



EAST SUSSEX FIRE AUTHORITY
SCRUTINY & AUDIT PANEL
THURSDAY, 31 JANUARY 2019 at 10:00

MEMBERS

East Sussex County Council

Councillors Galley (Chairman), Lambert, Osborne, Sheppard, Taylor

Brighton and Hove City Council

Councillor Peltzer Dunn

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.	
197	-	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
198	-	Apologies for Absence
199	-	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)
200	1	<u>Minutes of the last Scrutiny & Audit Panel meeting held on 1 November 2018 (copy attached)</u>

Item No.	Page No.	
201	-	Callover
		<p>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</p>
202	7	2018/19 Third Quarter Corporate Risk Register Review – Report of the Assistant Director Resources/Treasurer (<i>copy attached</i>)
203	17	Performance Report for Quarter 3 2018/19 – Report of the Assistant Director Planning & Improvement (<i>copy attached</i>)
204	35	Safety Events Statistics Report – Quarter 3, 2018-19 – Report of the Deputy Chief Fire Officer (<i>copy attached</i>)
205	45	External Audit Plan 2018/19 – Report of the Assistant Director Resources/Treasurer (<i>copy attached</i>)
206	85	2017/18 Statement of Operational Assurance – Report of the Assistant Chief Fire Officer (<i>copy attached</i>)
207	123	Joint Funded Sprinkler Projects Progress Report – Report of the Assistant Chief Fire Officer (<i>copy attached</i>)
208	133	The Chartered Institute of Public Finance and Accountancy (CIPFA) Audit Committee Guidance – Report of the Assistant Director Resources/Treasurer and Assistant Director Planning & Improvement (<i>copy attached</i>)
209	135	Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) – Progress towards inspection update briefing – Report of the Assistant Director Planning & Improvement (<i>copy attached</i>)
210	143	Human Resources Absence Management Report – Quarters 1 & 2, 2018-19 – Report of the Assistant Chief Fire Officer (<i>copy attached</i>)
211	-	Exclusion of the Press and Public

To consider whether, in view of the business to be transacted or the nature of the proceedings, the press and public should be excluded from the remainder of the meeting on the grounds that, if the public and press were present, there would be disclosure to them of exempt information.

NOTE: Any item appearing in the confidential part of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

- 212 - Insurance Matter – Verbal Report of the Monitoring Officer
(Exempt category under paragraph 1 of the Local Government Act 1972)

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

Date Published: 23 January 2019

For further details and general enquiries about this meeting contact Zoe Downton,
Democratic Services Officer, 01323 462086 or email democraticservices@esfrs.org

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 November 2018.

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

Also Present: M O'Brien (Deputy Chief Fire Officer), M Andrews (Assistant Chief Fire Officer), D Savage (Assistant Director Resources/Treasurer), L Ridley (Assistant Director Planning and Improvement), H Scott-Youlton (Assistant Director Training & Assurance), M Matthews (Assistant Director Safer Communities), L Woodley (Deputy Monitoring Officer), S Milner (Planning & Intelligence Manager), M Whiting (Planning & Intelligence Analyst), W Tricker (Finance Manager), Z Downton (Democratic Services Officer), E Simpkin (Democratic Services Officer), Councillor Barnes.

Other: One member of the public.

188 DECLARATION OF INTERESTS

- 188.1 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.

189 APOLOGIES FOR ABSENCE

- 189.1 There were none.

190 URGENT ITEMS AND CHAIRMAN'S BUSINESS

- 190.1 The Chairman invited the Assistant Director Resources/Treasurer (ADR/T) to provide an update to Members in respect of the Public Sector Audit Appointments (PSAA). The ADR/T explained that PSAA (whose role included the appointment of Ernst & Young as external auditor to the Authority) was currently consulting on the level of auditor fees for 2019/2020. The proposal was that the fees would remain the same. The Panel consented to the ADR/T's suggestion for him to reply to the consultation on behalf of the Authority in support of the fees not changing for next year.

191 NON-CONFIDENTIAL MINUTES OF THE SCRUTINY & AUDIT PANEL MEETING HELD ON 13 SEPTEMBER 2018

- 191.1 **RESOLVED** – That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 13 September 2018 be approved as a correct record and signed by the Chairman. (*Copy in Minute Book*)

192 CALLOVER

- 192.1 Members reserved the following items for debate:

193 2018/19 Corporate Risk Register Review – Quarter 2

194 2018/19 Performance Report – Quarter 2

195 2018/19 Safety Events Statistics Report – Quarter 2

196 2018/19 Corporate Plan Progress Monitoring – Quarter 2

193 2018/19 CORPORATE RISK REGISTER REVIEW – QUARTER 2

- 193.1 The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which provided Members with the latest quarterly review (Quarter 2, 2018/19) of Corporate Risk. (*Copy in Minute Book*)
- 193.2 The Authority had in place established procedures for ensuring that risks were identified and managed for all corporate projects. Risks were scored against a 4x4 scoring matrix, as shown under Appendix A. The updated position for each risk was shown under Appendix B.
- 193.4 The Panel raised concern over the ‘*lack of buy in from Management*’, under Risk 2, and how that was being addressed. The Assistant Director Training & Assurance (ADT&A) responded that Risk 2 should not have been included in the Risk Management Mitigation Plans (Appendix B) as considerable work had been undertaken over the last two years around Health & Safety; such as re-instigating workplace Health and Safety representatives who met regularly to share findings, issues and discuss with Management how to resolve them. Those meetings had been developed by the Assistant Chief Fire Officer and now provided meaningful communication. She explained that because of those measures staff now had the assurance that issues were being heard and that Management was acting on those concerns.
- 193.5 In response to a Member’s query, the Deputy Chief Fire Officer (DCFO) confirmed that the context around Risk 5 was the Grenfell Tower Block fire and the independent review by Dame Judith Hackitt. The Panel suggested that the wording of that risk be amended to elaborate further on the context.
- 193.6 The Panel questioned why it was difficult to recruit into professional services and what actions the Service would be taking to mitigate that (under Risk 6). The ADT&A explained that the Authority struggled to recruit to IT and Programme Management posts and that was in part linked to salary scales. She informed the Panel that the Authority had been using benchmarking services, as well as considering a policy around market supplements and developing job descriptions to attract the right people for the roles.
- 193.7 A discussion took place around whether the mitigated risk score for Risk 8 should be so high. The DCFO explained that consideration of the risk score would be made, adding that to mobilise effectively was a statutory duty and would always be reflected in the report.
- 193.8 The Panel requested that a corporate risk on collaboration, as had been previously agreed, be considered for inclusion in future reporting. The DCFO responded that it would be considered for the Quarter 3 Report. The DCFO added that the Authority’s framework for collaboration would be presented to the meeting of the Combined Fire Authority on 6 December 2018, with the aim of reporting on collaboration at future Scrutiny & Audit Panel meetings on a quarterly basis.

- 193.9 **RESOLVED** – That the Panel reviewed and agreed the Risk Management Mitigation Plans, as set out in Appendix B of the report, subject to the following;
- i) Acknowledgement that **Risk 2** (on page 11 of the agenda) had already been addressed and mitigated;
 - ii) That the wording of **Risk 5** (on page 12 of the agenda) be amended to provide further context;
 - iii) That the wording of **Risk 6** (on page 12 of the agenda) be amended to provide more detail on the areas it was difficult to recruit to (e.g. IT and Programme Management roles);
 - iv) That consideration be given to reducing the mitigated risk score of **Risk 8** (on page 13 of the agenda); and
 - v) That a corporate risk on collaboration be considered for inclusion in future reporting.

194 2018/19 PERFORMANCE REPORT – QUARTER 2

- 194.1 The Panel received the report of the Assistant Director Planning & Improvement (ADP&I) which provided Members with a summary of service performance information for the second quarter of 2018/19. (*Copy in Minute Book*)
- 194.2 The Panel noted the reasons why it had only been possible to include data for 10 out of the 23 performance indicators for 2018/19 (as detailed under section 1 of the report) and the difficulties in analysing the data as a result. The Planning & Intelligence Manager responded that it was anticipated that most of the outstanding information would be included in future reporting.
- 194.3 The Panel noted the decline in the number of Home Safety Visits (HSV) undertaken (Performance Indicator No. 6) in comparison with the same reporting period in 2017/18, and queried whether anything further could be done to increase the uptake and to embed HSVs into everyday culture. The Assistant Director Safer Communities responded that there had been challenges recently in mobilising Safer Communities & Well Advisors which had impacted the number of visits made. He explained that the provision of new equipment (that was soon to be secured) would resolve those issues. He added that the Authority was working with the NHS to attract more HSV referrals.
- 194.4 In terms of the reported performance improvement in reducing the number of absences of employees due to sickness (Performance Indicator No. 3) the Panel requested that, aside from long term sickness reductions, it would be useful to see a breakdown of short term sickness figures to see if those were also improving. The Planning & Intelligence Manager responded that those figures would be included in future reporting.

The Panel also requested the consideration of the inclusion of statistics on Road Traffic Collisions to be included in future reporting.

- 194.5 **RESOLVED** – That the Panel noted:

1. That of the current indicator set of 23 it was only possible to report against

10 indicators currently (as detailed under section 1 of the report); and

2. That the Strategic HR (Human Resources) Group was developing a suite of indicators to report against, and once that work was completed relevant indicators would be incorporated into the quarterly Performance Reports.

195 2018/19 SAFETY EVENTS STATISTICS REPORT – QUARTER 2

- 195.1 The Panel considered the report of the Assistant Director Training & Assurance (ADT&A) which provided Members with a summary of safety events data and hazard reports, as received by the Health, Safety and Wellbeing Team, for Quarter 2 of 2018/19, and which also included the Quarter 2 report for the shared 3F Key Performance Indicators (KPIs). (*Copy in Minute Book*)
- 195.2 The ADT&A apologised for the omission of the equality data from the report and reassured the Panel that its request for the collation of such data was being carried out. She advised that the equality data for the reporting period was now available and would be circulated separately to Members after the meeting. (*Copy in Minute Book*).
- 195.3 The ADT&A acknowledged that the statistics within the report were fairly one-dimensional. She explained that development work was ongoing to identify and explore issues behind the data, such as whether a particular group was being adversely affected. The Panel welcomed the work being undertaken.
- 195.4 In response to a Member's query, the ADT&A would check the disparity in the total number of Hazard Reports, as stated under paragraph 3.1 of the report, against the numbers broken down within the pie chart under the same paragraph.
- 195.5 **RESOLVED** – That the Panel:
- i) Considered the Quarter 2 health and safety statistics for 2018/19 as set out in the report;
 - ii) Continued to monitor and scrutinise performance over the forthcoming year; and
 - iii) Had not identified any areas where Members required further assurance.

196 2018/19 CORPORATE PLAN PROGRESS MONITORING – QUARTER 2

- 196.1 The Panel considered the report of the Assistant Director Planning & Improvement (ADP&I) which contained information on the progress made up to the end of Quarter 2 of 2018/19 on the key actions being undertaken to progress the Service's Corporate Plan.
- 196.2 The Panel congratulated officers on the number of targets achieved. Of concern however were those activities not on target (indicated by red status) relating to Estates and Information Technology Governance (ITG).
- 196.3 In terms of ITG, the Assistant Director Resources/Treasurer (ADR/T) explained that the IT Strategic Board (which now included Councillor Tutt as Lead Member for IT) had considered action by both ITG and Telent to improve the programme management and delivery of IT Strategy Projects. He further explained that the

Authority planned to re-set the IT Strategy to be more focussed on business outcomes. Those proposals would be presented to a meeting of the Senior Leadership Team in early 2019. The ADR/T assured the Panel that he expected the position of the IT-related actions to be more positive at the next time of reporting.

- 196.4 In respect of Estates activity, the ADR/T updated the Panel that, due to the departure of the Estates Manager, interim staffing arrangements from the Sussex Police team were in place and were proving to be very successful. The updated position in activity reflected the temporary hiatus in staffing. He advised the Panel that he anticipated the overall Estates Strategy would be presented to the Combined Fire Authority meeting in February 2019. In general terms, the ADR/T assured the Panel that Estates activity was moving forward and that a more positive position would be reflected in the reporting over Quarters 3 and 4 of 2018/19.
- 196.5 In conclusion, the Panel recognised the concerns raised regarding the current position of Estates and ITG activities and acknowledged the ADR/T's assurances.
- 196.6 **RESOLVED** – That the Panel noted the achievements, progress, and work to date (as detailed in Appendix B of the report) against the activities set out in the 2018/19 Corporate Plan, and had not identified areas where further information or clarification on progress had been required.

The meeting concluded at 10.52am

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 AUTHORITY

Meeting Scrutiny & Audit Panel

Date 31 January 2019

Title of Report 2018/19 Third Quarter Corporate Risk Register Review

By Assistant Director Resources/Treasurer

Lead Officer Warren Tricker, Finance Manager

Background Papers 2018/19 Second Quarter Corporate Risk Register Review

Appendices Appendix A RAID Log Scoring Matrix
Appendix B Corporate Risk Register and Mitigation Plans

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 corporate and business risks are identified and managed. The Corporate Risk Register was refreshed early in 2018/19 with support from external risk experts.

Risks are scored against a 4x4 scoring matrix as shown in Appendix A.

The review of corporate risks is an ongoing process and reports are presented on a quarterly basis. The updated position is shown in Appendix B.

The process for reporting Project Risks is being changed. Such risks will be reported through the Programme

Management Officer and escalated to the Corporate risk when relevant.

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

This report discusses issues raised at the Quarter 2 Scrutiny & Audit Panel meeting on 1 November 2018 which considered the Quarter 2 Corporate Risk Register Review 2018/19 and the action taken subsequently which was reviewed by the Senior Leadership Team at its January meeting.

RECOMMENDATION

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

1. INTRODUCTION

- 1.1 This report brings the third quarter Corporate Risk Management Mitigation Plan. Corporate business risks are considered by SLT quarterly and reported to Scrutiny and Audit Panel for consideration.

2. SCRUTINY & AUDIT UPDATE

2.1 Proposal to remove R2 Health and Safety non-compliance. Corporate Risk Owner AD Training & Assurance:

- 2.1.1 An external health & safety peer review was undertaken in 2015 which highlighted a number of actions that were required for both the Health and Safety department and the Organisation to undertake. Since the risk was added a full strategic review has taken place and a number of mitigations have been put in place to ensure the Service is operating at a higher standard.

- 2.1.2 The risk has been closely monitored in the corporate risk report as well as at the Scrutiny and Audit Panel. The risk will be reviewed at Health, Safety and Wellbeing Committee who will consider whether the risk scoring is at a sufficiently reduced level for them to recommend that it should be removed from the corporate risk register

2.2 R3 Future Financial viability. Corporate Risk Owner AD Resources / Treasurer:

- 2.2.1 The Panel suggested that the impact of SCC should be monitored. Reference to managing financial risks of SCC through use of reserves included.

2.3 R5 Ability to meet developing legislative requirements evolving from central fire safety regulatory reviews. Corporate Risk Owner ACFO.

- 2.3.1 The Panel asked for specific examples of legislative risks.
- 2.3.2 Following a review there are in fact no specific examples at this stage. The wording of the risk acknowledges that these are currently unknown but are certain to arise from recommendations made. The identification and scoring of this risk accepts the uncertainty that these regulatory reviews bring. Reference to Hackitt and Moore Bick reviews included.

2.4 R8 Failure to effectively mobilise (SCC). Corporate Risk Owner DCFO.

- 2.4.1 The Panel suggested that the scoring should be reviewed, given the successes and financial assurance that has been put in place.
- 2.4.2 The scoring has been reviewed and it is felt it reflects the current position so, at this point in time, remains the same.

2.5 New Risk – Collaboration - Corporate Risk Owner AD Training & Assurance.

- 2.5.1 SLT agreed that a collaboration risk should be added to the report, reflecting any current or future collaborations and how they affect ESFRS.
- 2.6 **New Risk – Exiting the EU without a negotiated settlement – Corporate Risk Owner ACFO**
- 2.6.1 Given the uncertainty around the UK’s exit from the EU and the potential that this is without a negotiated settlement there is an increased risk to the Authority and so a new risk has been added to the register. Locally work is being led by Sussex Resilience Forum and a Gold Group has been established within the Service which is linking with work being conducted nationally through NFCC.

CORPORATE RISK REGISTER

Scoring for all Corporate Risk and Project RAID Log

Appendix A

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)

Appendix B

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
1 GDPR Non-compliance	<ul style="list-style-type: none"> Lack of policies and processes Staff awareness and understanding of importance requirements Lack of buy in and support from Management and Board Lack of capacity and capability to adhere to new regulations Information sporadically located Data breach incident occurs 	<ul style="list-style-type: none"> Programme Management support E-learning in place (90% achieved) Department tasked to complete information Asset Register Correspondence with suppliers who control or process our data to put in place revised contract conditions Privacy Policy in place and available on website 	Impact = 3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Work programme and audits underway Compliance programmed for 2018/19 Q3 Information Security Strategy to be developed External provider Aristi appointed to support development of new IS Framework 	March 2019	DCFO
2 Health & Safety non-compliance	<ul style="list-style-type: none"> Lack of buy in from Management Policy and practices not effective Policies not followed Inherently unpredictable working environment Inconsistent implementation H&S approach is not effectively targeting the highest risk areas Lack of proactive / preventative measures to reduce likelihood Ageing equipment and lack of maintenance 	<ul style="list-style-type: none"> Training programmes in place Policies in place Appropriate systems exist Changes to the management and staffing structure Governance for Health, Safety & Wellbeing Governance for Health, Safety & Wellbeing 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Improvements to Breathing apparatus chambers 	HS&W Committee Jan 2019	AD Training & Assurance
3 Future financial viability	<ul style="list-style-type: none"> Reducing funding stream (uncertainty) Failure to identify and deliver savings Difficult to predict future needs / resources required Changes in legislation increasing burden 	<ul style="list-style-type: none"> 2018/19 budget agreed MTFP updates and reporting Efficiency Strategy agreed Continued monitoring of Business Rates Retention proposals. Delivery of savings monitored and reported to SLT and members Resource Planning meeting to monitor operational establishment Establishment and use of general and earmarked reserves to manage financial risk Collaboration through ESFOA to protect shared income streams e.g. Council Tax and Business Rates Use of financial reserves to manage risks e.g. drawdown of £0.625m to manage financial implications of Sussex Control Centre Project 	Impact = 2 Likelihood = 3 Score = 6 Moderate	<ul style="list-style-type: none"> Action agreed by SLT to reduce forecast Revenue overspend for 2018/19 Further development of the actions set out in the Efficiency Strategy bid for Business Rates Retention Pilot with other East Sussex authorities successful Proposals to balance 2019/20 budget to be presented to P&R Panel 17/01/19 Review of IRMP including operational response review to start 2019/20 Lobbying in advance of Comprehensive Spending Review via NFCC and local MPs 	February 2019	AD Resources / Treasurer

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
4 Failure to delivery of IT Strategy	<ul style="list-style-type: none"> Costs higher than originally thought and payback period longer Ageing equipment with compatibility issues / legacy systems Lack of change management capacity Ineffective contract management Lack of funding Competing priorities Lack of willingness to transform service delivery Lack of business ownership Business unable to resource concurrent major changes projects 	<ul style="list-style-type: none"> Agreed IT Strategy Active monitoring and reporting of programme delivery and status to SLT and members Alignment of IT Strategy with Corporate Plan to highlight resource / capacity gaps Effective project governance with escalation presses Talent strategy for resourcing of IT projects Actual planned project spend revived on regular basis IT Strategic Board in place 	Impact = 3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Resetting of IT Strategy underway Review of ITG Business Engagement function to ensure fit for purpose Development of digital / innovation stream within IT Strategy 	30 June 2019	AD Resources / Treasurer
5 Ability to meet developing legislative requirements evolving from central fire safety regulatory reviews	<ul style="list-style-type: none"> Policy or legislative changes that are likely to arise from reviews and investigations Unknown burdens on service delivery Likely increased funding required Knowledge and capability needed Lack of capacity and capability inability to adapt service delivery models 	<ul style="list-style-type: none"> Introduction of firefighter business safety Competence framework for business safety officers Business Safety Review to refresh structure to ensure appropriate capacity and contingency" Continue to monitor developments from Hackitt and Moore Bick reviews and potential legislative / regulatory changes 	Impact = 2 Likelihood = 3 Score = 6 Moderate	<ul style="list-style-type: none"> Refresh and publish a new Protection Strategy to take account of the emerging issues. Allocate ESFRS officers to national working groups to steer and understand the implications of the proposed national changes. 	March 2019	ACFO
6 Effective workforce planning e.g. professional services	<ul style="list-style-type: none"> Increasingly difficult to recruit into professional services HR policy flexibility (grades/salaries) Recruitment pool processes Already lean workforce 	<ul style="list-style-type: none"> Introduction of Strategic Workforce planning process (new action reads – embed and reinforce WFPP) To explore and introduce a market supplement process for professional service jobs (new action reads – review contracts and policy to embed this process. Continue to consider the wider recruitment market to assess salary points for specialist posts). Recruitment and selection framework Process Improvement Project to deliver efficiencies in roles and policy supporting lean workforce 	Impact = 2 Likelihood = 4 Score = 8 Moderate	<ul style="list-style-type: none"> Locating resources with ITG to ensure employee data is GDPR compliant from a HR perspective. Redesign current talent pool process at each operational level within the Organisation Develop a strategic workforce planning process. To explore and introduce a market supplement process for professional service jobs To re-engineer the recruitment and selection processes for professional services 	March 2019	AD HR&OD

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
8 Failure to effectively mobilise (Sussex Control Centre)	<ul style="list-style-type: none"> Legacy software incompatibility with newer versions Full specification not effectively implemented SCC incident / system failure 	<ul style="list-style-type: none"> System went live for ESFRS resources on 20th March 2018 following satisfactory testing phases (FAT, SAT, OAT, UAT) Fall-back and business continuity arrangements designed, tested and operating (this includes fully functional secondary control at Maresfield) Refreshed approach to approach to attendance management Additional resources made available due to project extension BAU and Project Budgets increased due to extension and to ensure resilience across both areas. 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Further audits and remediation plans for MDTs, Wi-Fi and SEE equipment Scenario planning for future options / outcomes underway Exit Strategy for WSFRS being developed 	Jan 2019	DCFO
9 Failure to manage the effects and impacts of a major loss of staff event	<ul style="list-style-type: none"> Lack of engagement with unions / staff Poor / ineffective consultation practices Ineffective communications Lack of business continuity Planning Pandemic Flu Major travel disruption 	<ul style="list-style-type: none"> Review outcomes of Retained Firefighters Union report Introduction of the On-call action learning set Establish a resilience group to refresh the resilience contingency plans and loss of staff protocols. Establish regional loss of staff working group to share best practice and assist in contingency planning" 	Impact = 3 Likelihood = 3 Score = 9 Moderate	<ul style="list-style-type: none"> Introduce a revised Business Continuity Plan for major loss of staff Develop a continuity handbook for staff to assist in managing the early stages of a major loss of staff. 	March 2019	ACFO
10 Inability to effectively respond to a cyber incident	<ul style="list-style-type: none"> Lack of effective BCP in place Underestimation of risk likelihood Poor policies and procedures Human error Lack of staff awareness (e.g. phishing) Poor protection of systems leading to increased severity 	<ul style="list-style-type: none"> Intend to progress the IT Risk Treatment Plan IT Health Checks are undertaken by third party security The Information Security Management Forum to meet on a regular basis Information Security e-learning in place 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Information Security Strategy to be developed External provider Aristi appointed to support development of new IS Framework 	March 2019	DCFO

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
11 Failure to deliver key corporate projects	<ul style="list-style-type: none"> Lack of adherence to governance Lack of experienced staff managing projects Inability to recruit two vacant posts in the team 	<ul style="list-style-type: none"> Assignment of programme management office The PID was signed off in June 2018 by the PMO Set Up Board Current 'as is' project related processes have been documented and signed off in the end of June 18. 	Impact = 3 Likelihood = 4 Score = 12 Substantial	<ul style="list-style-type: none"> PMO processes are being drafted and key templates are being developed to support best practice Analysis of current Boards is underway Project processes and templates, along with project manual note nearing completion before undergoing consultation. Recruitment of Project Manager and Business Analyst identified Identifying appropriate recruitment channels through agencies to address current vacancies Reviewing job descriptions 	March 2019	DCFO
Uncertainty about the UK's exit from the EU and it's short term impacts	<ul style="list-style-type: none"> Economic shock and impact on funding Supply chain problems Disruption around ports and port access routes Civil unrest Increased risk to vulnerable groups 	<ul style="list-style-type: none"> Strategic & Tactical Coordinating Groups established and ESFRS decision log and concept of operations in place Multi-agency table top exercise and risk review process established. Engaged with Sussex Resilience Forum which is leading local planning Brexit Gold Group established Existing Business Continuity plans being reviewed Linking with work being carried out nationally through NFCC 	Impact = 2 Likelihood = 4 Score = 8 Moderate	<ul style="list-style-type: none"> Risk / impact assessment being developed Assessment of supply chain risk underway 	4 Feb 2019 (date of next Brexit Gold Group)	ACFO
Collaboration	<ul style="list-style-type: none"> Collaboration fails to deliver desired outcomes Resources required to support collaborative activities not justified by improvements in efficiency and / or effectiveness 	<ul style="list-style-type: none"> Collaboration Framework agreed and in place Priorities agreed for 2018-21 Regular tracking of collaboration activities through business performance system Governance in place e.g. 3F and Integrated Transport Function (ITF) Legal advice on formal collaboration agreements 	Impact = 3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> Regular review of collaborative activities through SLT and S&A Panel 	March 2019	AD HR&OD

EAST SUSSEX FIRE AUTHORITY

Meeting	Scrutiny & Audit Panel
Date	31 January 2019
Title of Report	Performance Report for Quarter 3 2018/19
By	Liz Ridley, Assistant Director – Planning & Improvement
Lead Officer	Sharon Milner, Planning & Intelligence Manager
Lead Member	Cllr Roy Galley

Background Papers	None
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Appendices	Appendix A – Quarter 3 report
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Implications

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

PURPOSE OF REPORT **To present the third quarter results for 2018/19.**

EXECUTIVE SUMMARY This report provides the Scrutiny & Audit Panel with a summary of service performance information for the 3rd quarter of 2018/19.

The report contains information against 21 of the 22 indicator set. The Service's revised response standards, as agreed as part of the current Integrated Risk Management Plan, are reported against for the first time.

Additional information on sickness and road traffic collision data is also contained in the report as requested by Members at previous meetings.

RECOMMENDATION **The Panel is asked to:**

- 1. Consider the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix A.**

2. Consider the performance results and remedial actions that have been taken to address areas of underperformance in the Fire Authority's priority areas.

1. INTRODUCTION

- 1.1 This report contains the quarter 3 performance indicator results for 21 performance indicators for 2018/19, compared with the results for the same period in 2017/18 where possible.

2. Main issues

- 2.1 The report provides a summary of work undertaken against the priority areas, where relevant.

2.2 Reducing accidental dwelling fires

- 2.2.1 The projected year end result in accidental dwelling fires shows a decline in performance in this area, although there is only a slight increase in the quarter versus the same period last year. The accidental dwelling fire reduction group continues to proactively engage with our communities and there have been a number of social media campaigns over the Christmas period, dissuading people from cooking after a night out.

