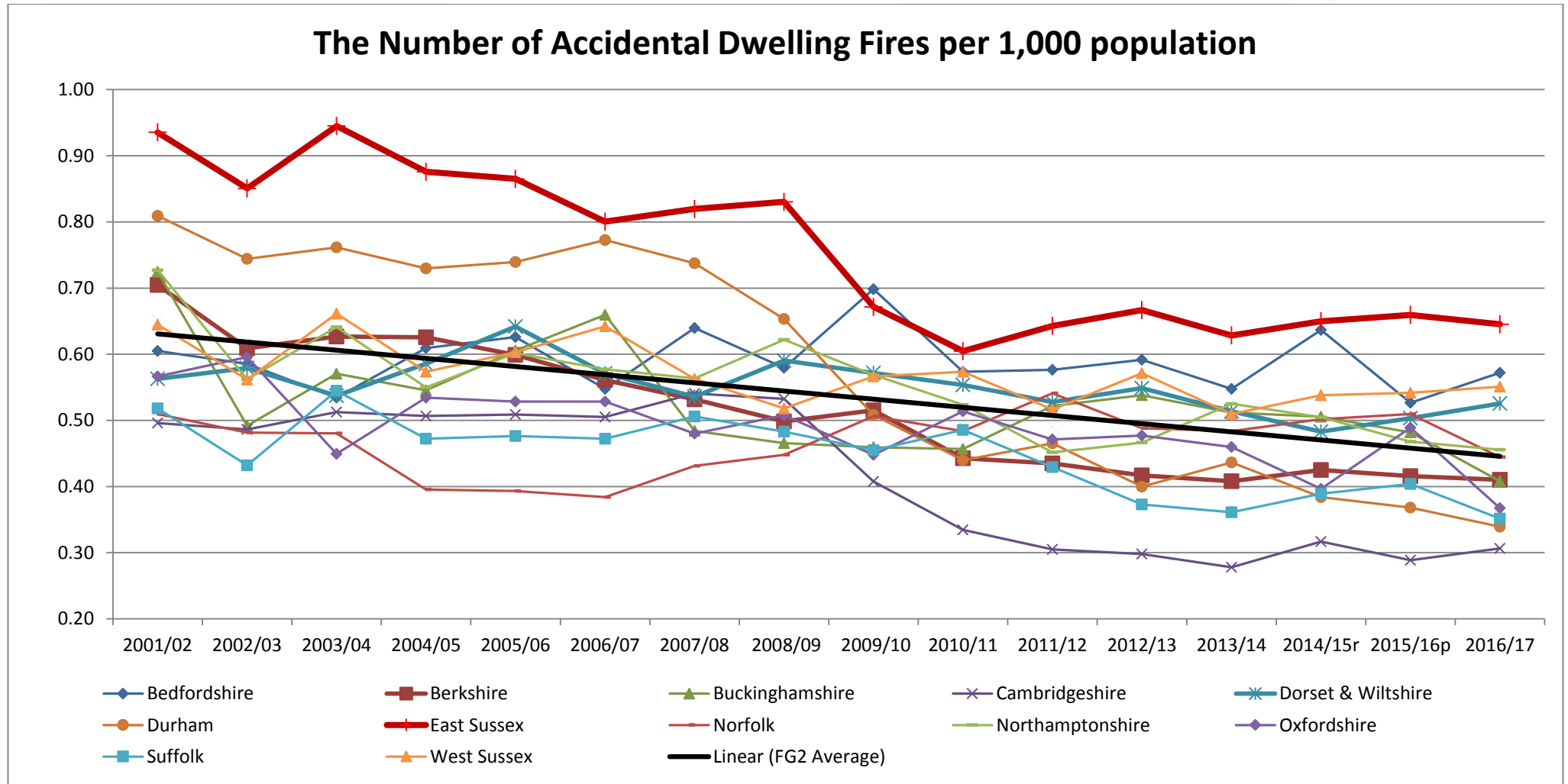


Chart 19: The number of accidental dwelling fires per 1,000 population (source: Fire Statistics Monitor: April 2016 to March 2017, FIRE STATISTICS TABLE 0202: Fires, fatalities and non-fatal casualties in dwellings by motive and fire and rescue authority, England)

Traditionally, Deliberate Secondary Fires can be difficult to predict but it is clear that the level of these incidents has been reducing over recent years, along with all main incident types.

Chart 20, below, clearly shows that the rate of Deliberate Secondary Fires per 1,000 population has reduced. The FG2 average has halved since 2007/8.

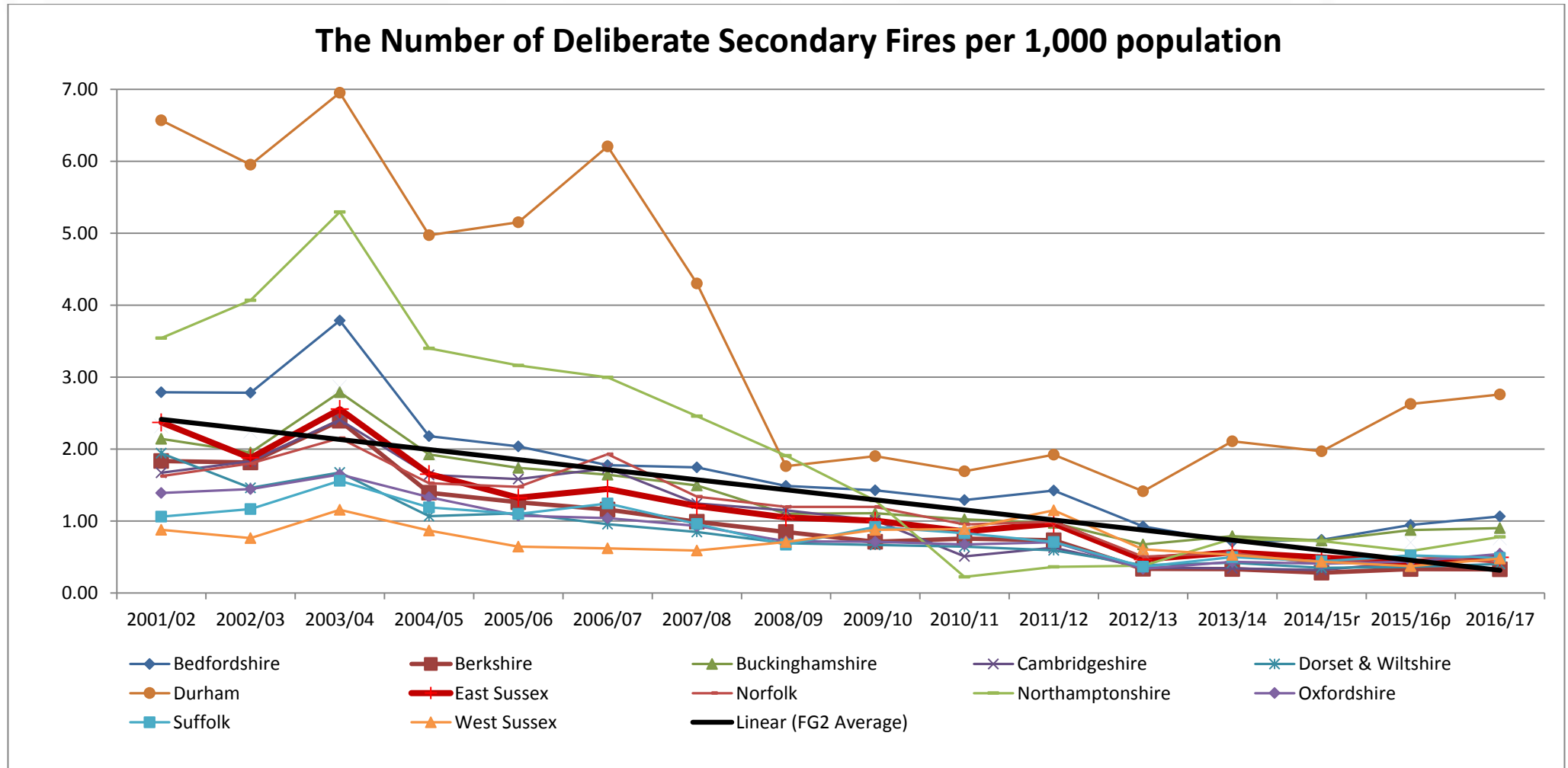


Chart 20: The number of Deliberate Secondary Fires per 1,000 population (source: Fire Statistics Monitor: April 2016 to March 2017, FIRE STATISTICS TABLE 0401: Deliberate fires attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 21 shows that FG2 average attendances at Automatic Fire Alarms have been steadily reducing since 2001/02. The introduction and implementation of the Automatic Fire Alarms Reduction Policy at ESFRS in 2010 can clearly be seen with a reduction in numbers from 2010/11 onwards. However, since 2012, this decline has levelled off. Consequently, the ESFRS still has a high number of Automatic Fire Alarms incidents compared to the other FG2 members with the exception of West Sussex.

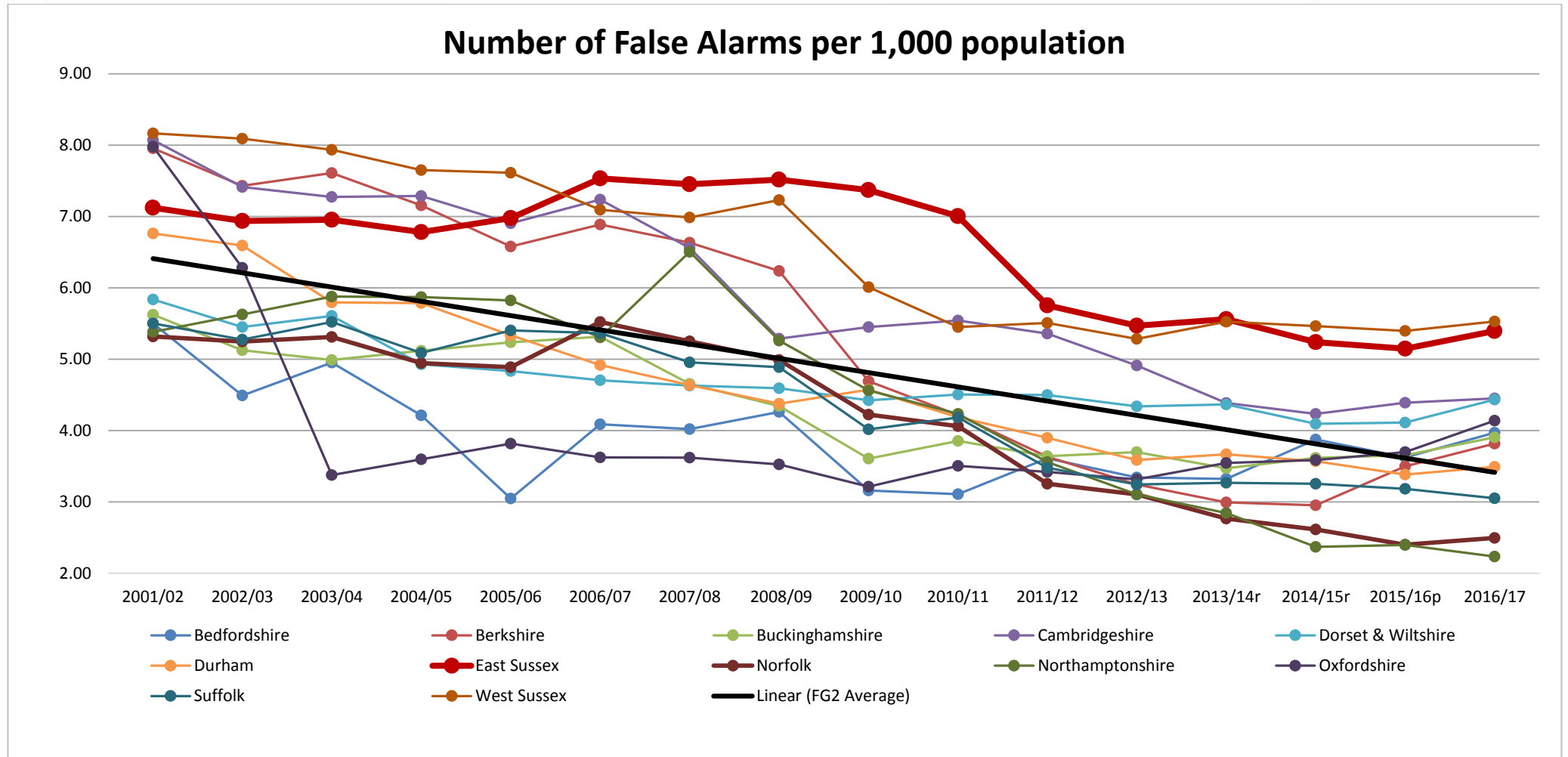


Chart 21: The number of False Alarms per 1,000 population. (Total of false alarm good intent, false alarm malicious and false alarm due to apparatus calls) (Source: Fire Statistics Monitor: April 2016 to March 2017, FIRE STATISTICS TABLE 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Actual incidents: % reduction from 2001/02 to 2016/17 and FG2 rank

The following tables show the percentage reduction in actual incident numbers across all the members of FG2 from the charts provided above. The second column shows where ESFRS ranks in terms of improvement in reducing incidents over that period.

Primary Fires by Fire and Rescue Service: 2001/02 - 2016/17		
FRS Area	% Change from 2001/02 to 2016/17	FG2 Rank 2001/02 - 2016/17
Bedfordshire	-48.8%	10
Berkshire	-66.5%	1
Buckinghamshire	-63.0%	2
Cambridgeshire	-58.2%	7
Dorset & Wiltshire	-43.7%	12
Durham	-59.3%	4
East Sussex	-57.9%	6
Norfolk	-47.0%	11
Northamptonshire	-57.7%	5
Oxfordshire	-59.6%	3
Suffolk	-49.8%	9
West Sussex	-50.7%	8

All False Alarms by Fire and Rescue Service: 2001/02 - 2016/17		
FRS Area	% Change from 2001/02 to 2016/17	FG2 Rank 2001/02 - 2016/17
Bedfordshire	-27.8%	10
Berkshire	-52.0%	3
Buckinghamshire	-30.5%	9
Cambridgeshire	-44.9%	6
Dorset & Wiltshire	-24.0%	12
Durham	-48.3%	4
East Sussex	-24.3%	11
Norfolk	-53.1%	2
Northamptonshire	-58.5%	1
Oxfordshire	-48.1%	5
Suffolk	-44.5%	7
West Sussex	-32.3%	8

Accidental Dwelling Fires by Fire and Rescue Service: 2001/02 - 2016/17		
FRS Area	% Change from 2001/02 to 2016/17	FG2 Rank 2001/02 - 2016/17
Bedfordshire	-5.5%	12
Berkshire	-41.8%	3
Buckinghamshire	-43.7%	2
Cambridgeshire	-38.2%	4
Dorset & Wiltshire	-6.6%	11
Durham	-58.1%	1
East Sussex	-31.0%	8
Norfolk	-12.7%	10
Northamptonshire	-37.3%	5
Oxfordshire	-35.1%	6
Suffolk	-32.1%	7
West Sussex	-14.5%	9

Deliberate Secondary Fires by Fire and Rescue Service: 2001/02 - 2016/17		
FRS Area	% Change from 2001/02 to 2016/17	FG2 Rank 2001/02 - 2016/17
Bedfordshire	-61.9%	7
Berkshire	-82.0%	1
Buckinghamshire	-57.9%	10
Cambridgeshire	-70.6%	5
Dorset & Wiltshire	-79.3%	2
Durham	-58.0%	9
East Sussex	-79.1%	3
Norfolk	-67.9%	6
Northamptonshire	-78.0%	4
Oxfordshire	-61.1%	8
Suffolk	-51.0%	11
West Sussex	-45.7%	12

Average Response Times for all FG2 Fire and Rescue Services

Chart 22 shows the Average Response Times to dwelling fires for each FG2 member from 2009/10 to 2016/17. In 2016/17, ESFRS is ranked 1st.

In England, the Average Response Time to fires in dwellings for 2012/13 was 7.4 minutes. ESFRS's Average Response Time for the same year was 7.1. In 2016/17, England's response rate increased to 7.7 minutes, whereas ESFRS increased to 7.5 minutes, therefore, still below the national average. The chart below shows that there is a slight increasing trend in Average Response Times for FG2.

