

Scrutiny & Audit Panel

5 June 2019



Membership:

Councillors: Galley (Chairman), Boorman, Lambert, Osborne, Taylor and Peltzer Dunn

You are requested to attend this meeting to be held in the Birch Suite, Muriel Matters House, Hastings Borough Council, Breeds Place, Hastings, East Sussex, TN34 3UY at 10.00 am

Members are asked to note the alternative venue for this meeting.

Quorum: 3

Contact:	Zoe Downton, Democratic Services Officer 01323 462086, democraticservices@esfrs.org
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Agenda

213. Declarations of Interest

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

214. Apologies for Absence

215. 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

216. Non-Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 31 January 2019 5 - 10

217. Callover

The Chairman will call the item numbers of the remaining items on the open agenda. Each item which is called by any Member shall be

reserved for debate. The Chairman will then ask the Panel to adopt without debate the recommendations and resolutions contained in the relevant reports for those items which have not been called

218.	2018/19 Fourth Quarter Corporate Risk Register Review	11 - 20
	Report of the Assistant Director Resources/Treasurer	
219.	Performance Report for Quarter 4 2018/19	21 - 38
	Report of the Assistant Director Planning & Improvement	
220.	Safety Events Statistics Report - Quarter 4, 2018-19	39 - 56
	Report of the Deputy Chief Fire Officer	
221.	Human Resources Absence Management Report - Quarters 1, 2, 3 & 4 2018-19	57 - 60
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223.	External Audit Update and Fee Letter 2019/20	103 - 122
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224.	Internal Audit Report - Delivery of Business Safety	123 - 150
	Report of the Assistant Director Safer Communities	
225.	Internal Audit Report - Supply Chain Management (SCM)	151 - 170
	Report of the Assistant Director Resources/Treasurer	
226.	On Call Pay Review - Internal Audit Report	171 - 186
	Report of the Assistant Director People Services	
227.	Internal Audit Annual Report and Opinion for the period 1 April 2018 to 31 March 2019	187 - 200
	Report of the Assistant Director Resources/Treasurer	
228.	Internal Audit Strategy and Plan	201 - 214
	Report of the Assistant Director Resources/Treasurer	
229.	Assessment of the Corporate Framework & Annual Governance Statement for 2018/19	215 - 240

Report of the Assistant Director Resources/Treasurer *(to follow)*

230. 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 the category under which the information disclosed in the report is confidential and therefore not available to the public.

231. Confidential Minutes of the last Scrutiny & Audit Panel meeting held on 31 January 2019 **241 - 242**

Exempt category under paragraph 1 of the Local Government Act 1972

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

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Information for the public

East Sussex Fire and Rescue Service actively welcomes members of the public and the press to attend public sessions of its Fire Authority and Panel meetings.

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Agendas and minutes of meetings are available on the East Sussex Fire & Service website: www.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, 31 January 2019.

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

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), L Woodley (Deputy Monitoring Officer), W Tricker (Finance Manager), L Stevenson (Risk and Insurance Officer), H Thompson (Ernst & Young LLP) and Z Downton (Democratic Services Officer).

197 DECLARATION OF INTERESTS

197.1 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.

198 APOLOGIES FOR ABSENCE

198.1 An apology for absence had been received from Councillor J Sheppard.

199 URGENT ITEMS AND CHAIRMAN'S BUSINESS

199.1 There were none.

200 NON-CONFIDENTIAL MINUTES OF THE SCRUTINY & AUDIT PANEL MEETING HELD ON 1 NOVEMBER 2018

200.1 **RESOLVED** – That the non-confidential minutes of the meeting of the Scrutiny & Audit Panel held on 1 November 2018 be approved as a correct record and signed by the Chairman. (*Copy in Minute Book*)

201 CALLOVER

201.1 Members reserved the following items for debate:

202 2018/19 Third Quarter Corporate Risk Register Review

203 Performance Report for Quarter 3 2018/19

204 Safety Events Statistics Report – Quarter 3, 2018-19

205 External Audit Plan 2018/19

206 2017/18 Statement of Operational Assurance

207 Joint Funded Sprinkler Projects Progress Report

- 208 The Chartered Institute of Public Finance and Accountancy (CIPFA) Audit Committee Guidance
- 209 Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) – Progress towards inspection update briefing
- 210 Human Resources Absence Management Report – Quarters 1 & 2, 2018-19