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

- 2.3.1 We delivered 92.6% of our home safety visits to vulnerable people within our community in the third quarter of 2018/19, this is a very slight increase against the previous year (92%)

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

- 2.4.1 Performance has improved from the same quarter last year, with 2.2 shifts lost as opposed to 2.8, this gives a projected year end result of 8.8 which is an improvement on the year end result of 2017/18 of 10.8. Long term sickness remains the biggest contributor to overall sickness figures and we are progressing a number of cases in order to reduce the overall total. Additional information on sickness has been included in this report as requested by the Panel. Figures 1, 2 and 3 contain information on whole-time, Sussex Control centre and support staff sickness split into long term, medium term and short term sickness respectively. Figures 4a, 5a and 6a are pie charts that show the number of shifts lost per sickness category. Figures 4b, 5b and 6b contain the number of instances that has led to the shifts lost in the preceding chart. For example figure 4a shows that 323 whole-time shifts were lost due to back or neck category and figure 4b shows that there was 39 instances of that which makes up the 323 shifts lost.

Figure 1 – Whole-time sickness

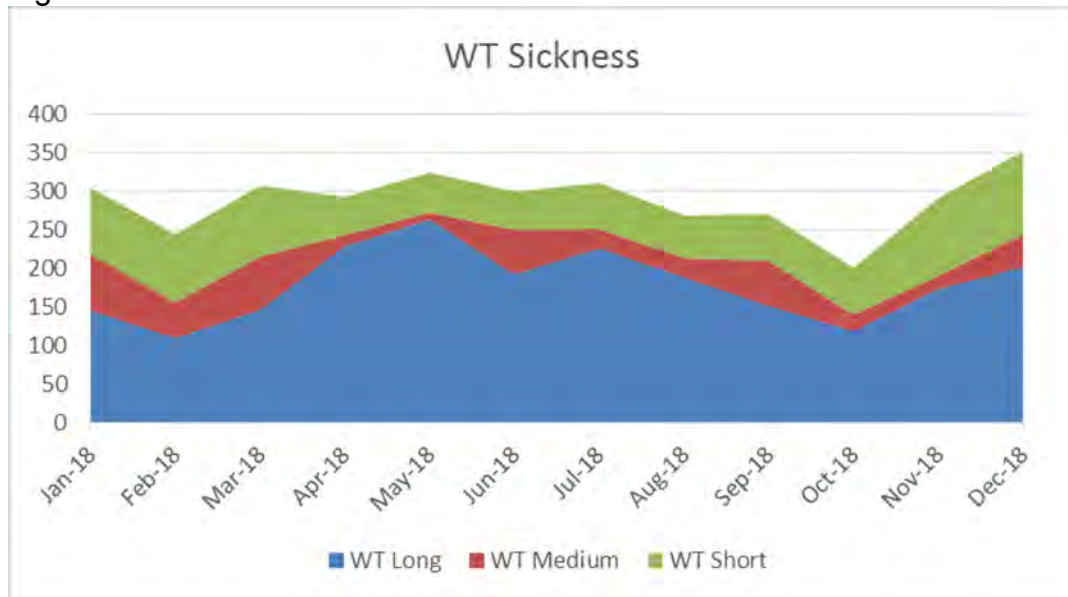


Figure 2 – Sussex Control Centre Sickness

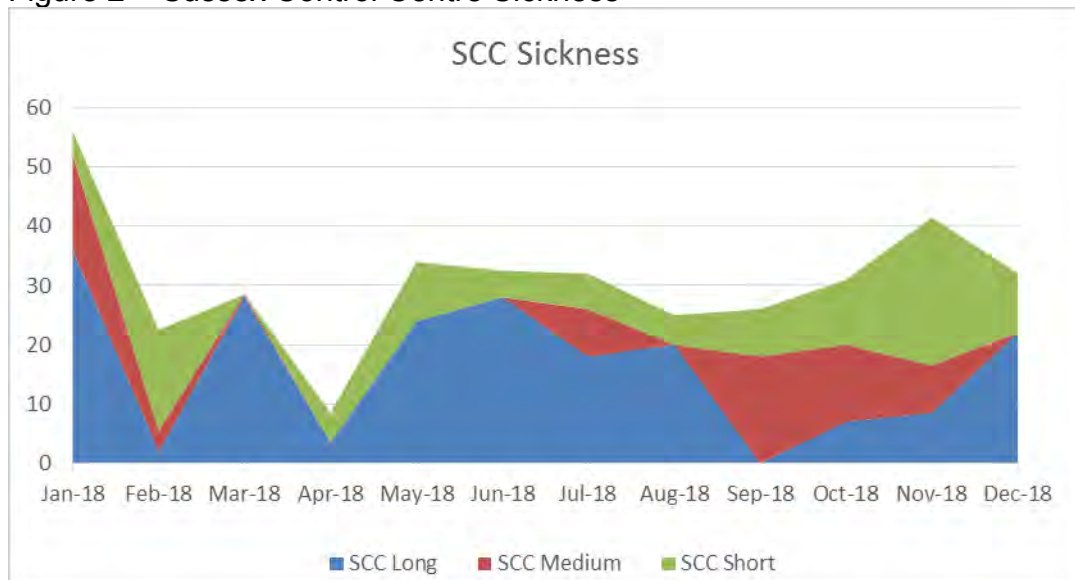


Figure 3 – Support Staff Sickness

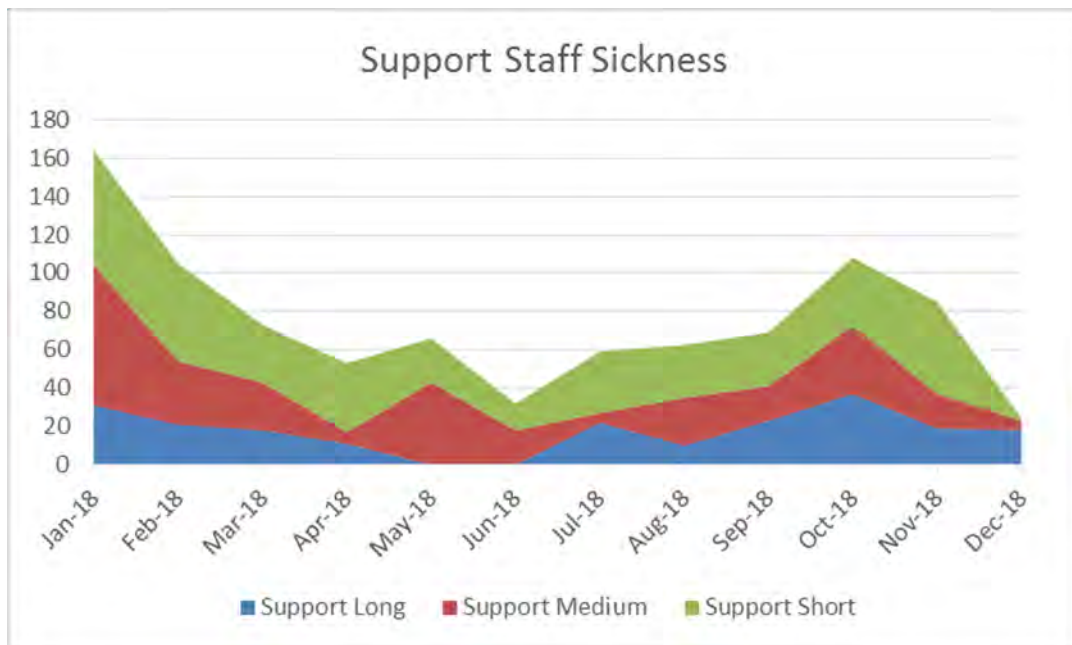


Figure 4a– Whole-time number of shifts lost per sickness category

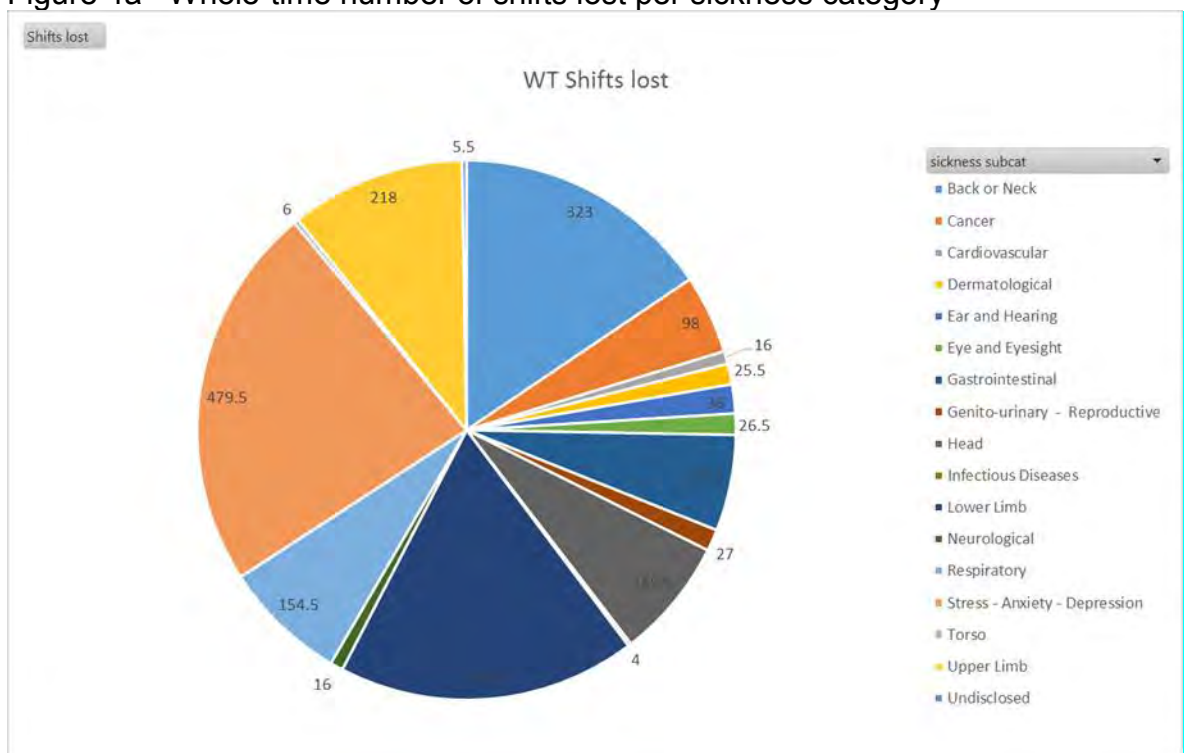


Figure 4b – Whole-time number of instances per sickness category

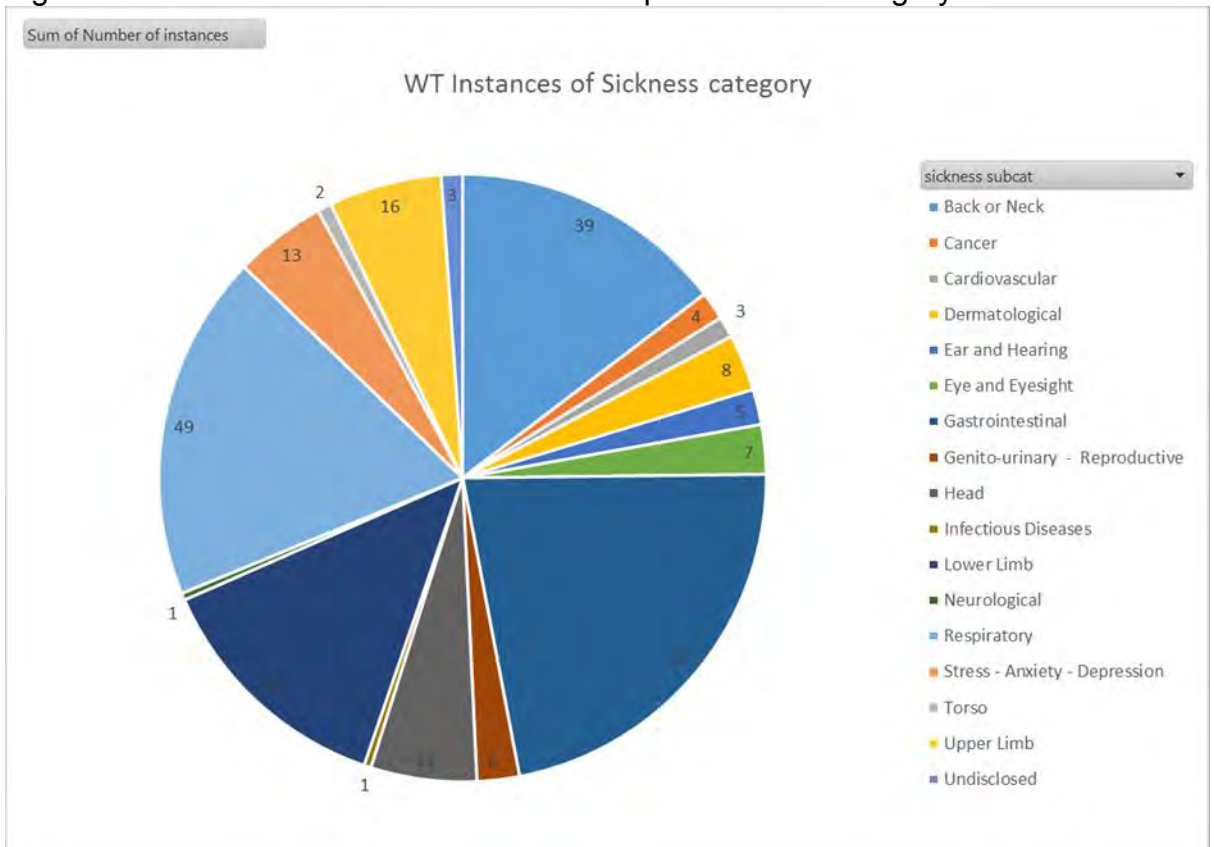


Figure 5a – Sussex Control Centre number of shifts lost sickness category

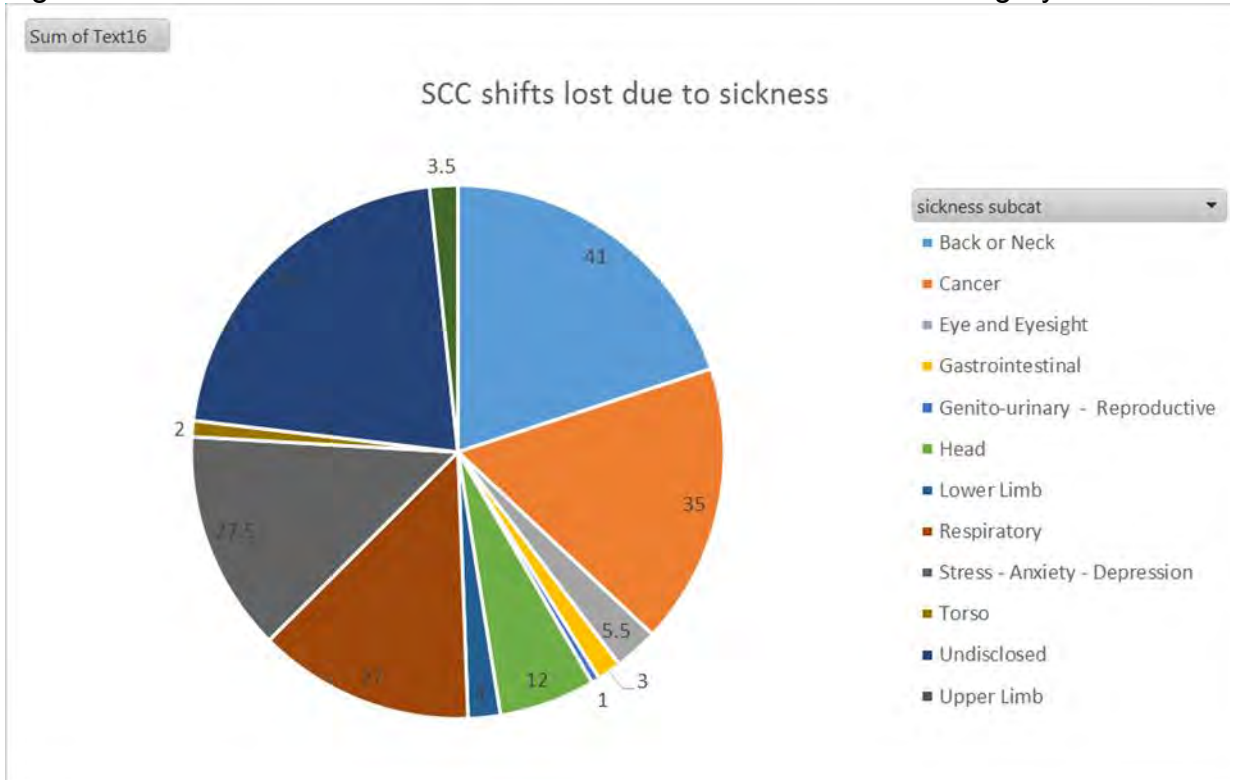


Figure 5b – Sussex Control Centre number of instances per sickness category

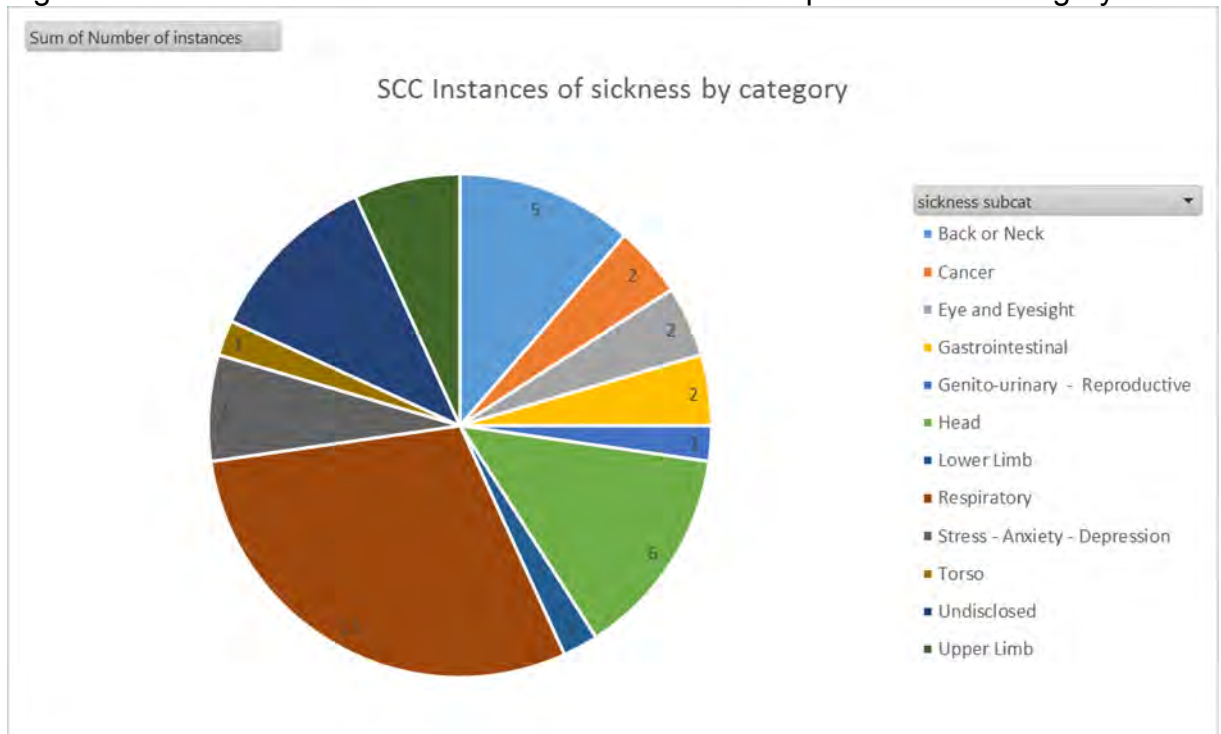


Figure 6a – Support staff number of shifts lost sickness category

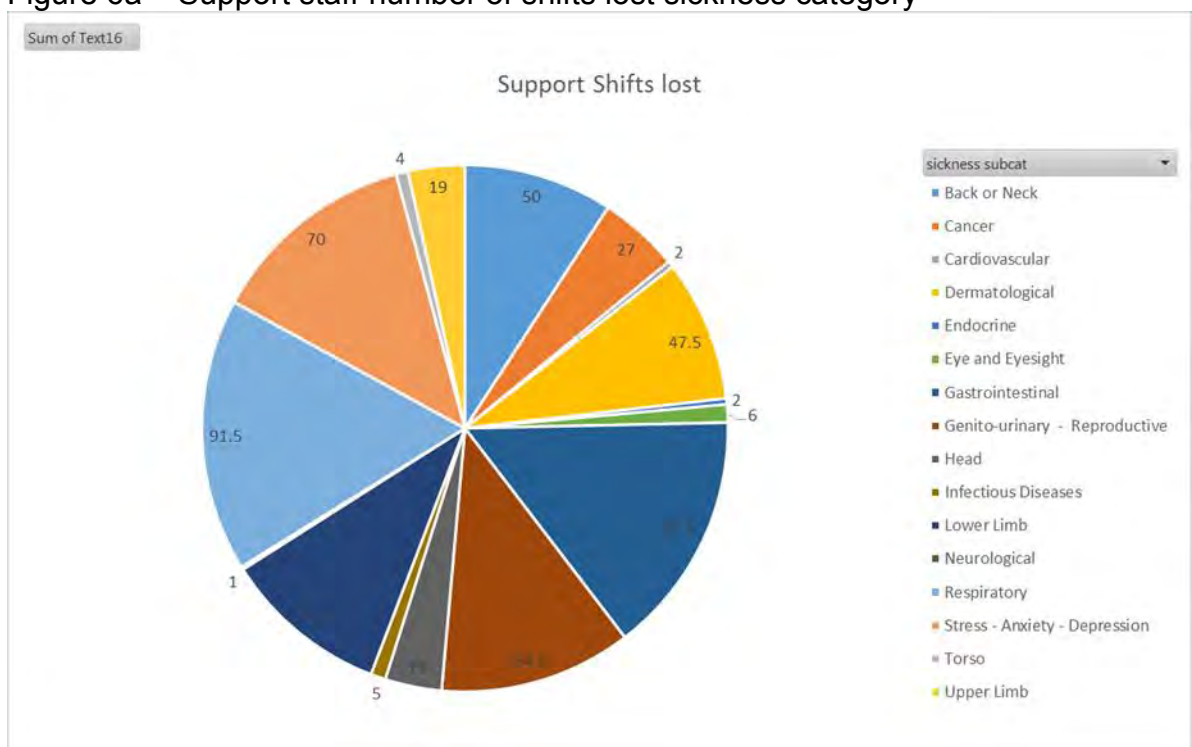
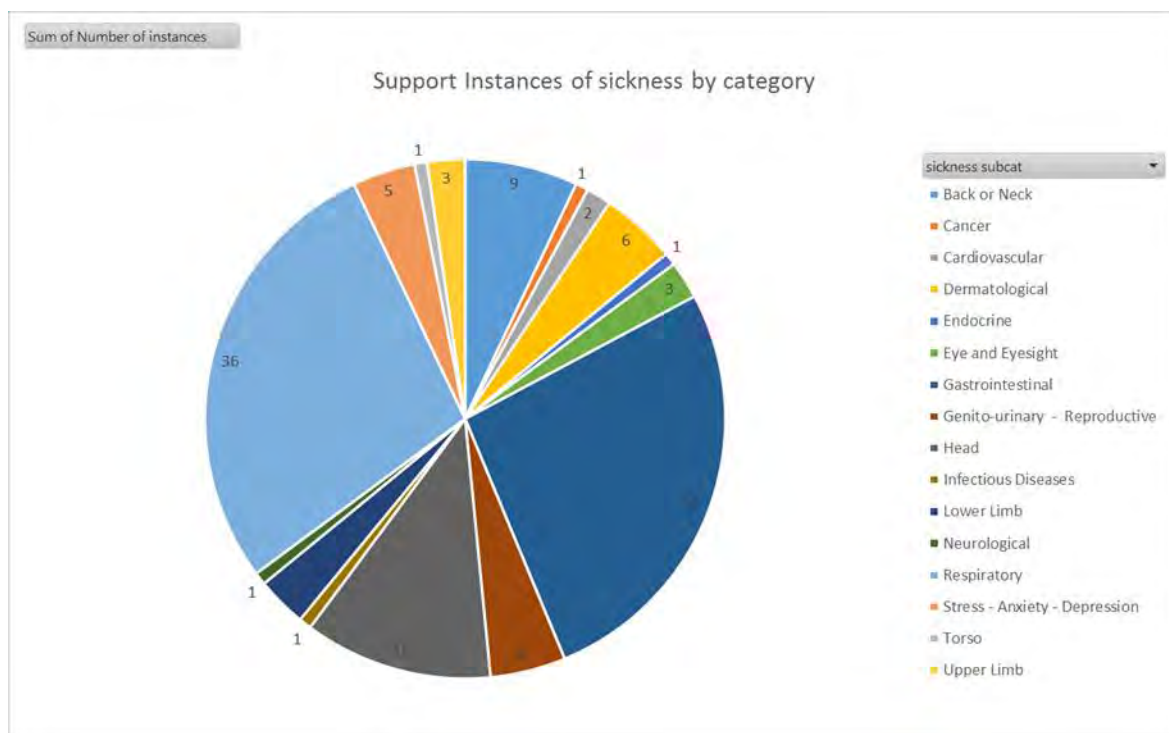


Figure 6b – Support staff number of instances of sickness category



2.5 Inspections of high risk premises completed

2.5.1 This is a slight decline on the same quarter in the previous year with 118 audits being completed against 137 in the previous year. The projected year end result is currently 496 against a target of 500. Station staff are now undertaking audits and the Assistant Director of Safer Communities is confident that between 500 and 600 audits will be completed by year end.

2.5.2 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 our computer system.
- 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
- Working 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 risk based inspection program and increases awareness of Business Safety internally and externally.