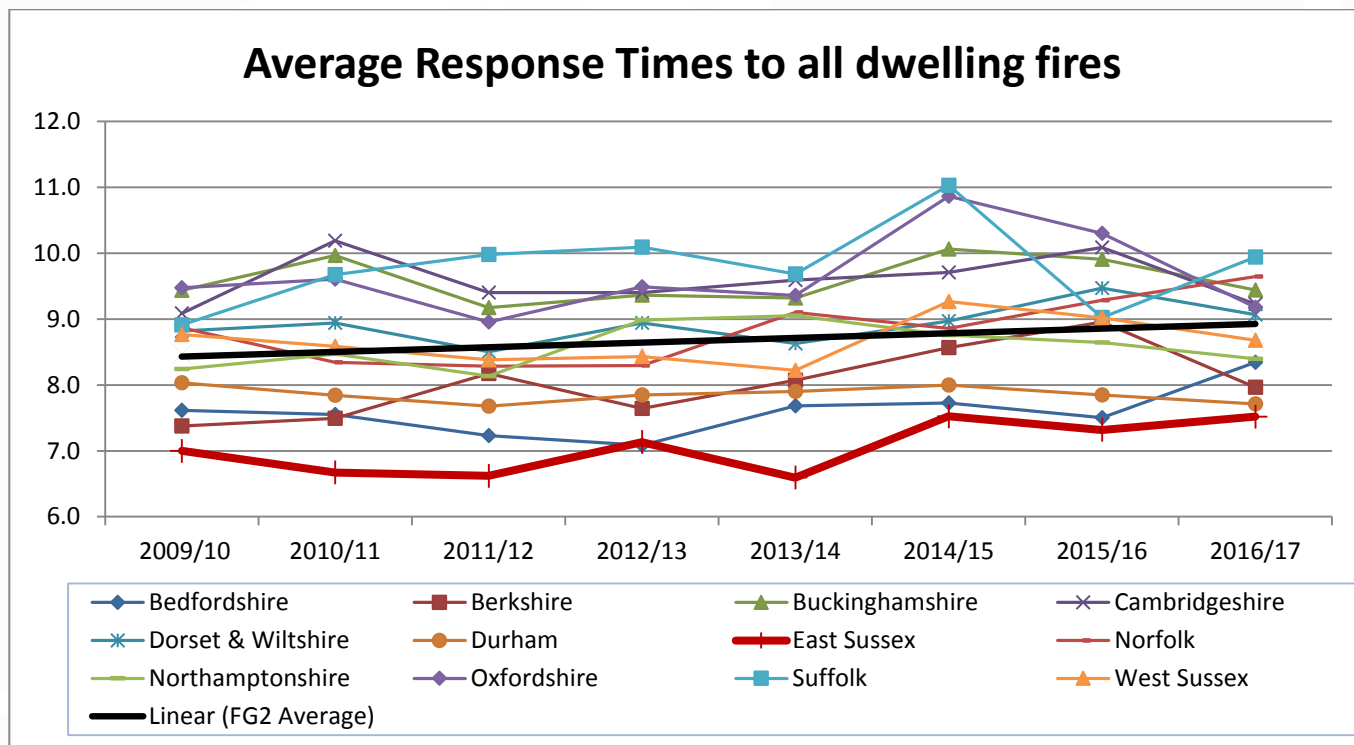


Chart 22 – Average Response Times to dwelling fires (Source: Fire Incidents Response Times: April 2016 to March 2017, England. FIRE STATISTICS TABLE 1006: Average response times for dwelling fires by fire and rescue authority, England)

Summary

- ESFRS, compared to the other FRS in FG2 in terms of population and properties, is most similar to Cambridgeshire and West Sussex.
- ESFRS covers the third smallest area in FG2.
- Management structures at ESFRS are similar in size, distribution and overall numbers to Oxfordshire.
- ESFRS shows the 2nd highest decrease in WT firefighters, this 8% drop equates to 30 operational posts
- ESFRS is 20.5% above the average number of WT firefighters with 352 (average 292) as of 31 March 2017 and has 9% less than the average RDS firefighters.
- ESFRS is above the FG2 average (20:1) for the ratio of firefighters to senior managers with 24:1. This is the 3rd highest ratio of the group.
- ESFRS has a ratio of 4.94 operational appliances per 100,000 population, this is just above the average for FG2 (the average is 4.54).
- ESFRS has a ratio of 2.89 stations per 100,000 population this places ESFRS 6th in FG2.
- ESFRS has the 2nd lowest number of square KM per station (74.63)
- ESFRS has the highest average net expenditure cost by numbers of dwellings and the 3rd highest cost per Council Tax Band D.
- ESFRS is below average for injuries sustained at both operational incidents and during training. ESFRS sustained 3.57 (5.85 in 2015/16) injuries per 100 firefighters at operational incidents and 4.10 (5.35 in 2015/16) injuries per 100 firefighters during training.
- ESFRS has the 5th highest proportion of female firefighters across FG2, with 5.7% of WT firefighters being female. This is above the national average of 5.5%. In terms of actual numbers, ESFRS has the 2nd highest number of female WT firefighters with 20.
- ESFRS has the 6th highest proportion of ethnic minority staff across the FG2 members with 2.7%, however the ethnic population of East Sussex is 10.5% and 10.9% in Brighton & Hove
- ESFRS has the 2nd highest number of ethnic minority WT firefighters with 9.
- ESFRS lost 10.91 shifts per employee amongst WT and Control staff due to sickness in 2016/17, up from 8.64 in 2015/16. The FG2 average for 2016/17 is 7.14 shifts lost per person.
- ESFRS lost 12.43 shifts per employee amongst non-uniformed staff due to sickness in 2016/17, which is above the FG2 average of 8.05. This a notable increase from 2015/16 when 8.55 shifts were lost per employee.
- ESFRS completed 25.2 Homes Safety Visits per 1,000 domestic dwellings in 2016/17
- ESFRS completed 10.3 Fire Safety Audits per 1,000 non-domestic properties in 2016/17, the lowest amongst FG2.
- ESFRS in 2016/17 had 0.65 Accidental Dwelling Fires per 1,000 population, this was the highest amount in FG2.
- ESFRS has attended 61.5% less fires (5,352 in 2001/02 down to 2,060 in 2016/17). Each FRS across the country has been experiencing similar reductions.
- ESFRS ranks 1st for average response times and is below the national average.
- ESFRS attends the 3rd highest numbers of incidents in FG2 group. The incidents most attended by ESFRS involve False Alarms, accounting for 49.4% of all incidents (see table 5 overleaf for total incidents attended per FRS in FG2).

Table 6 – Total Incidents attended per FRS in Family Group 2

FRA	Primary Fires	Secondary Fires	Chimney Fires	False Alarm Apparatus	False Alarm Malicious	False Alarm Good Intent	Road Traffic Collision (RTC)	Other Transport incident	Medical Incident - First responder	Medical Incident - Co-responder	Flooding	Rescue or evacuation from water	Effecting entry / exit	Lift Release	Other rescue / release of persons
Bedfordshire	1,036	998	38	1,931	149	555	427	14	62	22	153	10	360	100	41
Berkshire	882	768	57	1,977	103	1,344	486	9	12	1,000	202	15	271	200	91
Buckinghamshire	1,010	964	91	2,265	112	780	537	16	21	1,131	233	7	228	104	31
Cambridgeshire	995	942	53	2,134	67	1,589	449	18	17	89	69	20	144	27	73
Dorset & Wiltshire	1,917	1,103	245	5,135	145	1,272	700	46	61	1	183	13	309	204	93
Durham	976	2,169	68	1,099	94	1,001	326	8	79	2,690	73	7	92	35	36
East Sussex	1,189	737	134	3,177	130	1,207	477	29	15	22	353	5	350	338	87
Norfolk	1,209	698	138	1,366	60	804	754	29	405	85	281	47	396	51	86
Northamptonshire	1,146	866	68	685	56	913	539	25	16	823	107	9	138	81	45
Oxfordshire	764	597	124	2,118	59	666	442	13	723	652	130	26	152	109	30
Suffolk	854	755	109	1,626	65	631	289	21	9	108	47	16	83	17	61
West Sussex	1,081	787	107	3,194	121	1,287	501	14	30	78	240	6	345	191	63
FG2 Average	1,088	949	103	2,226	97	1,004	494	20	121	558	173	15	239	121	61
National results - England	74,869	82,813	4,230	151,626	6,951	65,222	29,872	1,292	7,813	37,298	14,080	981	20,706	10,971	4,040

FRA	Animal assistance incidents	Removal of objects from people	Hazardous Materials incident	Spills and Leaks (not RTC)	Making Safe (not RTC)	Suicide/ attempts	Evacuation (no fire)	Water provision	Assist other agencies	Advice Only	Stand By	No action (not false alarm)	Malicious False Alarm	Good Intent false alarm	Total
Bedfordshire	59	30	37	30	23	26	4	0	215	24	3	34	1	73	6,455
Berkshire	50	42	73	39	50	24	10	0	82	54	0	48	1	118	8,008
Buckinghamshire	55	84	51	32	40	19	12	1	62	21	0	109	2	74	8,092
Cambridgeshire	126	52	31	22	26	31	11	0	79	11	9	67	0	1	7,152
Dorset & Wiltshire	137	93	57	77	52	23	4	3	278	37	18	87	6	153	12,452
Durham	50	75	12	42	22	21	4	0	114	12	4	88	1	52	9,250
East Sussex	197	86	30	98	118	17	4	0	190	32	2	67	0	53	9,144
Norfolk	127	52	60	102	103	29	6	1	362	22	6	39	4	73	7,395
Northamptonshire	53	36	26	59	54	18	5	6	117	44	1	22	0	93	6,051
Oxfordshire	67	4	58	48	34	27	9	1	48	11	0	55	1	76	7,044
Suffolk	73	18	10	5	21	8	4	0	63	7	1	41	1	33	4,976
West Sussex	98	53	13	71	67	16	2	0	218	31	7	106	0	132	8,859
FG2 Average	91	52	38	52	51	22	6	1	152	26	4	64	1	78	7,907
National results - England	4,694	4,504	2,285	3,590	3,519	1,495	542	40	10,204	1,999	325	7,460	178	5,864	559,463

EAST SUSSEX FIRE AUTHORITY

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report Performance Report for Quarter 4 and the year end results for 2017/18

By Liz Ridley, Assistant Director Planning & Improvement

Lead Officer Sharon Milner, Planning & Intelligence Manager

Background Papers None

Appendices Appendix A – Quarter 4 and year end Performance Report 2017/18
Appendix B – Exceptions report

Implications

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

PURPOSE OF REPORT To present the fourth quarter and year end performance results 2017/18.

EXECUTIVE SUMMARY This report provides the Panel with a summary of Service performance information for the 4th quarter and the year end of 2017/18, in some but not all of the indicators normally reported.

The full results are not available at this time due to reporting issues following the go live of the SCC 4i mobilising system. There is currently an issue with the 4i and E-irs (incident recoding system) interface that is being worked through as a priority with the 4i system supplier and with the E-irs system supplier. The aim is for the issues to be resolved by the end of May. Meanwhile data is being captured through an internal manual process and will be input into the system once the issues are resolved. It is hoped that the interface will be

resolved in time for the performance outcome report in September.

RECOMMENDATION

The Panel is asked to:

- i) consider performance results and progress towards achieving the Service's purpose and commitments;
 - ii) consider the performance results and remedial actions that have been taken to address areas of underperformance in the Fire Authority's priority areas; and
 - iii) note that it is anticipated that full year end results will be available for the performance outcome report, normally presented to the Panel in September.
-

1 INTRODUCTION

- 1.1 This report contains the quarter 4 and year end performance indicator results for 2017/18, compared with the results for the same periods in 2016/17.
- 1.2 Where indicators are showing a decline of greater than 10% in performance against year-end results in 2016/17, explanations are required from the relevant responsible officers and form the exception report.
- 1.3 The report will look at the quarter results and then the year end results for ease and clarity.
- 1.4 There are a number of indicators in the report where it has not been possible to include quarter four data due to reporting issues following the go live of the SCC 4i mobilising system. We have identified issues with the 4i and E-irs (incident recoding system) interface that are being worked through as a priority with the 4i system supplier and with the E-irs system supplier. The aim is for the issues to be resolved by the end of May. Meanwhile data is being captured through an internal manual process and will be input into the system once the issues are resolved. It is hoped that the interface will be resolved in time for the performance outcome report in September. At the moment the following indicators cannot be reported on:
- Average attendance times of the first and second appliance
 - A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10
 - % of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire
 - % of AFA calls challenged by SCC
 - % of accidental dwelling fires confined to room of origin

2 MAIN ISSUES

- 2.1 **Quarter 4 results** Six indicators are currently showing a decline against the same quarter in the previous year, however due to reporting issues since the go live of 4i it has not been possible to report against all indicators, so this number could increase. Of the six; five indicators are reporting at least a 10% decline in performance against quarter 4 2016/17. These are:
- (i) The number of injuries in primary fires
 - (ii) The number of Industrial and commercial fires
 - (iii) The number of business safety engagement events
 - (iv) The number of RIDDOR incidents
 - (v) The number of workplace reported accidents / incidents
- 2.2 **Year end results** Seven indicators are currently showing a decline against the previous year, however due to reporting issues since the go live of 4i it has not been possible to report against all indicators, so this number could increase. Of the seven; four indicators are reporting at least a 10% decline in performance against quarter 4

2016/17 and have additional commentary in the exceptions report (Appendix B). These are:

- (i) The number of injuries in primary fires
- (ii) The number of safe and well visits
- (iii) The number of business safety engagement events
- (iv) The number of RIDDOR incidents

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

- 2.3 The last performance report presented to the Panel asked that the number of priority areas be increased to include the current Borough priorities, this took 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

2.4 **Reducing accidental dwelling fires**

- 2.4.1 Accidental dwelling fires have reduced by 38% from 2001/02 overall, but have plateaued in recent years. In Quarter 4 we have seen a reduction of 12 accidental dwelling fires against the same quarter in 2016/17. This gives a year end result of 496 this equates to an 8% decrease on the previous year when 540 accidental dwelling fires were attended. This is the lowest number of accidental dwelling fires recorded over the last 18 years from 1999/2000. The previous lowest number being 506 in 2010/11. The intervening years since then saw 538, 558, 526, 544, 552 and 540 respectively.

- 2.4.2 The number of Home Safety Visits undertaken by Crews and Community Safety Advisors has increased with 10,982 visits undertaken against a target of 10,000.

- 2.4.3 An on-going integrated marketing campaign was launched in March 2018 by the Communications Team, entitled Be Your Own Hero. The key aim of this campaign was to drive down the number of accidental dwelling fire incidents across our Service area. The team produced a hard-hitting interview with a Crowborough businesswoman, who spoke about her distressing experience of a devastating fire in her home, to launch the campaign. As a result of this, BBC South East covered the story, alongside other mainstream local media, reaching a wide audience. Please click on this link to see the interview with Louisa Sheridan <https://www.esfrs.org/your-safety/be-your-own-hero/>

- 2.4.4 Numerous press releases have been issued subsequently, linking a variety of fires we attended since the campaign launched to the Be Your Own Hero home page, which includes the following: Candle Safety Warning Following Hove Fire, Warning Over Chip Pan Dangers, Electrical Safety Advice Following Hove Fire, Eastbourne Fire Prompts Smoke Alarm Message, Tumble Dryer Fire Sparks Electrical Safety Advice, Give Your Fuse Box Some Space, Spring Forward By Testing Your Smoke Alarm, It's Friday The 13th – We're Here to Keep You Safe, Fish Tank Causes Mobile Home Fire, Electrical Safety Warning Following Fridge Fire in Ticehurst #RegisterYourAppliance and Electrical Safety Reminder Following Two Fires.
- 2.4.5 This is a snapshot of just some of the media outlets who proactively promoted our safety messages, as a direct result of the news releases: Brighton & Hove News, Juice Brighton, Brighton & Hove Independent, Rye Observer, Brighton Argus, BBC South East, Eastbourne Herald, Hastings Observer, Kent & Sussex Courier, Crowborough Life, BBC Radio Sussex and Heart FM radio.
- 2.4.6 The Be Your Own Hero marketing campaign will continue with the production of a series of five short video clips that cover different types of incidents, which our Service responds to, illustrating everyday scenarios, as well as possible consequences of people's actions. Each video is interconnected and can be watched as a whole, or as five individual shorts. Alongside this launch will be a second 'real-life' interview with a mother-of-two who shares, on camera, an emotional interview about her traumatic experience of a loft fire, at her Lewes home, which left them homeless for months. The idea behind this moving interview is to create behaviour change among our residents, as well as a prompt for call to action.
- 2.4.7 Following a request from Uckfield and Crowborough stations, Business Services have also been helping raise awareness of smoke alarms and home safety visits to further help the service reduce its attendances at accidental dwelling fires.
- 2.4.8 Using a mailing list provided by Planning and Intelligence Analyst – Community Risk, Chris Fry, the team have been steadily sending out letters to local residents.
- There are a number of aims to this:
- To encourage people who had HSVs to test their smoke alarms
 - To encourage people who haven't had HSVs to fit and test smoke alarms
 - To encourage people to ask for HSVs
 - To signpost people to further information about fire safety
- 2.4.9 Recipients are asked to send back a postcard, confirming their actions or requesting an HSV.
- 2.4.10 This project is a smaller version of one rolled out in Hastings in 2016, and which proved successful in providing not only referrals for HSV but reassurance that those we have visited, still have working alarms.
- 2.4.11 At present, just under 600 addresses in Uckfield and Crowborough have been targeted and we have had 106 replies. This is a response rate of 17.5% - for comparison the industry average for direct mail is around 4%.