202 2018/19 THIRD QUARTER RISK REGISTER REVIEW

- 202.1 The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which provided Members with the latest quarterly review (Quarter 3, 2018/19) of Corporate Risk. (*Copy in Minute Book*)
- 202.2 The Panel queried what measures were being taken to address the recruitment issues (under risk 11 on page 15 of the agenda) and training up of current staff in project management skills in the longer term. The Deputy Chief Fire Officer (DCFO) explained that progress had been made and in the long term the Programme Officer Manager was looking at the overall approach, such as apprenticeships, consideration of market supplements and improving training and understanding within the current workforce. The Assistant Director Training & Assurance advised she would take forward and develop a plan in terms of building internal talent as part of the talent management succession process. Members suggested that 'talent management' be included as a topic of discussion at a future Members' Seminar.
- 202.3 Under the new risk of '*Uncertainty about the UK's exit from the EU and its short term impacts*', the Panel queried whether the threat and risk assessment could be shared with Members in confidence. The Assistant Chief Fire Officer (ACFO) would arrange for the information to be circulated to Members on a confidential basis when available.
- 202.4 The Panel also welcomed the inclusion a risk in respect of Collaboration, as had been previously requested by Members.
- 202.5 **RESOLVED** – That the Panel considered and approved the latest Corporate Risk Register.

203 PERFORMANCE REPORT FOR QUARTER 3, 2018/19

- 203.1 The Panel considered the report of the Assistant Director Planning & Improvement (ADP&I) which provided Members with a summary of service performance information for the third quarter of 2018/19. (*Copy in Minute Book*)
- 203.2 The report contained information against 21 of the 22 indicator set. Additional information on sickness and road traffic collision data was also included, as requested by Members at previous meetings. The ADP&I highlighted that attendance reporting was included for the first time and was above target.
- 203.3 The Panel commented that it was disappointing that the number of Home Safety Visits (HSVs) would not meet the target and hoped that it would not prevent a stretched target for the next year. The Deputy Chief Fire Officer gave assurance that HSVs were a key prevention activity for reducing fire risk and the target for

next year would remain at 12,000, with a long term strategy to increase that number. The Assistant Chief Fire Officer confirmed to Members that HSV data was being collated and recorded by officers.

203.4 The Panel questioned whether the Service anticipated an increase in sickness absences due to stress and doubt over future arrangements at the Sussex Control Centre (SCC). The Assistant Director Training & Assurance confirmed that there had been increases in sickness absences when fundamental decisions about SCC had been made. She explained that the Quarter 3 2018/19 sickness figures were more reassuring, in part as a result of the strong leadership and clear communications at SCC.

203.5 Members requested that the presentation of diagrams and charts be clearer in future reporting; in particular the use of more distinct colours and larger font size.

203.6 **RESOLVED** – That the Panel:

1. Considered the performance results and progress towards achieving the Service's purpose and commitments as contained in Appendix A of the report; and
2. Considered the performance results and remedial actions that had been taken to address areas of underperformance in the Fire Authority's priority areas.

204 SAFETY EVENTS STATISTICS REPORT – QUARTER 3, 2018-19

204.1 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 the third quarter of 2018/19, and which also included the Quarter 3 report for the shared 3F Key Performance Indicators (KPIs). (*Copy in Minute Book*)

204.2 **RESOLVED** – That the Panel:

- i) Considered the Quarter 3 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.

205 EXTERNAL AUDIT PLAN 2018/19

205.1 The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which informed Members of the content of the External Audit Plan for 2018/19.

205.2 Helen Thompson (Ernst & Young LLP) introduced herself to those present at this, her first meeting of the Scrutiny & Audit Panel. She took Members through the salient points of the External Audit Plan 2018/19 and highlighted the key risks identified (as set out on pages 51 & 52 of the agenda).

205.3 In relation to the risk of fraud, the Panel queried the progress of the Procurement Card Project re-launch and the timescales for rolling out more widely Procurement Cards. The ADT/R reassured Members that the roll out was imminent. He explained that work had been carried out to resolve software integration issues, internal guidance matters had been clarified and an Internal Audit review of the use of Procurement Cards was planned for 2019/2020. A briefing note on Procurement Cards would be circulated to Members and a report to update Members on counter fraud would be brought to a future meeting of the Panel.

205.4 **RESOLVED** – That the Panel approved the External Audit Plan 2018/19, as set out in the appendix to the report.