2.6 Numbers of Home Safety Visits completed

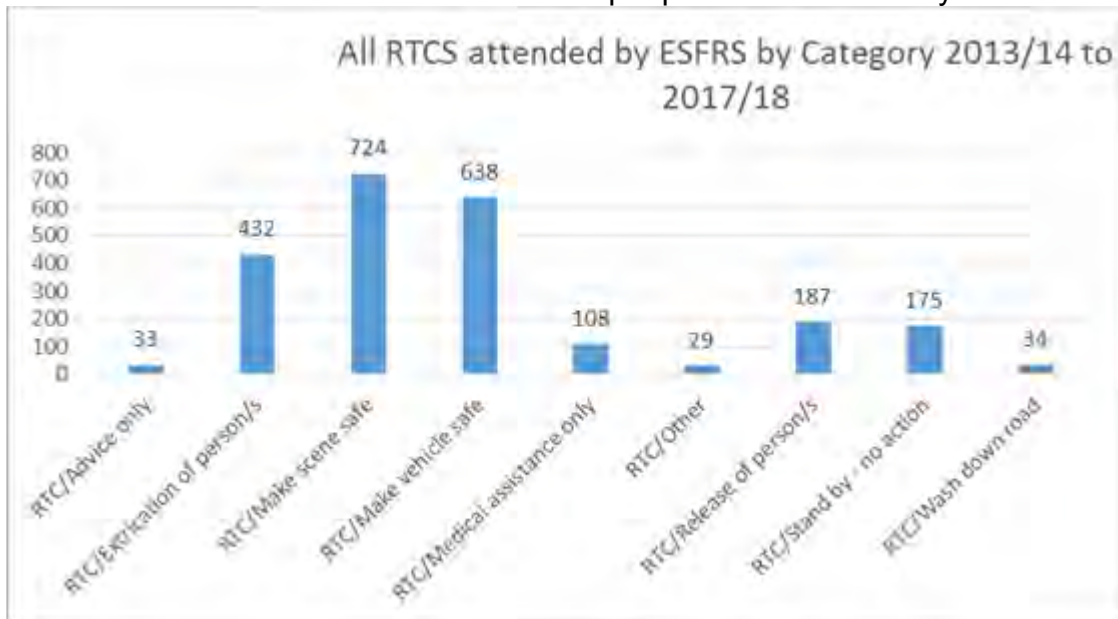
- 2.6.1 In the third quarter of 2018/19, 2,537 home safety visits were completed and closed down on the system. This figure is under reported and will increase as end of month paperwork is recorded on the system. Home safety visits have been set as a priority across the Service with all watches and community safety advisors working to stretch targets to ensure that at least 11,000 home safety visits will be completed in 2018/19 against a target of 12,000. The projected year end result is 9,986 at the moment but should increase.
- 2.6.2 The station stretched target of 7,000 is running 800 short but there is a very detailed plan to address this locally across the Service. Currently there is a 1,500 shortfall in respect to the Community Safety Advisors target. The teams have been working in pairs until lone working is re-established following a change in provider of the alerter system to ensure the safety of those undertaking the visits and sickness and staff turnover have impacted the figures. There is a plan in place to undertake additional visits through a variety of initiatives so the Assistant Director of Safer Communities is confident that the year-end figure will move closer to the 12,000 and further forward then the 10,000.
- 2.6.3 There are a number of areas that are being progressed by the Safer Communities directorate including:
- Home safety visits (HSV) are a significant contributory factor to the reduction of ADFs alongside a range of other activities / initiatives i.e. Roadshows / online surveys / Behaviour insight project
 - We will never leave an incident without considering the vulnerability (Wellbeing (CS1) and Safeguarding (CTN)) of the occupant and/or delivering an HSV
 - We will make every contact count, a process to ensure that every contact opportunity is maximised by making ourselves accessible to both partners and members of the community through engagement
 - We will actively support with staff and volunteers, planned community events across the county
 - We will provide HSV training and a quality assurance framework to ensure the delivery of a high quality HSV
 - Continual review of the scope of the HSV to ensure the effective referral of vulnerable people to other agencies
 - We will promote HSVs through an integrated communications plan

3. Road traffic Collision data

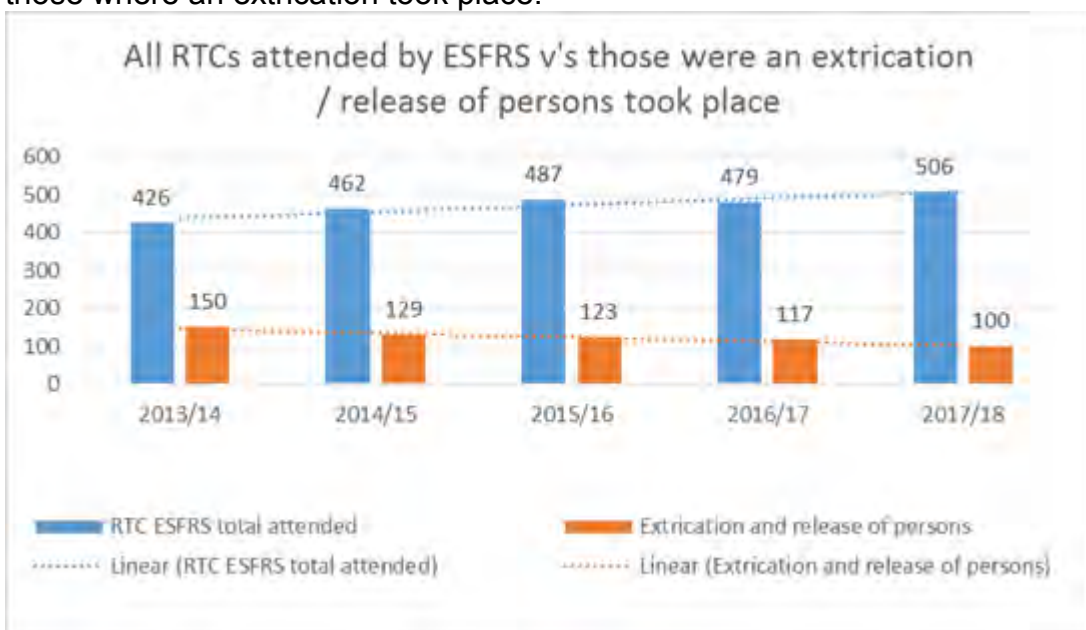
- 3.1 Members requested the inclusion of road traffic collision data at a previous meeting. The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. The data from the SSRP is reported a year behind so the figures are for 2017/18 only. ESFRS attend approximately 20% of RTCs attended by Sussex Police. Sussex Police only report RTCs where a casualty is involved. As can be seen from the table there is a drop in the total number of RTCs across East Sussex.

	2013/14	2014/15	2015/16	2016/17	2017/18
RTC ESFRS total attended	426	462	487	479	506
East Sussex All RTCs	2740	3027	3013	2823	2528
% of RTCs attended by ESFRS	16%	15%	16%	17%	20%

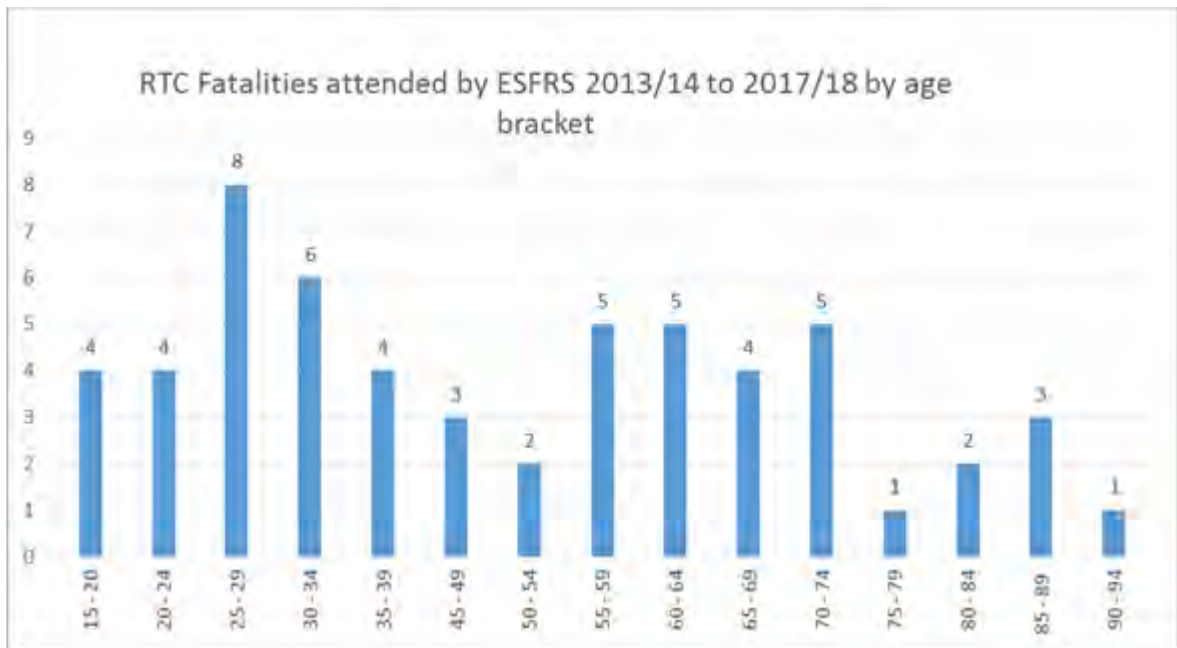
- 3.2 The graph below shows the number of RTCs attended over a five year period by type. The largest category ESFRS is called to is making the scene safe. The total number where we have extricated and or released people is 619 over five years.



- 3.3 The following chart contains information on the number of RTCs attended against those where an extrication took place.

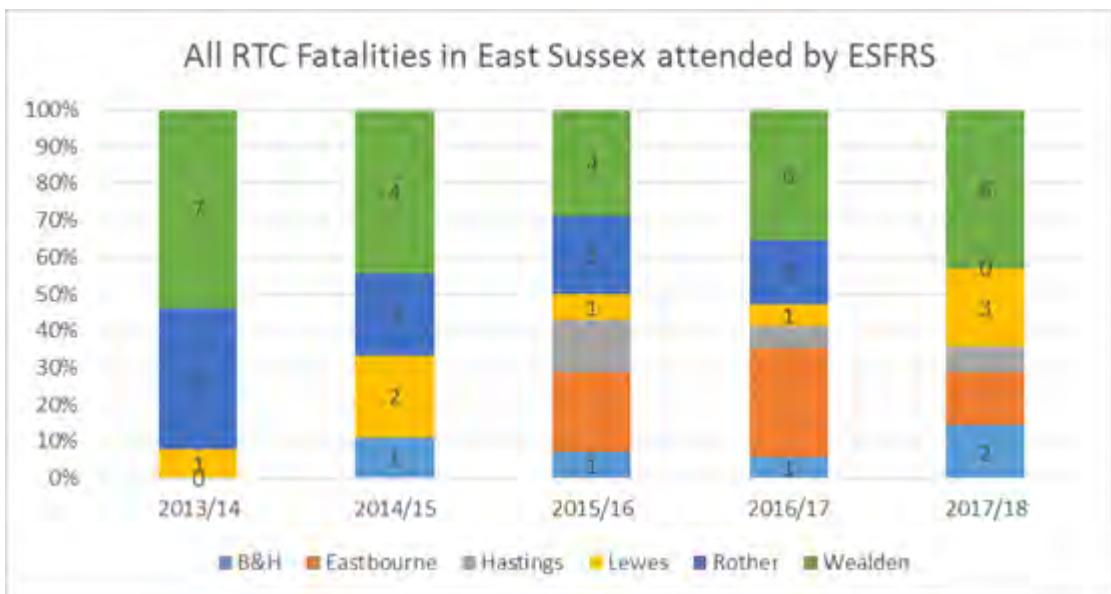


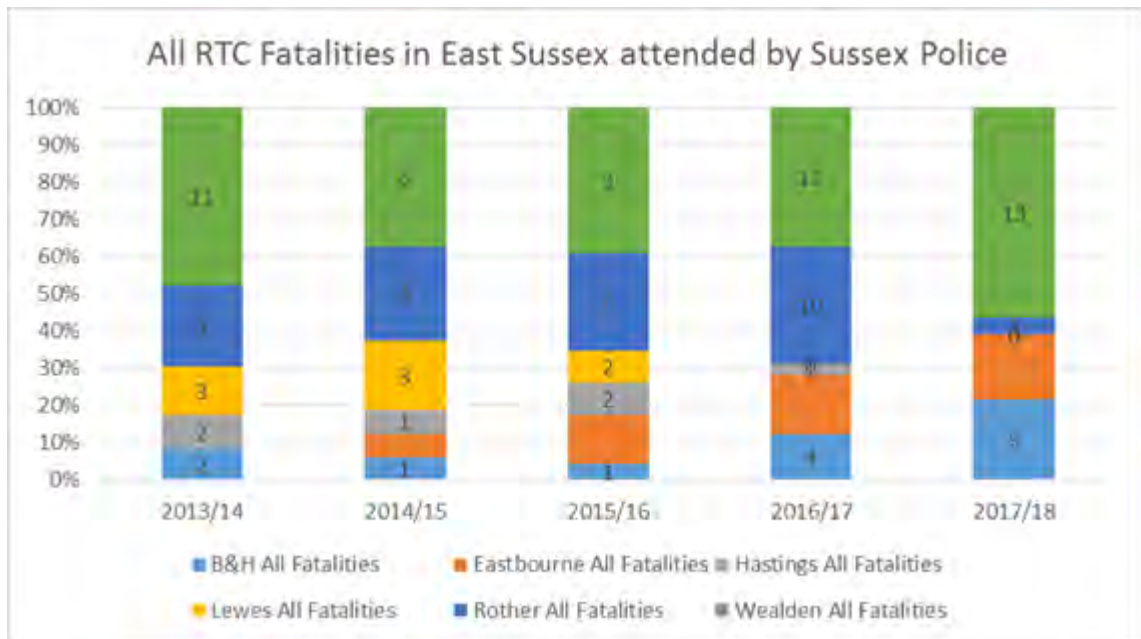
- 3.4 The following chart show that age range of the fatalities in RTCs over the five year period.



- 3.5 The following charts show the number of fatalities attended by ESFRS and Sussex Police split by Boroughs. As can be seen by the table below ESFRS does not attend all fatalities that have occurred on the roads in East Sussex and Brighton and Hove.

RTC Fatalities 2013/14-2017/18	B&H	Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Total fatalities attended by ESFRS	5	10	4	8	13	27	67
Total fatalities attended by Police	13	13	6	8	26	51	120





- 3.6 The number of Road Traffic Collisions (RTCs) is higher in the rural areas, 36% of Other Rescue incidents are RTCs in Wealden, 28% in Rother and 26% in Lewes. In the urban areas RTC numbers are much lower, Brighton & Hove (11%), Eastbourne (12%) and Hastings (14%). Rother has slightly higher proportions of RTCs compared to their population, this highlights a general trend that rural areas experience more RTCs than urban areas.
- 3.7 The Sussex Safer Roads Partnership (SSRP) brings together teams from Sussex Police, East and West Sussex County Councils, East and West Sussex Fire and Rescue Services, Brighton and Hove City Council, Brighton and Sussex University Hospital NHS Trust and Highways England. Using the knowledge and experience within the partnership, it aims to provide advice and support to all road users across Sussex. Strategies are developed to promote road safety and to encourage everyone to consider how they use the roads and how everyone can become safer. Recommendations and guidance are offered to urge everyone to share the roads and to foster an attitude of safety for all on our roads.
- 3.8 ESFRS undertakes a range of preventative activities across the area, based on the road risk, both collaboratively through road safety partnerships (Wealden and Rother) and through single agency activities. The ESFRS thematic Road Safety Action Plan identifies the road risks through location and road user type, and identifies the tactics available to staff and volunteers that are available through the ESFRS initiatives library, as well as through the SSRP. Road Safety prevention is overseen by our Road Safety co-ordinator based in the Central Community Safety Team who is also the subject lead on the SSRP Programme Delivery Groups.

3. EQUALITIES IMPLICATIONS

- 3.1 This report is for information purposes only, so there are no equality implications arising from this report.



East Sussex **Fire & Rescue Service**

East Sussex Fire & Rescue Performance Results Quarter 3 2018/19

JANUARY 2019

Our Purpose

We make our communities safer

We will do this by:

Commitment 1: Delivering high performing services

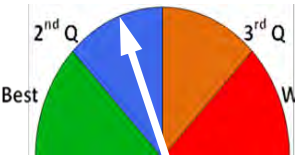
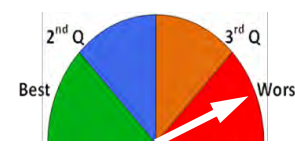
Indicator No.	How will we measure performance?	2017/18 Q3 result	National Quartile Position 2017/18	2018/19 Q3 result	2018/19 Projected year end result	Direction of travel from 2017/18 result
8	Total number of incidents attended	2,313		2,202	9513	Improved
9	Number of deaths in primary fires	1		0	4	Improved
10	Number of injuries in primary fires	7		6	37	Improved
1 Priority	No of accidental dwelling fires	121		128	510	Declined
11	Number of primary fires	269		287	1,193	Declined
12	Number of deliberate fires	203		146	705	Improved
13	No of Industrial and Commercial fires	39		49	178	Declined

Indicator No.	How will we measure performance?	2017/18 Q2 result	National Quartile Position 2016/17	2018/19 Q2 result	2018/19 Projected year end result	Direction of travel from 2017/18 result
14	70% of the first arriving appliances at any incident from an 'On-Station response' within 10 minutes	N/a	This is an ESFRS indicator only, no National data is available for comparison	75.5%		New
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	N/a	This is an ESFRS indicator only, no National data is available for comparison	75.9%		New

We make our communities safer

We will do this by:


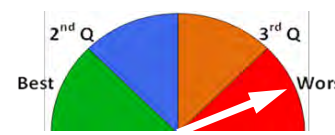
Commitment 2: Educating our communities

Indicator No.	How will we measure performance?	2017/18 Q3 result	National Quartile Position 2017/18	2018/19 Q3 result	2018/19 Projected year end result	Direction of travel from 2017/18 result
2 Priority	% of Home Safety Visits to vulnerable people	92.0%	This is an ESFRS indicator only, no National data is available for comparison	92.6%	91.3%	Improved
6 Priority	Undertake 12,000 Home Safety Visits	2,678		2,537	9,986	Improved
17	Number of safe and well visits conducted	129	This is an ESFRS indicator only, no National data is available for comparison	7	172	Declined
7 Priority	Inspections of high risk premises completed	137		118	496	Declined
18	Number of business safety engagement events	4	This is an ESFRS indicator only, no National data is available for comparison	6	17	Improved
19	Number of attendees at business safety engagement events	180	This is an ESFRS indicator only, no National data is available for comparison	80	310	Declined

We make our communities safer

We will do this by:

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

Indicator No.	How will we measure performance?	2017/18 Q3 result	National Quartile Position 2017/18	2018/19 Q3 result	2018/19 Projected year end result	Direction of travel from 2017/18 result
3 Priority	The number of working days/shifts lost due to sickness not to exceed 7.5 per employee	2.8	This is an ESFRS indicator only, no National data is available for comparison	2.2	8.8	Improved
20	Number of RIDDOR incidents	2		4	9	Improved
21	Number of workplace reported accidents / injuries	43		49	242	Declined

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?	2017/18 Q3 result	National Quartile Position 2017/18	2018/19 Q3 result	2018/19 Projected year end result	Direction of travel from 2017/18 result
4 Priority	A 32% reduction of automatic fire alarms (AFA) from the base year result of 2009/10	-35.2%	This is an ESFRS indicator only, no National data is available for comparison	-43.9%	-40.0%	Improved
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	2.1%	This is an ESFRS indicator only, no National data is available for comparison	1.2%	0.9%	Improved
23	% of AFA calls challenged by SCC	9.2%	This is an ESFRS indicator only, no National data is available for comparison	N/a	N/a	-
5 Priority	% of accidental dwelling fires confined to room of origin	91.7%	This is an ESFRS indicator only, no National data is available for comparison	92.2%	90.1%	Improved

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	31 January 2019
Title of Report	Safety Events Statistics Report – Q3, 2018-19
By	DCFO Mark O'Brien
Lead Officer	Hannah Scott-Youldon, Assistant Director – HR, OD, Training & Assurance

Appendices	Appendix A – Full breakdown of statistics Appendix B - Additional Information Relating to the Breakdown of Age & Gender
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Background Papers	Health, Safety & Wellbeing Strategy (2017-2020)
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Implications

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

PURPOSE OF REPORT	To appraise the Scrutiny & Audit of the safety events recorded for Q3 (October - December) 2018/19.
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EXECUTIVE SUMMARY	This Scrutiny & Audit report summarises safety events data and hazard reports received by the Health, Safety & Wellbeing Team for Q3 2018/19.
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This report also includes the report for the shared 3F KPIs, ESFRS Home Office Statistics, Level 2 Accident Investigations tracker and age and gender data .

RECOMMENDATION	The Scrutiny and Audit panel is asked to:
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- i. **Consider the Quarter 3 health and safety statistics for 2018/19 as set out in the report.**
- ii. **Continue to monitor and scrutinise performance over the forthcoming year.**

iii. **Identify any areas where Members require further assurance.**

1. INTRODUCTION

- 1.1 This report contains quarter 3 statistics for 2018/19, compared with 2017/18 of ESFRS performance against the Health & Safety lagging indicators.

2. MAIN ISSUES

- 2.1 A full breakdown of the statistics can be found in appendix a. However, below provides a narrative around the statistical data for quarter 3 statistics.

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

There were 47 Level 1 Safety Events reported to the HSW Department in Q3 and they are spread across the four category types of incident as:

Injury sustained	26
Vehicle accident	10
Near Hit	12
Damage to premises/equipment	1

This compares with 43 safety events reported in the same quarter in 2017-18. There has been a significant drop in near hits reported, as the previous quarter's figures reflected issues with VMDT/4i. The other indicators will give further breakdown into the accident types across these categories e.g. slips/trips, manual handling etc.

2.3 Indicator No. 2 – The number of RIDDOR¹ incidents

There were 4 RIDDOR reportable incidents in Q3 as compared with 2 in Q3 last year. 3 of these were due to >7 day absences for:

- a manual handling (knee) injury while operating a vehicle jack;
- a slip injury, falling off of a 2 foot high step during an operational incident; and
- a jarred back, coming down the pole drop.

All of these are subject to a Level 2 accident investigation.

The last RIDDOR was for a member of the public taken directly to hospital. This was a the RDS Physical Training Day at STC who dislocated their shoulder.

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

There were 4 manual handling injuries reported in Q3 as compared with 9 in the same quarter last year.

¹ 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

- 1 was the knee injury using the jack, referred to in Section 2 above.
- 1 was pulling the winch rope off the drum on the Land Rover, causing a twinge in the back
- 1 was assisting ambulance with a trapped casualty in a confined space, causing pain in the back.
- 1 was a back injury while loading items into a service van.

All of these are subject to a Level 2 accident investigation.

The Service Fitness Adviser has followed up with these individuals to support them with any recovery and strengthening exercises to help prevent future injuries.

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

There were 5 reports of slips, trips and falls in Q3 2018/19 which is on a par with 5 in 2017/18.

1 was running hose and slipped causing a knee strain;
 1 slipped in the shower tray;
 1 slipped down external stairs in damp conditions;
 1 tripped on a trailing cable; and
 1 rolled ankle while jogging to car when responding to alert.

Historically, this type of injury has remained quite static and, given the nature of the work that the Service undertakes, the figure for slips, trips and falls remains consistently low.

2.6 **Indicator No. 5 – The number of vehicle collisions**

There were 10 vehicle collisions in Q3 and this is slightly higher than the reports in Q3 in 2017/18 when there were 7 vehicle accidents.

The causes are as follows:

- Low speed impact – 1 (manoeuvring at Station)
- Impact with other objects - 7 (another vehicle's mirror 3, road sign 1, branch 1, railing 1)
- Being struck by another vehicle 1
- Striking another vehicle 1 (nearside door caught in wind)
- Damage to vehicle 1 (cause unknown as found when cleaning)

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

There were 7 incidents of lost working time in Q3 when compared with 4 incidents in the same time period in 2017/18.

2 were related to manual handling (previously identified) resulting in 18 days & 14 days lost;

1 was a finger shut in a car door resulting in 1 day lost;

1 was the slip injury referred to under RIDDOR resulting in 16 days lost time;

1 was the jarred back coming down the pole drop referred to under RIDDOR, resulting in 31 days lost to date and the injured party (IP) has still not returned to work;

1 was a striking against injury, when using the enforcer the knuckles were struck against the door frame, resulting in 5 days lost time; and

1 was a burn to the face and eyes due to a faulty boiler at an operational incident, resulting in 7 days lost time.

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

There were 3 reports of work related violence in Q3 which is an increase on the 1 incident reported in Q3 in 2017/18.

All 3 were instances of verbal abuse or inappropriate behaviour, one during community safety work, one during business safety work and one on station.

Incidences of work-related violence remain very low.

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

There were no reports of work related stress in Q3, with 1 being reported in Q3 in 2017/18.

2.10 Indicator No. 9 – The number of near hits

In Q3 there were 12 reports of near hits which compares with 14 reported in Q3 17/18.

These cover a wide variety of issues which are broken down below:

3 were the reports of verbal abuse or inappropriate behaviour as detailed in Section 7 above;

1 was the failure of the hose connection on an air inflation gun;

1 was an emergency stop in a service vehicle due to poor driving of an oncoming vehicle;

1 was the failure of nitrile gloves at an RTC;

1 was objects being thrown during bonfire celebrations;

1 was the failure of the ARP at an operational incident (subject to Level 2 accident investigation)

2 were the slips, trips referred to in Section 4 above; and

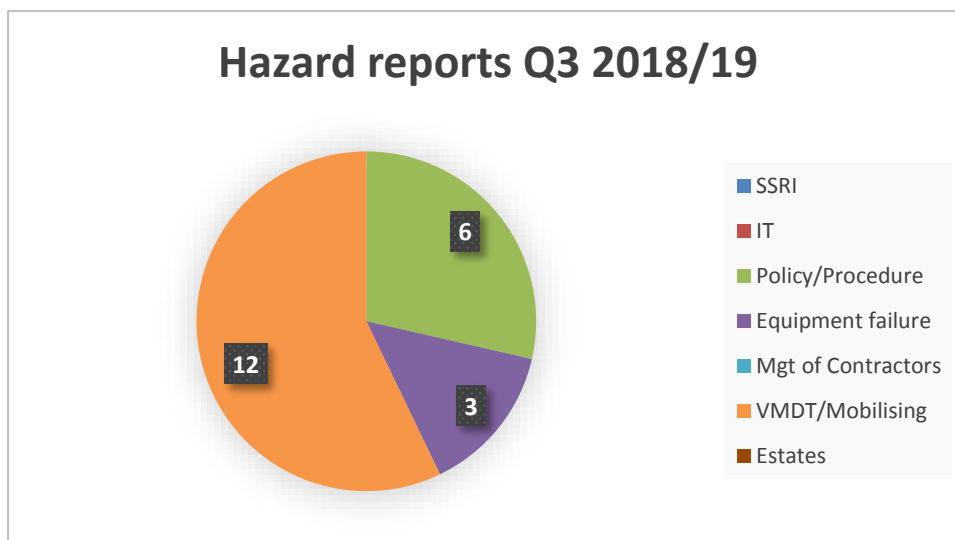
1 was a risk of contact with hazardous substances (human waste) during an HSV

1 was potential exposure to fumes in an appliance bay.

3. Hazard Reports

3.1 In the third quarter of 2018/19 the HSW Team received a total of 18 Hazard Reports, broken down into the seven categories in the Pie Chart below. This is a substantial

drop in the number of hazard reports that HSW have received when compared with Quarters 1&2 of this year (Q1 = 81, Q2=47) and this is largely due to the number of VMDT/4i reports decreasing significantly.



3.2 **VMDT/Mobilising:** It can be seen in the Pie Chart that 66% of these (12 reports) relate to this.
Following on from the focussed programme of improvement work on IT systems, we have seen a significant reduction in the number of bearer problems and faults logged, and an improvement in the resilience and functionality of systems. While the rate of reporting has slowed, this still accounts for the majority of all the reports made in this quarter.

3.3 **Site Specific Risk Information (SSRIs):** No hazard reports relating to SSRIs have been received in this quarter.

3.4 **IT:** No hazard reports relating to IT have been received in this quarter

3.5 **Policy/Procedure:** 3 Hazard Reports were submitted (17%).

1 relates to the mobilisation of the Animal Rescue Unit when insufficient resources are available putting attending crews under pressure to act; This follows on from the 2 hazard reports submitted in Q2.

2 reports relate to mobilisation of the swift water rescue team, when there are insufficient trained crew available.

3.6 1. **Equipment Failure:** 3 Hazard Reports were submitted (17%).

These cover the following areas:

- Failure to follow correct procedures for return of Gas Tight Suits to frontline appliances.
- System for securing basket stretcher to ALP cage not suitable under LOLER and no safe method of transporting or decontaminating equipment

after use. New ratchet straps procured, new Safe System of Work (SSoW) devised and all ALP/ARP crews trained in correct SSoW. Decontamination and transportation of contaminated kit procedure still being devised.

- Pump hand throttle control intermittently not working. Defective alternator was replaced by Engineering.

3.7 **Management of Contractors:** no hazard reports received in this quarter.

3.8 **Estates:** no hazard reports received in this quarter.

3.9 **Summary**

The number of hazard reports received continues to be higher than in the previous year, perhaps reflective of the service being more willing to submit these (as well as Safety Events).

In the third quarter of this year it is, again, evident that the pattern of hazard reports is indicative of key changes in the service during this period. As was discussed at the last HSWC 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.

4 **3F Key Performance Indicators: Q3 2018/19**

4.1 As part of the 3F Collaboration Work the Health and Safety Group have identified some shared KPIs against which the 3 fire services are going to start comparing their performance. This is the first time that these KPIs have been reported on.

4.2 **KPI OHSW1:** Reduce number of overall workplace safety events (injuries only) to **103** or below. (5% reduction).