- 101 households confirmed they had tested their smoke alarms.
- 37 confirmed they had fitted new smoke alarms and/or replaced batteries
- 65 promised to test their alarms at least once a week

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

2.5.1 Due to reporting issues since the 4i go live it has not been possible to give a year end result for this indicator. Once the data is available this will be updated.

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

2.6.1 Due to reporting issues since the 4i go live it has not been possible to give a year end result for this indicator. Once the data is available this will be updated.

2.7 **Increasing the percentage of home safety visits that we complete with the more vulnerable members of our community**

2.7.1 We delivered 91.8% of our home safety visits to vulnerable people within our community in the fourth quarter of 2017/18 and at the end of 2017/18 we had delivered 91.7% of our home safety visits to vulnerable people which is an improvement on last year (90.7%).

2.8 **Reducing the number of absences of our employees due to sickness.**

2.8.1 The Scrutiny & Audit 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.

2.8.2 Performance has improved from the same quarter last year, with 2.5 shifts lost as opposed to 2.9, however at the end of the year 10.8 shifts had been lost by employee against 10.5 in the previous year. 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 10.8 shifts lost per employee at the end of 2017/18, 6.4 of these are due to long term sickness, 1.9 due to medium term sickness and 2.5 due to short term sickness. More detailed information can be seen in the exceptions report (Appendix B).

2.9 **Inspections of high risk premises completed**

2.9.1 This is a new priority area and critically important following the Grenfell Tower fire on 14 June 2017. In the fourth quarter 2017/18 176 high risk inspections have been completed, this is an increase of 118 over the same quarter in the previous year. At the end of 2017/18 499 audits had been completed, this is an increase of 59% on the previous year when 314 were undertaken. This has been an intensive period whereby hundreds of residents have been visited by members of our business safety team.

- 2.9.2 The Service is reviewing the current CFOA Risk Based Inspection program and introducing Business Safety checks/audits by operational personnel. There are a number of areas that will help improve performance in this area including:
- The upgrade of CRM database
 - We will provide competency-based Business Safety training to operational staff
 - We will continue to identify and inspect premises at higher risk of fire
 - Provide all premises where the Fire Safety Order applies with a qualitative relative risk rating
 - Develop CRM to deliver a qualitative Risk based inspection program
 - Use the inspection program to collect enhanced firefighter risk information
 - Deliver a mobile digital platform to support efficiencies in the audit process
 - Work towards a target of 1,500 checks/audits per year – dependent on the delivery of IT support/networks
 - Introduce a quality assurance framework/process for Business Safety
 - Deliver an integrated communications plan which supports the RBI program and increases awareness of Business Safety internally and externally

2.10 Numbers of Home Safety Visits completed

- 2.10.1 In the fourth quarter of 2017/18, 2,777 home safety visits were completed, this is 251 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. At the end of 2017/18 10,982 home safety visits had been completed.
- 2.10.2 There are a number of areas that being progressed by the Safer Communities Directorate including an intention to increase the number of Home safety visits undertaken and stretch targets being set to deliver 12,000 HSVs in 2018/19.
- 2.11 Other areas requiring commentary are set out in the exceptions report.



East Sussex Fire & Rescue Service

East Sussex Fire & Rescue Performance Results Quarter 4 2017/18

MAY 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 Q4 result	2016/17 Yea end result	National Quartile Position 2016/17	2017/18 Quarter 4	2017/18 Year end result	Direction of travel from 2016/17 result
6	Total number of incidents attended	2,074	9,191		2,096	9,440	Declined
7	Number of deaths in primary fires	1	5		1	2	Improved
8	Number of injuries in primary fires	10	35		12	39	Declined
1 Priority	No of accidental dwelling fires	143	538		131	496	Improved
9	Number of primary fires	271	1,184		261	1,128	Improved
10	Number of deliberate fires	117	686		88	746	Declined
11	No of Industrial and Commercial fires	32	169		38	160	Improved

12. First arriving appliance	2015/16 England Average	2015/16 FG2 Average	Q3 2016/17	Q3 2017/18	2017/18 Projected year end
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)

Please note that this data relates to quarter 3 as due to reporting issues post 4i go live it has not been possible to produce this data


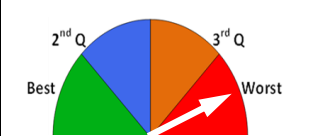
13. Second arriving appliance	2015/16 England Average	2015/16 FG2 Average	Q3 2016/17	Q3 2017/18	2017/18 Projected year end
Primary fires	N/a	N/a	11.9 (137)	11.3 (105)	12.0 (363)
Dwellings	N/a	N/a	10.9 (79)	10.0 (62)	10.3 (201)
with any casualty or rescue	N/a	N/a	13.5 (5)	8.5 (4)	11.2 (19)
without any 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)

Please note that this data relates to quarter 3 as due to reporting issues post 4i go live it has not been possible to produce this data

We make our communities safer

We will do this by:

Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2016/17 Q4 result	016/17 Yea end result	National Quartile Position 2016/17	2017/18 Quarter 4	2017/18 Year end result	Direction of travel from 2016/17 result
2 Priority	% of Home Safety Visits to vulnerable people	91.6%	90.7%	This is an ESFRS indicator only, no National data is available for comparison	91.8%	91.7%	Improved
14	Undertake 10,000 Home Safety Visits	2,526	9,302		2,777	10,982	Improved
15	Number of safe and well visits conducted	109	557	This is an ESFRS indicator only, no National data is available for comparison	149	474	Declined
16	Inspections of high risk premises completed	58	314		176	499	Improved
17a	Number of business safety engagement events	3	29	This is an ESFRS indicator only, no National data is available for comparison	2	24	Declined
17b	Number of attendees at business safety engagement events	63	584	This is an ESFRS indicator only, no National data is available for comparison	500	1,726	Improved

We make our communities safer

We will do this by:

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

Indicator No.	How will we measure performance?	2016/17 Q4 result	2016/17 Year end	National Quartile Position 2016/17	2017/18 Quarter 4	2017/18 Year end result	Direction of travel from 2016/17 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.9	10.5	This is an ESFRS indicator only, no National data is available for comparison	2.5	10.8	Declined
18	Number of RIDDOR incidents	2	9		4	15	Declined
19	Number of workplace reported accidents / injuries	63	234		71	221	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 Q4 result	2016/17 Year end	National Quartile Position 2016/17	2017/18 Quarter 4	2017/18 Year end result	Direction of travel from 2016/17 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-28.5%	-35.4%	This is an ESFRS indicator only, no National data is available for comparison	Unable to produce due to reporting issues post 4i go live		N/a
20	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	0.7%	1.7%	This is an ESFRS indicator only, no National data is available for comparison	Unable to produce due to reporting issues post 4i go live		N/a
21	% of AFA calls challenged by SCC	7.1%	9.0%	This is an ESFRS indicator only, no National data is available for comparison	Unable to produce due to reporting issues post 4i go live		N/a
5 Priority	% of accidental dwelling fires confined to room of origin	88.1%	91.6%	This is an ESFRS indicator only, no National data is available for comparison	Unable to produce due to reporting issues post 4i go live		N/a

Appendix B

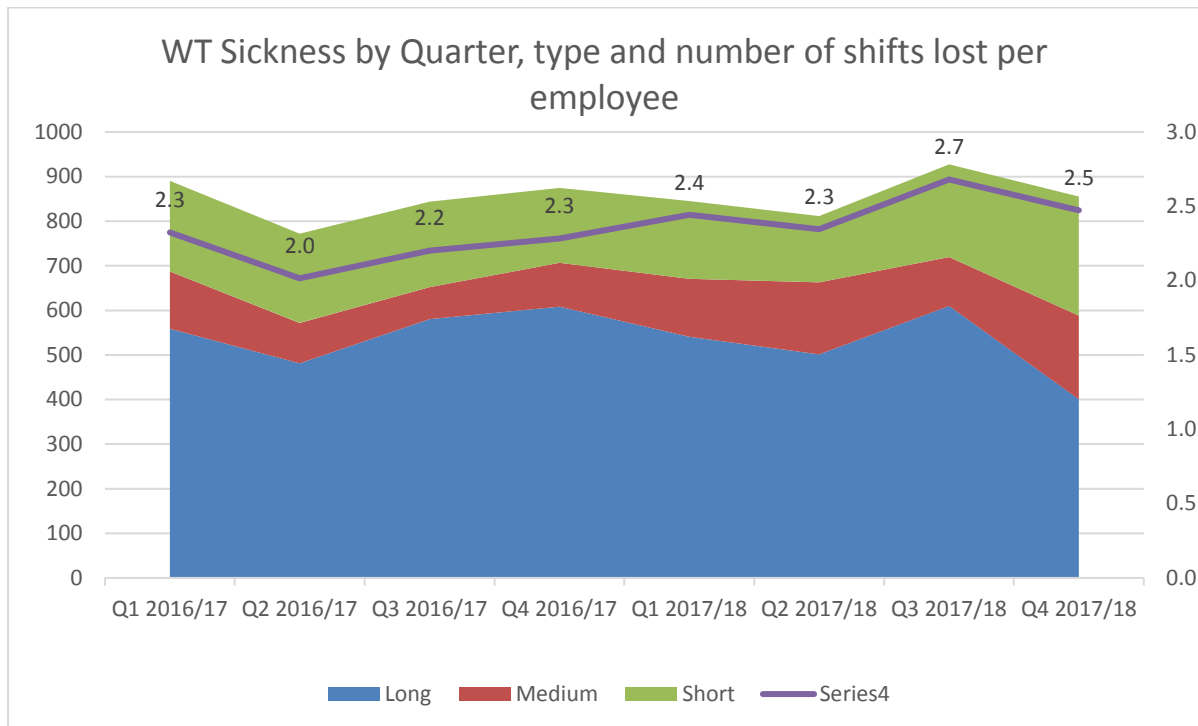
EXCEPTIONS REPORT – Year end 2017/18

Indicator	Commentary	Actions to be taken
8. Number of injuries in primary fires	There were 39 injuries in 2017/18, this is an increase of 4 on the previous year when 35 were recorded	30 of these injuries were in accidental dwelling fires, this is eight more than in 2016/17 and as there has been a decrease in accidental dwelling fires over this period of 8%, this means there has been quite a substantial increase in casualties. A Fatal Fire & Serious Fire Related Incident Review will take place within the Community Safety Team and the outcome will inform our approach to further prevention activities. Also the review will ensure that where the learning involves other agencies, either by an omission or by their contribution, we will ensure that the lessons and experience are shared with those and other relevant agencies appropriately.
15 Number of safe and well visits conducted	The number of safe and well visits conducted in 2017/18 was 474, this is a decrease of 83 against the previous year.	The role of Safe & Well practitioners changed at the start of 2017/18 to encompass collaborative working with GP practices visiting patients referred by them. Due to the changes, safe and well visits are now delivered by only one practitioner and figures cannot be directly compared as previously this work was carried out by two specialist roles.
17b. Number of business safety engagement events	24 business safety engagement events were held in 2017/18 this is 5 less than 2016/17 when 29 had been run.	Although fewer business safety events were undertaken in 2017/18, they were attended by 1,726 people, this is a huge increase on the previous year when 584 attended.
18. Number of RIDDOR incidents	There were 15 RIDDOR incidents in 2017/18, this is 6 more than the previous year when nine were reported	Seven RIDDORs were due to absences of over seven days following an injury; four were due to BA failures (indicative of the ageing BA sets), and four fractures.
3. The number of days/shifts lost due to sickness	In 2017/18 10.8 shifts were lost due to sickness, this is slightly higher than the previous year when 10.5 shifts were lost due to sickness	<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 10.8 shifts lost per employee at the end of 2017/18, 6.4 of these are due to long term sickness, 1.9 due to medium term sickness and 2.5 due to short term sickness.</p>

		<p>By the end of 2017/18 Wholetime had lost 9.9 shifts per employee, Control 16.2 shifts per employee and support staff 11.4.</p> <p>There have been a number of changes throughout the year to support the organisation in managing attendance as follows:-</p> <ul style="list-style-type: none"> • The Audit of Management of Sickness Absence has been completed and the Service was given reasonable assurance. The HR team will be implementing the recommendations in order to drive through improvements in this area. • A change to the way payment for specialist treatment is authorised in HR to speed up approvals • We will be adopting a case conference approach to manage long term sickness absences. • Closer working with the Fitness Advisor on case management • A blended approach to occupational health and well-being services will provide greater resilience across the occupational health environment and support the HR Strategic Review of Attendance Management which is one of the department's priorities for 2018/19. <p>Managers have also been reminded that this is a key priority indicator and the key principles from the Attendance Management Policy have been communicated.</p>
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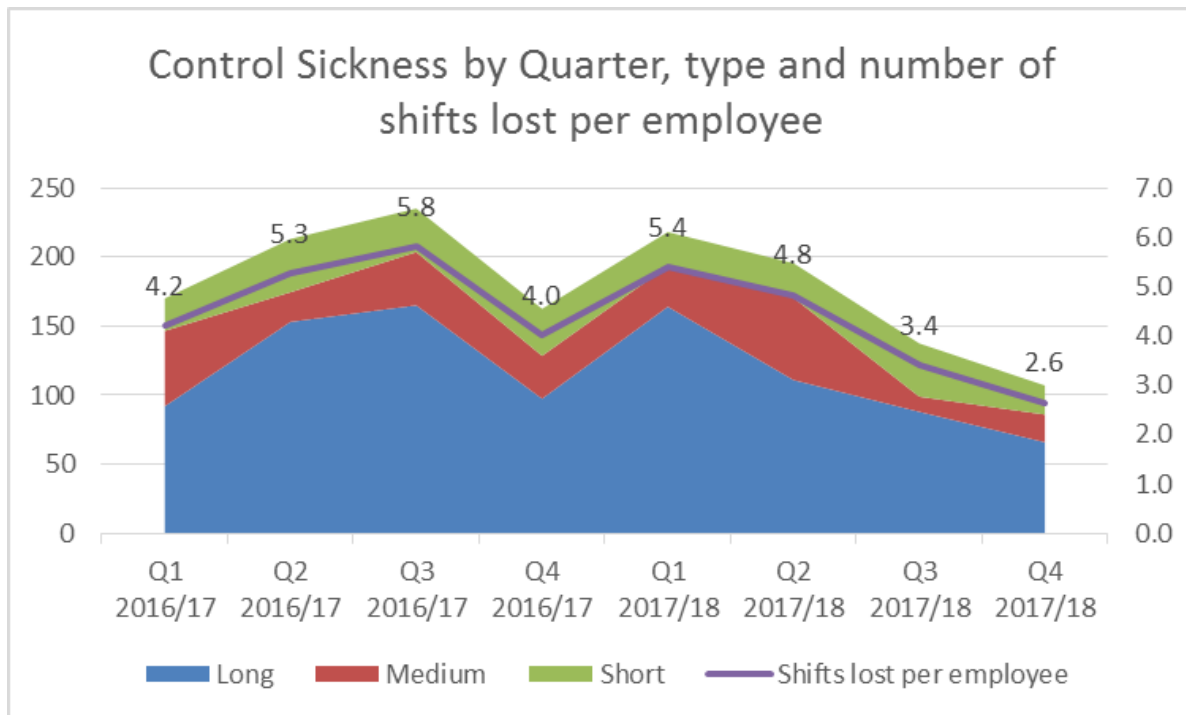
The following graphs show the level of shifts /days lost by long term (over 28 calendar days lost), medium term (eight to 27 calendar days lost) and short term sickness (one to seven calendar days lost). Each graph also shows the total number of shifts lost per employee on a secondary axis.