206 2017/18 STATEMENT OF OPERATIONAL ASSURANCE

206.1 The Panel considered the report of the Assistant Chief Fire Officer (ACFO) which presented to Members East Sussex Fire & Rescue Service's sixth annual Statement of Operational Assurance for 2017/18. The requirement to publish an annual Statement of Operational Assurance was contained within Section 4 of the Fire & Rescue National Framework for England.

206.2 Members welcomed the development of Safer Living and Safer Care initiatives, the inclusion of a Health Safety section, and noted the progress of the Community Volunteer Scheme and the Service's continued interaction with all ages of the community.

206.3 The ACFO thanked Members for their positive comments and support of the Statement.

206.4 **RESOLVED** – That the Panel:

- i. Approved the East Sussex Fire & Rescue Service's Statement of Operational Assurance to be formally signed-off by the Chair of the Scrutiny & Audit Panel and the Deputy Chief Fire Officer (on behalf of the Chief Fire Officer & Chief Executive); and
- ii. Noted that future year's Statement of Operational Assurance would be published in the format, and contain the detail, as required by the Home Office once the relevant guidance had been published.

207 JOINT FUNDED SPRINKLER PROJECTS PROGRESS REPORT

207.1 The Panel considered the report of the Assistant Chief Fire Officer (ACFO) which provided Members with an update on the delivery of the Joint Funded Sprinkler Project.

207.2 Following a number of serious and high profile fires in high rise residential tower blocks, East Sussex Fire & Rescue Service had been engaged in a project with key partners to joint fund the retro-fitting of sprinkler systems into those types of buildings where there was a business case to do so.

207.3 The ACFO updated Members on the progress of the delivery of the project; including how the original project aims were being met and the decision 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, following discussions with key partners. Members were informed that some of the remaining project funding of £291,000 would be used to invest and improve current systems, such as Person Protective Sprinkler Systems.

207.4 **RESOLVED** – That the Panel:

- i. Noted the progress made in the delivery of the Joint Funded Sprinkler Project, specifically in achieving behavioural change from key housing providers;
- ii. Endorsed the decision by the Senior Leadership Team to reduce the additional funding proposed in the 2019/20 budget from £300,000 to £150,000; and
- iii. Approved the proposal to use some of the remaining project funding of £291,000 to purchase Personal Protective Sprinkler Systems.

208 THE CHARTERED INSTITUTE OF PUBLIC FINANCE AND ACCOUNTANCY (CIPFA) AUDIT COMMITTEE GUIDANCE

208.1 The Panel considered the report of the Assistant Director Resources/Treasurer (ADR/T) which proposed to Members that the Scrutiny & Audit Panel conduct a self-assessment of its effectiveness against the Chartered Institute of Public Finance and Accountancy's (CIPFA) best practice for audit committees in local government.

208.2 Following discussion between the Chairman of the Panel and the Assistant Directors Resources/Treasurer and Planning & Improvement, it was felt that a review of the Panel's effectiveness against the new CIPFA 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.

208.3 The ADR/T asked the Panel for its preferred mechanism for the self-assessment. Members responded that they would prefer to make comments in a workshop-style meeting rather than completing a survey. It was suggested that Helen Thompson (Ernst & Young) also be invited to attend the workshop.

208.4 **RESOLVED** – That the Panel approved a self-assessment of its effectiveness against the Chartered Institute of Public Finance and Accountancy's (CIPFA) best practice for audit committees in local government.

209 HER MAJESTY'S INSPECTORATE OF CONSTABULARY, FIRE AND RESCUE SERVICES (HMICFRS) – PROGRESS TOWARDS INSPECTION UPDATE BRIEFING

209.1 The Panel received the report of the Assistant Director Planning & Improvement (ADP&I) which updated Members on the progress with the Service's preparations for, and engagement with, the inspection process.

209.2 **RESOLVED** – That the Panel noted the contents of the progress report.

210 HUMAN RESOURCES ABSENCE MANAGEMENT REPORT – Q1 & 2, 2018-19

EAST SUSSEX FIRE AUTHORITY

Panel: Scrutiny and Audit

Date: 5 June 2019

Title of Report: 2018/19 Fourth Quarter Corporate Risk Register Review

By: Assistant Director Resources/Treasurer

Lead Officer: Warren Tricker, Finance Manager

Background Papers: Scrutiny and Audit Panel 31 January 2019, 2018/19 Third 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 fourth quarter position. It shows the Panel the business risks identified and how they have or are being mitigated.