KPI OHSW2: Reduce the number of vehicle collisions due to 'human behaviour' to **40** or below (exclude 3rd party fault and vandalism)

KPI OHSW3: Reduce to **22** or less manual handling injuries (10% reduction).

KPI OHSW5A: Reduce the number of instances of absence 'lost time safety event injuries' by 5% on the previous year – Operational personnel. This gives a target of **23** lost time safety event injuries.

KPI OHSW5B: Reduce the number of lost time days/shifts as a result of safety event injuries by 5% on the previous year – Operational personnel

This data has not been collected for the Service previously and so, once the first full year's worth of data has been collated, the KPI target for next year will be set.

KPI OHSW5C: Reduce the number of lost time days/shifts as a result of safety event injuries by 5% on the previous year – Support personnel

This data has not been collected for the Service previously and so, once the first full year's worth of data has been collated, the KPI target for next year will be set.

KPI OHSW7A: Reduce the overall number of days/shifts lost to psychological ill health related sickness absence on previous year - All staff - Non work related

And **KPI OHSW7B:** Reduce the overall number of days/shifts lost to psychological ill health related sickness absence on previous year - All staff - Work related

The data for both of these new KPIs has not been collated by the Service previously. HSW working with colleagues in HR will begin to collate this information and then will set a more informed target for next year, based on the first year's data.

4.3

KPI Ref.	KPI Description	Q1	Q2	Q3
OHSW1	Reduce number of overall workplace safety events (injuries only) to 103 or below	19	37	25
OHSW2	Reduce the number of vehicle collisions due to 'human behaviour' to 40 or below (exclude 3 rd party fault and vandalism)	10	7	9
OHSW3	Reduce to 22 or less manual handling injuries	4	7	3
OHSW4	Percentage of safety events where management action has been completed against the number of safety events reported	34/69 49%	40/64 64%	20/49 41%
OHSW5A	Reduce the number of instances of absence 'lost time safety event injuries' by 5% on the previous year –Operational personnel (25)	1	6	7
OHSW5B	Reduce the number of lost time days/shifts as a result of safety event injuries by 5% on the previous year – Operational personnel	6 days	74 days	92 days
OHSW5C	Reduce the number of lost time days/shifts as a result of 'safety event injuries' by 5% on previous year - Support personnel	0	0	0
OHSW6	Monitor the number of RIDDOR reports	0	3	4
OHSW7A	Reduce the overall number of days/shifts lost to psychological ill health related sickness absence on previous year - All staff - Non work related	-	-	-
OHSW7B	Reduce the overall number of days/shifts lost to psychological ill health related sickness absence on previous year - All staff - Work related	0	1	0

5. Conclusion

- 5.1 The Service will continue to analyse and report on the lagging indicators and use the data captured from those to highlight areas of concern to the Organisation. Manual handling remains an area of focus for the Health, Safety & Wellbeing team for the next quarter.

Appendix A – Full breakdown of health & safety statistics

	Per quarter 2018/19					2017/18	2016/17	2015/16
	Q1	Q2	Q3	Q4		Actual Total	Actual Total	Actual Total
1. Number of safety events received	69	64	49		182	221	234	224
2. Number of RIDDOR incidents	0	3	4		7	15	9	3
3. Number of manual handling Incidents	4	7	4		14	21	23	30
4. Number of slips, trips & falls	4	6	5		15	29	19	18
5. Number of vehicle collisions	14	10	10		34	48	60	44
6. Number of incidents where work time lost	1	6	7		16	26	26	20
7. Incidence of work-related violence	0	1	3		4	5	8	4
8. Incidence of stress	0	1	0		1	8	9	3
9. Number of near hits	33	21	12		65	65	46	61

Appendix B - Safety Events Statistics Report Q3, 2018-19

Additional Information Relating to the Breakdown of Age & Gender

In Q3 the Health Safety & Wellbeing Team received 49 Safety Event Reports, 26 of which recorded 'injury sustained' (53%) - the remaining reports were recorded as near hits (25%), vehicle accidents (20%), damage (2%) and ill health (0%).

The workforce in ESFRS is split as follows:

Male 651 81%

Female 155 19%

NOTE: There is currently no facility to separate out non-binary individuals.

This will inevitably skew the results, as males will statistically be more likely to suffer a disproportionately greater number of injuries than females. This is particularly the case for operational firefighters where currently only 35 are female out of a total of 609 (6%).

Hence of 49 safety events, 38 (79%) were reported by males. Where this involved injury, 18 of 26 (69%) were again reported by males. This correlates with the gender split within ESFRS shown above, and is similar to the results from Q2.

Injury sustained data has been split down into age groups as follows (these broadly match age ranges used by HSE in recording non-fatal injuries at work, reported under RIDDOR – where data is based on 53,348 reports where age recorded)

[Note: percentages rounded to ensure sum is 100%]

	Injury sustained - total 26			
Age range	ESFRS data	ESFRS Q3 %	Q2 %	HSE data %
Under 25	2	7.5%	0	11%
25 – 34	5	19%	8%	21%
35 – 44	9	35%	29%	20%
45 – 54	2	7.5%	52%	25%
55 +	8	31%	11%	23%

It is apparent that due to our significantly smaller sample size (and probable age profile regarding under 25s) our data does not match directly the wider UK picture shown by HSE.

It is of interest to note that of 26 injury sustained reports, 8 (31%) were female, a disproportionately higher number than expected; in Q2 this was 19%

3 of the 26 injuries resulted in reports submitted under RIDDOR (compared to 4 out of 27 in Q2)

It is interesting that injury sustained reports continue to show that older workers are reporting more injuries.

A significant cause of injuries sustained is manual handling – although in Q3 only 4 reports received compared to 7 the previous quarter.

Manual handling – injury sustained			
Age range	ESFRS data	ESFRS Q3%	Q2 %
Under 25	0	0	0
25 – 34	0	0	14%
35 – 44	0	0	0
45 – 54	0	0	86%
55 +	4	100%	0

This shows a strong relationship between age & manual handling injury (although this is an extremely small sample size). This continues to broadly match national data available from the HSE.

A revised manual note has been sent out for consultation, identifying training refresher frequencies for different work groups within ESFRS to try and address this trend.

Additional data from Safety Events received

Near Hits – 12 reported in Q3			
Age range	ESFRS data	ESFRS Q3 %	Q2 %
Under 25	2	17%	14%
25 – 34	0	0	18%
35 – 44	1	8%	14%
45 – 54	7	58%	50%
55 +	2	17%	4%

Near hit reporting is likely to be less than injury sustained, as some staff do not perceive the benefit. In pure terms a near hit is the same set of circumstances as an accident, but without the end result (injury or damage).

In Q2 there were 22 near hit reports, compared to 12 in Q3 (a reduction of 55%). Of the 12 reports received 9 (75%) were from the older two groups; this may be reflective of a greater willingness to report.

Vehicle accident **			
Age range	ESFRS data	ESFRS %	
Under 25	0	0	0%
25 – 34	2	20%	9%
35 – 44	3	30%	45%
45 – 54	4	40%	36%
55 +	1	10%	9%

** This includes non-ESFRS fault incidents

Due to the low numbers (and the non-ESFRS fault incidents) it is not possible to draw any meaningful conclusions from this, but the data are broadly similar to Q2.

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 31 January 2019

Title of Report External Audit Plan 2018/19

By Assistant Director Resources / Treasurer

Lead Officer Helen Thompson, Ernst & Young LLP

Background Papers None

Appendices 1. External 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 inform the Panel of the content of the external audit plan 2018/19

EXECUTIVE SUMMARY The attached external audit plan (Appendix 1) sets out the work that the Authority's external auditors, Ernst & Young LLP (EY), intend to carry out in order to audit the Authority's 2018/19 accounts and form their judgement on the Authority's value for money arrangements. EY has not identified any specific risks relating to the Authority's accounts.

The fee for the 2018/19 audit (Appendix 2) is confirmed as £23,690 which is in line with the nationally set fee scales under the new contracts let by PSAA and is a reduction on the previous year's fee (2017/18 Planned Fee = £30,766; Final Fee = £32,258) . 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) Approve the External Audit Plan for 2018/19
-



East Sussex Fire Authority Audit planning report

Year ended 31 March 2019

8th January 2019

APPENDIX



East Sussex Fire Authority
Service Head Quarters
Church Lane
Lewes
East Sussex
BN7 2DZ

8 January 2019

Dear Scrutiny and Audit Panel Members

Audit Planning Report 2018/19

We are pleased to attach our Audit Plan which sets out how we intend to carry out our responsibilities as auditor. Its purpose is to provide the Scrutiny and Audit Panel with a basis to review our proposed audit approach and scope for the 2018/19 audit 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. It is also to ensure that our audit is aligned with the Committee's service expectations.

This plan summarises our initial assessment of the key risks driving the development of an effective audit for the Authority, and outlines our planned audit strategy in response to those risks.

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

We welcome the opportunity to discuss this report with you on 31 January 2019 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Helen Thompson

For and on behalf of Ernst & Young LLP

Contents



Public Sector Audit Appointments Ltd (PSAA) issued the "Statement of responsibilities of auditors and audited bodies". It is available from the PSAA website (<https://www.psaa.co.uk/audit-quality/statement-of-responsibilities/>). 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 and further guidance (updated April 2018)" issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

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



01

Overview of our 2018/19 audit strategy



Overview of our 2018/19 audit strategy

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

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error (management override)	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure	Fraud risk/ Significant risk	Refocussed risk	Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure.
Valuation of Land and Buildings	Other risk	No change in risk or focus	The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.
Pension Liability Valuation	Other risk	No change in risk or focus	<p>The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by East Sussex County Council and the Firefighters Pension Scheme.</p> <p>The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Authority's balance sheet. The information disclosed is based on the IAS 19 reports issued to the Authority by the actuaries of the two Pension Schemes.</p> <p>Accounting for these schemes involves significant estimation and judgement and therefore management engages actuaries to undertake the calculations on their behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>

Overview of our 2018/19 audit strategy (continued)

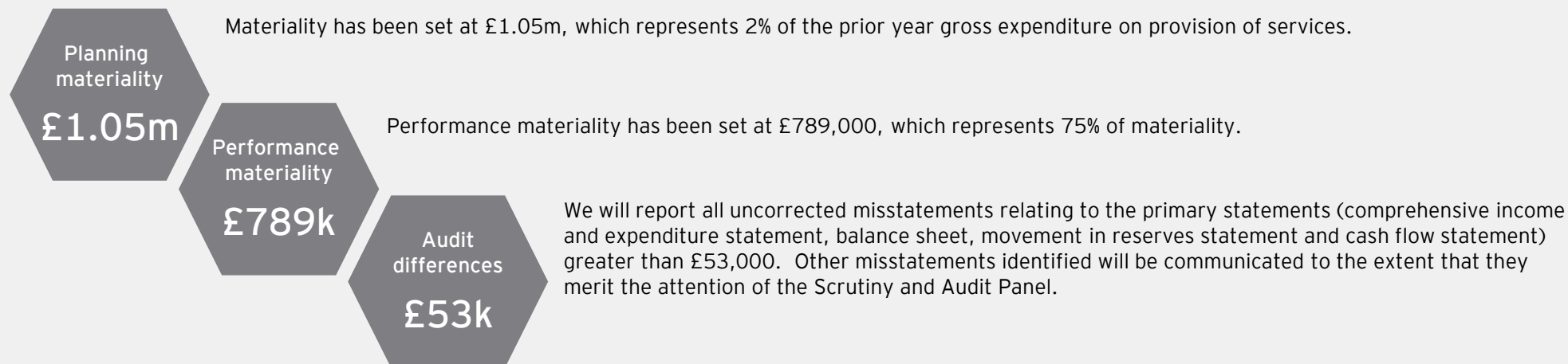
The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Scrutiny and Audit Panel with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

Audit risks and areas of focus

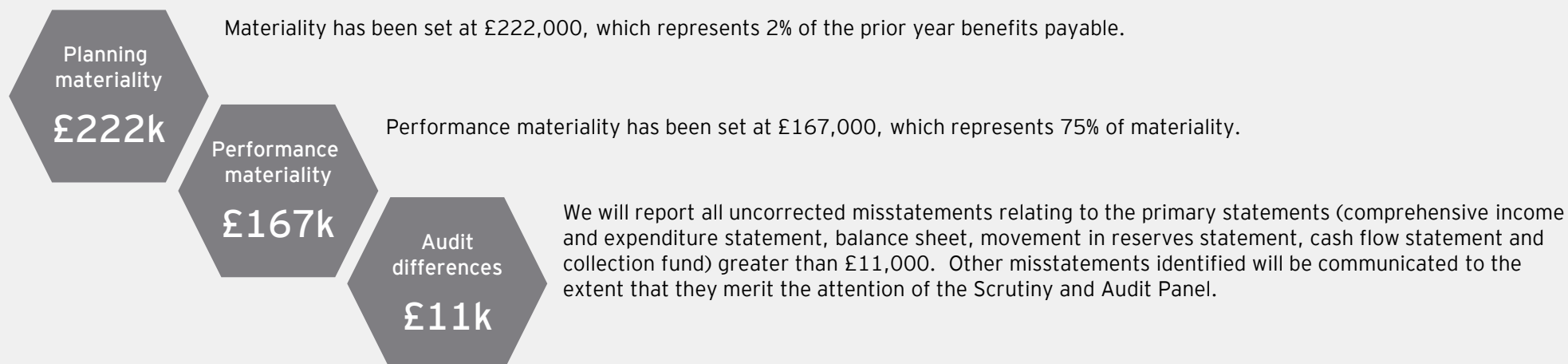
Risk / area of focus	Risk identified	Change from PY	Details
New accounting standards	Other risk	New risk	The CIPFA Code of Practice for 2018/19 confirms that the local government bodies will implement International Financial Reporting Standard ("IFRS") 9 - Financial Instruments and IFRS 15 - Revenue from Contracts with Customers this year.

Overview of our 2018/19 audit strategy (continued)

Materiality - East Sussex Fire Authority



Materiality - Firefighter's Pension Fund



Overview of our 2018/19 audit strategy

Audit scope

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

- Our audit opinion on whether the financial statements of East Sussex Fire Authority give a true and fair view of the financial position as at 31 March 2019 and of the income and expenditure for the year then ended; and
- Our conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness.

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

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

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

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

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

Audit team changes

Key changes to our team.



Associate Partner - Helen Thompson

Helen has significant experience working with government and public sector clients having transferred to EY as executive director from the Audit Commission in 2012. She is also an independent audit committee member for the Diocese of Chichester.



02 Audit risks



Audit risks

Our response to significant risks

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

Misstatements due to fraud or error*

What is the risk?

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

As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

What will we do?

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

Audit risks

Our response to significant risks

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

Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure*

Financial statement impact

We have assessed that the risk of fraud in revenue and expenditure recognition is most likely to occur through the inappropriate capitalisation of revenue expenditure. This would have the impact of reducing revenue expenditure and increasing additions of Property, Plant and Equipment.

What is the risk?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure, as there is an incentive to reduce expenditure which is funded from Council Tax.

What will we do?

We will:

- ▶ Test PPE additions to ensure that the expenditure incurred and capitalised is clearly capital in nature;
- ▶ Test REFCUS, if material, to ensure that it is appropriate for the revenue expenditure incurred to be financed from ring fenced capital resources; and
- ▶ Seek to identify and understand the basis for any significant journals transferring expenditure from revenue to capital codes on the general ledger at the end of the year.

Audit risks

Other areas of audit focus

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

What is the risk/area of focus?	What will we do?
<p>Valuation of Land and Buildings</p> <p>The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.</p>	<p>We will:</p> <ul style="list-style-type: none">▶ Consider the work performed by the Authority's valuers (Fludes Commercial), including the adequacy of the scope of the work performed, their professional capabilities and the results of their work;▶ Sample testing key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre);▶ Consider the annual cycle of valuations to ensure that assets have been valued within a 5 year rolling programme as required by the Code for PPE. We have also considered if there are any specific changes to assets that have occurred and that these have been communicated to the valuer;▶ Review assets not subject to valuation in 2018/19 to confirm that the remaining asset base is not materially misstated;▶ Consider changes to useful economic lives as a result of the most recent valuation; and▶ Test to confirm that accounting entries have been correctly processed in the financial statements.

Other areas of audit focus (continued)

What is the risk/area of focus?	What will we do?
<p>Pension Asset Valuation</p> <p>The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by East Sussex County Council and the Firefighters' Pension Scheme. The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Authority's balance sheet. At 31 March 2018 this totalled £423 million. The information disclosed is based on the IAS 19 reports issued to the Authority by the actuaries to the two pension schemes. Accounting for these schemes involves significant estimation and judgement and therefore management engages actuaries to undertake the calculations on its behalf. ISAs (UK and Ireland) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>	<p>We will:</p> <ul style="list-style-type: none"> ▶ Liaise with the auditors of East Sussex County Council Pension Fund, to obtain assurances over the information supplied to the actuary in relation to East Sussex Fire Authority; ▶ Assess the work of the Pension Fund actuary (Hymans Robertson) including the assumptions they have used by relying on the work of PwC - Consulting Actuaries commissioned by Public Sector Auditor Appointments for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; ▶ Assess the work of the Fire Fighters' Pension Scheme actuary (Hymans Robertson) including the assumptions they have used by relying on the work of PwC - Consulting Actuaries commissioned by Public Sector Auditor Appointments for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; and ▶ Review and test the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19.

Other areas of audit focus (continued)

What is the risk/area of focus?

What will we do?

IFRS 9 financial instruments

This new accounting standard is applicable for local authority accounts from the 2018/19 financial year and will change:

- ▶ How financial assets are classified and measured;
- ▶ How the impairment of financial assets are calculated; and
- ▶ The disclosure requirements for financial assets.

There are transitional arrangements within the standard; and the 2018/19 CIPFA Code of practice on local authority accounting provides guidance on the application of IFRS 9.

We will:

- ▶ Assess the Authority's implementation arrangements that should include an impact assessment paper setting out the application of the new standard, transitional adjustments and planned accounting for 2018/19;
- ▶ Consider the classification and valuation of financial instrument assets;
- ▶ Review new expected credit loss model impairment calculations for assets; and
- ▶ Check additional disclosure requirements.

IFRS 15 Revenue from contracts with customers

This new accounting standard is applicable for local authority accounts from the 2018/19 financial year.

The key requirements of the standard cover the identification of performance obligations under customer contracts and the linking of income to the meeting of those performance obligations.

The 2018/19 CIPFA Code of practice on local authority accounting provides guidance on the application of IFRS 15 and includes a useful flow diagram and commentary on the main sources of LG revenue and how they should be recognised.

The impact on local authority accounting is likely to be limited as large revenue streams like council tax, non domestic rates and government grants will be outside the scope of IFRS 15. However where that standard is relevant, the recognition of revenue will change and new disclosure requirements introduced.

We will:

- ▶ Assess the Authority's implementation arrangements that should include an impact assessment paper setting out the application of the new standard, transitional adjustments and planned accounting for 2018/19.
- ▶ Consider application to the authority's revenue streams, and where the standard is relevant test to ensure revenue is recognised when (or as) it satisfies a performance obligation; and
- ▶ Check additional disclosure requirements.



03

Value for Money Risks





Value for Money

Background

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

For 2018/19 this is based on the overall evaluation criterion:

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

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

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

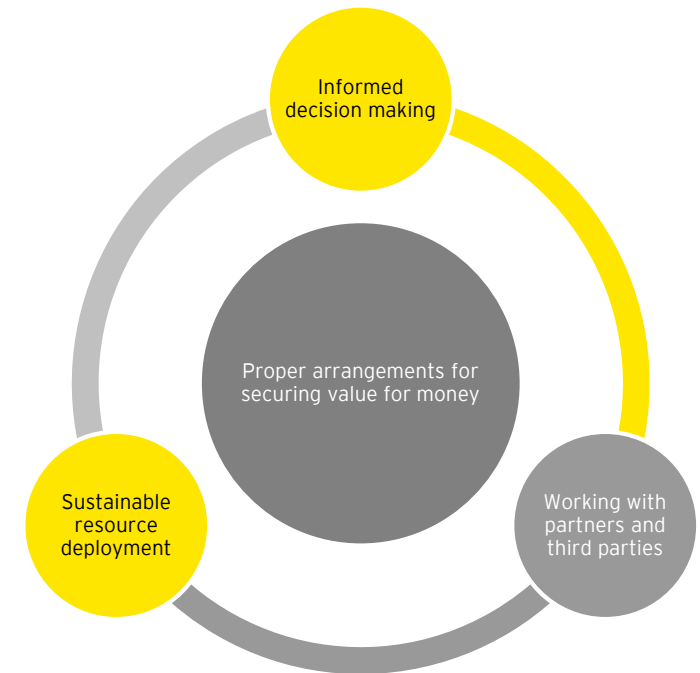
In considering your proper arrangements, we will draw on the requirements of the CIPFA/SOLACE framework for local government to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

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

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

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risks there is no requirement to carry out further work. We consider business and operational risks insofar as they relate to proper arrangements at both sector and organisation-specific level. In 2018/19 this has included consideration of the steps taken by the authority to consider the impact of Brexit on its future service provision, medium-term financing and investment values. Although the precise impact cannot yet be modelled, we anticipate that Authorities will be carrying out scenario planning and that Brexit and its impact will feature on operational risk registers.

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





04

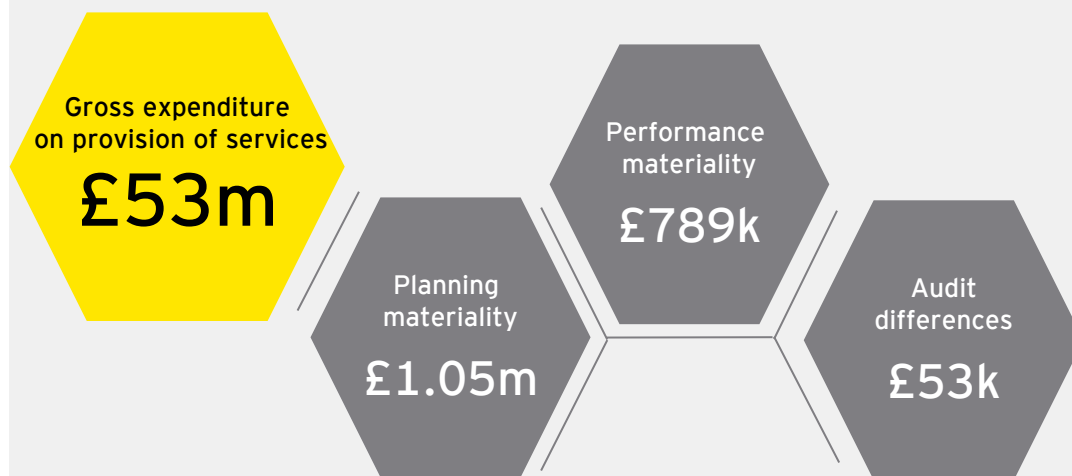
Audit materiality



Materiality - East Sussex Fire Authority

Materiality

For planning purposes, materiality for 2018/19 has been set at £1.05m. This represents 2% of the Authority's prior year gross expenditure on provision of services. It will be reassessed throughout the audit process. We have provided supplemental information about audit materiality in Appendix D.



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

Key definitions

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

Performance materiality - the amount we use to determine the extent of our audit procedures. We have set performance materiality at £789k which represents 75% of planning materiality. The rationale for using 75% is based on the anticipation of identifying few or no errors during the audit. This expectation has been built on our experience of the Authority in prior years.

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

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

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

Materiality - Pension Fund

Materiality

For planning purposes, materiality for 2018/19 has been set at £222,000. This represents 2% of the Pension Fund's prior year benefits payable. It will be reassessed throughout the audit process. We have provided supplemental information about audit materiality in Appendix D.



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

Key definitions

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

Performance materiality - the amount we use to determine the extent of our audit procedures. We have set performance materiality at £167k which represents 75% of planning materiality. The rationale for using 75% is based on the anticipation of identifying few or no errors during the audit. This expectation has been built on our experience of the Authority in prior years.

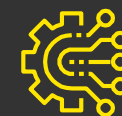
Audit difference threshold - we propose that misstatements identified below this threshold are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the comprehensive income and expenditure statement, balance sheet and collection fund that have an effect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

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



05

Scope of our audit



Our Audit Process and Strategy

Objective and Scope of our Audit scoping

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

We issue an audit report that covers:

1. Financial statement audit

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

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

Procedures required by standards

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

Procedures required by the Code

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

2. Arrangements for securing economy, efficiency and effectiveness (value for money)

We are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.

Our Audit Process and Strategy (continued)

Audit Process Overview

Our audit involves:

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

For 2018/19 we plan to follow a fully substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated in view of the implementation of the new financial management system.

Analytics:

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

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

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

Internal audit:

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



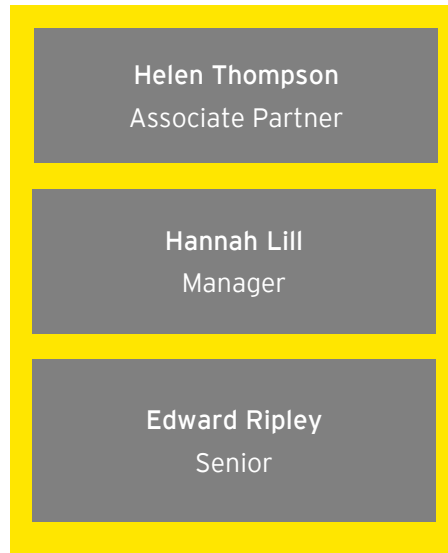
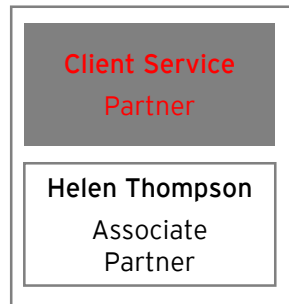
06

Audit team



Audit team

Audit team structure:



Working together with the Authority

We are working together with officers to identify continuing improvements in communication and processes for the 2018/19 audit.

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

Use of specialists

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

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

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

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

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



07

Audit timeline





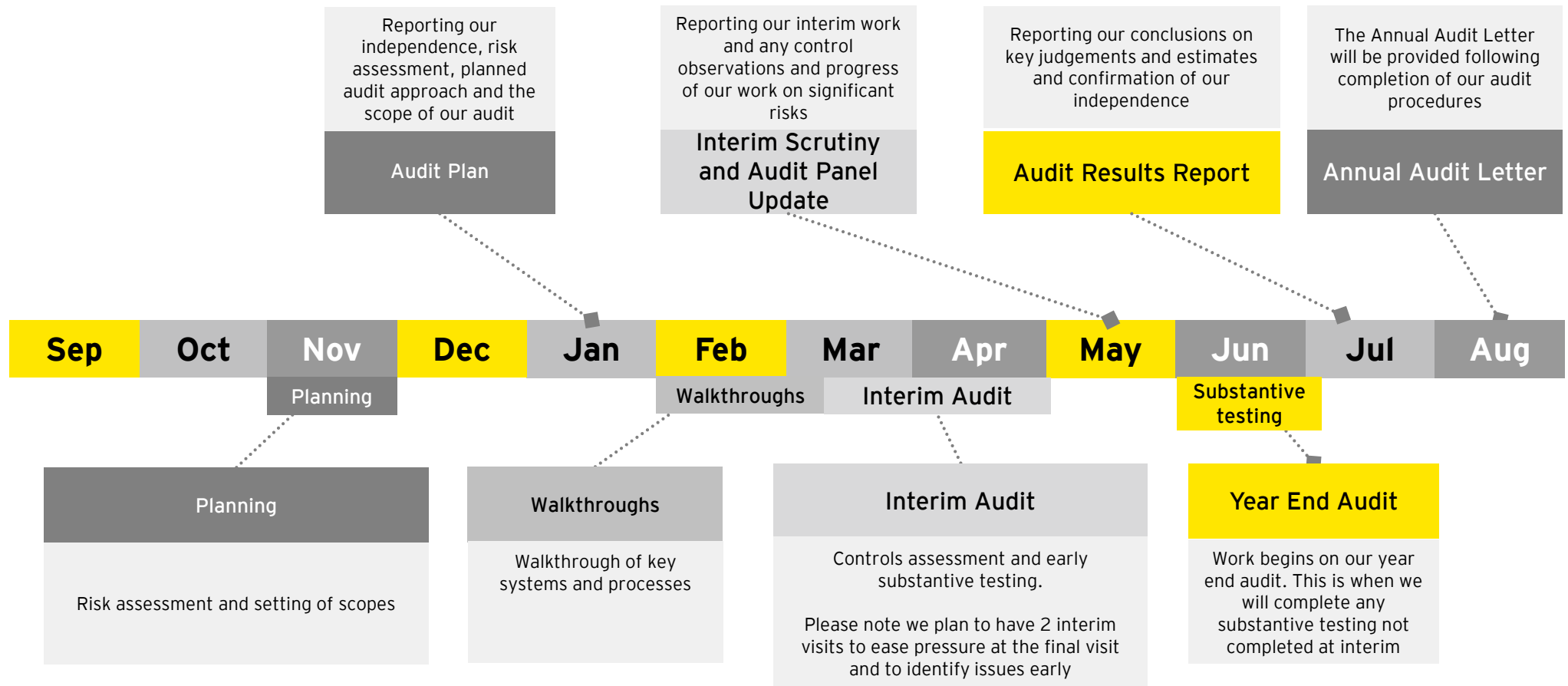
Audit timeline

Timetable of communication and deliverables

Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2018/19.