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



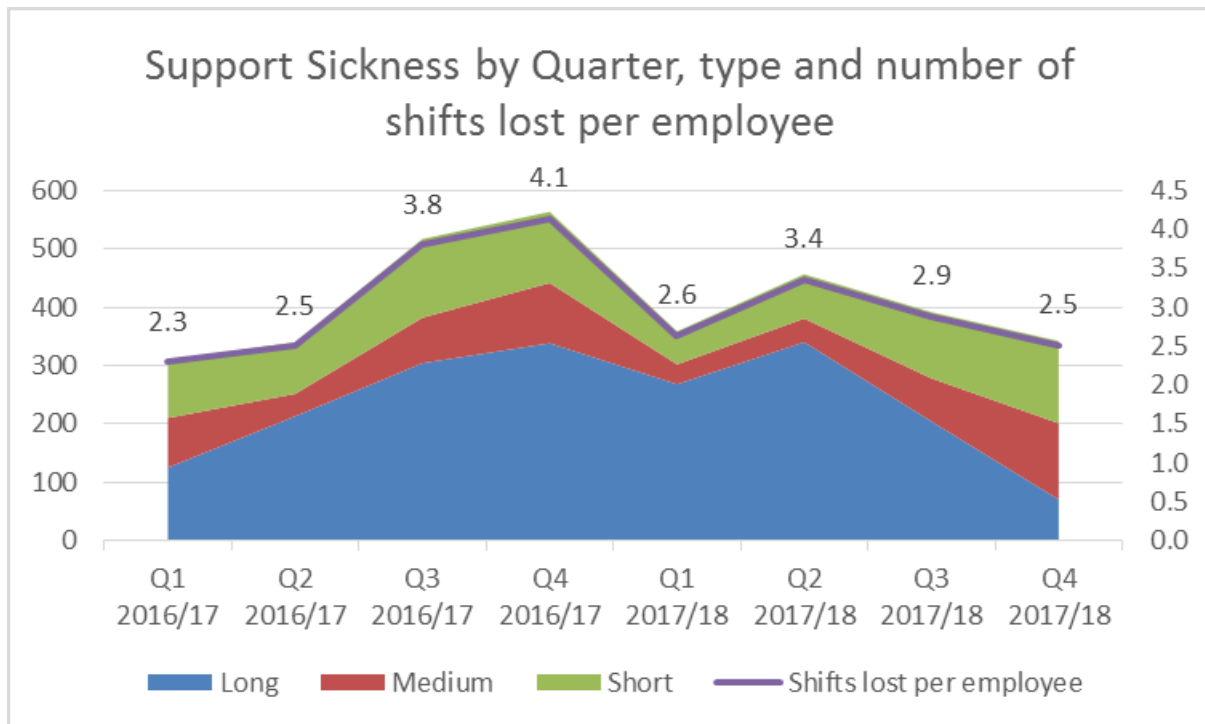
- Long term sickness makes up 63% of all whole time sickness
- Medium term sickness makes up 14%
- Short term sickness makes up 23%

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



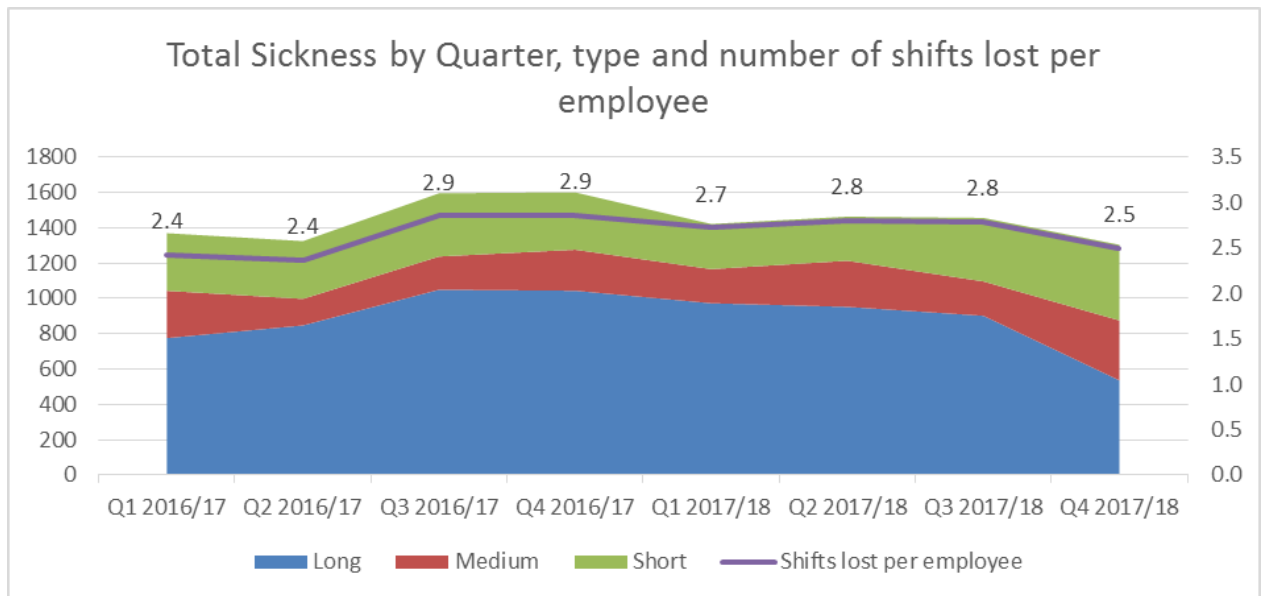
- Long term sickness makes up 65% of all control sickness
- Medium term sickness makes up 18.5%
- Short term sickness makes up 16.5%

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



- Long term sickness makes up 57% of all support staff sickness
- Medium term sickness makes up 18%
- Short term sickness makes up 25%
- Short term sickness is beginning to increase in support staff

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



- Long term sickness makes up 61% of all ESFRS staff sickness
- Medium term sickness makes up 16%
- Short term sickness makes up 23%

EAST SUSSEX FIRE AUTHORITY

Panel Scrutiny & Audit Panel
Date 13 June 2018
Title of Report 2017/18 Fourth Quarter Corporate Risk Register Review
By Duncan Savage, Assistant Director Resources/Treasurer
Lead Officer Warren Tricker, Finance Manager

Background Papers 2017/18 Third Quarter Corporate Risk Register Review

Appendices Appendix A - RAID Log Scoring Matrix
 Appendix B - Corporate Risk Register and Mitigation Plans
 Appendix C - Corporate Project Risk Report

Implications

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

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.

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

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.

A workshop to refresh the Corporate Risk Register has been held with SLT, facilitated by a specialist from Zurich Municipal. The outcomes from this work will be reflected in the future reports to this Panel. We are also considering how best to support Assistant Directors and their teams in developing Directorate risk registers.

The Main changes to the register since last quarter are as follows:

- Risk 2 - Technology – has been deleted following the closedown of the IMD Transformation Programme and replaced with two new technology risks. Risk 16 covering the delivery of the IT Strategy and Risk 17 Information Security.
- Risk 4 – Leadership - has been updated and combined with Risk 7 Resource which has been deleted.
- Risk 13 – GDPR has been updated to reflect the outcomes of the Internal Audit Review – elsewhere on this agenda.
- Risk 15 – On Call Resilience – New Risk.

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

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

RECOMMENDATION

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

Appendix A

CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

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

Corporate Risk and Project RAID Log Scoring Matrix

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

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

Corporate Risk Register

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
1 Financial	4	Failure to identify and deliver efficiencies required to balance the MTFP and meet Fire Authority direction for re-investment in services. Uncertainty of future funding beyond 2019/20 and potential impact on future service delivery model.	4	4	16 (Intolerable)	<p>Ongoing</p> <ol style="list-style-type: none"> 1) Identify £0.7m savings required to balance budget by 2022/23 and further efficiencies required by Members to fund re-investment – update on Efficiency Strategy planned for September CFA. (Ongoing through 19/20 budget setting process.) 2) Delivery of savings monitored on a monthly basis and reported to SLT and Members. (Ongoing.) 3) Opportunities for further collaboration with public sector partners being examined especially around support services and through Intergraded Transport Project and 3F collaboration. (Ongoing.) 4) Ongoing work through ESFOA seeking to maximise income from council tax and non- domestic rates. (Ongoing). 5) Continued monitoring of the review of Business Rates Retention proposals Fairer Funding Review. Comprehensive Spending review and the possibility of a move to Home Office grant for fire authorities all of which are expected to impact in 2020/21. Active engagement in consultation through Fire Finance Coordination Committee. Ongoing. <p>Complete</p> <ol style="list-style-type: none"> 1) Bridging the Savings Gap project and review of Operational Pay budgets will ensure delivery of savings from changes to crewing. Completed September 2017. 2) Business Rate Pool re-established as part of 2018/19 finance settlement – will reinstate funding stream for safer business activities. 	3	2	6 (Moderate)	CFO	AD Resources / Treasurer

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
						3) Improvement and Efficiency reserve established to fund transformation initiatives. Completed 2013, current balance £1.5m. 4) IRMP reviews will more clearly link service provision to the public, to the MTFP. Completed February 2017. 5) Efficiency Plan approved by the Home Office to secure multi-year funding offer providing some certainty to aid financial planning. Completed January 2017.					
3 Partnership	1	Sussex Control Centre does not deliver effective mobilisation service or planned savings. Failure to deliver full specification for mobilising leading to contractual issues.	4	4	16 (Intolerable)	SCC Project Ongoing 1) Regular monthly progress and financial reporting to SCC Implementation Board, both Management Teams and the Executive Governance Board. Ongoing. 2) The project has been subjected to scrutiny by internal audit, report findings are now progressed and monitored by the SCC Implementation Board. Ongoing. 3) System went live for ESFRS resources on 20 th of March 2018. Further work now underway to support transition of west Sussex FRS in due course. Improved financial analysis and reporting now in place. Further discussions now started on phase 2 post go-live planning and contractual negotiations. Complete 1) The Factory Acceptance Test (FAT) is now preceded by a joint pre-FAT program overseen by the SCC Implementation Project Board. Completed January 2017. 2) System went live for ESFRS resources on 20 th March 2018. Further work now underway to support transition of West Sussex FRS in due course. Improved financial analysis and reporting now in	4	3	12 (Substantial)	DCFO	SCC PM

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>place. Further discussions now started on phase 2 post go-live planning and contractual negotiations.</p> <p>3) The Site and User Acceptance Tests will ensure specification and functionality tested after installation at Hayward's Heath. Target October 2017.</p> <p>4) Recommendations from HO report and subsequent assurance visits have now been captured within an action plan overseen by SCC Implementation Board. Completed March 2017.</p> <p>5) Any milestone payments are not triggered until pass of acceptance tests and these are staged. Completed March 2017.</p> <p>6) SCC 'go live' will be subject to sign off by both Senior Users, and the 'switchover' operation will be agreed and validated by SCC Implementation Project Board. Go live authorisation process being finalised. Target November 2017.</p> <p>7) Savings target for 2016/17 revised to reflect delays in implementation. Completed February 2016.</p> <p>8) Additional resources made available due to extension of the go live date to ensure interim service is maintained in accordance with Section 16, these costs are shared. Completed June 2017.</p> <p>9) The maintenance contract for the 3tc legacy system has now been extended. Completed June 2017.</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. Completed March 2017.</p> <p>11) Recommendations from HO report and</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>subsequent assurance visits have now been captured within an action plan overseen by SCC Implementation Board. Completed March 2017.</p> <p>Business as usual</p> <p>Ongoing</p> <ol style="list-style-type: none"> 1) SCC Operational Governance Board, made up of reps of Services, meets monthly to ensure that the Joint Control is effective, efficient and resilient and that any issues and areas of concern are reported and acted upon. Ongoing. 2) ESFRS specific operational and performance matters considered at the relevant management team meetings. Ongoing. 3) 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. Ongoing. <p>Completed</p> <ol style="list-style-type: none"> 1) Refreshed approach to attendance management now being implemented through combination of support and 				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>engagement with staff and application of service policies. Completed May 2017 with Group Manager appointed on temporary basis to provide additional managerial capacity and support.</p> <p>2) Section 16 and SCC Concept of Operations provide the strategic operational framework for the SCC, including arrangements under which call handling, mobilisation and related functions are discharged. Completed December 2012.</p>					
5 Community	1	<p>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>Short to medium term impact of Action Short of Strike (ASOS)</p>	3	3	9 (Moderate)	<p>Ongoing</p> <p>1) Constant Review of Business Continuity and Industrial Action Contingency Plans. Ongoing.</p> <p>2) Maintain consultation and negotiation with trade unions. Ongoing.</p> <p>3) Maintain effective communications with staff, staff groups and trade unions to ensure a connection with national negotiations, communication and impact highlighted in local discussion. Ongoing.</p> <p>4) The FBU has made a legal challenge to the FPS 2015 on the grounds of potential discrimination. The NJC is managing the claim on behalf of all FRS on a shared cost basis and has signed up Bevan Brittan LLP to act on our collective behalf. Completed July 2015. FBU have advised no industrial action to take place under this dispute until at least June 2017.</p> <p>5) A specific business continuity plan to be developed to deal specifically with the impact of industrial action and provide suitable contingency to ensure effective operational resilience, response and preparedness is maintained throughout any such dispute. Target June 2018.</p>	2	3	6 (Moderate)	ACFO	AD OS&R

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
4 Leadership	3	Failure to prepare organisation for change readiness in order to understand and respond to new ways of working and sustain performance engagement and morale through a period of further uncertainty and transformation.	4	3	12 (Intolerable)	<p>Ongoing</p> <ol style="list-style-type: none"> 1) Support middle and senior managers to ensure regular meetings and engagement with staff and to review feedback from managers. Ongoing 2) Ensure staff representative bodies are engaged with and informed of emerging issues. Ongoing. 3) Implement review of effective trade union relations with Keele University 4) Continue to develop communication opportunities including where appropriate, social media and new Communications Strategy. Ongoing. 5) Staff briefings and engagement for SHQ relocation proposals. Ongoing. 6) Develop a strategy to ensure a clear, effective sustainable framework for future staff engagement. Target to be determined. 7) Programme of PO and SLT visits to all staff groups and stations. Ongoing. 8) Staff engagement review and supporting staff engagement strategy (September 2018) 9) People Strategy and supporting action plan to put people first and deliver tangible colleague centred policies (September 2018) <p>Complete</p> <ol style="list-style-type: none"> 1) Trade Union and management briefings in place October 2015 to discuss outcome of local consultations on savings proposals. Completed April 2016. 2) Bridging the savings board is now managing implementation with engagement of staff and rep bodies from 1st April 2016. Completed April 2016. 3) Employee Engagement Framework now 	3	2	6 (Moderate)	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
						included in Reform and OD Programme.					
9 Health and Safety	1,3,4	1) An incident occurring which could impact on the health & safety of our staff, specifically in a training environment & the risk of HSE intervention. 2) The Authority's H&S approach is not effectively targeting the highest risk areas.	4	3	12 (Substantial)	Complete 3) 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 once this work is completed and therefore closing down this action. 4) Changes to the management and staffing structure at CMT and STC agreed and started. Completed December 2016. 5) The Authority has agreed to £300k capital scheme to make improvements to its 4 BA Chambers (including those at STC). Completed 2017. 6) Broader changes are being made to our H&S approach following a H&S Peer Review carried out by a third party. Completed August 2017. 7) Restructure of H&S Team approved by CMT. Completed July 2017. 8) Changes to governance structures for Health, Safety & Wellbeing approved by CMT and being put in place. Completed February 2017.	3	1	3 (Tolerable)	DCFO	AD Training & Assurance
11 ESMCP / ESN	1, 4	1) Failure to complete transition readiness requirements in line with Home Office expectations by September 2018 resulting in failure to transition before August 2019. 2) Airwave begins to fail as it approaches end of life	4	3	12 (Substantial)	Transition Ongoing 1) SE Regional Transition Governance Plan identifies project management, planning, funding and governance arrangements including reporting process providing assurance to HO. Ongoing. 2) Local project management and 3) Governance arrangements overseen by Project Board chaired by CMT member. Complete	3	3	9 (Moderate)	ACFO	AD OS&R