This Report incorporates issues raised at the Quarter three Scrutiny and Audit Panel meeting on 31 January 2019.

RECOMMENDATION

The Panel is recommended to:

- a) Note the Q4 Corporate Risk Register including changes made since Q3
- b) Identify any issues where it requires further information or assurance

1. **INTRODUCTION**

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

2. **FOR DISCUSSION**

2.1 **Proposal to remove R1 GDPR non-compliance - Corporate Risk Owner The Deputy Chief Fire Officer (DCFO)**

- 2.1.1 Compliance Programmed for 2018/19 Q3 now in completed and added as a mitigation. The latest GDPR compliance audit took place in November 2018 and although the final report has not as yet been released, the organisation received a **Reasonable Assurance** rating.

- 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 has been reviewed and SLT agreed that it should be removed from the Corporate Risk Register.

2.2 **R8 Failure to effectively mobilise (Sussex Control Centre) - Corporate Risk Owner The Assistant Chief Fire Officer (ACFO)**

- 2.2.1 New mitigation, appointment of new Project Manager to facilitate and support the to manage both the Exit workstream and Project 21.

2.3 **New Risk - Health and Safety across the organisation**

- 2.3.1 This new risk reflects how recent incidents have highlighted the risk to security and safety of the Service's employees and property.

- 2.3.2 Normal operations at Maresfield Training Centre include breathing apparatus training involving the burning of wood. There has been dissatisfaction locally with the impact the smoke from this training is having which has escalated to the point where there has been damage to Authority premises and delegates' safety put at risk.

- 2.3.3 Officers have acted, working closely with the police and the Traveller Liaison Officer to establish a relationship to avoid further disruption to the site and day to day activities.

- 2.3.4 This risk has been added to the register to focus on the continued delivery of training to allow Firefighters to be able to respond with Breathing Apparatus capabilities. Alongside this maintain a high level of security of staff and all ESFRS sites.

3. **FOR INFORMATION**

3.1 **'Uncertainty about the UK's exit from the EU and its short term impacts - Corporate Risk Owner The Assistant Chief Fire Officer (ACFO)**

- 3.1.1 The Panel queried whether the threat and risk assessment could be shared with Members in confidence.

- 3.1.2 This Pink Paper Report has now been shared to provide the Authority with a briefing on preparedness in advance of the UK exiting from the EU without a negotiated deal.

3.2 **Collaboration - Corporate Risk Owner AD Training & Assurance.**

3.2.1 The Panel also welcomed the inclusion a risk in respect of Collaboration, as had been previously requested by Members.

3.2.2 This will continue to be regularly reviewed during SLT meetings

3.3 **R10 Inability to respond effectively to a cyber incident – Corporate Risk Owner The Deputy Chief Fire Officer (DCFO)**

3.3.1 Aristi have provided a findings report of gap analyse conducted against ISO27001:2013 Information security Management Systems requirements.

3.3.2 Work is now being undertaken with Aristi to convert into a risk treatment plan, as part of the ongoing Information Security Strategy.

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
2 Health & Safety non-compliance	<ul style="list-style-type: none"> Policy and practices not effective Policies not followed Inconsistent implementation H&S approach is not effectively targeting the highest risk areas Lack of proactive / preventative measures to reduce likelihood Face fit testing 	<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 Revised estates policy for management of contractors 	Impact = 4 Likelihood = 2 Score = 8 Moderate	<ul style="list-style-type: none"> Health and Safety policy frame work review Health and Safety peer review and implementations of findings Process of recruiting for Estates Project Manager 	September 2019	AD Health and Safety
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"> 2019/20 budget agreed MTFP updates and reporting Efficiency Strategy agreed 75% BRP Pilot bid successful 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 Initial discussions at SLT to identify potential savings options for 2020/21 Review of IRMP including operational response review to start 2019/20 Lobbying in advance of Comprehensive Spending Review via NFCC and local MPs 	May 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. 	April 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 	April 2019	AD HR&OD