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





08

Independence



Introduction

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

Required communications

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

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

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

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

Relationships, services and related threats and safeguards

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

Overall Assessment

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

Self interest threats

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

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

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval.

The ratio of non audit fees to audits fees is not permitted to exceed 70% and this has not been exceeded, therefore no additional safeguards are required.

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

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

Self review threats

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

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

Relationships, services and related threats and safeguards

Self review threats

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

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

Management threats

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

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

Other threats

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

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

Other communications

EY Transparency Report 2018

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

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year ended 1 July 2018 and can be found here:

<https://www.ey.com/uk/en/about-us/ey-uk-transparency-report-2018>



09

Appendices



Appendix A

Fees

Public Sector Audit Appointments Ltd (PSAA) has published the fee scale for the audit of the 2017/18 accounts of opted-in principal local government and police bodies. This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

	Planned fee 2018/19	Scale fee 2017/18	Final Fee 2017/18
	£	£	£
Total Fee - Code work	£23,690	£30,766	£32,258*
Total fees	£23,690	£30,766	£32,258*

All fees exclude VAT

- The total includes a proposed a scale fee variation of £1,492, in relation to work done in 2017/18 to audit the PPE valuations. This work is outside the scope covered by the scale fee. An equivalent fee has not been charged in previous years. The proposed fee variation has been agreed with management but remains subject to agreement with PSAA.

Our 2018/19 Code work includes additional planned procedures highlighted in section two of this report to address the new accounting requirements of IFRS 9 Financial Instruments and IFRS 15 Revenue from contracts with customers. As at the date of our planning report the Authority is yet to evidence their assessment of the impact of these standards, and so we cannot currently quantify the expected scale fee variation for these additional procedures. We will agree this with management, depending on the identified impact of the new standards. Any additional fee will be subject to approval by the PSAA.

The agreed fee presented is based on the following assumptions:

- ▶ Officers meeting the agreed timetable of deliverables;
- ▶ Our accounts opinion and value for money conclusion being unqualified;
- ▶ Appropriate quality of documentation is provided by the Authority; and
- ▶ The Authority has an effective control environment.



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

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

Appendix C




Required communications with the Scrutiny and Audit Panel

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

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




Appendix B

Required communications with the Scrutiny and Audit Panel (continued)

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

Appendix C

Required communications with the Scrutiny and Audit Panel (continued)

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

Additional audit information

Other required procedures during the course of the audit

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

Our responsibilities required by auditing standards

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

Purpose and evaluation of materiality

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

Materiality determines:

- ▶ The locations at which we conduct audit procedures to support the opinion given on the Authorities financial statements; and
- ▶ The level of work performed on individual account balances and financial statement disclosures.

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

EAST SUSSEX FIRE AUTHORITY

Meeting: Scrutiny & Audit Panel

Date: 31 January 2019

Title of Report: 2017/18 Statement of Operational Assurance

By: Mark Andrews, Assistant Chief Fire Officer

Lead Officer: Richard Fowler, Assistant Director Operational Support and Resilience

Background Papers: Guidance on Statements of Assurance for Fire and Rescue authorities in England, Department for Communities and Local Government May 2013.

Statement of Operational Assurance 2016/17.

Home Office Progress Report published 5 July 2016 on fire and rescue authorities' compliance with the fire and rescue national framework for England.

Appendices: Appendix 1 – Statement of Operational Assurance 2017/18

Implications

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

PURPOSE OF REPORT: To present the Statement of Operational Assurance 2017/18 for approval.

EXECUTIVE SUMMARY: The requirement to publish an annual Statement of Operational Assurance is contained within Section 4 of the Fire & Rescue National Framework for England. This report presents East Sussex Fire & Rescue Service's sixth Statement of Operational Assurance for approval by the Scrutiny & Audit Panel.

It should be noted that at the September 2016 meeting of the Scrutiny and Audit Panel it approved that future Statements of Operational Assurance should be included within the Annual Governance Statement. However, since that agreement, the Home Office are due to provide further guidance on the National Framework and specifically with regard to the format and content of future Statements of Operational Assurance. This was linked to the provision of a new independent inspectorate body for the fire and rescue service which is now in being and known as Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). It is worthy of note that the further guidance detailed above has still not be forthcoming and hence this Statement of Operational Assurance has only had a "light touch" update to the one published in September 2017.

RECOMMENDATIONS:

The Panel is asked to:

- i. approve East Sussex Fire & Rescue Service's Statement of Operational Assurance for formal sign-off by the Chair of the Scrutiny & Audit Panel and the Chief Fire Officer & Chief Executive.
- ii. note that future year's Statement of Operational Assurance will be published in the format, and contain the detail, as required by the Home Office once the relevant guidance has been published.

1. **INTRODUCTION**

- 1.1 Section 21 of the Fire and Rescue Services Act 2004 provides the statutory authority for the Fire and Rescue National Framework for England, and requires fire and rescue authorities (FRAs) to have regard to the Framework in carrying out their functions. In line with this, the Framework requires FRAs to provide assurance on financial, governance and operational matters and, in doing so, they must publish an Annual Statement of Assurance.

2. **MAIN ISSUES COVERED BY THE REPORT**

- 2.1 The Statement of Assurance is seen by Government as an important measure that will ensure that FRAs provide local scrutiny arrangements and access to a range of information to help communities influence, and be assured of the robustness of, local delivery arrangements.
- 2.2 In May 2013 the Department for Communities and Local Government issued light touch guidance as to what should be contained in Fire Authorities' Operational Assurance Statements.
- 2.3 The responsibility for ensuring compliance with the framework transferred with the move of the FRS to the Home Office and, in July 2016, the Home Secretary provided their first report. The report states that '*The Home Secretary is satisfied that all are*

compliant, however there were some areas where practice could be strengthened'. She went onto say that further guidance on expectations would be forthcoming. The Chief Fire Officers Association (CFOA) has also issued some guidance on the future direction of the reporting on Operational Assurance. Since July 2016 it has been announced that further guidance will be published but this is still awaited.

- 2.4 East Sussex Fire & Rescue Service's Annual Statement of Operational Assurance has taken note of the original guidance, and update requirements of the 2018 National Framework Document with regard to additional content, and is attached as Appendix 1. Changes will be made to reflect any additional guidance issued in the future by the Home Office, and the newly created National Fire Chiefs Council (NFCC), and will be included in future year's statement.
- 2.5 This is ESFRS's sixth Statement of Operational Assurance and has been written in order to ensure compliance with the DCLG's original guidance document (now Home Office). The original guidance indicated what should be included in statements of assurance, but it allows FRSs the flexibility to tailor the format and presentation. The guidance states that 'it is for fire and rescue authorities to decide how to best present the information with their communities in mind'. It should be noted that the National Framework Document issued in May 2018 includes some additional areas to be reported within the Statement of Operational Assurance, including information on Reserves, Commercialisation, R&D and Trading.
- 2.6 It is proposed that future Operational Assurance Statements are written taking into account all new guidance issued as detailed above.

3. **LEGISLATIVE CONTEXT/NATIONAL/REGIONAL POSITION**

- 3.1 The requirement to publish an annual Statement of Operational Assurance is contained within Section 4 of the Fire and Rescue National Framework for England. Section 21 of the Fire and Rescue Services Act 2004, requires that Fire and Rescue Authorities pay heed to the requirements of the Framework.
- 3.2 The Statement of Assurance is used as a source of information on which the Secretary of State bases a biennial report under Section 25 of the Fire and Rescue Services Act 2004. The last report, laid in July 2016, (no report received to date for 2018) reported that The Home Secretary is satisfied that all 46 Authorities are compliant, however there were some areas where practice could be strengthened. An extract from the report reads as follows:

The Home Secretary is satisfied that all are compliant, however there were some areas where practice could be strengthened and the Home Office will liaise with fire and rescue authorities to explore where further guidance in relation to this would be valuable. These include the consistency of approach on how fire and rescue authorities present their evidence and the information in support of their Assurance Statement; sign off by the Chair of the fire and rescue authority; the timing of revisions to integrated risk management plans; the provision of more information on how National Resilience requirements were being met; and the value of highlighting examples that could constitute best practice on assurance

statements such as including a table of the requirements of the National Framework with references to evidence showing how each requirement was met.

4. **IMPACT ASSESSMENT**

4.1 **POLITICAL**

- 4.1.1 The production of the Statement of Assurance ensures that we comply with the requirements set out in the Fire and Rescue National Framework for England. The DCLG guidance document (now Home Office) requires that the Statement of Assurance is signed off by an elected member of the relevant authority who is able to take responsibility for its contents. The guidance states that it is up to the individual authority to ensure that this is done by an appropriate person (or persons) who can approve it on behalf of the authority.

4.2 **LEGAL**

- 4.2.1 The production of the Statement of Assurance ensures that we comply with the requirements set out in the Fire and Rescue National Framework for England.

5. **CONCLUSIONS**

- 5.1 The requirement to publish an Annual Statement of Operational Assurance is contained within Section 4 of the Fire and Rescue National Framework for England. Section 21 of the Fire and Rescue Services Act 2004, states that Fire and Rescue Authorities must pay heed to the requirements of the Framework; the publication of this Statement ensures we meet that requirement. As and when further guidance is made available from the Home Office and NFCC we will ensure that future reports comply with the detailed requirements.



East Sussex Fire Authority

Statement of Operational Assurance 2017/18

December 2018



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1. Introduction

- 1.1 The Government is committed to reducing red tape and eliminating bureaucracy. This freedom and flexibility comes with the requirement that we need to ensure we deliver our services in a responsible manner that provides accountability and transparency.
- 1.2 The Government requires us to provide information to our community on how your service is being provided. We must provide annual assurance on financial, governance and operational matters and show you how we are meeting our priorities through our plans as well as the expectations set for us in our legislative framework. To do this we have written our Statement of Operational Assurance.
- 1.3 In line with the requirement to streamline, additional information about the themes covered in this document can be found in various publications on our website. So as not to duplicate information, we have provided links to the appropriate pages for reference.

2. Financial Arrangements

- 2.1 We are responsible for ensuring that our business and the service provided to you is conducted in accordance with the law and proper standards, and that public money is properly accounted for and used economically, efficiently and effectively.
- 2.2 By law, we must publish our financial results by 31st July every year and this is called our 'Statement of Accounts'. It shows the annual costs of providing the service to you and is produced under strict financial guidelines. This is essentially, a technical publication, which provides a true and fair view of our financial position, our income and expenditure for the year and our assets and liabilities. Our final accounts for 2017/18, along with our audited or final accounts for previous years, are available on our website via the link below.
- 2.3 The Fire Authority's accounts are subject to external audit by Ernst and Young LLP. They independently review our accounts to ensure that they give a true and fair view, have been prepared in accordance with the relevant legislation and guidance and that we use the Authority's resources economically, efficiently and effectively. The external auditor's Audit Results Report is also published in July each year and can be found using the link below.
- 2.4 For more information please see the financial pages of our website in the 'About us' section of our website or follow this link. <http://www.esfrs.org/about-us/financial-information/>
- 2.5 Reserves are an essential part of good financial management. They help authorities cope with unpredictable financial pressures and plan for their future spending commitments.

The Authority maintains two types of reserves

- general reserve: to manage the impact of uneven cash flows and risks, unexpected events or emergencies;
- earmarked reserves: sums set aside to meet known or predicted specific requirements.

The Authority's Reserves and Balances Policy is reviewed every year and is approved as part its budget papers and the five year Medium Term Finance Plan. It can be found via the following link:

<https://www.esfrs.org/about-us/publication-of-information/financial-information/>

It sets out how the level of the general reserve has been set (this is currently 8% of the Revenue Budget) and details of the activities to be funded from each earmarked reserve.

3. Governance Arrangements

- 3.1 We are also required by Accounts and Audit Regulations 2015, to produce an Annual Governance Statement (AGS) which supports the Statement of Accounts. Good governance is about how the Authority 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. This statement assesses how effective our governance arrangements; risk management procedures and internal controls have been in helping us to deliver our services to the community and where they need to be improved. The AGS is reviewed annually by the Scrutiny and Audit Panel and a copy of the report they received for 2017/18 can be found at:

<http://www.esfrs.org/about-us/east-sussex-fire-authority/scrutiny-audit-panel/>

- 3.2 Copies of our AGS for 2017/18, together with statements from previous years can be found in the 'About us' section of our website on the 'East Sussex Fire Authority' page, under 'Corporate Governance'. Or alternatively follow this link

<http://www.esfrs.org/about-us/east-sussex-fire-authority/corporate-governance/>

4. Data Transparency

- 4.1 We comply with the Local Government Transparency Code 2015. This means that certain data (such as details of procurement and the constitution) must be made available to the public and we do this via our website. We also provide data on the democratic running of the local authority including the constitution, panel minutes, decision-making processes, records of decisions and Freedom of Information requests.

- 4.2 For more information please see our website under About Us or follow the link below,

<http://www.esfrs.org/about-us/>

5. Operational Assurance – Legislative Framework Statutory Duties

- 5.1.1 The core functions of the Fire Authority are set down in the Fire and Rescue Services Act 2004 (“the Act”) which requires the promotion of fire safety; preparation for fire-fighting; protecting people and property from fires; rescuing people from road traffic collisions; and dealing with other emergencies such as flooding or terrorist attack.

Further details can be viewed by following the link below:

http://www.legislation.gov.uk/ukpga/2004/21/pdfs/ukpga_20040021_en.pdf

- 5.1.2 Under the Civil Contingencies Act 2004 fire and rescue authorities, through local and regional resilience forums where appropriate, must work in co-operation with other emergency services and agencies to ensure an effective response to a full range of emergencies from localised incidents to catastrophic emergencies.

<https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

- 5.1.3 As a category 1 responder under the Civil Contingences Act 2004, we are required to formulate business continuity plans that ensure the continuation of our Priority Activities in the event of an emergency (an event or situation that threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK or war or terrorism which threatens serious damage to the security of the UK).

- 5.1.4 A cross-service Business Continuity Group oversees the Service’s responsibilities in relation to business continuity and this is chaired by a member of the Senior Leadership Team.

- 5.1.5 Ideally, we would be able to continue all our functions at ordinary service levels. In practice, this may not prove possible, and therefore we have agreed minimum levels of service that ensures our Prioritised Activities can be delivered so far as is reasonably practicable. These are:

- Responding to 999 emergencies;
- Delivering community & statutory fire safety;
- Supporting national resilience;
- All support functions that enable the above.

Further details on how we plan for emergencies can be found here:

<http://www.esfrs.org/about-us/planning-for-emergencies/>

5.2 National Framework

5.2.1 Section 21 of the Fire and Rescue Services Act requires a fire and rescue authority to have regard to the National Fire and Rescue Framework, produced by the minister of State for Policing and the Fire Service, when carrying out its functions. The revised Framework issued in May 2018:

- must set out priorities and objectives for fire and rescue authorities in connection with the discharge of their functions;
- may contain guidance for fire and rescue authorities in connection with the discharge of their functions; and
- may contain any other matters relating to fire and rescue authorities and their functions as the Secretary of State considers appropriate.

A copy of the full Framework Document can be found at the following link:

<https://www.gov.uk/government/publications/fire-and-rescue-national-framework-for-england--2>

5.2.2 The Fire and Rescue Services Act also makes it a statutory requirement for us to produce an Integrated Risk Management Plan (IRMP). Our IRMP process forms a key component of our strategic programme and significantly contributes toward achievement of our vision and strategic aims. The process enables us to identify the risk from fire and other emergencies to our communities and direct our resources to the areas of greatest need, based upon local risk analysis. A copy of the current IRMP can be accessed by following this link:

<http://www.esfrs.org/about-us/community-risk-management/integrated-risk-management-planning/>

5.2.3 We incorporate Integrated Risk Management within our Medium Term Financial Plan to show the public the extent of the resources provided by the Fire Authority; the type of work we undertake; and where the future direction lies in terms of a reducing budget and the possibility of more demands being placed on services. In order to meet the savings target a number of proposals were agreed by the Fire Authority in 2014 in order to meet budget constraints as part of our 'Changing the Service, Shaping our Future' programme. These have now been delivered or alternative proposals agreed. More information can be found on our website follow the link in the 'About us' section to 'Changing the Service'.

The following link provides all of the relevant information regarding 'Changing the Service' proposals: <http://www.esfrs.org/about-us/changing-the-service/>

5.2.4 The Fire Authority is satisfied that it has met all the requirements in the National Framework document in terms of producing its Integrated Risk Management Plan.

5.3 Framework Report

- 5.3.1 The Fire and Rescue Services Act 2004 requires the Secretary of State to lay a report before Parliament every two years, the last one was in July 2016, on the extent to which fire and rescue authorities are acting in accordance with the Fire and Rescue National Framework for England.
- 5.3.2 The latest report stated that: The Home Secretary is satisfied that all are compliant; however there were some areas where practice could be strengthened and the Home Office will liaise with fire and rescue authorities to explore where further guidance in relation to this would be valuable.

It should be noted that a report was due this year but to date no report has been received.

5.4 Mutual Aid and Resilience

- 5.4.1 Section 13 of the Fire and Rescue Services Act requires fire and rescue authorities to enter into reinforcement schemes with other fire and rescue authorities, so far as practicable, for securing mutual assistance. Section 16 of the Fire and Rescue Services Act enables fire and rescue authorities to enter into arrangements for the discharge of their functions by others.
- 5.4.2 Under a section 16 Agreement with West Sussex County Council, East Sussex Fire Authority provides a mobilising function in order for West Sussex County Council to discharge their functions under the Fire & Rescue Services Act. This Section 16 Agreement is currently under review due to West Sussex County Council giving notice to terminate the said agreement in 2021. A piece of work is underway to identify future operational strategies for the provision of a mobilisation and communications centre.
- 5.4.3 The Fire and Rescue Services (Emergencies) (England) Order 2007 outlines the additional statutory duties enabled by section 9 of the Fire and Rescue Services Act 2004. The new duty requires authorities, where provision of resources has been made by central government, to respond to incidents, both within and outside the authority area, involving Chemical, Biological, Radiological and Nuclear hazards and Urban Search and Rescue.
- 5.4.4 The Order complements the National Mutual Assistance Protocol, to which we are a signatory. This requires fire authorities to make a reasonable response to requests for assistance in relation to any large-scale emergency outside of their area.
- 5.4.5 To meet our responsibilities from the above legislation, we prepare emergency plans, train our staff in preparing those plans, and we undertake exercises to make sure they work. We also undertake operational debriefs of any large scale incidents that we attend within East Sussex and the City of Brighton & Hove, as well as fully engaging with any national level debriefs for incidents that we have attended under the National Mutual Assistance Protocol. Lessons learnt from these debriefing events are fed back into the planning process as part of the review of our emergency plans.

- 5.4.6 The Joint Emergency Services Interoperability Principles, JESIP, is a program that has delivered joint command training to commanders from the three emergency services in order to improve the way we work together at operational incidents with the aim of improving the outcomes for the general public and the organisation. Further work is ongoing to fully embed the principles into all our systems and procedures and to test and exercise jointly in realistic environments.
- 5.4.7 We provide a supporting response to specialist risks over the border such as Gatwick Airport and Shoreham Harbour in West Sussex and Dungeness Power Station in Kent. We also continue to support Kent FRS in assisting with the rescue of large animals. A Memorandum of Understanding has been developed and allows for a charging process that ensures cost recovery for such incidents over the border. We also assist other emergency services at any other incident where additional resources are required. This aspect of our work includes a Memorandum of Understanding with Sussex Police that enables our crews to assist the police with search activities. A recent addition to this strand of work is the introduction of a memorandum of Understanding on the use of Sussex Police Force's Drones. This is in partnership also with West Sussex Fire & Rescue Service and SECAMB.
- 5.4.8 The Brexit referendum vote for United Kingdom leaving the European Union (EU) occurred on 23 June 2016 with negotiations commencing 19 June 2017. The SRF will maintain a watching brief on the negotiations and developments and will work with MHCLG to ensure risks and plans are revised accordingly. The SRF will also be working with regional colleagues with major ports and roadways to consider the broader effect of the withdrawal process. Planning assumptions will consider a 'no deal' Brexit and government will be publishing technical notices setting out what business and citizens would need to do so they can prepare accordingly.
- 5.4.9 We also consider the risk to heritage sites, the environment and the continuing risk from terrorism. The National Risk Assessment is given careful consideration by the Sussex Resilience Forum (SRF) and the Service to monitor any new risks identified through these processes. The SRF is a multi-agency partnership made up of representatives from local public services, including the blue- light emergency services, local authorities, the NHS, the Environment Agency and other partners. These risks can affect the economy, cause disruption and impact on the day to day lives of our community and therefore understanding these risks within the County and the City provides a clearly defined baseline for us to develop our provision of service to the community we serve.
- 5.4.10 In March 2017 a team from the Thames Valley Local Resilience Forum (TVLRF) conducted a Peer Review to evaluate the structure and processes of our SRF and whether they are being effective in the delivery of their duties under the Civil Contingencies Act 2004. The Review covered key areas of Governance, Business Management, Risk Management and Community Resilience with an overall aim to identify areas of good practice and areas for development. The final report was received in October 2017 which outlined a number of areas of good practice as well as areas for improvement. Overall the report explained that there was clear enthusiasm for SRF from partners and that the role of SRF is well understood. Following receipt of the report the SRF has implemented an action plan as part of the

business plan to address the key findings and build on the successes identified by the review. The full report can be accessed through the following link

<https://collaborate.resilience.gov.uk/RDSservice/home/161951/SRF-Peer-Review>

- 5.4.11 We also consider the wider risk assessments included within the SRF's Community Risk Register (CRR) to ensure that proposed changes to our service delivery complement, as far as possible, the strategies of other local responders and central government agencies. We make significant contributions to the preparation, planning and response to a wide range of events that are considered as part of the CRR. This analysis has enabled us to enhance our flooding capability by introducing a boat and swift water rescue team for responding to water rescues. This team is a declared asset and is available for response to local, regional or national flooding incidents. As well as being utilised in East Sussex and the City of Brighton and Hove this team can be mobilised to any national flooding incidents. The team has not been mobilised out of county during the term of this report.
- 5.4.12 We also plan for, and occasionally respond to, incidents of such scale and/or complexity that local resources may be insufficient even when taking into account mutual aid agreements. As part of the National Resilience New Dimensions Capability Programme, the Government has provided Mass Decontamination Units (MDUs) and High Volume Pumps (HVPs) into the UK Fire & Rescue Service. The national capability consists of 28 operational MDU's, with 5 being located in the South East region, one of which has been allocated to us and is based at Eastbourne Fire Station. There are also 47 HVPs in England plus a further 3 in Wales, 3 in Northern Ireland and 4 in Scotland. Eight of the HVPs are located in the South East region including 1 on the Isle of Wight. One has been allocated to us and is based at Hove Fire Station. As well as being utilised in East Sussex and the City of Brighton and Hove the HVP and crews can be mobilised to national flooding incidents. The team has not been mobilised out of county during the term of this report but have responded to incidents within the County including a large scrap yard fire in Hailsham and some major flooding at an underground skate park in Hastings.
- 5.4.13 Section 7(2) (d) of the Fire and Rescue Services Act 2004 requires fire authorities to make arrangements for inspection of certain premises to obtain information. These inspections are known as 7(2) (d) visits. These visits assist in the maintenance of knowledge of the site, equipment and any particular hazards associated with the building. We use the 7(2) (d) visits together with any relevant data collection methods to assist in dealing with an incident, informing command decision making and ensuring public and fire-fighter safety. National guidance has been reviewed and incorporated into our current system to ensure that we continue to provide our fire-fighters with the most appropriate information to enable to them to undertake their role in as safe a manner as possible.

5.5 Regulatory Reform (Fire Safety) Order 2005

- 5.5.1 The Service will use a blended risk-based approach in delivering against our statutory duties under the Regulatory Reform (Fire Safety) Order 2005 as we strive to further reduce fire risk in the built environment. This blended approach will include business engagement, inspection and enforcement.
- 5.5.2 We will collaborate with our partners including supporting intelligence led thematic inspections and multiagency operations targeting immigration and modern slavery, to ensure the most vulnerable in our community are protected from exploitation.
- 5.5.3 We support economic growth and resilience of our local business communities by raising awareness of fire risk and engaging with responsible persons through a variety of initiatives including the development of Primary Authority Partnerships and delivery of Business Safety thematic engagement events.
- 5.5.4 We are currently developing Safer Living and Safer Care initiatives in partnership with the Care Quality Commission, to support the elderly and vulnerable to obtain safe and secure homes within a caring environment. This will be achieved through both inspection of premises and engagement with duty holders promoting the Person Centred Approach to risk, the installation of sprinklers and promotion of new technology such as social alarms.
- 5.5.5 We actively supported the NFCC Business Safety Week 10th to 16th September.
- 5.5.6 We continue to promote the Smoke Alarm and Carbon Monoxide Alarm (England) Regulations 2015 <http://www.esfrs.org/business-safety/new-laws-for-landlords/>
- 5.5.7 The Business Safety functions will be delivered through a sustainable and adaptive structure that enables effective provision at all times of day. Services will be delivered by professional staff and operational crews supported through a competency framework informed by best practice and responsive to the requirements of the National Framework. Staff will respond to local risk through thematic based planning supported by exploiting new information technologies such as the rollout of agile working and new functionality offered through the upgraded Business Safety recording and operating system (CRM).
- 5.5.8 The Service continues to promote Primary Authority through and the Regulatory Enforcement and Sanctions Act (RES Act) and continues to highlight the benefits of active Primary Authority Partnerships in East Sussex to improve Fire Safety compliance and support business growth. Businesses trading across local authority boundaries, start-up businesses or a single business operating in East Sussex or the city of Brighton and Hove will be given the opportunity to enter into a legal Primary Authority relationship with East Sussex Fire and Rescue Service (ESFRS) in respect of the relevant function – Fire Safety.

<http://www.esfrs.org/business-safety/primary-authority-scheme/>

5.5.9 The service continues to support the Independent Review of Building Regulations and Fire Safety through the NFCC and implement the recommendations of Government's Building Safety Program.