Number / Reference	Aligned to ESFRS Commitments	Strategic Risk	Pre Impact Score	Pre Likelihood Score	Pre mitigation scoring	Key Actions	Post Impact Score	Post Likelihood Score	Current Status (by colour) and total score	Corporate Risk Owner	Risk Delivery Manager
		<p>and there is no suitable replacement resulting in ESFRS failing to mobilise emergency resources as required under the Fire & Rescues Services Act.</p> <p>Although the failure of ESN or delay of ESN would sit with the Home Office, failure to mobilise appliances would still be the responsibility of the Fire Authority in this situation</p> <p>3) Timing of delivery of ESN impacts on SCC and on the recruitment to upgrade control room to become ESN compliant. As the timelines converge, this could result in contractual or operational risk.</p>				<p>1) Joint ESFRS / WSFRS Project Manager recruitment process now underway. Completed April 2017.</p> <p>Ongoing</p> <p>1) National, regional and local governance and communications arrangements will ensure that ESFRS has early warning if it appears this risk is likely to materialise. Ongoing.</p> <p>2) ESFRS will work with regional blue light partners to understand likelihood and potential alternative solutions. Ongoing.</p> <p>3) As the timeline for ESN firms up, SLT to consider impact and engage in early discussions and options approvals.</p>					
12 Pensions Administration	3,4	Failure to comply with statutory requirements and performance standards for administration of Firefighter Pension Scheme. Possible sanction by the Pension Regulator (TPR).	3	3	9 (Moderate)	<p>Ongoing</p> <p>1)Orbis has presented improvement actions to local FPS Pension Board and now attend on a quarterly basis to report progress and report on performance. Ongoing.</p> <p>2)Officers to track progress through bi-monthly contract review meetings with Orbis. Ongoing.</p> <p>3)New agreement to reflect all financial services provided by Orbis to be put in place by 31 March 2017. Revised target 31 July 2018.</p> <p>4)Breach of Pension Act as result of failure</p>	3	1	3 (Tolerable)	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
						<p>to meet deadline for production of Annual Benefits Statement reported to TPR who confirmed no intention to take action at this stage. Completed but problem reoccurred in 2017/18.</p> <p>Complete</p> <p>1) Officers have met with representatives from Orbis our pension administration provider to raise concerns regarding compliance and performance. Completed March 2017.</p>					
13 General Data Protection Regulations	1	Failure to effectively review and implement minimum recommended changes from the Information Commissioners Office and required regulation changes could impact severely on key services and leave the organisation vulnerable for large fines.	4	3	12 (Substantial)	<p>2) Governance Group – Task & Finish Group in place to monitor progress on weekly basis.</p> <p>3) Department tasked to complete Information Asset Register templates.</p> <p>4) Completion of info Sec training on E learning by the end of April.</p> <p>5) Subject Access Request process to be established – clerks to receive, respond and record all SAR's.</p> <p>6) Data Protection impact Assessments – DPIA's to be in place for project with GDPR risks identified being progressed by Projects Co-ordinator.</p> <p>7) Forms -from templates to be reviewed by depts. (rationalised) - remaining forms to be managed by Business Services.</p> <p>8) Personal Data Sharing Agreements – to be centralised under Word template version control & overseen by Business Services.</p> <p>9) Assistant Directors Remaining Actions – agree other outstanding actions for ADs following internal audit report.</p>	3	3	9 (Moderate)	DCFO (as SIRO)	Information Security and Data Protection Officer

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
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)	Ongoing 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. Communications items will be fed out to the organisation to raise awareness of process and required training. Internal Audit Review of Safeguarding included in 2018/19 Plan 1)	4	1	4 (Tolerable)	AD Safer Communities	
15 On call resilience	3,4	Reduced availability and difficulty in recruitment and retention of on call firefighters which will impact on overall operational resilience and appliance availability.	4	3	12 (Substantial)	Ongoing 2) Service Delivery have introduced a focus group (action leaning set) to target key actions to improve on call recruitment and retention. 3) Review outcomes of Retained Firefighters Union report RFU survey of RDS Firefighters 2017-Findings Report (July 2018) 4) Focus staff engagement to on call colleagues and employers to recognise the unique contract arrangements (Engagement Plan in place July 2018) 5) Review levels of determine future capacity and service delivery options e.g IECR of community safety activity (December 2018) 6) Review fleet/vehicle provision as on call stations to facilitate future crewing options (December 2018)	4	2	8 (Moderate)	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
16 Technology	4	<p>Insufficient business resources / capacity available to commit to delivery of IT Strategy Projects, leading to delays to the programme.</p> <p>Inadequate ITG / telent skills and resources required to deliver the IT Strategy Projects.</p> <p>Inadequate funding available to complete the delivery of the IT Strategy, due to the delays caused by insufficient business or IT resources being available.</p>	4	4	16 (Intolerable)	<p>Ongoing</p> <ol style="list-style-type: none"> 1) Active monitoring and reporting of the IT Strategy programme status and timeline to SLT, in conjunction with PMO. 2) Alignment of IT Strategy with SLT Corporate Plan to highlight initiatives where insufficient business resources / capacity exists. 3) Ensure project governance is in place for all active IT Strategy projects, to include ITG / telent / business resource plans. Resourcing issues & risks to be escalated to SLT with recommendations to resolve, should the project boards be unable to identify a solution. 4) telent to present to ESFRS the telent resourcing strategy approach for delivering the IT Strategy Projects. 5) Ensure adequate provision is made in the IT Strategy budget for the deployment of additional contract resources. 6) IT Strategy actual spend versus budget will be reviewed on a quarterly basis and presented to the SLT. 7) Reviewing of IT Strategy funding as part of reset Q1 2018/19 	3	2	6 (Moderate)	DCFO	AD Resources / Treasure

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
17 Technology	4	Inadequate Information Security controls in place leading to a potential data breach / data loss and or compromise of ESFRS information assets and systems	4	4	16 (Intolerable)	Ongoing <ol style="list-style-type: none"> 1) telent to progress the IT Risk Treatment Plan project works in a series of phases to be delivered between 2018 and 2020 2) telent / ITG to complete the mitigation actions in the Cyber Security Audit 2017. Obtain Cyber Security accreditation. 3) Ensure annual IT Health Checks are undertaken by 3rd party security specialists and mitigate risks identified 4) Evaluate telent's IT security managed service and present associated business case / justification to SLT 5) The Information Security Management Forum to meet on a regular basis - to raise awareness of information security within the business 6) Ensure annual Information Security training is completed by all staff, to raise awareness 7) ESFRS to continue with strategy of alignment with ISO27001 security 	3	2	6 (Moderate)	DCFO	AD Resources / Treasurer



	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			Andrew Carr, Project Manager, and Helen George, Projects Co-ordinator, have been tasked by the DCFO with carrying out complete revision and update of RAID log, in light of 4I go live, and subsequent problems.									
R2	Business Intelligence	05/03/2018	New	CRM upgrade not yet commissioned therefore data source listing not finalised.	3	3	9	Ensure all likely data sources are considered	3	3	9		Telent Project Manager

No risks above an “8” were reported by these projects: ESMCP, Savings Implementation Group, RPE (Radios)

Hydrant Management and Offices’ Review need to have risks scored.

Not started yet: CRM, next phase of Firewatch

EAST SUSSEX FIRE AUTHORITY

Panel: Scrutiny and Audit
Date 13 June 2018
Title of Report Corporate Projects Progress Report 2017/18 – Quarter 4
By Mark O'Brien, Deputy Chief Fire Officer
Lead Officer Liz Ridley, Assistant Director, Performance & Improvement

Background Papers None

Appendices Report attached as Appendix 1

Implications

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

PURPOSE OF REPORT For information

- EXECUTIVE SUMMARY**
- 1 **Sussex Control Centre (SCC)** – Go live achieved, e-IRS difficulties resolved, transition for WSFRS now a focus.
 - 2 **RPE** - has completed; Radios board will make recommendation to Ops Committee at the end of May.
 - 3 **Emergency Services Mobile Communication Programme (ESMCP)** – Planning under way for incremental adoption. Full national business case and plan expected Autumn 2018.
 - 4 **Integrated Transport Function (ITF)** – Land evaluation taking place, engineering specs for workshops complete.
 - 5 **Hydrants** – Requirements being edited after supplier queries.
 - 6 **Business Intelligence** – Requirements mapping under way.

- 7 **Firewatch** – Next phase starting with key objective of integrating Firewatch with 4i for more efficient mobilising.
- 8 **Bridging the Savings** – final monitoring to ensure savings captured.
- 9 **Procurement Cards** – SAP issues have been resolved, rollout continues.
- 10 **Officers' Review** – Board set up; milestones and documentation being developed.

RECOMMENDATION

The Panel is asked to note the contents of the Report.

SCC Implementation Project SRO: DCFO Mark O'Brien		The Sussex Control Centre (SCC) will provide a high quality, high performing, operationally resilient and cost effective incident management hub for both East Sussex Fire and Rescue and West Sussex Fire and Rescue.				The Sussex Control Centre will fulfil the statutory obligation to provide a Fire and Rescue Service to the public in Sussex and reduce the cost of providing the service.		
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	4i System Design Freeze and Factory Acceptance Testing (FAT) scope agreed	100%	13/10/2016	13/10/2016	0	Complete	Andy Carr	This milestone provides clarity around the go live design that will be tested and signed off at successful FAT as ready for go live. There will be no pre-planned further development before go live.
2	4i System development to meet design freeze requirements	100%	25/11/2016	16/12/2016	-21	Complete	Andy Carr	Areas of non-critical development that were not met in the timeframe have been moved to post go live development. (See note 1- below in Summary)
3	Pre Factory Acceptance Test Assurance Visits	100%	18/01/2017	13/01/2017	5	Complete	Andy Carr	Both technical and business pre FAT assurance visits will take place to minimise risk and identify issues relating to successful FAT milestone completion.
4	Factory Acceptance Testing (FAT) Exit	100%	10/02/2017	10/02/2017	0	Complete	Andy Carr	The 4i system that is accepted here is suitable for SCC service delivery at go live.
5	Site installation and commissioning (at both Haywards Heath (SCC) and Maresfield (Secondary Control))	100%	03/03/2017	07/07/2017	-126	Complete	Andy Carr	Slippage of supplied divergent network connectivity has caused delay to commissioning testing.
6	Site Acceptance Testing (SAT)	100%	17/03/2017	05/09/2017	-172	Complete	Andy Carr	SAT extended from two to four weeks but exited successfully
7	MDT rollout	100%	21/06/2017	29/11/2017	-161	Complete	Andy Carr	VMDS installation complete but some cabling issues still need to be rectified on older installations.
8	Training (end user)	100%	10/05/2017	23/06/2017	-44	Complete	Andy Carr	Due to crewing and resourcing issues the training window was extended by one week with a 3 week hiatus for refit of the Maresfield control room.
9	User Acceptance Testing (UAT)	90%	26/05/2017	16/03/2018	-252	Complete	Andy Carr	Completed immediately pre go-live
10	SCC evacuation	0%	20/06/2017	20/03/2018	-273	N/A	Andy Carr	We are going to adopt a go-live process which no longer involves evacuation
11	Go Live	0%	21/06/2017	20/03/2018	-272	Complete	Andy Carr	This will incorporate a phased approach, with ESFRS going live first followed by WSFRS some weeks later. Timescales for WSFRS adoption not agreed 20/3/18
	Project Manager's Progress Summary	<ul style="list-style-type: none"> Go live went quite smoothly for ESFRS We are working with WSFRS and WSCC to achieve readiness for transition to 4i eIRS changes are almost ready to exit UAT and go live Technical Implementation plan for WSFRS under review 						

Replacement Respiratory Protective Equipment (RPE) and Radios

SRO: Richard Fowler
Assistant Director- Operational Support and Resilience

Project Manager: Dave Wilby

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Contract for radios awarded	0%	15/08/2017	15/10/2017	61	Delayed	BB/FW	
2	Radios delivered	0%	15/10/2017	15/10/2017	0	On Schedule	BB/FW	Achieved
3	Radio training complete	0%	23/12/2017	23/12/2017	0	Not started yet	BB/FW	The board has completed the BA Telemetry training with exception of long term sick personnel, this will be managed by Boroughs and RPEIs.
	Project Manager's Progress Summary	The Radio phase of the RPE project has undertaken the independent assessment of risk presented to the user of radios in the workplace. Risktec has finalised a report taking into account the risks associated with loss of communication and the level of risk using a radio in an explosive atmosphere. The board will discuss the options available on 29th May and put together a recommendation to the Ops committee for consideration.						

Emergency Services Mobile Communications Project (ESMCP)

SRO: Richard Fowler
AD Operational Support and Resilience (T)

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

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Scope and Deliverables for ESMCP	50%	30/10/2017	TBA	N/A	Awaiting new National ESMCP business case	RF	Full scoping review to be compiled for ESMCP through transition to BAU. Deliverables and aspirational implementation products to be clearly identified and work streams resource requirements defined accordingly.

2	Project Office set up	100%	01/11/16	TBA	N/A	Awaiting new National ESMCP Business Case and Transition Readiness plan	RF	Original Governance documentation signed off, however the new National BC will necessitate a review of the Governance documents and regional governance plan to noted material changes in project plan. Execution plans and local timelines cannot be finalised until the new national plan has been published. RAID log in operation and reviewed at Regional and Local board level, we have sought to broadly align the WSFRS and ESFRS RAID log. PID is under review, need to define ToR. Central programme are re-baselining the programme, expected Spring 2018, after this existing local execution plans will require update and adjustment.
3	New equipment for vehicles and officers to be identified and ordered.	10%	TBA	TBA	N/A	In progress	RF	Vehicle solution manufacturer Invite to Tender ITT process delayed until Autumn 2018, awaiting PAC review. Initial expectation is 3 separate options, car, appliance and enhanced coverage "net" device. Incremental adoption of ESMCP will take over from initial National plan. Opportunities exist to adopt aspects of ESN capability starting late 2019-early 2020.
4	Vehicles fitted with equipment	10%	TBA	TBA	N/A	In progress	RF	Planning assumptions have been identified, based on the Firelink Project. Awaiting further details from central.
5	Equipment issued to staff (officers)	5%	TBA	TBA	N/A	In progress	RF	Once the Hand held device has passed National Accreditation Testing they will be available on the HO procurement framework. The Samsung device full specification and functionality has not been published. Accessories have been evaluated for this device. Product availability moved to Early Summer 2018. Incremental adoption may affect the roll out of devices to officers as functionality availability become known.
6	Emergency Services Network connection to control room. (Direct Node Service Provider, DNSP, connection)	20%	TBA	TBA	N/A	In progress	KP	The DNSP connection order has been placed on hold pending decisions on control room future provision Funding received for installation and 2 year rental based on evaluated size requirements based on usage estimations.
7	Equipment for SCC (connection to Frequentis ICCS) ordered and ready.	20%	TBA	TBA	N/A	In progress	KP	ITG have prepared with telent a ITHC remediation action plan to meet ESN security requirements, currently all work is on hold pending future provision. Section 31 grant funding has been received to cover the cost of the Remsdaq/Frequentis solution based on their quote September 2017.
8	Maintenance and support systems in place	5%	TBA	TBA	N/A	In progress	KP	Initial discussions held with Telent for the provision of this within the partnership. However insufficient information received from programme regarding local and programme lead activities requiring action.
9	Redundant equipment removed and disposed of securely.	10%	TBA	TBA	N/A	Airwave Sustainably Group	KP	A national Airwave Sustainability Group has been set up within the ESMCP to review the Airwave network and manage the shut down and removal of Airwave equipment.
10	New communications system installed and in use	10%	TBA	TBA	N/A	Awaiting new National ESMCP Business Case and Transition Readiness plan	RF	Version 7 of the National Plan has been dismissed as no longer viable for this programme.