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
8 Failure to mobilise effectively (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. <p>new project manager appointed</p>	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<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" 	<p>Impact = 3 Likelihood = 3</p> <p>Score = 9 Moderate</p>	<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. Engage with key staff to understand the landscape of staff availability during these events Deliver an EMT exercise to test the plans and response by the key staff within the continuity plans. 	April 2019	ACFO
10 Inability to respond effectively 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 Integrated Aristi report now received and action report based on findings 	<p>Impact = 4 Likelihood = 2</p> <p>Score = 8 Moderate</p>	<ul style="list-style-type: none"> Information Security Strategy to be developed External provider Aristi appointed to support development of new IS Framework Working with Aristi to convert report into a risk treatment plan 	May 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 = 3 Score = 8 Moderate	<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 	April 2019	DCFO
12 Uncertainty about the UK's exit from the EU and its 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 Risk / impact assessment developed Assessment of supply chain risk 	Impact = 2 Likelihood = 4 Score = 8 Moderate	<ul style="list-style-type: none"> Staff awareness and communications plan in place Key staff training and workshops completed and necessary actions included within risk assessment Member and Corporate briefing completed 	April 2019	ACFO
13 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 	April 2019	AD HR&OD

Risk Title	Causes	Mitigations	Mitigated Risk Score	Actions	Review Date	Corporate Risk Owner
14 Security and safety of staff and visitors on ESFRS sites	<ul style="list-style-type: none"> • Damage to buildings and assets • Injury to Personnel • Service Delivery: Unable to deliver training and requalify personnel if interruption continues 	<ul style="list-style-type: none"> • Safety Measures implemented in affected areas of STC when burning i.e. PPE, Cordons. • The use of Community Order prohibiting protagonist from attending Authority premises • Increased safety officers • Temporarily ceased lay flat testing to Air Quality Testing 	Impact =3 Likelihood = 2 Score = 6 Moderate	<ul style="list-style-type: none"> • Meeting with Traveller Rep, ESCC Rep and Sussex Police to discuss concerns. • Review of whole site security in conjunction with Estates. • Traveller Community Engagement, education and information around work and function of STC. • Independent Air Quality Testing Report to be undertaken. • Project long term review of live fire training facilities 	September 2019	AD Training & Assurance

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.
 3. Consider if the performance priority areas remain the same for 2019/20.
-

1. INTRODUCTION

- 1.1 This report contains the quarter 4 performance indicator results for 21 performance indicators for 2018/19, compared with the results for the same period in 2017/18 where possible.
- 1.2 Where indicators are showing a decline of greater than 10% in performance against year-end results in 2017/18, explanations are required from the relevant responsible officers and form the exception report.
- 1.3 The report will look at the quarter results and then the year end results for ease and clarity.

2. Main issues

2.1 Quarter 4 results

- 2.1.1 Nine of the 21 indicators that can be reported against are showing a decline in performance against the same quarter in the previous year; four indicators are reporting the same level of performance in both years and six are showing an improved performance. A further two indicators do not have comparable information as they were newly introduced in 2018/19.
- 2.1.2 Of the nine; four indicators are reporting at least a 10% decline in performance against quarter 4 2017/18. These are:
 - (i) The number of deliberate fires
 - (ii) The number of industrial and commercial fires
 - (iii) The number of safe and well visits conducted
 - (iv) Number of attendees at business safety engagement events

2.2 Year end results

- 2.2.1 11 indicators are currently showing a decline in performance against the previous year and eight are showing an improvement.
- 2.2.2 Of the 11, six indicators are reporting at least a 10% decline in performance against 2017/18 and have additional commentary in the exceptions report (Appendix B). These are:
 - (i) The numbers of deaths in primary fires
 - (ii) The number of industrial and commercial fires
 - (iii) The number of safe and well visits conducted
 - (iv) Number of business safety engagement events
 - (v) Number of attendees at business safety engagement events
 - (vi) Number of workplace reported accidents / injuries

3. Performance priority areas

- 3.1.1 The Fire Authority priorities for 2018/19 as agreed by the Panel were:

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

3.1.2 This report provides a summary of work undertaken against the priority areas, where relevant.

3.1.3 The priority areas were increased during last year from to include the Group priority areas no 6 & 7. The Panel is asked to consider if the priority areas remain the same for 2019/20.

3.2 **Reducing accidental dwelling fires**

3.2.1 The year end result in accidental dwelling fires shows a decline in performance in this area with 510 against 501 in the previous year, although there is a slight decrease in the quarter versus the same period last year of 14. However, the 2017/18 was the lowest number of accidental dwelling fires for over a decade and therefore the result of 510 remains a good result. It should be noted the year end figure may change as not all incidents are closed in the system. The accidental dwelling fire reduction group continues to proactively engage with our communities and there have been a number of social media campaigns, dissuading people from cooking after a night out.