5.5.10 We continue to promote the findings from our fire investigations so that risk assessments better identify sources of ignition and the benefits of active and passive protection <http://www.esfrs.org/black-museum/>

5.5.11 The Service has recently provided match funding to secure the installation of sprinkler systems in premises identified as posing a particular risk to occupants and / or firefighters and we promote sprinklers where opportunities present themselves. Working with our local authority partners the Service has recently installed sprinklers at Somerset Point in Brighton. This is a sheltered housing block consisting of 72 flats across 13 floors. A residential sprinkler system was installed throughout the block to all dwellings and common parts.

More detail on both these installations can be found by following the link below,

<http://www.esfrs.org/business-safety/sprinklers/>

5.5.12 We recognise that in exceptional cases; where supported by evidence and it being in the public interest, there is a need to use an appropriate sanction where fire safety standards have not been maintained by a responsible person. Not only has this Service developed tools to ensure a consistent and appropriate use of prosecution and Simple Caution as sanctions, we have also developed the use of Informal Cautions, which the NFCC are looking to adopt nationally <http://www.esfrs.org/business-safety/business-safety-enforcement/>

5.5.13 The service is a statutory consultee under a range of legislation and the Business Safety teams will continue to ensure they respond to consultations in a positive and timely manner as detailed in the Service response charter. Through an Assurance framework that is supported through engagement with partners and the public supported by the internal communications team we will safeguard the fairness of approach to our enforcement activities in line with the Concordat and Regulators Code reducing any unnecessary burdens on business owners whilst safeguarding those using those buildings.

5.5.14 The Central Business Safety support team will continue to build on the Business Safety engagement and initiatives library to enable local teams to deliver proactive and reactive business engagement activities increasing knowledge and understanding of fire safety in the business community. Typically this involves identifying opportunities to engage and explain the requirements of the Order at face-to-face events, with supporting material available on our internet site. Through the Business Rates funded initiative, the Service provides the "Safer Business Training" scheme to further support this work.

<http://www.esfrs.org/business-safety/safer-businesses-training-programme/>

5.5.15 The Service will seek to distinguish between Automatic Fire Alarms (AFA's) and Unwanted Fire Alarm Signals (UFAS) in order to target both appropriately. The

Service will seek to reduce UFAS through awareness, engagement with the responsible person and finally policy review.

5.6 Prevention of Future Deaths

5.6.1 We have now created a newly defined and managed Operational Assurance (OA) process. It is overseen by the service Operational Assurance Manager who in turn reports actions to the service Operations Manager. Within this process we monitor many areas including outcomes from Fire Investigations (FI), outcomes identified within the National Operational Learning or Joint Operational Learning database, as well as recommendations from external enquiries including coroner reports and other investigations. Once per month the service OA manager will meet with the led FI and other interested parties to determine what new actions are priority and who will be allocated the task of implemented the recommended changes. This agreed list is then taken to the Operational Assurance Group for corporate oversight and governance. Exception reports are then sent to the Operations Committee chaired by the ACFO, who in turn will take any highlights to SLT and onward as required to the Fire Authority Audit and Scrutiny Panel.

5.6.2 Our Black Museum site also highlights fatal fires and includes lessons learnt with the issues around clothing highlighted under the following case <http://www.esfrs.org/black-museum/all-the-black-museum-cases/vulnerable-people-and-clothing-fires/>

5.7 Health & Safety Assurance

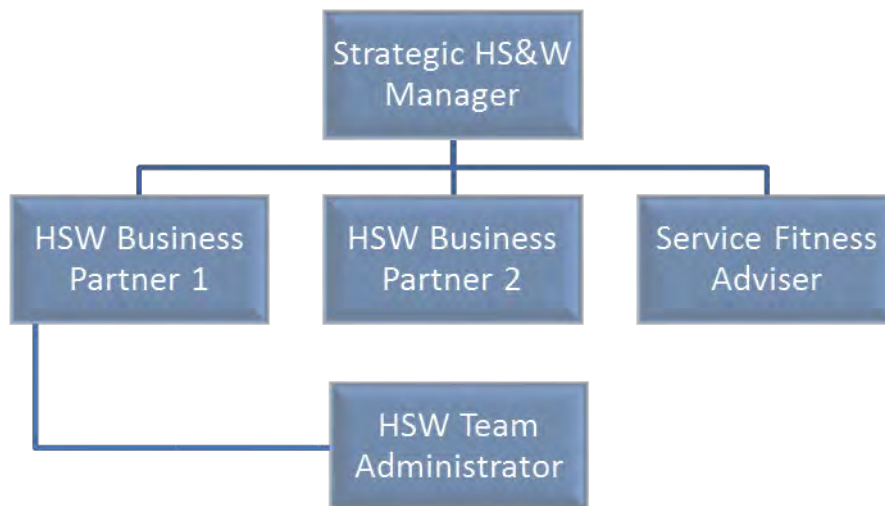
5.7.1 Many of the actions taken by the Health, Safety & Wellbeing Team over the last year have been undertaken in order to close out the actions that were detailed in the Hereford & Worcester Peer Review Action Plan from 2016. A selection of these is detailed below:

The Restructure of the Health, Safety & Wellbeing Team to develop a staffing structure that supports the findings of the Hereford and Worcester Peer review.

The Service has adopted a business partner approach in order to:

- develop a more customer focussed delivery of advice and support from the central health and safety team;
- engender a change in the safety management culture of the organisation; and
- promote ownership and proactive management of health, safety and wellbeing risks within all areas of service delivery.

The structure for the new department is:



All recruitment has now been completed and the team are embedding the new business partner approach across the Service.

5.7.2 Development and delivery of the actions plans for Year 1 of the Service Health, Safety & Wellbeing Strategy, as reported to Health, Safety & Wellbeing Committee. Key areas that the Year 1 Plan delivered included:

- Gap analysis of Service policies, procedures, risk assessment, training and communications on key areas of national research and learning e.g. contamination and occupational disease in firefighters.
- In collaboration with Operations Planning & Policy, a full revision of the station assurance /audit process to stimulate greater engagement and organisational/operational learning.
- Review of historical safety event and hazard report data to identify key trends and patterns in work-related injury and ill health.
- Revision and development of leading and lagging indicators.
- Integration of health & safety representation at key operational committees and working groups e.g. Ops Committee, Ops Assurance, AEPIG, OGIG, project boards, Estates Strategy, various sub-working groups e.g. light appliances, asbestos, blood borne viruses etc.

5.7.3 A review and reinvigoration of the Workplace Safety Representatives Committee to meet our statutory requirements to consult with representative bodies and to improve workforce engagement.

5.7.4 To complete the cycle of reporting on health and safety related matters, the Workplace Safety Representatives Group reports in to the newly structured Health, Safety & Wellbeing Committee, which then reports on to Scrutiny and Audit Panel for corporate assurance.

- 5.7.5 The Health Safety & Wellbeing Team has started a full review of the Service's health and safety management system, with the intention of moving to a model of risk profiling across all areas of service delivery.
- 5.7.6 The Service are currently preparing for a South East regional peer audit using the new NFCC Health & Safety national audit tool. This will help to provide a measure of the changes and improvements made, to achieve greater integration of health & safety, since the Herford & Worcester Peer Review in 2016. This will also support the Service during the forthcoming HMIC FRS inspection in 2019.

5.8 Business Continuity.

- 5.8.1 ESFRS will take all reasonable steps to ensure that in the event of a service interruption, agreed Mission Critical Services (MCSs) will be maintained and normal services restored, as soon as reasonably possible. To ensure that this happens, it is Service policy to have in place robust business continuity recovery plans that are regularly reviewed and tested, and key staff appropriately trained to manage these procedures.
- 5.8.2 For a short-term disruption, Directorate Heads will lead on recovery arrangements. For long term/corporate level disruptions, a formal Emergency Management Team (EMT) will be stood up to manage the recovery; this will be overseen by a Strategic level manager. An EMT exercise took place in March 2016 and the lessons learnt are being incorporated into a revision of the business continuity plans. Further training and exercises are planned throughout 2017.
- 5.8.3 ESFRS Business Continuity Management process aligns to the requirements of the ISO 22301 Standard.

5.9 Incident debriefing & Organisational learning

- 5.9.1 East Sussex Fire & Rescue Service have implemented a new role of Operational Assurance Manager to assist in the implementation and embedding of Operational Assurance and further support organisational learning. This role is a Station Manager working within the Operational Support & Resilience department. Following this appointment, a review of current processes has taken place and the policies that outline this function have now been aligned to National Guidance to provide consistency, clarity and effectiveness. The Service now has a direct link to National Operational Learning (NOL) to ensure currency with National learning and share any learning identified within East Sussex as agreed suitable.
- 5.9.2 The Incident debriefing profile has a distinct identity and both historical and new learning has been communicated through various platforms including 'Assurance in Action' publications, which is vital in embedding the learning process. All new Level 2 officers and above shall be trained to carry out debriefs to add resilience and authenticity to the process.
- 5.9.3 The Service continues to carry out 'Incident Assurance' to support firefighter safety and assist in embedding changes in-line with National Operational Guidance, equipment changes and also local policy changes. The Operational Assurance process is linked

to various ESFRS departments to track and ensure end to end learning. The Service recognises there is more work to do to ensure this is fully embedded but it is noteworthy that we are in a stronger position and as such have been invited to take part in a National review of the Good Practise Guide due to having a forward thinking approach to National Operational Learning.

5.10 Operations Committee

5.10.1 To further support a robust operational assurance culture, the Corporate Management Team has recently agreed to the introduction of an Operations Committee. This committee will be chaired by the ACFO and will operate at strategic level and consider corporate operational assurance, operational readiness, performance, policy, practice and training. This will ensure that the Service is managing the oversight and delivery of all its responsibilities in respect of emergency response operations and has the necessary systems and policies to ensure adoption of good practice and compliance with statutory responsibilities. Furthermore, the Operations Committee will review operational performance including the outcomes of incident debriefs and reviews and the outcomes from the station audit and inspection programme.

5.11 Crime and Disorder Act 1998

5.11.1 As a “responsible authority” under the Crime and Disorder Act 1998, the fire and rescue authority has a statutory duty to work in partnership with key agencies in Crime and Disorder Reduction Partnerships; these are required to carry out annual strategic assessments to identify current and possible future crime, disorder and substance misuse issues from sound evidence and analysis.

5.11.2 We believe that partnership working between local agencies is key to providing ‘joined up’ public services for local people and to ensuring successful outcomes at the lowest cost for taxpayers. Our structure is based on a borough command geographical arrangement with specific officers responsible for community safety partnerships in their area. In addition, our Inclusion and Partnership Manager is responsible for delivery of our partnership strategy and undertaking an annual review of partnerships to ensure we are achieving the desired outcomes for our communities.

5.12 The Localism Act 2011

5.12.1 The Localism Act takes as its starting point the existing statutory powers of fire and rescue authorities and then gives the Fire Authority the power to do:

- Anything they consider appropriate for the purposes of carrying out their functions.
- Anything they consider appropriate for purposes incidental to carrying out their functions.
- Anything they consider appropriate for purposes indirectly incidental to carrying out their functions.

5.12.2 It also added three new sections to the Fire and Rescue Services Act 2004, which allows Fire and Rescue Authorities to place a charging policy in support of its

strategy to deal with unwanted fire signals received from automatic fire detection systems.

- 5.12.3 The charging power allows us a level of discretion in that we may decide not to charge at all, as is the case now, or we may charge different amounts to different groups of recipients when we respond to specific categories of calls. In May 2014, the Authority's Policy & Resources Panel endorsed an amendment to the existing policy for attendance to automatic fire detection systems. This allows for a standardised pre-determined attendance across Sussex in line with the regional ways of working.
- 5.12.4 During 2017/18 ESFRS attended 341 incidents of releasing persons from defective lifts – 4th highest in the country for this incident type. Work has also begun to examine the opportunities to reduce the number of emergency responses we make to defective lifts. The premise owner is responsible for the management of all utilities within a building and this includes lifts. Sufficient maintenance and servicing programmes should be in place so as to limit the number of breakdowns and thus the number of responses we get called to. The piece of work will include educational input with owners and if this is not successful consideration will be given to introducing as charge for responding.
- 5.12.5 In addition, the Service has also renegotiated a memorandum of understanding with Kent & Medway Fire Authority which sees the Service undertaking large animal rescues on behalf of Kent across a large area of Kent and for which the Service is able to charge.
- 5.12.6 Under section 38(1) of the Act we are required to prepare a Pay Policy Statement. The Authority is responsible for ensuring that that the pay policy statement sets out the issues relating to the pay of the workforce and in particular the senior officers and the lowest paid employees. This ensures that there is the appropriate accountability and transparency of the salaries of our senior staff. The purpose of the statement is to provide greater transparency on how taxpayers' money is used in relation to the pay and rewards for public sector staff. . For more information please see the 'data transparency' web page under the 'Freedom of information' section under 'About us' on our website or alternatively use the following link. <http://www.esfrs.org/about-us/publication-of-information/data-transparency/>

6. Improvements to service delivery during this year

- 6.1 **Service Delivery Review.** This project was set up with the aim of,
- Redistribute resources to improve the capacity of the service
 - Provide a structure that further supports effective collaboration and partnership
 - Support the increase in front line productivity; including HSV and Business Safety Audits

- Respond to the outcomes of the Grenfell incident by increasing the resources of Business Safety to ensure effective delivery
- Enhance the Services Welfare and Wellbeing offered to staff through the provision of effective preventative measures
- Encourage the appropriate devolvement and delegation of responsibility to ensure effective empowerment at each tier of the organisation
- Ensure the effective delivery, and ongoing maintenance, of the Support and Delivery Framework that is designed to maximise community return by prioritising critical services and activities and ensuring staff are supported to deliver these services.

The project comprises of 19 Proposals that have been through a formal consultation process. All recommendations have been fully agreed and the final two are in the final stages of the consultation phase.

Several of the proposals have been actioned already and the remainder will be completed in time for a go live date of 1st Feb 2019.

6.1.1 We have conducted an in-depth staff survey of which the results have been analysed and actions being taken to respond to the negative outcomes of some of the questions.

6.1.2 We have run our 40th Wholetime Trainee Firefighter course. This consisted of 8 new recruits and it was the first such training course for 7 years. After 13 weeks of intensive training conducted at Maresfield, and at the Fire Service College in Moreton in Marsh, the new recruits were posted to stations across the county.

6.1.3 **Community Safety**

The Service's Community Safety Department has published its Community Safety Strategy 2018-21 in which it details how the Service will deliver its 5 prevention strands detailing the engagement with partners, the annual strategic assessment of risk, evaluation and associated thematic action plans.

6.1.4 **Engagement with Partners**

In preparation for the annual assessment of risk the Service holds an engagement event inviting representation from its partners to identify and discuss their particular risk factors in order to build a holistic picture of risk within the community. Partners' views are fed into the prevention strands and activities that the Service will deliver in the following year.

6.1.5 **Annual strategic assessment of risk**

A comprehensive report that includes risk factors from a wide range of partners that builds a broad picture of risk within the community. Included within this report are Killed and Seriously Injured on the road (Police data) and water (WAID), deaths associated with a wide range of health factors (excess winter deaths, obesity, smoking, and suicide) and other health related data such as dementia, fuel poverty

and loneliness. Fire data relating to homes and businesses; community resilience including flooding risk and pollution; anticipated urban and rural growth, changes in infrastructure and population changes. In the first year (2019) these are broken down to District & Borough level but from 2020 will be described at station ground level and will provide the opportunity for local managers to understand the risk associated with their area and to therefore determine the preventative tactics appropriate to address those risks.

6.1.6 Prevention strands:

Home/Fire: Home Safety Visits - The target of 12,000 Home Safety Visits / Safe & Well visits is based on risk profiling and capacity for the service to deliver and is currently divided equally between the Safe & Well Advisers (SWA) and operational crews across the Groups.

Appointments are made with clients through the central team and a screening process identifies clients with more complicated or complex needs and these are passed to SWAs to deliver.

Ops crews will undertake 7,000 visits a year and whilst these are usually more straight forward clients can be referred for a further visit by SWAs should additional assistance be required, such as the provision of sensory equipment. SWA's will continue to undertake a minimum of 5,000 visits.

Safe and Well visits: A further development of the Home Safety Visit that provides a holistic approach to wellbeing and safety within the home. As well as identifying the usual risk factors including overloaded electric sockets, smoking risks, slips trips and falls the Safe & Well visit incorporates wider health and safety issues such as fuel poverty, cold homes, scam mail and links the client to local voluntary services such as befriending, library, meals and community transport where appropriate. These visits are undertaken by paid staff and target clients considered to be at high risk due to their vulnerability which would include the elderly, people living at home, those with lack of mobility or sensory issues.

In addition to its Safe & Well Advisers ESFRS also employs two Safe & Well (S&W) Practitioners who support delivery of our GP referral scheme.

A monitoring framework is necessary for training and Quality Assuring HSVs by operational crews. The Support and Delivery framework will address this and provide the basis for continuous improvement.

The Care Act 2014 identified neglect and self-neglect as areas that Safeguarding procedures should be applied to. This is particularly relevant to the Fire & Rescue Service in respect to hoarding as it presents a significant fire risk. A multi-agency Hoarding framework Memorandum of Understanding has been developed for both the City and East Sussex to ensure a consistent approach and reduce risk.

Research and learning from other Fire & Rescue Services and the NFCC will continue to inform and influence the delivery of our prevention services. For instance; the NFCC Prevention Coordination Committee's report (April 2018) on reducing injuries and deaths by fitting additional smoke alarms in rooms that pose a higher fire risk due to the circumstances of the occupant. Whilst not yet fully supported nationally, the concept has been fully embraced within ESFRS and additional advice

provided to staff undertaking home safety visits supports the fitting of additional smoke alarms where appropriate.

6.1.7 Road Safety

The Sussex Safer Roads Partnership (SSRP) brings together teams from Sussex Police, East and West Sussex County Councils, East and West Sussex Fire and Rescue Services, Brighton and Hove City Council, Brighton and Sussex University Hospital NHS Trust and Highways England. We believe that, together, we can continue to create a safer environment for all road users, significantly reducing life-changing injuries and fatalities.

Using the knowledge and experience within the partnership, we aim to provide advice and support to all road users across Sussex. We refine and develop strategies to promote road safety and to encourage everyone to consider how they use the roads and how everyone can become safer. Recommendations and guidance are offered to urge everyone to share the roads and to foster an attitude of safety for all on our roads.

ESFRS undertakes a range of preventative activities across the area, based on the road risk, both collaboratively through road safety partnerships (Wealden and Rother) and through single agency activities.

Safe Drive – Stay Alive: Our thought provoking show aimed at young people who are just starting out as drivers or independent passengers to consider the implications of their decisions before they do something. 16 – 24 year olds are the highest risk category to be killed or seriously injured on the road and road collisions pose the highest risk of death for this age group. The show brings together emergency workers and the families of young people lost to road death to seek to encourage the audience to make sensible decisions when driving or being a passenger.

The **ESFRS thematic Road Safety Action Plan 2018 - 21** identifies the road risks through location and road user type and identify the tactics available to staff and volunteers that are available through the ESFRS initiatives library as well as through the SSRP.

Road Safety prevention is overseen by our road (and water) safety coordinator based in the central Community Safety Team who is also the subject lead on the SSRP Programme Delivery Groups.

6.1.8 Water Safety

East Sussex Fire and Rescue Service regularly deals with the consequences of water related emergencies which has a significant impact on our local communities. ESFRS has a statutory duty to identify risk under its obligation to undertake an Integrated Risk Management Plan and has identified a number of areas where the Service can work collaboratively with other agencies to implement our own initiatives to reduce risk as well as keeping the people who reside and visit East Sussex, Brighton and Hove safer.

Water Savvy, Water Safe (WS²) – is our Safe Drive, Stay Alive for water. East Sussex has been the county with the second highest number of accidental drownings (behind Cornwall) for a number of years with 16-24 year olds as the highest risk group. Similar to SDSA in presentation style our thought provoking show aimed at young people to consider the implications of their decisions before they either get in the water or risk falling into water due to the influence of alcohol or other

substances. 16 – 24 year olds are the highest risk category by age to be killed or seriously injured the water related incidents. For every drowning there are 8 life changing injuries. The show brings together emergency workers, volunteers from the RNLI and the families of young people lost to road death to seek to encourage the audience to make sensible decisions around water.

The **ESFRS thematic Water Safety Prevention Action Plan 2016 - 19** identifies our key water safety principles that will reduce the number of water related injuries and deaths.

The delivery of our Water Safety Principles is overseen by the Water (and Road) Safety Coordinator whose role is to promote, train and encourage staff and volunteers to deliver preventative activities, represent ESFRS both nationally and regionally within the Fire & Rescue Service and to work collaboratively with other water safety partners.

6.1.9 Health Safety

ESFRS has embraced the principles of 'Fire as a Health Asset', a national consensus between the National Fire Chief's Council, Public Health England and National Health England to utilise the Fire Service in the support of the delivery of health outcomes.

ESFRS has developed consensus statements with Public Health and NHS in East Sussex and Brighton & Hove identifying a number of themes for the service to support. These include smoking cessation, obesity, falls and frailty, dementia, suicide prevention.

Making every contact count will be supported across the service through the enhancement of the Home Safety Visit to be known as the Safe & Well Visit.

In addition to the fire safety elements of Home Safety Visit effective delivery of Safe & Well visits depends on the quality and range of health elements that are incorporated into the client engagement.

It is essential that the quality and range of the health element of the S&W visit is monitored for both accuracy and effectiveness. It is intended that this will initially will be achieved through a coordinated approach provided by the central team. S&W visits will incorporate a number of elements, which will be reviewed annually, or as advice from health partners dictate.

The focus will continue to be on those groups below but the intention will be to further explore the possibilities to reduce risk in related health areas following consultation with partners and trade unions:

- Falls and frailty
- Disability, including dementia
- Obesity
- Smoking cessation

An initial coordinated approach from the central team will ensure that:

- Suitable and sufficient training is provided taking into account the target audience of fire fighters,

- Resources are readily available in a number of formats. These will include up to date information that relates to the appropriate geographical area
- A single point of contact is available for advice, guidance and referrals as teams achieve confidence and competence.

The innovative **GP Referral Scheme** provides for GPs to send ESFRS details of patients whom they consider at high risk of an unelected hospital admission. Our Information Sharing Agreement allows contact details of patients to be shared *without consent* for a Home Safety Visit to be offered. In addition to identifying potential fire risks these visits provide an opportunity for staff to identify risks within the home environment that might cause or contribute accidents, identify the potential to fall and to identify those who are frail and would benefit from an early intervention by health professionals. In early trials the scheme has reduced the number of clients who have been admitted to A&E and reduced repeat visits to their GP's. Whilst still being evaluated for its effectiveness this scheme is being rolled out across the service area in both Brighton & Hove and East Sussex.

Child Safety Equipment and home safety advice commissioned service: the Service has been awarded a second two year contract by East Sussex Public Health to provide child safety equipment and home safety advice to a small number of families considered to be at high risk of accidental injury to children aged 0 – 2 years. East Sussex has a high number of admissions to hospital for accidental injuries to children and this contract sees the provision of safety gates, fire guards, blind cleats, bath mats and carbon monoxide alarms. Targeting up to an annual number of 350 of the estimated 1,000 eligible families the service, in conjunction with the 0-5 Accident Prevention Board that ESFRS chairs, is working towards reducing the number of accidental injuries suffered by babies and young children.

Sussex Recovery College - Working in partnership with Sussex Partnership Foundation Trust, the NHS Trust that provides mental health services across Sussex, ESFRS has developed a session within the **Recovery College** annual prospectus, to provide fire safety advice within the home to service users, their carers and professionals. Being piloted in Eastbourne and Hastings this innovative scheme will eventually be delivered across the Service area and offered to anybody with mental health needs through this popular annual prospectus. The aim of the sessions is to increase fire risk awareness and provide guidance and information about staying safe within the home.

Restart a Heart – An extension of the national campaign developed in conjunction with South East Coast Ambulance NHS Trust to deliver CPR in schools across the Service area.

In addition, through the *Health Coordinator* we will ensure that there are consistent links with health partners to ensure that the health element of the S&W visit is matched to the work of wider health partners and that evaluation of outcomes from the visits are recorded and shared with the relevant partners. The **ESFRS thematic Health Action Plan 2018 - 21** identifies fire related health risks developed in collaboration with health partners and delivered by Ops crews, staff and volunteers.

6.1.10 Community Volunteers

ESFRS started its community volunteer scheme in 2009 and currently has 100 volunteers from across the service area. Management of the scheme is undertaken by Coordinators working within the central Community Safety team.

Our key community volunteering priorities are:

- To ensure volunteering is an integral part of ESFRS and that volunteer activities contribute to ESFRS reaching more members of the community and making ES and B&H a safer place
- To ensure volunteering is a worthwhile, rewarding activity for our volunteers and that volunteers are involved in the decision making process.
- To be inclusive and open, enabling as many people as possible to access our volunteering opportunities.
- To work in partnership with other organisations who also have a community safety ethos.
- To be creative and imaginative in our approach to volunteering, to best serve the needs of promoting community safety.
- To ensure we have the necessary systems and resources in place to best support our community volunteers and the communities we serve

An **ESFRS Volunteer Action Plan** provides a focus to teams and illustrates the value volunteers bring to the community and ESFRS.

In addition to the supportive role that volunteers undertake with operational crews in station open days and other events, incident training and exercises the volunteers are involved in the Personal Resilience Project; a scheme whereby volunteers support vulnerable members of the community who have been subject of a Safeguarding alert or similar issue that has detrimentally affected their ability to live unsupported. Over up to 6 sessions volunteers meet with clients to rebuild their trust and self-confidence, provide information on community events and services and generally provide a befriending service.

6.1.11 Youth engagement - Youth engagement is undertaken across the service, often by Ops Crews, through locally organised activities such as football coaching and mentoring young people. Our Safety in Action programme is a collaborative approach providing the opportunity for young people aged 10 to 11 years to experience risky scenarios in a safe environment.

Road safety interventions such as **Safe Drive, Stay Alive, and Water Savvy, Water Safe WS²** are delivered by the Water and Road Safety Coordinator alongside Ops Crews and community volunteers.

The three dedicated Education Team staff members within the central Community Safety team undertake the majority of the school and college engagements. A number of further engagements are undertaken by staff members from Ops Crews.

The Education Team undertake the provision of the Juvenile firesetters scheme known as Firewise, work with partner agencies under the Troubled Families agenda and support the delivery of the developing 'Watch' schemes, activities within fire stations targeting challenging young people.

The ESFRS Strategic Aims of the Education Team are:

- Equip Children & Young People (CYP) with the knowledge, understanding and skills to keep themselves, their families and their communities' safe, supporting ESFRS achieve its aim of 'safer communities.'
- Explore new opportunities to engage with all CYP to minimise loss of life, injuries and damage to property in our communities.
- Ensure an innovative and high quality of service by encouraging feedback from partners to allow evaluation and improvement of our resources and practice.
- Widen the scope of our provision, to respond to the changing needs of the Service, and to develop innovative schemes of working to increase the opportunities for engagement with CYP.
- Fully integrate the Education Team within all areas of the Service to encourage and support staff and volunteer interaction with CYP

These strategic aims are delivered through the **Education Team thematic action plan 2018-21**.

The soon to be published Children and Young People's Engagement Policy outlines the aims and objectives of our wider engagement with CYP and provides clarity on the engagement that we should, and should not, undertake and details the support that is available to staff and volunteers as well as a list of the activities that are currently being delivered.

6.4.12 **Safety In Action**

The Service now coordinates safety in action events across all 5 East Sussex Districts and Brighton & Hove reaching over 6,000 primary school age children including those in the independent sector and home educated. SIA provides the opportunity for every year 6 pupil to experience dangerous or risky incidents in a controlled environment under the supervision of experts in the field. These scenarios include railway, personal safety, water risk, electricity, road safety, environmental dangers and fire. SIA has been assessed by RoSPA who have stated that the events provide lifelong high quality learning for children.