	<p>Project Manager's Progress Summary</p>	<ul style="list-style-type: none"> • New Incremental Adoption planning is underway, involving greater local level interaction to determine the appetite and options available to ESFRS in relation to existing IT roadmaps and strategies. (BAU) • Following the feedback from all Emergency Services regarding Incremental Adoption the full Business Case and programme plan for ESMCP is anticipated in Autumn 2018. • All requested programme requests and returns are up to date answering programme requests for information, developing and refining transition plans and considerations. • Local and regional outline task plan durations have been reviewed to ensure collaboration between Kent, Surrey and West Sussex FRS is optimised and as a region the South East is fully aware of any restrictions or opportunities that may influence the progression to Transition readiness. • The programme has delivered the 2nd phase of control room grant funding. Additional funding has been received for Network Firewalls, and the connectivity development for MDTs. A nationally determined 'contingency' award has also been received. • Training material and learning outcomes development continues within the programme. Engagement with the South East Employee Development Group SEEDG has been progressed to identify regional economies of scale and training delivery optimisation. 	
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Integrated Transport Function (ITF)
SRO: ACFO, Mark Andrews
Project Manager: Bill Brewster

This is a project to deliver a number of outcomes related to the provision of fuel depots, telematics and fleet maintenance / management in collaboration with other emergency service partners.

Detailed milestones will be provided – these comments are an interim report while project plans, documentation and deliverables are in development.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Telematics	TBA	TBA	TBA	TBA	TBA	Bill Brewster	Contact awarded through Surrey CC on behalf of the ITF to Traffilog post contract clarifications completed working with the Police oversight board on security of data requirements SLT paper being completed including costing. Draft paper commercial proposal being considered negotiated removal of three hour cost per vehicle resulting in a saving of over £11000-00 against the initial Traffilog quote.
2	Bulk Fuel	TBA	TBA	TBA	TBA	TBA	Bill Brewster	<p>Contract awarded through Surrey CC for the supply of new tanks pumps and operating system and associated civil engineer works in three separate lots, Oil Tank supplies being the main contractor, quote received from Oil Tanks Supply's and currently in discussion around the overall cost and any options we might have, SLT paper underway following a technical review and adopting new technology a hybrid solution of new tanks and refurbishment of others by way of relining offers a longer warranty along with an environmental alarm system that can be monitored 24/4 governance and project management is being considered once the reviewed final quotes arrive.</p> <p>The new quote will realize a substantial saving against the original quote will reduce the fitting of the new equipment and lower the disruption for the user</p>
3	Integrated Workshops	TBA	TBA	TBA	TBA	TBA	Bill Brewster	<p>A number of pieces of land are under consideration. Initial build options supplied by consultants WYG. Land evaluation taking place and strategic discussions underway with other partners around the site use and other build opportunities.</p> <p>All engineering specifications completed and passed to WYG ITF program manager coordinating the wider ESCP piece.</p> <p>History and development of ESCP and thus ITF well documented. Now working to 3F with police as partners all requested information. Data and contractual negotiations up to date from an ESFRS perspective.</p> <p>Six build options form part of the viability study land evaluations are being carried out along with a spacial requirement review of logistics and general workshop throughput that will ensure the correct size workshop is built and planned for with the ability to expand into the future without additional costs.)</p>

	Project Manager's Progress Summary	<ul style="list-style-type: none"> • Currently East Sussex are fully up to date with the specifications associated data and intelligence with regards to the workshop build. • Work is also progressing on processes that will operate the workshops including staffing and other opportunities such as an apprentice school to manage future succession planning at both technical and managerial levels (particularly electrical and digital engineering. • New fuel cards are in place so East Sussex now has access to partner fuel sites. • Police and Fire appliances technically tested and specification agreed for fitting out at commencement of roll out plan. Security of held data meeting Police and fire standards on dedicated blue light servers. 	
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Hydrant Management
SRO: Richard Fowler, AD Operational Support and Resilience (T)
Manager: Dorian Lundie, telent

East Sussex Fire & Rescue service are seeking a new solution for Hydrant Management. As part of the wider programme of works a COTS application will replace the current facility. Phase 1 Procurement is underway.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Establish project	100%	25/01/2018	25/01/2018	0	Complete	DL	
2	Submit requirements for supplier tender	100%	30/03/2018	18/05/2018	+47	In progress	DL	Although original submission occurred on schedule, supplier queries have necessitated a revision of the requirements specification (to provide greater clarity). Timeline also extended to accommodate the inclusion of supplier product demonstrations in project scope.
3	Product demonstrations	30%	23/04/2018	05/06/2018	+44	In progress	DL	Two product demonstrations delayed due to 3 rd party availability and queries (dependency with requirements revision)
4	Compile responses and create Assessment document	0%	30/04/2018	29/06/2018	+60	Scheduled	DL	Delayed to allow for supplier tender once requirements redefined

Business Intelligence
SRO: Liz Ridley, AD Performance and Planning
Manager: Dorian Lundie, telent

ESFRS have identified the need for a Strategic Business Planning and Enterprise Performance Management solution that will enable greater transparency in performance reporting, provide greater accountability for delivering business outcomes and supports increasing the capacity to complete performance analysis. The procurement phase is underway.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Establish project	100%	28/02/2018	28/02/2018	0	Complete	DL	PID/scope signed off and resource mobilised
2	Market engagement	100%	23/03/2018	23/03/2018	0	Complete	DL	Vendors engaged to confirm interest in Bid process. 3 vendors accepted: Board, InPhase and Camms.
3	Product demonstrations	100%	20/04/2018	25/04/2018	+5	Complete	DL	3 x product demonstrations held and findings compiled. Slight delay to accommodate 3 rd party availability.
4	Requirements gathering for supplier Request for Quote (RFQ)	10%	18/05/2018	29/05/2018	+11	Scheduled	DL	Data mapping and requirements definition to be undertaken collaboratively for inclusion in the RFQ. Delayed due to ESFRS staff availability/capacity.
5	Request for Quote (RFQ)	0%	01/06/2018	15/06/2018	+14	Scheduled	DL	RFQ submission (dependent of requirements mapping and data mapping by ESFRS)

Firewatch
SRO: ACFO Mark Andrews

FireWatch was purchased to meet the demand for an integrated, co-ordinated approach to managing people and resources, to join up disparate department information/data systems, eliminate silo working practices, reduce risk and increase efficiency. FireWatch is the Integrated Management System for ESFRS HR, Training & Workforce Development and Resource Availability. In December 2017 the Fire Authority approved the funding for a 2 year project to ensure successful implementation and to maximise benefits that can be delivered, specifically the key priority of integrating the FireWatch Mobilisation Service with the 4i System at Sussex Control Centre

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	42 Hour Officers	85%	31/05/2018	31/05/2018	0	On Schedule	JM	All 42 Hour Officers to record their working time and absence on FireWatch. Complete except for some scheduled training and a monitoring report (to be provided within Milestone 4)
2	Specialist Vehicle Attributes	20%	31/05/2018	31/06/2018	31	Slightly Delayed	JM	89C1 / 89R5 / 73C1 / 72R5 complete but not yet active in SCC. 83M2 / 83B1 WIP. Lack of policies and documented procedures in the areas of competence and training has led to variations in local practice and proves difficult to reflect on FW. May take longer than originally planned due to the PM needing to investigate and standardise working practices before Firewatch can be implemented. (Added to RAID log)

3	Specialist Officer Attributes	85%	31/05/2018	31/05/2018	0	On Schedule	JM	FIO / NILO / HMEPA complete. Unclear at present which other qualifications should be visible for Officers crewing (i.e. Accident Investigation / Maritime/ TRO / Water Rescue) Awaiting clarification from Ops P&P
4	Report Development	15%	31/05/2018	31/06/2018	31	Slightly Delayed	JM	<p>7. Students Fit to Attend Training Course - Complete</p> <p>9. Group modules completed - Complete</p> <p>2. IRMP National Stats – WIP (draft received)</p> <p>1. Service Sickness - WIP</p> <p>3. Dual Contract Working Time - WIP</p> <p>4. 42 Hour Officer Working Time - Sent</p> <p>8. STC Instructor Competency - Sent</p> <p>12. Support Staff Remaining Hol and Flexi – Sent</p> <p>5. Fitness Test Exceptions - Pending</p> <p>6. Failure to Attend a Risk Critical - Pending</p> <p>10. Failure to Attend all Courses - Pending</p> <p>11. Temporary Extensions – Pending</p> <p>Wholetime Establishment Summary – WIP (draft received)</p> <p>Retained Establishment Summary – Pending</p> <p>Support Staff Establishment Summary – Pending</p>
5	SCC monitoring for Retained Availability	100	31/03/2018	28/02/2018	+31	Complete	JM	SCC are using the FireWatch mapping console to monitor retained appliance availability. Future improvements and efficiencies will be realised when Special Vehicles are complete (to be provided within Milestone 2) and Qualification Exclusions can be applied – this is a feature within V7.7.1 (to be provided within Milestone 10)
6	Provision of full test environment	0	31/08/2018	31/08/2018	0	Not started yet	JM	Improve the resilience of testing. All functionality can be thoroughly and completely tested before changes are made to live, as well as provide a means of investigating potential issues with the system / user ability.
7	Upgrade to 7.6	0	31/12/2018	31/12/2018	0	Not started yet	JM	This upgrade will ensure future support and maintenance by Infographics of our version of FireWatch. It will ensure we are in line with the direction of travel in terms of technological developments to the system as well as provide the benefits realised from functional improvements that new versions deliver, for example system security requirements. It will also continue the harmonisation and collaboration with West Sussex.
8	Retained Pay	0	31/08/2019	31/08/2019	0	Not started yet	JM	Part of delivering Retained Pay will be the development of an Application Programming Interface (API) to connect FireWatch with SAP. Therefore this will deliver increased integration and the seamless passing of information between core systems. This will reduce the risk of manual errors in pay and speed up processing time. There will also be significant efficiency savings with the reduction in the need to maintain data in separate systems and will provide more timely and accurate pay data as well as reduce time consuming and inefficient manual processes.
9	Self Service	0	31/10/2018	31/10/2018	0	Not started yet	JM	With Self-service, employees can remotely access and update their personal information, and view and update their availability information via a Web browser. Staff can also request holidays, access personal development information, request training, and use other functions.

								Self Service will provide an improved workflow for many of the Service's time consuming and inefficient processes.
10	Upgrade to 7.7.1	0	31/05/2019	31/05/2019	0	Not started yet	JM	V 7.7.1 facilitates integration with 4i mobilisation as well as providing enhanced crewing administration.
11	Mobilisation Service Integration	0	30/12/2019	30/12/2019	0	Not started yet	JM	Integration with 4i will mean further collaboration with West Sussex FRS and provide a consolidated view of availability for both East and West Sussex and ensure that the Mobilising System has a real time picture of Service resource. This will automate processes and assist control staff in making swift reviews and decisions in regard to disposition of staff resources, fleet and assets.
	Project Manager's Progress Summary	<p>The new phase of the FireWatch project commenced in January 2018 after the Fire Authority approved funding in December 2017. It was intended that the current FireWatch System and Project Manager role would be divided into two dedicated roles. Despite two recruitment drives, the single role of FireWatch Project Manager has not yet been fulfilled. However good progress is still being made within Milestones 1-4 and Milestone 5 has been Completed.</p> <p>On 28 February 2018, SCC commenced using FireWatch to monitor all ESFRS Retained availability in real time. FireWatch automatically notifies SCC of changes to appliance availability and this information is used to update the mobilising system. This replaced the method of numerous manual telephone calls into SCC for changes to Retained appliance availability. It was important that FireWatch was brought in and used for real-time availability in readiness for SCC going live with the 4i Mobilisation System, which has been designed to accommodate real time updating of resource and appliance availability, rather than recording of future events.</p> <p>It is still within the FireWatch Project to provide full integration between both East and West FireWatch Systems and the 4i Mobilisation System to automate the updating of resource and appliance availability. The transition that took place on 28 February is not only significant progress towards that goal but provides an established and tested fall-back position.</p> <p>Benefits realised at this stage are:</p> <ul style="list-style-type: none"> • Provision of a central view of real time availability of Retained stations and appliances within SCC. • Increased accuracy of Retained staff recording their availability on FireWatch, in understanding that individual performance is fully auditable and has a direct and immediate impact on appliance availability. • SCC operator time dedicated to updating the Mobs system with Retained appliance availability has reduced from on average 32 minutes to 10 minutes per 24 hour period which equates to 69% time saving. • Reduction of phone calls into SCC. • Accurate and timely information presented automatically within SCC, reducing the risk of changes being missed. All changes are logged and are visually evident if they have not been actioned. • Eliminates the risk of SCC not being informed of changes to appliance availability. • FireWatch allows the setting of consistent processes and enables the management of work practices in line with Service policy. • Reduces the risk of disparate local work practices and joins up ways of working across the Service. • Auditability of compliance with Service policies, for example the 'dropping off' of a fifth person on Wholetime appliance to keep the Retained appliance on the run. • Improved competency management of Retained staff, ensuring resources that the Service has invested time and money in is utilised, not only to provide additional resilience to availability, but also to give the opportunity for employees to maintain their operational competence. • DayCrewed Watch Manager time dedicated to informing SCC of projected overnight availability of appliances at DayCrewed stations has reduced from on average 7 minutes per day per DayCrewed station to 0 minutes. This equates to a total saving of 42 minutes of Watch Manager time across the Service. • Increased collaboration with West Sussex FRS; joined up ways of working and data alignment of two separate FireWatch systems within SCC. 						

Bridging the Savings Gap
SRO: Richard Fowler
AD Operational Support and Resilience (T)

The intention is that on 01/06/2017 training drops to 2 days. Water training goes to 3 years from 2 years. Other changes on track for delivery by April 2018. Project board will meet again at year end to review progress.

Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Set up working groups (D1, D2)	100%	01/11/2015	01/11/2015	0	Complete	HSY NC	Delivered
2	Retirement Profile mapped against Stations (D3)	100%	01/11/2015	01/11/2015	0	Complete	LB	Delivered
3	Revise policies and associated EIAs(D4)	100%	30/04/2016	30/04/2016	0	Complete	NC, KR	Delivered
4	Develop revised training strategy (D1 and D9)	40%	01/01/2017	01/01/2017	0	Behind schedule	HSY	Currently, reduction in standard crewing is not causing problems in extraction for training. However, the extension of standard crewing across the Service may impact training extraction. From 1 Jan 2017 changes will begin to be implemented to deliver training flexibility, as required by reduced numbers on stations.
5	Establishment Reduction Management Plan (station by station not yet available) (D10)	100%	30/06/2016	30/06/2016	0	Complete	RL	Establishment Reduction Management Plan has been done.
6	Xmas Shopping Day letters / remove from Firewatch (D13)	100%	01/11/2015	01/11/2015	0	Complete	LB	Delivered
7	CMT paper re Day Crewed Manual Note (D14)	100%	30/06/2016	30/06/2016	0	Complete	KR	Delivered
8	Amendments to PDAs, eg for lifts, Specials	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
9	Amendments to Core Stations Policy (D17)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
10	Amendments to Crewing Policy (D18)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
11	Amendments to Combined Crewing Policy (D19)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered
12	Amendments to Leave Policy (D21)		30/06/2016		0		KR, NC	
13	Amendments to Recall to Duty Policy (D22)		30/06/2016		0		KR, NC	
14	Amendments to Career Break Policy (D23)	100%	30/06/2016	30/06/2016	0	Complete	KR, NC	Delivered

15	Communications Plan (D24)	100%	29/02/2016	29/02/2016	0	Complete	EC	EC briefed after meetings; CMT briefed on deliverables
16	Performance management metrics 1) Overtime	50%	31/07/2016	30/06/2017	-334	Behind Schedule	MOB, SM	Progressing
17	Performance management metrics Appliance availability	100%	31/07/2016	31/07/2016	0	Complete	MOB, SM	Delivered
18	Resilience crewing (D26)	100%	30/06/2016	30/06/2016	0	Complete	MOB	Delivered
19	Privacy Impact Assessment (D5)	100%	30/04/2016	30/04/2017	0	Complete	NC, DL	Complete as needed
20	Travel Plan		30/06/2016		0	Complete		
Project Manager's Progress Summary:		Key policy changes, required to support changes in crewing levels, now all delivered. Changes to training strategy to reduce requirement for extraction from stations, being further developed with initial changes taking place in January 2017. Overall establishment reduction plan now in line with savings schedule agreed by Fire Authority.						