6.1.13 **Partnership Engagement**

East Sussex Fire Authority has adopted the following definition of partnerships:

"Any joint arrangement, where the partners:

- Are other public and third sector organisations, supply partners, independent organisations or groups
- Agree to co-operate, share, or agree or contract or deliver commissioned services with the Fire Authority or ESFRS to deliver defined outputs that achieve clearly defined outcomes
- Accept the joint managerial arrangements to oversee their effective delivery
- Plan and implement commensurately in relation to scale and to an agreed programme which may or may not involve joint staff or resources
- Create new organisational structures or processes to achieve joint goals, separate from their own organisations

- Identify and mitigate, where possible against risks of achieving successful outcomes and identify and maximise possible benefits
- Ensure effective evaluation takes place to monitor overall and relative resource inputs, and outcomes
- Have agreed in advance effective arrangements and criteria for ending the arrangements including the implications on staff involved, services affected and beneficiaries of the partnerships.”

Partnerships and integrated working require a culture of shared ownership and common working arrangements across organisational and professional boundaries. In so doing, the Fire Authority has endorsed ESFRS to take a full and active role in:

- Strategic, regional, function partnerships provided, in each case, the agreed business case/evaluation process has been followed and the appropriate manager has signed it off as an effective, viable, and appropriately resourced partnership
- Shared services partnerships provided they have been the subject of appropriately Member approved business cases and contractual arrangements; and supply partnerships that follow the requirements set out in Contract Standing Orders, Financial Regulations, the Procurement Strategy and related ESFRS policy guidance.

Once the annual Assessment of risk is embedded and the resulting targeted initiatives are being undertaken across Brighton & Hove and East Sussex the intention is to **develop a partnership review framework** that will seek to ensure a consistent community benefit approach in evaluating which partnerships to resource and how.

6.1.14 Supporting Structure

The Central Community Safety function provides the following support to assist the delivery of community safety initiatives by staff and volunteers:

- Management of the **Initiatives Library** – A comprehensive library of resources that staff and volunteers can draw down from the Intranet providing physical resources, pull up banners, leaflets, giveaways etc as well as tip sheets and guidance on the effective deployment of the resources, media and social media message templates and an evaluation template to assess the effectiveness of the engagement. (i.e. The open day pack, behavioral insights tools)
- Support colleagues by reviewing initiatives specifically in respect to:
 - Effectiveness by the area in which initiative was undertaken
 - Effectiveness of the evaluation criteria
 - Effectiveness of engagement with target group in developing initiative through evaluating EIA and seeking support from I&D.
- Provide **feedback at annual assessment** – The focus being on the effectiveness of the initiatives employed.
- Coordination of **best practice** – Provide advice and guidance to staff and volunteers by pulling together best practice nationally and locally from Government, other FRS', partner organisations and the third sector
- **Evaluation** role – Determine the effectiveness of activities and provide advice and support to secure better outcomes

- **Safeguarding** – Manage the statutory safeguarding obligations
- **Annual assessment of risk** – Co-ordinate the delivery of the identification of risk from fire and other harm through an inter-agency approach at District and Borough level
- **Fatal Fire and Serious Fire Related Incident Coordination** - Coordinate the review process and feedback on collective process at Safer Communities performance management meeting.
- **Continual development of collaborative practice** - Identify further opportunities to reduce risk of harm within, the SLT agreed, prevention work streams prioritised by the findings of the '**Annual Assessment of Risk**' findings
- **Initiative Support** - Provide critical central support in enhancing performance in high priority areas (i.e. Accidental Dwelling Fire (ADF) Action Plan and associated ADF action learning set)

6.1.15 Safer Business Training

Utilising funding from Business Rates pooling fund the Service offers a one day course to small and medium sized businesses to provide training and advice on risk assessments to assist businesses to comply with the legislation and ensure the continuing safety of their staff and customers. The aim of the course is to reduce the number of businesses that may be at risk of enforcement action and increase fire risk assessment skills to reduce the risk of fire to the business and community.

6.2 Internal Audits and Assessments

6.2.1 East Sussex County Council's Internal Audit provides our internal audit service, independently assessing the effectiveness of our governance, risk management and internal control arrangements. Internal Audit supports the role of the Scrutiny & Audit Panel. An annual internal audit plan is agreed by the Scrutiny & Audit Panel following consultation between the Senior Leadership Team and Internal Audit about the risk priorities and the results of this work is then reported back to the Panel. Individual reports on our systems are evaluated by internal audit and include recommendations to enhance controls, and then action plans are developed to address and implement audit recommendations. The results of these internal audit reviews and the Head of Internal Audit's Annual Opinion are reported to the Scrutiny and Audit Panel.

6.2.2 Operational Assessment

The Fire and Rescue sector has a strong and long standing commitment to sector led improvement. As part of this, the Chief Fire Officers Association developed the concept of Operational Assessment (OpA) in 2009, in partnership with the Local Government Association and the Chief Fire & Rescue Adviser. Information on our last assessment undertaken in January 2014 can be found in the 'About us' section of our website on the 'East Sussex Fire Authority' page, under 'Planning and Performance/ Operational Assessment and Fire Peer Challenge'.

The Home Office published an updated national Framework Document in May 2018. In addition it has established Her Majesty's Inspectorate of Fire & Rescue Services as an independent inspection regime. Currently our operational preparedness, policies and procedures are being reviewed ready for our inspection as part of Tranche 3 in spring 2019. The outcome of that inspection will be detailed in the next Operational Assurance report.

6.3 Station Audits

6.3.1 The Station audit programme is designed to support the continual improvement of our front line delivery services in terms of effectiveness, compliance with service operational and administrative procedures but above all, to ensure that the operational preparedness and safety of crews remains a priority. The purpose of the audits is to ensure that the current levels of knowledge and skills of crews on stations is benchmarked against current policies and procedures to ensure that operational preparedness and firefighter safety is maintained to a high level.

6.3.2 Areas to be audited are determined through a collaborative approach involving all the relevant managers and is led by Operational Planning and Procedure (Ops P&P) and Safer Communities on an annual basis.

Audit areas include:

- Areas of improvement in relation to firefighting, rescues and hazardous materials identified through the Ops Assurance process.
- Fire Investigations
- Health and Safety including thematic sampling.
- Training planning, delivery and recording.
- Risk information gathering and environmental responsibilities.
- Station security, Business continuity and resilience.
- End of month returns.
- Relevant areas from HMI inspections.

6.3.3 The audit team will give verbal feedback during the station audit followed by a report which is sent to the Group and Station Manager responsible for the workplace that has been audited and a copy to the Assistant Chief Fire Officer. The report will contain the rating scored against each examined area.

6.3.4 It is the responsibility of individual workplaces to review the report and produce an action plan that will identify how improvements will be made along with time scales.

7. Policing and Crime Act

7.1 The Government remains committed to “finish the job of police reform”. The Policing and Crime Act will support the transformation of the fire and rescue service by:

- Enhancing local accountability of the fire and rescue service by enabling directly elected PCCs to take over the governance from Fire and Rescue Authorities where a local case is made.
- Driving efficiency and better value for money by facilitating closer collaboration between all three emergency services and maximising the ability of chief officers to make best use of their workforce.

7.2 The Sussex PCC has considered a business case for a change in local governance of both East & West Sussex Fire Authorities and determined, at this time, not to seek any change.

8. Partnership working

8.1 East Sussex Fire has a Collaboration Framework document that outlines our collaborative intention for how we will work with a wide range of partners, placing great emphasis on selecting the right partners in order to best serve our communities.

8.2 To ensure collaboration is in the public interest, ESFRS will work within this collaboration framework to provide confidence and assurance to any future collaborative workings.

8.3 The document provides the high level framework and principles within which ESFRS can assess, progress and review collaboration activities.

Intention: ESFRS will seek opportunities to collaborate with partners that enable us to enhance the efficiency and effectiveness of the services we deliver to the communities in East Sussex and the City of Brighton and Hove.

8.4 The Service currently has in excess of 50 collaborations. Some of these collaborations have been moved into a business as usual model, where as some are still in the scoping and development stage.

8.5 The Collaboration Priorities set out in the Framework provides an overview of the collaborations the Assistant Directors believe to be the priority for 2018 - 2021 and therefore should be reported to the Senior Leadership Team (SLT) and the Fire Authority's Scrutiny & Audit Panel on a quarterly basis. This does not mean that other collaborations will not be developed or worked on during this period.

8.6 In February 2018 the Authority approved the Medium Term Financial Plan and in September 2017 approved the Efficiency Strategy. These documents clearly identified that collaboration would be one element contributing to both the financial savings and a balanced budget moving forward required by the Authority.

8.7 Therefore, all collaborations will be required to identify where efficiencies can be made in the early development stages of a collaboration and then a follow-up piece of work will be undertaken once the collaboration 'goes live', by the relevant Assistant Director, to demonstrate how the efficiency has been realised.

8.8 This again, will be reported to both the SLT and the Scrutiny & Audit Panel.

Each initiative has been assessed to identify its current status as follows:

- Established: The initiative has become day-to-day business. It has clear structures and process, which give confidence it is embedded in the ongoing work of all of the emergency services involved. Work is well developed and opportunities being exploited whilst further work is being actively considered.
- Partially Established: Elements of the initiative have become day-to-day business, or the whole initiative has been delivered but only within a limited geographic area. There are no established plans for further development.
- Initial Work Only: The initiative is at the scoping or pilot stage.

8.9 In response to the Home Offices reform charge, the National Fire Chiefs Council (NFCC) have created a strategic committee tasked with harnessing our national buying power, under a category management approach. This has enabled an unprecedented level of data sharing, collaboration and transparency, which will drive significant aggregation of demand. National 'Basket of Goods' benchmarking exercises have already identified areas of spend and common suppliers, which can be targeted both as an individual FRS and as a Sector.

8.10 The new ESFRS Procurement Strategy is designed to support partnering and collaboration by aligning our categories directly with the national agenda, aggregating spend through effective collaboration or by sharing services on common goods and services. Pre-procurement activity and sourcing strategies underpinning the category approach, will enable us to identify & target any opportunities for collaboration either nationally, locally or both, ahead of going to market.

8.11 In terms of pre-existing arrangements, ESFRS are pro-active participants in national and regional contracts across varied categories, which include; fire appliances, light fleet, PPE, workwear, cutting equipment, smoke alarms, utilities, consumables, stationery and premises maintenance.

8.12 ESFRS have recently entered into a collaborative partnership to deliver occupational health. Building on the success of the existing collaboration between the Police and Crime Commissioner for Surrey and the Police and Crime Commissioner for Sussex, this partnership now includes ESFRS and Surrey FRS, delivering the services together in order to:

- drive quality and efficiency
- ensure greater assurance of clinical governance for the service

- enhance staff well-being and reduce staff absence
 - enable the parties to discharge their statutory duties more effectively
 - ameliorate the impact of reduced budgets and meet savings targets
- 8.13 Alongside South East Coast Ambulance NHS Foundation Trust, Surrey CC, Surrey Police, Sussex Police and West Sussex CC, ESFRS are founding members of the Integrated Transport Function Project, to deliver a resilient, sustainable joint capability that enables the parties to purchase bulk fuel at the best possible price and to provide shared access to this, using a more efficient standardised system, at reconfigured bulk fuel sites across the Surrey and Sussex region.
- 8.14 Officers are also involved in a partnership project focussing on fire investigation and how greater benefit and effectiveness can be drawn from this crucial element of fire and rescue work. ESFRS are the lead authority in an agreement with Kent and West Sussex to overhaul the way we investigate fires, share data and learn from the resulting trends of fire incidents across the region.

9. Trading

- 9.1 We do not undertake any form of trading so have nothing to report under this subject.

10. Performance Management

- 10.1 To help us improve in the right areas and demonstrate progress, we use performance management. This helps us to:
- Focus on our priorities.
 - Set targets aimed at improving services and measure progress.
 - Identify and tackle poor performance.
 - Be accountable to our communities.
 - Help ensure we provide value for money.
- 10.2 The Senior Leadership Team (SLT) meet at least once a month to discuss strategic and policy issues and to monitor and determine service and financial plans into the future to ensure that we meet our statutory duties.
- 10.3 The service to the public is then delivered by two directorates, Service Planning & Assurance and Service Delivery, and their main responsibilities are:

Service Planning & Assurance

- Training & Assurance
- Resources
- Planning & Improvement

Service Delivery

- Safer Communities
- Human Resources & Organisational Development
- Operational Support & Resilience

- 10.4 The Authority's priorities are articulated in our purpose and commitments and contained in our planning documents. We produce a number of separate plans, all of which outline how we intend to deliver our services:
- Our Medium-Term Plan sets our longer-term direction and sets out how we intend to deliver our services based on community risk and needs and the resources available to us.
 - Our Annual Plan summarises what we've done over the last year, as well as what we intend to do over the following year
 - Each Directorate, Borough and Station has a more detailed local Action Plan that sets out their activities against our aims and objectives.
 - The final step is the appraisal process where objectives are set for each employee. The links between the plans form the "golden thread" that ensures that everyone in the organisation is working towards the same goals and that priorities will be achieved.
- 10.5 The start to effective performance management is business planning which translates high-level objectives into management actions linked to performance measures. Staff are able to see where their work area fits into the overall strategic direction of the Authority, what the targets are to be achieved in the year ahead and how their contribution fits into vision, purpose and commitments.
- 10.6 On a monthly basis performance results are produced by Borough and Station. Any major variances are investigated to ascertain the cause and commentary is provided by the responsible officer. The reports are then presented to the Fire Authority for monitoring and further scrutiny purposes.
- 10.7 We also have clearly defined priority areas in which we concentrate our efforts. Each year we revisit them to ensure the targets remain appropriate. Our priority areas for 2017/18 were:
- Of the 10,000 Home Safety Visits undertaken at least 90% should be delivered to our vulnerable community.
 - Number of accidental fires in dwellings should reduce
 - Ensuring accidental dwelling fires are confined to the room they started in on 94% of occasions.
 - A 32% reduction in automatic fire alarms.
 - The number of working days/shifts lost due to sickness absence for all staff should not exceed 7.5 days.
 - An increase in the number of inspections in high risk premises
- 10.8 The Government set all Fire Authorities 10 year targets from 2001/02 The following table shows our reductions in performance over the sixteen years from 2001/02 to 2017/18 and our performance from last year, 2016/17.

Table 1 – Performance results 2017/18

Summary	2001/02 Actual	2016/17 Actual	2017/18 Actual	Reduction since 2001/02 +/- %	Reduction from 2016/17 to 2017/18 +/- %
All fires, including chimney fires	5,352	2,064	2,069	-61%	0%
Accidental Dwelling Fires	783	538	501	-36%	-7%
Primary Fires (fires in properties of value or involve more than 5 fire engines)	2,821	1,184	1,132	-60%	-4%
Secondary Fires (fires in derelict buildings, grass, heath, railway, straw, fence, bins etc.)	2,321	746	819	-65%	9.8%
Deliberate Primary Fires	1,393	267	247	-82%	-7%
Deliberate Road Vehicle Primary Fires	924	98	82	-91%	-16%
Deliberate Primary Fires other than road vehicles	469	169	165	-65%	-2%
Deliberate Secondary Fires	1,984	419	502	-75%	20%
All Non-Fatal Casualties (in fire incidents)	222	86	73	-67%	-15%
Non-Fatal Casualties in fire incidents (excluding precautionary checks and first aid)	152	37	40	-74%	8%
Automatic False Alarms	5,962	4,560	4,602	-23%	1%
False Alarms due to Apparatus	-	3,211	3,205	-	0%
Malicious False Alarms	564	130	109	-81%	-16%

- 10.9 We have achieved impressive reductions from our baseline results through the hard work and dedication of all our staff. From our targeted community safety work undertaken by our fire-fighters on stations and our Community Safety Department, to our Business Safety Teams delivering important advice and enforcing fire safety regulations, to all our staff in support and professional roles, all play a part in making our communities safer.
- 10.10 We have experienced an increase in secondary fires in 2017/18 compared to the previous year, this increase reflects the national trend and work is currently underway, both nationally and locally, to determine the cause and reasons for this.
- 10.11 Further information on performance can be found in the 'About us' section of our website under 'Planning and Performance. Or alternatively follow this link <https://www.esfrs.org/about-us/publication-of-information/strategies-plans-and-performance-information/annual-plan/corporate-plan-2018-2019/corporate-plan-on-a-page>

11.0 Assurance Statement by the Fire Authority

Good governance is about running things properly. It is the means by which the Fire Authority shows it is taking decisions for the good of the communities we serve, in a fair, equitable and open way. It also requires standards of behaviour that support good decision making - collective and individual integrity, openness and honesty. It is the foundation for the delivery of good quality services that meet all local people's needs. It is fundamental to showing public money is well spent. Without good governance Fire Authorities will struggle to improve services.

From the review, assessment and on-going monitoring work undertaken and supported by the on-going work undertaken by both Internal and External Audit and other external assessments, we have reached the opinion that, overall, key systems are operating soundly and that there are no fundamental control weaknesses.

It should be noted that future Statements of Operational Assurance may be presented in a different format and we are awaiting further detail from the Home Office regarding their requirements.

We can confirm, to the best of our knowledge and belief, that this statement provides an accurate and fair view.

Date

Date

Councillor

Dawn Whittaker

Chairman of the Scrutiny & Audit Panel

Chief Fire Officer

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 31 January 2019

Title of Report Joint Funded Sprinkler Projects Progress Report

By ACFO Mark Andrews

Lead Officer Jo Fowler, Lead Fire Engineer

Background Papers None

Appendices A – Recent Sprinkler Saves

Implications

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

PURPOSE OF REPORT To provide an update on the delivery of the Joint Funded Sprinkler Project.

EXECUTIVE SUMMARY Following a number of serious and high profile fires in high rise residential tower blocks East Sussex Fire and Rescue Service have been engaged in a project to joint fund the retro-fitting of sprinkler systems into these types of buildings where there is a business case to do so.

The project was designed to assist with the behaviour change of landlords and encourage by demonstration how effective and efficient it is to install sprinklers.

By identifying high risk buildings the project also reduced risk to vulnerable residents and improved firefighter safety in these buildings.

RECOMMENDATION

The Panel is recommended to:

- (i) Note the progress made in the delivery of this project, specifically in achieving behavioural change from key housing providers
 - (ii) Endorse the decision by SLT to reduce the additional funding proposed in the 2019/20 budget from £300,000 to £150,000;
 - (iii) To approve the proposal to use some of the remaining project funding of £291,000 to purchase Personal Protective Sprinkler Systems.
-

1. INTRODUCTION

- 1.1 Following high profile fires in Lakanal House in 2009 and Shirley Towers in 2010 subsequent rule 43 letters¹ from both Coroners recommended that social housing providers should be encouraged to consider the retro-fitting of sprinklers. This outcome prompted ESFRS to set up a project to assist key partners with high rise residential buildings to retro-fit sprinklers in their premises.
- 1.2 The primary objective of this project was to focus on high risk, high rise housing and to seek partners to joint-fund fire sprinkler systems. We aimed to reduce the risk to vulnerable residents and improve firefighter safety by ensuring that significant fires could not develop.
- 1.3 A secondary objective was to seek to change perceptions and convince partners to include sprinkler installation in future developments, specifically in the light of evidence suggesting that the cost of such systems was lower than previously thought and that the disruption to residents would be minimal.
- 1.4 Discussions initially took place with key partners such as East Sussex County Council (ESCC), Brighton & Hove City Council (B&HCC) and Amicus Horizon (AH). As a result, it became clear that there was scope to broaden the remit of the project to include other higher-risk premises housing vulnerable people, such as sheltered housing, specialised housing and residential care premises. Given this broader scope, a number of projects were identified as being suitable for the installation of sprinklers with each project selected to ensure that we were working with key partners and protecting very vulnerable people.

2. THE NATIONAL PICTURE

2.1 Grenfell Tower Fire

1

Reports to Prevent Future Deaths (formerly Rule 43 letters) – Paragraph 7 of Schedule 5, Coroners and Justice Act 2009, provides coroners with the duty to make reports to a person, organisation, local authority or government department or agency where the coroner believes that action should be taken to prevent future deaths.

- 2.1.1 The fire at Grenfell Tower in June 2017 underlined the risks of fire in high rise buildings and reinvigorated the call for sprinklers to be made mandatory in all new high rise residential buildings. The Public Inquiry finished the phase 1 hearings in December 2018 and is unlikely to be in a position to commence phase 2 hearings until the end of 2019. Therefore, formal recommendations following the fire (including possible requirements for sprinklers) may take some time.

2.2 Scotland

- 2.2.1 In response to the Grenfell Tower fire, Scotland initiated a review of the Scottish Building Standards, as a result of which, the requirement for automatic fire suppression systems will be extended to more building groups including, Houses in Multiple Occupation (HMOs) used for “care” 24/7, which will necessitate a very careful definition of “care” linked to Care Commission definitions, and large HMOs (10 or more residents).

2.3 Hackitt Review / JCA

- 2.3.1 In August 2017, the government initiated an independent review of the building regulations and fire safety led by Dame Judith Hackitt. The final review was published in May 2018. Amongst other things, this proposed a new regulatory framework for buildings more than 10 storeys high overseen by a new Joint Competent Authority (JCA), which will be made up of Local Authority Building Controls, Fire & Rescue Authorities and the HSE.

2.4 Approved Document B & Building Bulletin 100 review

- 2.4.1 Following the publication of the full report of Dame Hackitt’s independent review, an exercise was undertaken to clarify the current guidance in Approved Document B (ADB), which supports the requirements of the Building Regulations in respect of fire safety. The consultation was closed in October 2018. The outcome of this is still awaited, although this will not introduce any new recommendations, merely clarify the existing guidance.
- 2.4.2 On 18 December 2018, the government launched a call for evidence to review the technical content of ADB. This is a much larger piece of work and is long overdue, with the last major review published in 2006. The public consultation closes on 1 March 2019, and there is expected to be a number of respondents calling for mandatory installation of sprinklers in a wider range of premises, in line with requirements in Wales and Scotland.
- 2.4.3 Building Bulletin 100 (BB100) was published in 2007 and provides fire safety design guidance for schools. Schools are no longer covered by ADB. The forward by Jim Knight MP states a clear expectation that all new schools will have sprinklers fitted. In reality, this is often ignored as it is not a requirement to meet life safety requirements. Following the call for evidence for a review of ADB, the Secretary of State for Education announced on 19 December that a review of BB100 will also be undertaken, to align with the ADB review. A call for evidence is expected in early 2019. The National Fire Chiefs’ Council (supported by FRSs) will provide evidence where sprinklers have failed to be fitted and renew the call for tougher requirements for the installation in sprinklers in schools.

2.5 National Fire Chiefs Council (NFCC)

- 2.5.1 The National Fire Chiefs Council (NFCC) wants to see a greater inclusion of Automatic Water Suppression Systems (AWSS) in the built environment in the UK². NFCC recognise that sprinklers are an effective part of an overall fire safety solution and can be used efficiently to improve fire safety in a range of new and existing buildings. The NFCC and the National Fire Sprinkler Network (NFSN) have worked together to investigate the effectiveness and reliability of sprinkler systems. The evidence produced indicates that sprinkler systems operate on 94% of occasions demonstrating very high reliability. Furthermore, it is evident that when they do operate they extinguish or contain the fire on 99% of occasions and are thus very effective. The research, published in 2017³, also found that in both converted and purpose built flats that sprinklers are 100% effective in controlling fires.

3. ESFA JOINT FUNDED PROJECTS

There are five specific projects underway/completed which have been identified as delivering the key benefits of the original business case for sprinklers as follows.

3.1 508 Seaside, Eastbourne (completed)

- 3.1.1 ESCC approached us at the start of the scheme in respect of this new build premises. This scheme provides 18 one bedroom self-contained flats where all tenants live independently and alone. On-site care and support staff are available 24/7. All residents accommodated in the scheme have been assessed as having 'critical and substantial' care and support needs.
- 3.1.2 A sprinkler system was been installed in 5 ground floor flats that are designated as being for use by tenants with physical disabilities, sensory impairment and other long-term conditions. These tenants are all full time wheelchair users and are all therefore particularly vulnerable.
- 3.1.3 The partners on this scheme are ESCC, Eastbourne Borough Council (EBC), Saxon Weald (a private housing association operating in Sussex and Hampshire) and Sanctuary Supported Living (care and on-site support provider).
- 3.1.4 ESFA provided £11k funding to meet the cost of 50% of the sprinkler installation work.

3.2 Somerset Point, Kemptown, Brighton (completed)

- 3.2.1 Somerset Point is a B&HCC owned high rise sheltered housing block in Kemptown, Brighton. The block comprises 72 flats on 13 floors and houses elderly residents who are all considered to be vulnerable to death or injury from fire.
- 3.2.2 ESFA provided £73,778 funding to meet the cost of 50% of the sprinkler installation work.

² [NFCC Automatic Water Suppression Systems Position Statement](#), NFCC, February 2018

³ [Efficiency and Effectiveness of Sprinklers in the United Kingdom](#), Optical Economics, May 2017

3.3 The Orangery Extra Care Scheme, Sidley, Bexhill (completed)

- 3.3.1 This new development is a purpose-built assisted living complex providing 58 self-contained flats and shared facilities. The residents all require different levels of care and staff will therefore be available on site during the daytime. Overnight, staff will be on-call from a remote location via a Lifeline call system.
- 3.3.2 Amicus Horizon are an established business partner of Hastings District Council and provide the majority of their housing under contract. The application for funding from AH makes it clear that the project will act as a benchmark for their future fire safety strategy on all similar developments, which should now automatically include fire sprinklers. Such a commitment has always been a key objective of our joint-funding project.
- 3.3.3 ESFA provided £27,000 funding to meet the cost of 1/6th of the sprinkler installation work.

3.4 St James House, Kemptown, Brighton (underway)

- 3.4.1 This premises is owned by B&HCC and comprises 120 flats on 16 floors. There are also various offices, a café, a laundry and store rooms on the lower floors of the block. St James House would be much more complex than Somerset Point due to the mixture of council and private tenants – approximately a 75/25 split respectively.
- 3.4.2 Various engagement meetings have been held with the residents and a fact sheet compiled to address the concerns raised. B&HCC then commenced a statutory consultation process with the leaseholders in the block, which proved a lengthy process. As a result of all this engagement, the design of the proposed system was amended.
- 3.4.3 Given the mixed Tenure of the building not all residents have immediately agreed to the full installation of the sprinklers. Therefore, a hybrid solution has been developed for these residents involving the installation of a single head within the flat in the vicinity of the flat entrance door. This will offer some additional protection from a flat fire affecting the common ways. It will also provide a connection for coverage to be extended to the whole flat on change of occupancy. This proposal was deemed to be the best option in the circumstances and was approved at B&HCC Housing Committee on 19 September 2018.
- 3.4.4 The accepted tender price for a full installation means a cost of £170k for ESFRS, being 50% of the total installation cost. However, this will reduce with a number of flats taking the alternative solution of single head protection.

3.5 Essex Place, Brighton (underway)

- 3.5.1 Essex Place is a B&HCC owned high rise housing block in Kemptown, Brighton. The block comprises 128 flats on 17 floors as well as various common rooms, offices and store rooms on the lower floors of the block.
- 3.5.2 In May 2015, there was a significant fire on the 12th floor in which 2 occupants were injured from a fire in their flat. In February 2016 another fire occurred, this time on

the 13th floor, which completely gutted the flat. In September 2016, a fire occurred on the 15th floor which sadly resulted in the death of the occupant. Because of these significant incidents both ESFRS and B&HCC were keen to progress an installation in Essex Place and this was pursued alongside preparations for St James House.