P-Cards SRO: Duncan Savage, AD Resources / Treasurer								
This project will introduce procurement cards to streamline purchasing processes. It will involve training staff, and developing new policies and guidance. We will also need to implement monitoring systems for the spending.								
Milestones		% complete	Original estimated finish date	Current estimated finish date	Finish date variance	Status	Manager	Comment on Milestone
1	Business Process Re-engineering (Lean Review)	100%	17/06/2015	31/07/2015	-44	Complete	CG	Lean review completed and action plan drawn up.
2	Option appraise & identify optimum P/Card scheme	100%	24/11/2016	24/11/2016	0	Complete	CG	Existing scheme offers the optimum solution, there are significant integration implications should we opt to switch suppliers.
3	Identify areas/departments which might benefit from P/Cards	100%	04/11/2016	04/11/2016	0	Complete	CG	
4	New training programmes (may include suppliers)	80%	25/01/2017	25/01/2017	0	In progress	CG	Training defined, once we have clear timeline for rollout, L&OD will formulate JIs and monitor refreshment training
5	Refresh policies, guidance & establish protocols for monitoring spend	100%	25/01/2017	25/01/2017	0	Complete	CG	
6	Phased implementation, Service-wide	50%	16/03/2017	31/05/2018	0	In progress	CG	Biztalk connection has been tested and is now working.

EAST SUSSEX FIRE AUTHORITY

Panel Scrutiny and Audit
Date 13 June 2018
Title of Report Programme Management Office progress report
By Mark O'Brien, Deputy Chief Fire Officer
Lead Officer Maya Polak, Programme Office Manager

Background Papers None

Appendices Appendix A – Programme Office update report.

Implications

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

PURPOSE OF REPORT This report informs Members of the progress made with the establishment of the programme office.

EXECUTIVE SUMMARY In 2015 East Sussex Fire Authority agreed to establish a “programme management office” (PMO) to provide increased rigour, governance and assurance around the way ESFRS plan and deliver projects and programmes of work.

Funding was agreed as part of the 2015/16 budget and a Programme Office Manager was appointed in December 2016 to establish the PMO. The Programme Office Manager was utilised to project manage the office move from Eastbourne to the new headquarters site, with a close down report presented to Senior Leadership Team (SLT) in November 2017. In conjunction with this the establishment of the PMO has continued with a proposal submitted to the SLT in October 2017.

Appendix A contains a summary of the work achieved so far in the establishment of the programme office, in the following areas.

- PID sign off – May 2018
- Team set up
- Projects review and transfer
- Process set up
- Governance and structure
- Transition Plan
- Projects Log

RECOMMENDATION

The Panel is asked to note the contents of the report.

PMO Set up Update to Scrutiny & Audit – June 2018

Maya Polak – PMO Manager

1. Background

In 2015 East Sussex Fire Authority agreed to establish a “programme management office” (PMO) to provide increased rigour, governance and assurance around the way ESFRS plan and deliver projects and programmes of work. Funding was agreed as part of the 15/16 budget papers - Feb 2015.

In 2016 ESFRS set up an administrative PMO comprising of a Projects Coordinator and a PMO Manager. The Coordinator fulfils some central reporting to CMT and attends various Boards, however this model does not provide overall governance and management of projects.

The Programme Office Manager was appointed in December 2016 and some initial analysis took place during 2017 alongside the delivery of one of ESFRS key projects, SHQ Relocation. It identified the need for a PMO that has an active role in managing projects and provides specialist project resource to ensure successful delivery.

A PMO proposal was approved by CMT on 18 October 2017 after a comprehensive analysis by the programme office manager which outlined ways forward to support effective project management governance.

East Sussex Fire and Rescue Service has a significant portfolio of projects that are currently in the implementation or planning stages. The approach to project delivery is varied; some projects are being managed within Directorates, some by project teams corporately and some are being delivered locally, managed by subject experts. The role of Projects Coordinator fulfils some projects reporting to CMT based on information provided by teams.

While some projects have been successfully delivered, there have been a significant number of projects exceeding timescales and budgets where delivery of anticipated outcomes and benefits are at risk. The cost to the organisation is significant and an improved approach to project delivery would achieve considerable savings and benefits for the Service. Inconsistencies in management and in monitoring of projects not only means inefficient spend but also makes it difficult to accurately outline the cost of the portfolio, manage risk effectively, ensure timely, efficient delivery and manage dependencies of projects and programmes across the board.

2. The PMO Vision is:

“To deliver the required Programme and Project Management capabilities to enable business changes to ESFRS, and deliver effective project management to ensure the achievement of benefit realization and business outcomes, embed project management standards and best practice and allow effective reporting and decision making.”

An established PMO will provide a consistent approach to project management, appropriate standards, ensure projects deliver anticipated benefits within planned timescales and budgets and provide support and guidance to projects. It will manage risk effectively allowing for timely escalation as well as dependencies management of projects and programmes across the board.

In the long run it will provide cost savings as consistency and efficient management and monitoring will allow better managed delivery.

3. PMO Set Up Objectives and deliverables

- PID sign off – May 2018
- Team set up
- Projects review and transfer
- Process set up
- Governance and structure
- Transition Plan
- Projects Log
- Training and development
- Quality control

PID Ref	Objective	Measure	Baseline performance	Target	Update-May 18
1.2.1	Outline and agree PMO team	Sign off of JDs and Person Specs	None	Sign off	16/02/2018 Achieved. Final structure agreed 16 April 18 PMO Board
1.2.2	Procurement of project team	Successful appointment of project team	Programme Manager in post	Successful appointment	Under way
1.2.3	Set up of reporting of ITF project into the PMO (currently ESCP until 31.03.18)	Sign off agreed reporting (PM line managed in the business, project reporting to PMO)	Initial project outline and business case in place	Sign off	Under way
1.2.4	Transfer of FireWatch project	PM appointed and reporting to PMO	Initial project outline and business case in place	Successful appointment (Transfer complete)	Under way
1.2.5	Outline and agree plan for major projects transfer for existing projects	Sign off of plan for projects transfer	Initial analysis	Sign off	30/05/2018
1.2.6	Outline and agree templates for planning, monitoring, reporting and closing projects and programmes, risks, issues, dependencies, escalation, change	Sign off of templates (internal)	Some existing templates (such as risks and issues, closure report, PID, etc.).	Sign off	13/06/2018

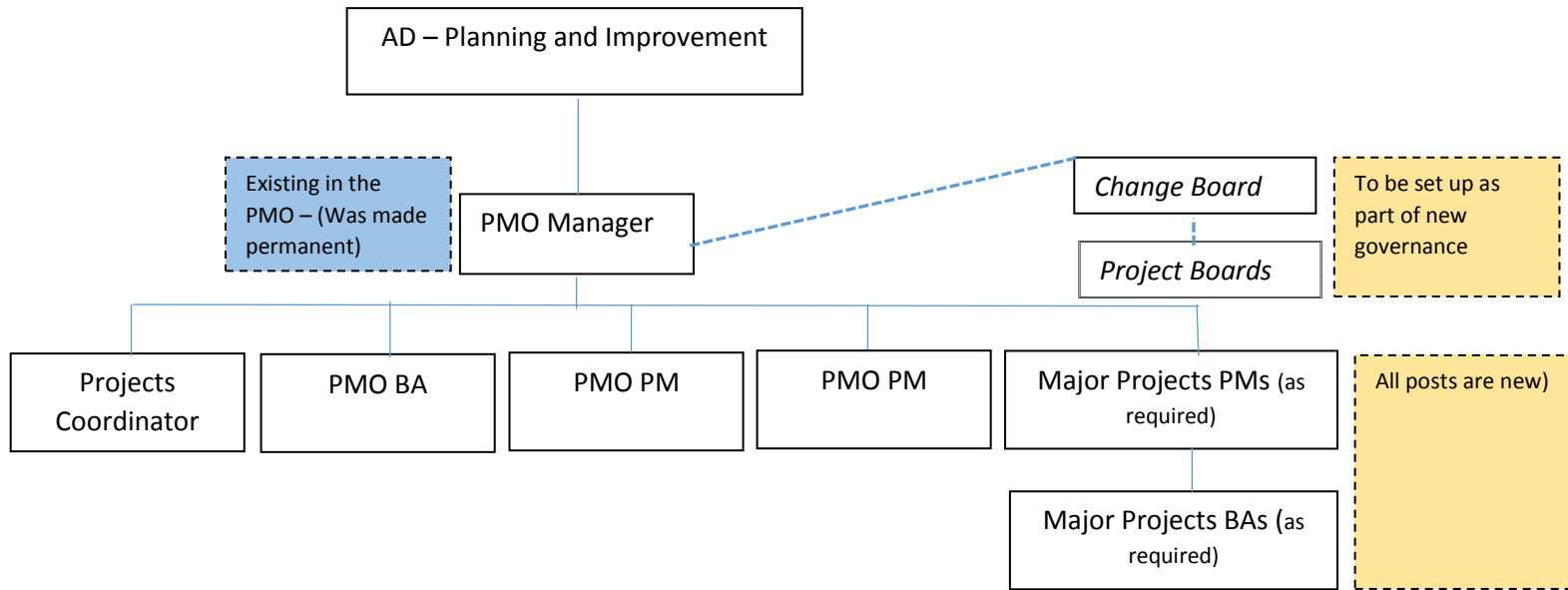
	control (project and programme)				
1.2.7	Create PMO folder structure on drive including folder for templates and for each project	Folder Structure and documents created	None	PMO Folder structure complete All template documents and project documents stored in PMO folder	Under way
1.2.8	Complete safe transfer of major projects (plan rollout)	All projects identified have been transferred and report to PMO	None	Transfer complete	31/08/2018
1.2.9	Create and agree log for operational and minor projects	Sign off of log template (internal)	None	Sign off	31/05/2018
1.2.10	Complete log for operational and minor projects and sign off	All op and minor projects have been logged and initial log signed (Board)	None	Sign off	29/06/2018
1.2.11	Design and agree Process for ongoing logging for operational and minor projects	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.12	Design and agree Process for Overarching Project Process – Business Interface	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.13	Design and agree process for projects Gateway (approval incl scale)	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.14	Design and agree process for operational project	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.15	Design and agree process for minor project	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.16	Design and agree process for major project	Sign off of process (Board)	None	Agree process	29/06/2018

1.2.17	Design and agree process for programmes	Sign off of process (Board)	None	Agree process	29/06/2018
1.2.18	KPIs for PMO	Clear, measurable performance indicators outlined and signed off	None	Sign off	26/07/2018
1.2.19	Setting up Projects Board - SLT	Sign off terms for SLT as Projects Board	None	Sign off	29/06/2018
1.2.20	Setting up Support, guidance and training that also supports culture change	Ongoing, incremental	None	Ongoing	Ongoing
1.2.21	Procuring of PMO Software (External to project)	Agree way forward for software and implement	[*Demo from supplier to assess suitability]	Sign off	External time line
1.2.22	Implement Software (External to project)	Sign off of implementation (Software operational)	None	Sign off	External time line
1.2.23	Quality control of implementation	Quality control plan as part of project plan and procurement process, managing risks and issues with clear escalation points	Outlined plan and procurement processes in place, clear information on projects and requirements is key	Clear objectives, dates and targets in the set up schedule, clear responsibilities and management of RAID	Ongoing
1.2.24	MS Project licence numbers update	Licences in place	Current Number from telent	Licences available	30/05/2018
1.2.25	Design and agree new Programme Boards / Project Boards structure	Sign off Governance	Some existing Governance in place	Clear and efficient Governance structure for Programme Boards and Project Boards	31/07/2018
1.2.26	Design and agree Corporate Reporting on Programmes / Projects	Sign off Reporting and Governance	Some existing in place	Clear and efficient reporting and governance to inform decisions	31/07/2018

4. PMO Set Up - Update

4.1 The new Structure

The PMO is positioned within the Planning and Improvement Directorate. The structure that was approved by the PMO Set up Board on 16 April 18:



The PMO PMs, BA and Coordinator are new roles that CMT has approved on the same date. It was also agreed that Major projects and Programmes PMs and BAs will be procured as necessary from individual project costs as necessary to deliver specific projects and will be managed by the PMO. This resource will be procured as part of individual project planning and sign off.

4.2 Commitment:

Role	Expected ESFRS Job Family	Start Salary	On costs	Total staff Cost
PMO Manager x1	7	43,821	12,775	56,596
Project/Programme Manager x2	6	37,306	10,503	47,809
	6	37,306	10,503	47,809
Business Analyst x1	5	33,532	9,440	42,972
PMO Coordinator x1	3 (grade 8)	26,822	7,551	34,373
				£229,559

*Some of this funding is base line budget and some is fixed term until the end of 2019/20.

4.3 Recruitment

Long term

PMO PMs – Candidate successful – 1 post (interview 09.05.18)

PMO BA – Job being re-advertised (1 CV received, candidate unsuccessful)

PMO Coordinator - Graded at JF 3 (lower than anticipated). Assimilation into the role via redeployment with end of May 2018 start.

*As a result of the restructure there will be a redundancy of the current Projects Coordinator as the role no longer exists.

Short term

PMO contract BA – in place for 3 months (started 01.05.18). Treasurer granted a waiver for this contract (3 months) as Vector was not on the framework.

FireWatch PM

Currently contacting agencies on the framework for 3 months contract while going back to advert (2 rounds of interviews took place – unsuccessful)

4.4 Transition Plan

Analysis - Projects status and health check

Various meetings took place to ascertain current position and ways forward. Projects register being updated. Meetings:

ADs re individual projects (Liz Ridley, Hannah Scott-Youlton, Duncan Savage, Richard Fowler, Vicky Chart)

FW – Jacquie, Vicky Chart, Mark Andrews

ITF – Mark Andrews and Bill Brewster, Mark O’Brien, Mark Shannon

Ken Pearce and various IT meetings – IT projects and processes

Further meetings to be booked with Duncan, Mark Matthews, Mark Andrews, Mark O’Brien

Specific proposed changes were discussed around individual projects and projects owners / PMO Manager progressing (mainly around efficiency and next steps). For example:

- IT - Various meetings took place around CRM and overall IT projects with input into IT Workshop. Agreed completing Options Report by ITG and once approach for CRM and Hydrant Management agreed and PM in place PID will be completed. PMO sent Options Report template.
- Fire Watch - After complete analysis and health check of the project, some discussions around ways forward. PMO proposal was sent to Mark A post discussion around ways forward.
- Appliances and Equipment Replacement (Engineering) - Discussion with Richard around process and way forward. Agreed that the post created will be filled / Steve B will be trained in Project Management and reporting line as is in Ops with added dotted line periodical reporting to PMO. In the meantime agency PM recruitment for 3 months to do the planning etc. for this year process. Kerry creating genetic project stages. Agreed to change the APIG into a functioning Board.
- ITF – Framing of the wider project with Mark O’Brien, including strategic Board and structure to facilitate the various elements and stages of the wider initiative collaboratively.

4.5 PMO Set Up PID

In final stage. Updated version pending outcome of Coordinator post.

This PID outlines the setup of the PMO, its purpose, benefits, remit and scale, the positioning of the PMO within the Service; staffing, resourcing and funding, and a proposed approach to transition and implementation.

4.6 PMO Governance and Processes

A need to analyse and set up Boards more efficiently across projects was identified. This will be done in a staged approach. The PMO Set up Board agreed in April 2018 that CRM and Business Intelligence as well as Hydrant Management will sit under one Board and will fit under the IT Strategy Board. There is a need to align Ops Projects under One Board and Estates Projects under one Board with a proposal to align Partnership projects under Partnership Board for each business function.

Gap analysis of project tools and template took place with some new templates being developed.

Process for Project start when initiated by the Business is being drawn as well as other project / programme gateway processes.

EAST SUSSEX FIRE AND RESCUE SERVICE

Panel Scrutiny & Audit Panel

Date 13 June 2018

Title of Report End of year Health & Safety Stats Report 2017-18

By Hannah Scott-Youldon, Assistant Director Training & Assurance

Lead Officer Hannah Scott-Youldon, Assistant Director Training & Assurance

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

Appendices Appendix A – Full breakdown of statistics

Implications

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

PURPOSE OF REPORT To present the year end health & safety statistics (April – March) 2017/18.

EXECUTIVE SUMMARY This report provides the Scrutiny and Audit panel with both a summary of health and safety statistics for Quarter 4 and the year 2017-18, whilst providing some narrative around the statistics.

RECOMMENDATION The Scrutiny and Audit panel is asked to:

- i) consider both Quarter 4 and the yearend health and safety statistics for 2017/18 as set out in the report;
- ii) continue to monitor and scrutinise performance over the forthcoming year: and
- iii) identify any areas where Members require further assurance.