- 3.5.3 The tenure in Essex Place is similar to that of St James's House which has led to similar challenges in terms of installation but an agreed solution has also now been agreed achieving the best compromise possible in the circumstances.
- 3.5.4 The accepted tender price for full installation means a cost of £177k for ESFRS, being 50% of the total installation cost. However, this will reduce with a number of flats taking the alternative solution of single head protection.

4. FINANCE

- 4.1 The total funding currently assigned to joint funding projects is as follows:

508 Seaside, Eastbourne	£11k
Somerset Point	£74k
The Orangery, Sidley, Bexhill	£27k
St James House	£170k
Essex Place	£177k
Total proposed spend =	£459k

- 4.2 The total funding set aside to the joint funding projects is as follows:

2014/15	£200k
2016/17	£200k
2018/19	£200k
Total funding	£600k

- 4.3 Funding available for future projects is £141k unallocated from the existing funding.
- 4.4 When the budget and MTFP was approved in February 2018, The Authority proposed additional funding for sprinklers of £500,000 (£200,000 for 2018/19 and £300,000 for 19/20) following the progress and changes outlined elsewhere in this report and the view that the original objective of this project has been met SLT has taken the view that the full £300,000 allocated for 19/20 is no longer required and therefore this has been reduced to £150,000. This gives a total of £291,000 to complete the remainder of the sprinkler project.

5. NEXT STEPS

- 5.1 As a result of information gathered during home safety visits, ESFRS identified a number of vulnerable people/families living in mainstream housing who would particularly benefit from the protection afforded by a sprinkler system and as a result, ESFRS started installing sprinkler systems in the homes of vulnerable people in

2005. There were one or two situations where the mobility of the individual limited them to a single room, containing the risk to a single room and making the protection of the whole premises unnecessary. This included a simplified system designed for us and intended for temporary single room protection where the risk was limited to one room.

- 5.2 These systems, known as Personal Protection Systems (PPS), have developed considerably in recent years and an approval standard has now been published by the Loss Prevention Certification Board. They consist of a self-contained tank of water delivered through a single sprinkler head located near the area of risk. The delivery of the water is triggered by a heat alarm adjacent to the sprinkler head.
- 5.3 ESFRS are investigating investing in the purchase of a number of these systems to continue the support of vulnerable individuals living in mainstream housing where a full sprinkler system is not appropriate.
- 5.4 The allocation of additional funding for the project above the initial £200,000 identified has allowed the project to broaden its scope beyond high rise premises. The initial engagement with key partners identified other premises housing vulnerable people where the installation of sprinklers could reduce the impact of a fire significantly. Not only do these premises present additional challenges when planning for the evacuation of their residents, but the impact of losing of these premises for accommodation post-fire is significant.
- 5.5 The Safer Communities Strategy and associated Business Safety Thematic Plan is people centric, focusing on the most vulnerable in our communities. This ensures engagement with Business and our partners and promotion of sprinklers

6. SUMMARY

- 6.1 The original project was intended to focus on high risk, high rise housing and to seek partners to joint-fund fire sprinkler systems.
- 6.2 To achieve a sustainable outcome, it was considered a high priority to seek to educate our partners and change their perception of fire sprinklers. It was known that the initial allocated budget of £200,000 would be a one-off and would not directly cover many sprinkler systems. Working with the right partners and seeking to change their long-term policies was therefore seen as a key objective. In this respect, the project has already achieved significant success.
- 6.3 ESCC, B&HCC and AH have all stated that their fire safety strategies have been amended for future projects to include sprinklers. Indeed, B&HCC have already completed their first new build project including sprinklers at Brooke Mead, an extra care facility in Brighton. In addition, B&HCC have committed to retrofitting sprinklers in all their high rise properties. This was originally planned to be completed over the next 5 years but the current pilot projects in St James House and Essex Place have identified that this is likely to take longer. The purpose of a pilot project is to identify problems, issues and solutions for future schemes, which this project has done.

- 6.4 Given the broadening of scope for the project, further partners are being sought in care homes, specialised housing and sheltered housing to continue the project. The use of Personal Protection Systems is also being progressed.
- 6.5 The commitment from ESCC, BHCC and social housing landlords and taking into account likely implications of the Hackitt Review and the NFCC position, Officers are confident that the wider business case for sprinklers in buildings where there are vulnerable people has been made – reference sprinkler the saves.
- 6.6 The Service will use the experience gained through the sprinkler project to produce guidance and publicity materials, including further engagement with Social and Private Landlords, to demonstrate the cost benefits of the retro installation of sprinkler systems in existing premises.

Appendix A

LOCAL SPRINKLER SAVES 2018

1. Birch Grove Nursing Home

At approximately 5:00pm on 14 May 2018, ESFRS were called to a persons reported fire at Birch Grove Nursing Home, Stanford Avenue, Brighton. Staff had responded to a fire alarm in one of the resident's rooms on the top floor of the 5 storey premises (basement, ground +3) and discovered a small electrical fire. On arrival, the crews discovered that the fire had been extinguished by a sprinkler system.

The home cares for 48 vulnerable residents. In 2013 the premises was audited by ESFRS and the inspector raised concerns about the lack of suitable escape routes and procedures. After continued perseverance by the inspector, a sprinkler system was installed in 2015.

All the residents reoccupied their rooms before the fire service left with the exception of the room of the origin and the room below. The room below was re-occupied the following day and the room of origin a week later. Given the age of the building, the location of the fire near to the roof space and the vulnerability of the occupants, this incident had the potential to have a much more serious outcome. The owner is now considering the installation of a sprinkler system in his other care home out of the county.

2. Lanes Car Park

On 22 July 2018, ESFRS were called to a car fire in the Lanes Car Park, Black Lion Street, Brighton. The car was located on level -3 of the underground car park. A sprinkler system in the car park had activated and controlled the fire until the fire service could arrive, set up and tackle the fire.

This is the second fire in the premises in recent years. On 27 August 2013, a similar fire occurred, also controlled and prevented from spreading by the sprinkler system. The nature of the building means that any fires in the car park generate significant amounts of smoke that is hard to manage, making it time consuming to commence firefighting activities safely.

The car park comprises 4 parking levels located at ground and basement levels underneath the Jury's Inn Waterfront Hotel on Brighton seafront. In 2009 the owners, Brighton & Hove County Council (B&HCC), planned to decommission and remove the sprinkler system as part of a major refurbishment of the car park. Following strong representation by ESFRS and a 3 year research project looking at the problems associated with car park fires commissioned by the government and in progress at the time, B&HCC decided to retain the sprinkler system.

3. 44 Wellington Square

On 23 November 2018, ESFRS were called to a fire in the basement area of 44 Wellington Square, Hastings. On entering the basement area, discovered a small fire

in the vicinity of a sauna which was being controlled by a sprinkler system. The crews extinguished the fire and isolated the sprinkler system.

The premises housed Wellington Health and Wellbeing Centre, with the basement area occupied by Relax in Harmony, which included a softwood sauna housed in a temporary construction. The occupant had lit a few candles in preparation for her next client and returned to discover a fire in the sauna. Once the fire had been extinguished, it became clear that the fire had started inside the sauna and had triggered the sprinkler head located outside the sauna once it had broken through the pine cladding. The current occupiers were unaware of why the sprinkler system was installed or when.

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	31 January 2019
Title of Report	The Chartered Institute of Public Finance and Accountancy (CIPFA) Audit Committee Guidance.
By	Assistant Director Resources / Treasurer and Assistant Director Planning & Improvement
Lead Officer	Abi Blanshard, Senior Democratic Services Officer

Background Papers	Scrutiny & Audit Panel 13 November 2014 – Item 945 – CIPFA Audit Committee Guidance Audit Committees: Practical Guidance for Local Authorities and Police (2018 Edition) - CIPFA
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Appendices	None
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Implications

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

PURPOSE OF REPORT	To propose that the Panel conduct a self-assessment of its effectiveness against the best practice for audit committees in local government produced by CIPFA
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EXECUTIVE SUMMARY	The Chartered Institute of Public Finance and Accountancy (CIPFA) has published best practice guidance on audit committees in local government.
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This guidance was revised and updated in 2018 to take into account the legislative changes and professional developments that have affected the sector. It includes

additional guidance and resources to support audit committee members, and those working with and supporting the committee's development.

An assessment against the previous edition of the guidance was reported to this Panel in November 2014. It identified a number of areas for discussion and review and resulted in new terms of reference for the Panel being agreed.

Following discussion between the Chairman of the Panel and the Assistant Directors Resources / Treasurer and Planning & Improvement, it is felt that a review of the Panel's effectiveness against the new guidance would be opportune, and would align with the findings of the recent review of the Authority's Governance Arrangements by the Good Governance Institute.

It is proposed that the self-assessment is conducted by officers in liaison with the Chairman of the Panel and will be informed by a survey of current Panel members with a particular emphasis on skills and training and development.

A further report on the outcomes of the self-assessment will be brought to the Panel in May 2019.

RECOMMENDATION

The Panel is recommended to approve a self-assessment of its effectiveness against the best practice for audit committees in local government produced by CIPFA.

EAST SUSSEX FIRE AUTHORITY

Meeting	Scrutiny & Audit Panel
Date	31 January 2019
Title of Report	Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) – Progress towards inspection update briefing.
By	Liz Ridley, Assistant Director Planning and Improvement
Lead Officers	Sharon Milner, Planning and Intelligence Manager Simon Neill, HMICFRS Inspection Manager

Background Papers	Fire and Rescue Service inspections 2018/19 Summary of findings from Tranche 1 https://www.justiceinspectors.gov.uk/hmicfrs/publications/fire-and-rescue-service-inspections-2018-19/
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Appendices	Appendix A high level project plan
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Implications

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

PURPOSE OF REPORT	To provide the Panel with an update on the forthcoming inspection regime.
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EXECUTIVE SUMMARY	<p>The purpose of this paper is to update the Panel on progress with the Service's preparations for, and engagement with, the inspection process.</p> <p>Tranche One inspections, comprising 14 FRS, are now complete with reports of their findings published by HMICFRS in December 2018.</p> <p>The Tranche Two inspection process, comprising 16 FRS, including West Sussex FRS, is now well underway.</p>
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East Sussex FRS is to be inspected in Tranche Three. This was originally planned to commence in the Spring of 2019 though the precise timings of the individual FRS inspections are yet to be confirmed and have been pushed back between May and July.

ESFRS has already engaged with the process via response to a number of performance information requests. To date these have been fulfilled on time and to the required specifications.

Currently the Service's preparations are proceeding to plan. Appendix A contains the High level project plan.

RECOMMENDATION	It is recommended that the content of the progress report be noted.
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1. INTRODUCTION

- 1.1 This is the first time that HMICFRS has inspected fire and rescue services across England. The focus is on the service they provide to the public, and the way they use the resources available to them. The inspection assesses how effectively and efficiently Fire and Rescue Services (FRSs) prevent and protect the public and how they respond to fires and other emergencies. The HMICFRS also assesses how well the FRS looks after the people who work for the service.
- 1.2 Objectives for the inspection of FRSs will be to:
- Improve the services they provide and to ensure they reduce the risks identified by local communities;
 - Identify good practice, transformation and areas for improvement; and
 - Improve transparency and accountability to the communities they serve.

2. MAIN ISSUES

- 2.1 Inspections will focus on the effectiveness and efficiency of fire and rescue services and each Service will be given a graded judgement (outstanding, good, requires improvement or inadequate).
- 2.2 In carrying out the inspections of all 45 fire and rescue services in England, the HMICFRS intend to answer three main questions:
1. How effective is the fire and rescue service at keeping people safe and secure from fire and other risks?
 2. How efficient is the fire and rescue service at keeping people safe and secure from fire and other risks?
 3. How well does the fire and rescue service look after its people?

2.3 The main questions are underpinned by 11 diagnostics each with their own sub sets of questions totalling 63. This self-assessment will form the basis of the inspection and the documents and evidence we provide will support it. Table 1 contains the principal questions and the inspection areas of focus.

2.4 Table 1. Questions and areas of focus

Principal question	Inspection focus
How effective is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service understands its current and future risks, works to prevent fires and other risks, protects the public through the regulation of fire safety, responds to fires and other emergencies, and responds to national risks.
How efficient is the fire and rescue service at keeping people safe and secure from fire and other risks?	How well the fire and rescue service uses its resources to manage risk, and secures an affordable way of providing its service, now and in the future.
How well does the fire and rescue service look after its people?	How well the fire and rescue service promotes its values and culture, trains its staff and ensures that they have the necessary skills, ensures fairness and diversity for its workforce, and develops leaders.

2.5 The position statement and self-assessment will be requested eight weeks prior to fieldwork, and the information contained in it will underpin the strategic briefing. The position statement is restricted to no more than 1000 words, with a maximum of 300 words allocated per diagnostic.

2.6 A HMICFRS planning group has been established, chaired by the Deputy Chief Fire Officer, consisting of the Assistant Directors and supported by the Planning & Intelligence Manager and a Station Manager seconded into the team. The position statement had been written in draft form and is set to be agreed at SLT.

2.7 The position statement and the self assessment will be required to be submitted to HMICFRS as part of our document request in April 2019 for ESFRS inspection scheduled for later in the year (May to July, date TBC). Table 2 contains the stages of the inspection process and the high level timeline.

2.8 Table 2 - timetable of inspection process

Requirement	When	Who
Data request	Fire request was May 2018 and quarterly thereafter.	ESFRS

	<i>(next set is due January 2019)</i>	
Document request	12 weeks prior to fieldwork <i>(being compiled now Estimated January 2019)</i>	ESFRS
Position Statement and Self-assessment	12 weeks prior to fieldwork <i>(Draft ready final draft will be ready by April 2019)</i>	ESFRS
Document review	8 weeks prior to fieldwork	HMICFRS
Staff survey	8 weeks prior to fieldwork	HMICFRS/Staff
Public perception survey	Complete	HMICFRS
Data pack received	5 weeks prior to fieldwork <i>(estimated May – July 2019)</i>	HMICFRS
Discovery week	4 weeks prior to fieldwork <i>(estimated April June 2019)</i>	HMICFRS/ESFRS
KLOE meeting	3 weeks prior to fieldwork	HMICFRS
HMI briefing note	3 weeks prior to fieldwork	HMICFRS
Strategic briefing	3 weeks prior to fieldwork	CFO/SLT
Inspection week <i>(estimated May – July 2019)</i>		
Hot debrief	1 week after fieldwork week	HMICFRS
Final report	November/ December 2019	HMICFRS

2.9 Strategic briefing

- 2.9.1 The strategic briefing will be underpinned by the position statement and self-assessment. It is expected that the Chief Fire Officer (CFO) and Principal Officers will give a presentation with the strategic briefing lasting around 3 hours in total. Approximately two weeks prior to the strategic briefing, the service will receive four or five questions that it will need to answer as part of the briefing. These questions will be informed by the gap analysis work undertaken by the inspection team. Inspectors will ask questions throughout the session.

2.10 Discovery week

- 2.10.1 Discovery week will take place 4 weeks prior to fieldwork. Dates of the week are usually planned, but inspectors may choose to arrive unannounced. There will be 4-6 inspectors on site to gather specific evidence, usually relating to systems and additional documents as part of a gap analysis.

2.11 Fieldwork week

- 2.11.1 Approximately 10-11 inspectors will be onsite during fieldwork week and will have considered evidence prior to their arrival. Inspectors will undertake a series of interviews, focus groups and reality testing. Fieldwork week is intense with approximately 25% of the workforce being spoken too. A summary of inspection progress will be provided at the end of each day, but this will not provide an indication on potential judgements.

2.12 Hot debrief

- 2.12.1 A verbal debrief is provided at the end of the fieldwork week, but the inspection team will not provide an indication of graded judgements. The debrief will deliver key messages concerning the findings during the week.

2.13 Judgement Criteria

- 2.13.1 HMICFRS will assess each English fire and rescue service, giving graded judgments for the three principal areas (or pillars) in the inspection methodology of efficiency, effectiveness and people. The categories of graded judgment are: outstanding; good; requires improvement; and inadequate. The judgement criteria provide an indication of the expected levels of performance consistent with each grading. The criteria will also allow the public to see what performance they can expect from FRSs. An overall judgement will not be provided for each fire and rescue service in the first full round of inspections. The three pillar level judgements will provide the public (and services) with a clear and succinct summary of findings and will help services to promote improvements where necessary.

- Good is based on policy, practice or performance that meets pre-defined grading criteria that are informed by any relevant national operational guidance or standards. If the policy, practice or performance exceeds what is expected for good, then consideration will be given to a graded judgment of outstanding.
- If there are shortcomings in the policy, practice or performance of the fire and rescue service, then consideration will be given to a graded judgment of requires improvement.
- If there are serious critical failings of policy, practice or performance of the fire and rescue service, then consideration will be given to a graded judgment of inadequate.

- 2.13.2 The final report may contain an Area for Improvement (AFI) or a Cause for Concern (CFC). If HMICFRS' inspection identifies an aspect of a fire and rescue service's practice, policy or performance that falls short of the expected standard, it will be reported as one or more area(s) for improvement. Area(s) for improvement will not be accompanied by a recommendation.

- 2.13.3 If HMICFRS' inspection identifies a serious or critical shortcoming in a fire and rescue service's practice, policy or performance, it will be reported as a cause for concern. A cause for concern will always be accompanied by one or more recommendations. HMICFRS will recommend that the fire and rescue service(s) (and sometimes other bodies) make changes to alleviate or eradicate it. Due to the serious nature of these shortcomings, HMICFRS will regularly review fire and rescue services' progress (and the progress of other bodies, where appropriate) in alleviating or eradicating a cause for concern. The method and timing of this review will be determined by the precise nature of the cause for concern.
- 2.13.4 This will be the first full assessment of all 45 fire and rescue services for some years. At the end of each set of inspections, HMICFRS will publish a report of its assessment of every fire and rescue service inspected in each tranche, as well as a summary of themes emerging from the inspections. The resulting assessments will include graded judgements of each fire and rescue service. HMICFRS' assessments are designed to enable the public to see how each fire and rescue service's performance changes over time and in relation to the performance of other services.
- 2.13.5 The second year of inspections is currently being discussed, but those receiving 'requires improvement' or 'inadequate' are likely to be inspected annually. Additional themed inspections are also being considered, in line with police service inspection programmes. In some circumstances, HMICFRS may carry out a separate corporate governance inspection. This would be undertaken if an inspection indicates that the efficiency and effectiveness of the Chief Fire Officer is inhibited by the decisions and activities of those within the fire and rescue authority, the police, fire and crime commissioner, locally elected mayors and, in London, the Mayor's Office. The methodology for a corporate governance inspection is currently being developed, and will be consulted on before implementation.

3. Findings from tranche 1

- 3.1 Fourteen FRSs were inspected in tranche 1. A summary report has been published detailing the judgements for those services. The main findings are as follows:
- Most fire and rescue services are good at responding to emergencies and the summary report stated that the ability of fire and rescue services to respond to emergencies is the thing the public care about most and that the sector deserves great credit for doing this well.
 - Protection, efficiency and diversity are areas of concern and the report summarised that protection was often under-resourced and not always as effective as it could be. In many of the fire and rescue services inspected, budget reductions have disproportionately fallen in protection teams.
 - The report continued that efficiency remains an issue with half of the services inspected, having outdated technology, under-investment and lack of proper resourcing to risk.
 - Finally, the first tranche findings stated that there was a striking lack of diversity in fire and rescue services with nine services graded as requiring improvement in this area and one service as inadequate. Four services were graded as good at promoting fairness and diversity in the workplace.

The full report can be accessed here.
<https://www.justiceinspectorates.gov.uk/hmicfrs/publications/fire-and-rescue-service-inspections-2018-19/>

- 3.2 The HMICFRS planning group will be considering the outcomes of the tranche 1 inspections to feed into the preparations.

4. **Implications**

4.1 Corporate risk

- 4.1.1 Members need to be aware of the judgement score that can be given and how this could impact on ESFRS's reputation. As highlighted above we are preparing for the inspection, we have liaised with other services throughout the process and attended all the national conferences where this has been discussed.

4.2 Equality and Diversity Implications

- 4.2.1 There are no Equality and Diversity implications expected as part of the preparation process. However, assessment of performance in this area is subject to inspectorate scrutiny.

4.3. Legal implications

- 4.3.1 Since April 2018, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) has been awarded responsibility for inspecting fire and rescue Services (FRSs) in England, as detailed in the Fire and Rescue National Framework for England 2018. The chief fire and rescue inspector and inspectors of fire and rescue Authorities in England have powers of inspection given to them by the Fire and Rescue Services Act 2004, as amended by the Policing and Crime Act 2017. The inspection of FRSs will allow the public to see how well their local fire and rescue service is performing and improving.

APPENDIX A

This timeline is based on ESFRS having an HMICFRS inspection fieldwork week in March 2019 (updated to May 2019 as per HMICFRS update letter)															
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Timeline for HMICFRS Fieldwork week Spring 2018															
Gap analysis	01/03/2018		30/05/2018												
Identify documents / evidence					01/07/2018	30/08/2018									
Quarterly data collection (4 weeks to complete) for additional data					4 weeks			4 weeks			4 weeks			4 weeks	
Self Assessment issued to owners 1,000 words and 300 for each question area						01/08/2018	30/09/2018								
Self assessment from owners returned to P&I								05/10/2018							
Self assessment -report to SLT									15/11/2018						
Strategic Briefing Prep															
Self Assessment -report to FA Members Seminar										06/12/2018	24/01/2019				
Data request (12 weeks prior to fieldwork week)										4 weeks	4 weeks				
Document request (8 weeks prior to fieldwork week)											3 weeks				
Self Assessment submission (8 weeks prior to fieldwork week)											3 weeks			3 weeks	
Staff Survey (8 weeks prior to fieldwork week)											To run to end of fieldwork week				
Timetable agreed for field week (4 weeks prior to fieldwork week)															
Public Survey - timeline unknown															
Discovery visits (8 weeks prior to fieldwork week)											Anytime	Anytime			
Strategic Briefing Presentation (2 weeks prior to fieldwork week)															
Inspection Field week															

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	31 January 2019
Title of Report	Human Resources Absence Management Report – Q1 & 2, 2018-19
By	ACFO Mark Andrews
Lead Officer	Hannah Scott-Youlton, Assistant Director – Organisational Development, Human Resources, Training & Assurance
Background Papers	People And Organisational Development Strategy Health, Safety & Wellbeing Strategy (2017-2020)

Implications

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

PURPOSE OF REPORT	To appraise the Scrutiny & Audit of the absence management statistics recorded for Q1 & 2 (April - September) 2018/19 compared to the previous year.
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EXECUTIVE SUMMARY	This Scrutiny & Audit report summarises absence management statistics for Q1 and Q2 2018/19 and overall shows a decrease against the previous year following the interventions deployed by both local line managers and the Human Resources (HR) team.
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RECOMMENDATION	<p>The Scrutiny and Audit panel is asked to:</p> <ol style="list-style-type: none"> Consider the Quarter 1 & 2 absence management stats for 2018/19 as set out in the report. Continue to monitor and scrutinise performance over the forthcoming year. Identify any areas where Members require further assurance.
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1. **INTRODUCTION**

- 1.1 This report contains the combined quarter 1 & 2 statistics for 2018/19, compared with same time period in 2017/18 of ESFRS performance against the Occupational Health Indicators as provided for the national Cleveland Report.

2. **MAIN ISSUES**

- 2.1 An overview of the statistics are below. However, this report provides a narrative around the statistical data for the 2018/19 quarter 1 & 2 statistics. It should be noted that long-term absence is deemed as 28 days and above for the purposes of the Cleveland Report.

	Quarter 1 & 2 – 2017/18			Quarter 1 & 2 – 2018/19		
	Short-term absence (days / shifts lost)	Long-term absence (days / shifts lost)	Total (days / shifts lost)	Short-term absence (days / shifts lost)	Long-term absence (days / shifts lost)	Total (days / shifts lost)
Wholetime operational staff	585	1046	1631	466	1155	1621
On-Call	-	-	-	-	-	-
Control staff	131.5	154	285.5	50.5	80.5	131
Support Staff	195.5	793	988.5	246.5	103	349.5
Total	912	1993	2905	763	1338.5	2101.5

- 2.2 The statistics above show a decrease in absence from the workplace against the previous year in both quarter 1 and quarter 2 (27.7% decrease).
- 2.3 The biggest drop was with Support staff and the overall total reduction was over 60%, however, Control Staff sickness has also significantly decreased compared to the same quarter in the previous year by over 50%.
- 2.4 It should be noted that there was an organisational change in April 2017 with a move of HQ from Eastbourne to Lewes. Scrutinising the data and the detail behind the statistics suggest that this change is likely to have triggered some workplace stress and anxiety which is likely to have caused a spike in absence in Q1 & Q2 2017/18..
- 2.5 The Occupational Health Provider also changed in July 2018 and the new framework is still being fully implemented. So, whilst an improvement has occurred, there is an expectation that performance will continue to improve before a stabilisation is achieved.
- 2.6 Long-term absence for whole-time operational staff has increased by 10% compared to the previous year and each long-term case is now being carefully case

managed between the Line Manager and the HR Business Partner and, where necessary, being progressed through the ill-health retirement route. The use of rehabilitation plans and work with the physical training officer is assisting with this process.

- 2.7 Musculoskeletal injuries and mental health absence equate to 42% of the total number of days/shifts lost and remain the most significant causes of absences from work. The Service is committed to providing, a safe and healthy environment for the Fire Authority's workforce and seek to exceed a standard higher than the minimum legal requirements. Health and Safety staff give advice to all employees on matters of health and safety, as well as advising managers on legal compliance, policy formulation, training and safety performance monitoring activities. Staff are given information, instruction and training as is necessary to enable the safe performance of their work activities. HR Business Partners work with local Line Managers to identify, and minimise risk of injury to staff by ensuring trauma management is implemented where appropriate, and referrals to appropriate services such as counselling or OHU is carried out in an efficient and timely manner.
- 2.8 Workforce Planning is used to identify strategic resourcing requirements which in turn will minimise risks to resilience and crewing that may have further impact on mental health and musculo-skeletal issues. There are a number of individual cases currently going through the Ill Health Retirement process. Once these processes are completed there should be a reduction in the cumulative long term absence figures.
- 2.9 Whilst we have seen an overall decrease in the days/shifts lost due to mental health absences since last year (57% decrease), shifts/days lost to musculo-skeletal injuries have increased by 12%. This is particularly prevalent in both our operational workforce and our support staff. Musculo-skeletal injuries are caused by both physical injury, and mental-health injury. For example, stress can inhibit the way an individual carries themselves and lead to back and shoulder injuries. As detailed above there is a programme of work in place to reduce, support and prevent injury of this nature and the service is committed to reviewing and reducing the level of injury.
- 2.10 Following the increased intervention by the Health, Safety & Wellbeing team in partnership with the management team at the Sussex Control Centre we have seen a substantial decrease in musculo-skeletal injuries resulting in days/shifts lost within this work group. The improvement in this area is down to a number of factors including increased DSE assessments, installation of height adjustable desks, access to sports physiotherapists, gym balls and stretch bands to utilise when at work stations and temperature monitoring to identify atmospheric differences with the control room.
- 2.11 HR, Occupational Health and the Health, Safety and Wellbeing Team will continue to focus on both mental wellbeing and musculo-skeletal injuries and provide proactive advice and support to the workforce in order to continue this trend.

3 Conclusion

- 3.1 The statistics on absence management are encouraging and show a reduction in days / shifts lost compared to that of the same period last year, demonstrating that the strategy and interventions that have been put in place are having an impact.
- 3.2 It is too early to say whether the interventions in place will have a long-term impact on days / shifts lost and therefore, careful monitoring and scrutiny needs to continue to take place, however, with the change of operating model for Occupational Health, the reintroduction of the Business Partner Model in HR and closer working relationships and synergies with the Health, Safety & Wellbeing team the Service is confident that absence management will continue to have a positive impact on the sickness and absence figures and overall well-being of the Service.