1 **INTRODUCTION**

- 1.1 This report contains both quarter 4 statistics and the year-end performance statistics for 2017/18, compared with 2016/17 of ESFRS performance against the Health & Safety lagging indicators.

2. **MAIN ISSUES**

- 2.1 A full breakdown of the year end statistics can be found in Appendix A. However, below provides a narrative around the statistical data for both the Quarter 4 statistics and the end of year statistics.

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

There were 71 Level 1 Safety Events¹ reported to the HSW Department in Q4 and they are spread across the four category types of incident as:

Injury sustained	33
Vehicle accident	18
Near Hit	20
Damage to premises/equipment	0

This compares with 63 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 overall number of safety events has fallen slightly from 221 in 2017-18 compared with 234 in 2016-17. The figures over the previous four years have remained fairly constant which indicates that our reporting is consistent.

2.3 **Indicator No. 2 – The number of RIDDOR² incidents**

There were 4 RIDDOR reportable incidents in Q4 as compared with 2 in Q4 last year.

The breakdown of these RIDDOR reports are:

- i. Injury to hand
Firefighter caught hand between door & handle whilst dismounting from rear of appliance resulting in fracture. This was on return from a fire call, and may be related to the 'relaxed' frame of mind post incident
- ii. BA failure
The set was showing an error code on the telemetry board immediately prior to entering a live fire training exercise at STC. This has been

¹ Safety event – An event that causes an injury or damage to a vehicle, plant or equipment. (Includes members of the public and their property).

² RIDDOR – “Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013. RIDDOR puts duties on employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences (near misses).” Health & Safety Executive

investigated and the cause was that the set was not properly logged off another board before its use.

iii. Slips & falls

The last two reports relate to firefighters slipping over at incidents, one resulting in a fracture (broken ribs) & the other in a sprain (over 7 days absence).

Comparing these statistics to the previous year what is notable, is the increase in the number of RIDDOR incidents that the Service has had which has seen a 40% increase in 2017-18. 7 RIDDORs were due to absences of over 7 days following an injury; 4 were due to BA failures (indicative of the ageing BA sets), and 4 fractures.

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

There were 2 manual handling injuries reported in Q4 as compared with 2 in the same quarter last year.

1 injury was related repetitive movements during an ASK exercise (belaying), and has resulted in a shoulder injury

The second was a lower back injury at an incident, lifting bags to allow positioning of a ladder.

The Service Fitness Adviser has followed up with these individuals to support them with any recovery and strengthening exercises to help prevent future injuries.

In 2017/18 there is a small but continuous decrease in the number of incidents reported and this may be reflective of the training and the introduction of new equipment such as the plus size evacuation kit.

Further to that, a number of manual handling instructors have been trained up from across the operational workforce, providing ongoing support around manual handling to the Stations and Boroughs they work for. A new delivery programme of training is about to be rolled out across the Service.

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

There were 7 reports of slips, trips and falls in Q4 2017/18 compared with 6 in 2016/17. Three of these injuries occurred at incidents and resulted in a RIDDOR report (broken ribs, sprained ankle and fracture to hand).

The remaining injuries are as follows:

1 firefighter slipped on external fire escape & grabbed handrail, full weight taken on arm

1 HQ staff tripped on pavement outside Amberley block; resulted in wound to leg and subsequent pulmonary embolism

2 RDS trainees reported minor strains (Achilles tendon & ankle) during their basic course, caused by slips/trips

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.

Over the course of 2017/18 there has been a significant increase in the number of slip, trips and falls reported and these occur for a variety of reasons from operational environments and the challenges they present, poor housekeeping and environmental conditions (icy weather).

Scrutiny and discussion of this statistic at Workplace Safety Representatives Committee produced some suggestions to address this spike. Following the inclement weather this year, it was agreed to add some information to the standard central communications that go out about sufficiently gritting all access and egress routes on ESFRS premises. The other significant increase in the cause of trips was due to poor housekeeping and there was some discussion about whether an additional check could be added to the daily routine on stations, to ensure that any potential slip, trip or fall hazards were identified and removed or reported for repair. One example that was cited was cleaners not putting out wet floor signage and this has been passed onto Estates colleagues who oversee the cleaning contract.

2.6 Indicator No. 5 – The number of vehicle collisions

The number of vehicle collisions has increased significantly in Q4 to 18 and this is substantially higher when comparing this with the performance in Q4 in 2016/17 when there were 12 vehicle accidents.

The causes are as follows:

Low speed impacts – 13 (including hitting parked cars (6), bay doors at Crowborough (Kent FRS & second was the Unimog (animal rescue) vehicle (2), and entering bays at station 91 (2))
Striking overhanging branches 2
Being struck by another vehicle 3

Overall, in 2017/18 there has been a 20% decrease in the number of vehicle incidents and this is despite a significant increase in the number of events reported in quarter 4 of 2017-18. Again, significant effort has been put into training and standardisation of bay door timings to try to minimise these types of incident.

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

There were 6 incidents of lost working time in Q4 when compared with 7 incidents in 2016/17. Three of these occurrences were the injuries reported under Indicator No.2 (RIDDOR), the other three were:

1 off duty firefighter with sudden back pain whilst walking across drill yard
1 firefighter with eye irritation (lost half day)
1 person at HQ (already recorded as slips trips & falls)

Lost time incidents were the same in 2016-17 and 2017-18 with 26 in each year but these figures are still higher than in previous years (20 in 2015-16 and 16 in 2014-15).

There is a real opportunity here, under the new Occupational Health collaboration, to engage with the Wellbeing Team, to work with colleagues on personal wellbeing and taking a more holistic and proactive approach to health and welfare.

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

There were 3 reports of work related violence in Q4 compared to 2 violence incidents reported in Q4 in 2016/17:

- 1 verbal abuse (over the telephone),
- 1 indirectly involved (fire crew at incident (RTC) when a family member from one vehicle attacked another person
- 1 related to stress, on station

Incidences of work-related violence remain very low and continue to relate to verbal abuse rather than assault.

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

There were 3 reports of work related stress in Q4 compared to 3 in Q4 in 2016/17. One of these is reported in Indicator 7, and relates to an individual who has already been diagnosed with stress.

The other two instances are recorded as near hits and relate to the inability of crews to get information about incident locations on the new data terminals. This has now been resolved with the installation of TomTom devices in all appliances.

Incidences of work related violence and stress remain consistently low but it is evident that these are under reported and so are not indicative of the extent of the occurrences of these types of safety events.

The Health and Safety department is working in partnership with the HR department to analyse the data around the Service's sickness absence and stress to better understand what interventions the Service can introduce to support the workforce.

In October 2017, the Service introduced a new process for supporting those employees who deal with traumatic incidents (Trauma Risk Management – TRiM) This process identifies and supports those who are at a greater risk of developing a psychological injury due to the nature of their work.

Further to that a joint action plan between HR and Health & Safety is being developed specifically to tackle workplace stress in 2018.

2.10 Indicator No. 9 – The number of near hits³

In Q4 there were 20 reports of near hits which is comparable with the 19 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 were 3 reports of crewing below minimum at SCC and a report that the ICCS system at SCC was defective; and two

³ Near hit – An event that had the potential to cause harm, damage or loss but did not on this occasion.

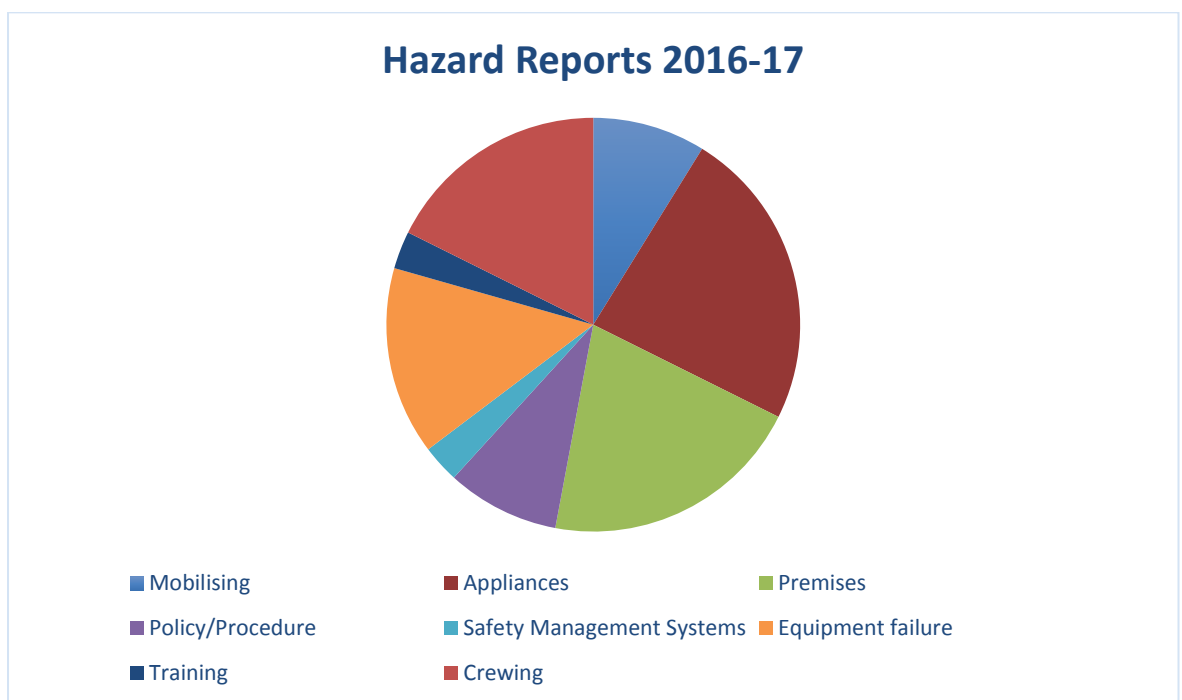
reports of noise exposure. The remaining near hits relate mostly to equipment / premises defects and have all been actioned appropriately.

During 2017/18 there has been a 41% increase in the number of near miss reports and this can be taken as a positive indicator of better reporting. The reporting of near hits gives the Service greater opportunity to investigate and introduce control measures before an injury results.

2.11 Hazard Reports⁴

In addition to the reports on safety events, it is also useful to take a look, statistically, at the hazard reports that have been submitted in 2017-18 and compare this to 2016-17.

In 2016-17 there were a total of 34 hazard reports submitted and these broke down into the categories indicated in the pie chart Hazard Reports 2016-17.

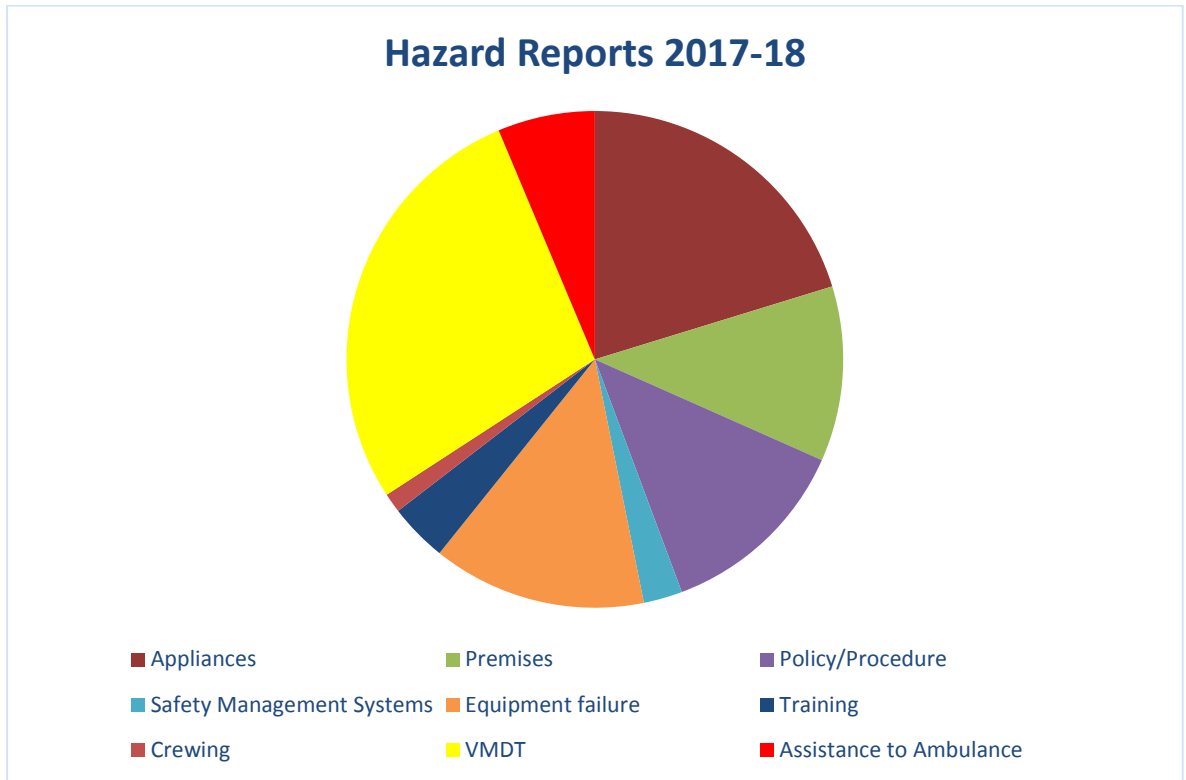


The pattern of hazard reports is indicative of key changes in the service during this period e.g. new 1:7 foam appliance, failure of ageing BA sets before they were replaced in November 2017, changes in crewing policy. The hazard reporting procedure does seem to reflect and highlight policy, procedural, equipment and appliance changes and where these are bedding in and perhaps not operating effectively. It presents the service with an opportunity to revisit and review these in light of the Hazard Report submissions.

In 2017-18 there was a 126% increase in the submission of hazard reports with a total of 77 being sent to the Health Safety & Wellbeing Team. These broke down into the categories indicated in the pie chart Hazard Reports 2017-18.

⁴ Hazard Report – Report of a hazard, by a concerned employee, in circumstances ONLY where conventional systems have failed or are not appropriate.

Hazard Reports 2017-18



This significant increase can be explained in a couple of ways and reflects the amount of change that the Service has undertaken in the previous year. Firstly, the hazard reports relating to VMDT relate to two distinct phases of change, the first being the change of terminals in appliances ahead of 4i and the resulting action of installing satellite navigation in appliances and the second with the launch of 4i on 20 March, there are some ongoing issues with the VMDTs. The appliance hazard reports reflect a variety of issues all of which have been picked up by the Vehicle Working Group and are also being reported to Appliance, Equipment Policy & Implementation Group for progression to resolution. The other significant change in the service this year was the introduction of the new BA sets and telemetry boards and these have fallen into 3 categories of hazard reports: equipment failure, policy/procedure and training.

The second explanation for the significant increase could be greater confidence in reporting and engagement by the workforce to bring these matters forward for consideration and resolution. Even when solutions are longer term, hazard reports are entered onto the tracker, debated in full at the Workplace Safety Reps meeting and will remain on the tracker until agreement on how they are resolved can be achieved.

This is the first time that a comparison of Hazard reports has been presented and it will be a useful indicator for the Service to track these, going forward.

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, particularly as there was an increase in vehicle collisions in Quarter 4.

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. This will be further supported once the Wellbeing team is formed under the new collaborative occupational health approach from the 1 July 2018.

The Service will continue to analyse and report on Hazard Reports in 2018/19 to determine further trends and the potential correlation to staff confidence when change programmes are implemented into the Service.

Appendix A

Full Breakdown of Health & Safety Statistics

	Per quarter				2017/18 Actual Total	2016/17 Actual Total	2015/16 Actual Total	2014/15 Actual Total
	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4				
1. Number of safety events received	51	56	43	71	221	234	224	233
2. Number of RIDDOR incidents	3	6	2	4	15	9	3	6
3. Number of manual handling Incidents	6	4	9	2	21	23	30	14
4. Number of slips, trips & falls	8	9	5	7	29	19	18	14
5. Number of vehicle collisions	12	11	7	18	48	60	44	53
6. Number of incidents where work time lost	7	9	4	6	26	26	20	16
7. Incidence of work-related violence	0	1	1	3	5	8	4	5
8. Incidence of stress	3	1	1	3	8	9	3	15
9. Number of near hits	17	14	14	20	65	46	61	59