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

3.3.1 We delivered 91.2% of our home safety visits to vulnerable people within our community by the end of 2018/19, this is a small decrease against the previous year (91.7%)

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

3.4.1 Performance from the same quarter last year was the same with both reporting 2.5 shifts lost. This gives a year end result of 8.8 which is a big improvement on the year end result of 2017/18 of 10.8. Long term sickness remains the biggest contributor to overall sickness figures with 5.1 of the 8.8 shifts lost per person; 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 previously, and a dedicated report on Human Resource Absence Management is included elsewhere on the agenda. 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 by quarter for the previous three years.

Figure 1 – Whole-time sickness

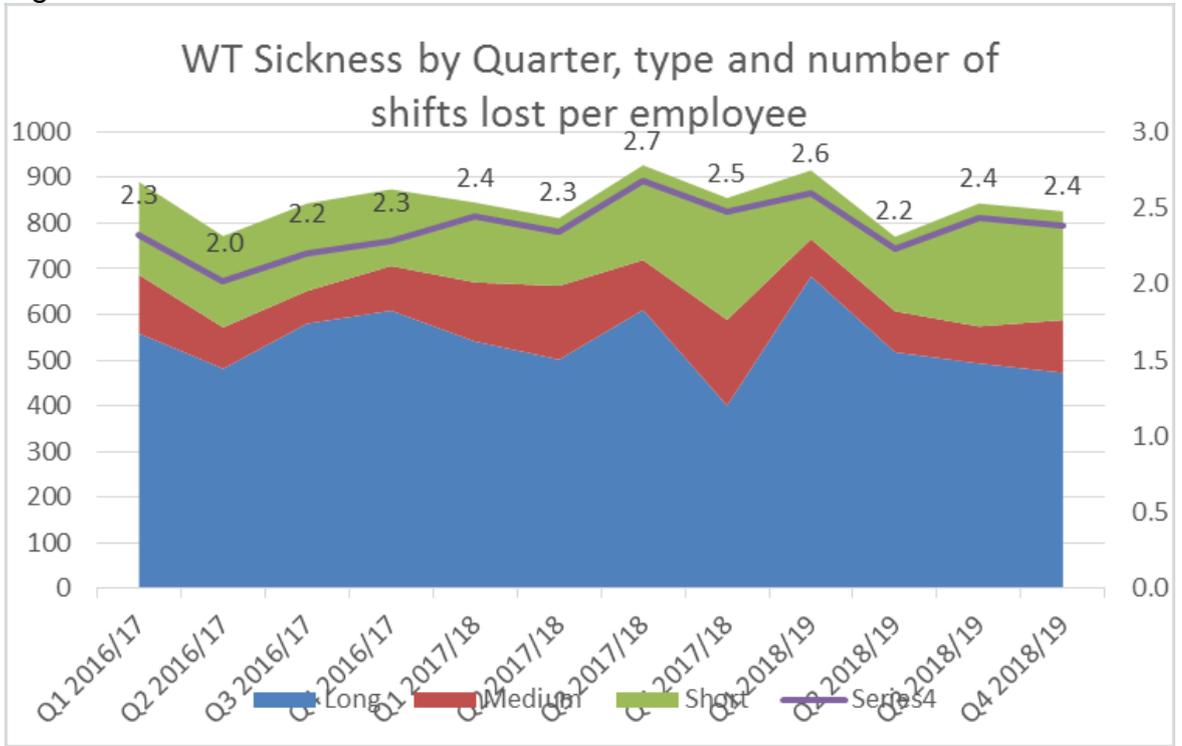


Figure 2 – Sussex Control Centre Sickness

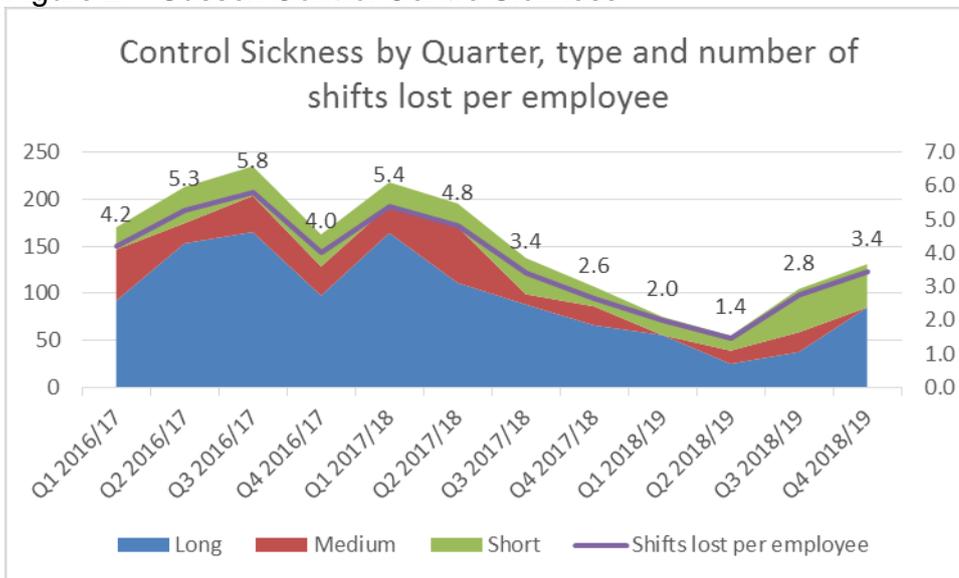
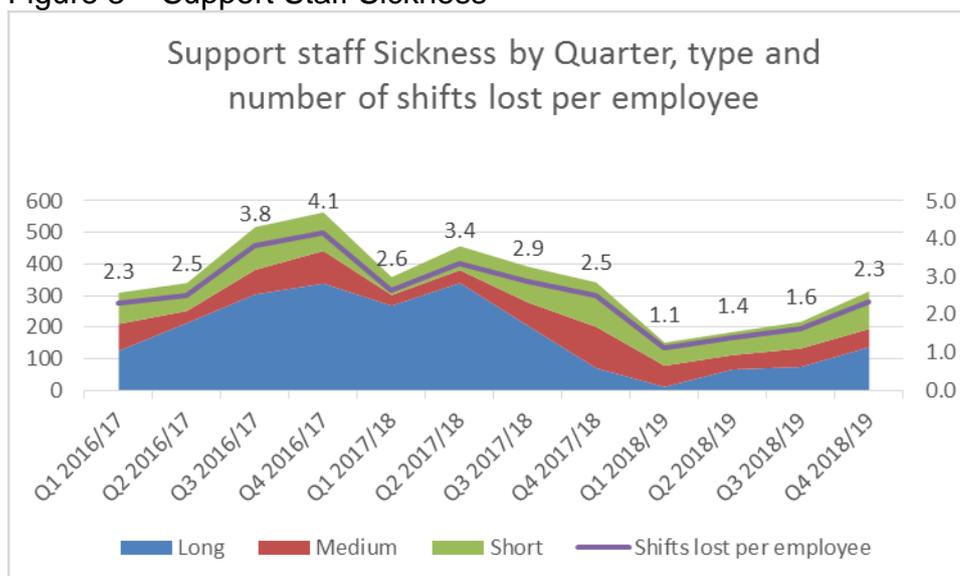


Figure 3 – Support Staff Sickness



3.5 Reducing false alarm calls from the base year 2009/10

3.5.1 False alarm calls have improved in comparison with the previous quarter and year end, with a 36.8 reduction from the 2009/10 baseline figure.

3.6 Percentage of accidental fires confined to the room origin.

3.6.1 90.7% of accidental dwelling fires were confined to room of origin at the end of 2018/19, a slight decline against 92.4% although the quarter result was slightly better.

3.7 Inspections of high risk premises completed

3.7.1 This is a slight decline on the same quarter in the previous year with 170 audits being completed against 176 in the previous year. The year end result is 581 against 499 in the previous year. Station staff are now undertaking audits and the Assistant Director of Safer Communities was confident that between 500 and 600 audits will be completed by year end.

3.7.2 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.

3.8 Numbers of Home Safety Visits completed

3.8.1 In the final quarter of 2018/19, 3,425 home safety visits were completed and closed down 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 12,000 home safety visits should be completed in 2018/19. The year end result is 11,052 showing a small increase on the previous year when 11,020 were completed.

3.8.2 The station stretched target of 7,000 was met as the crews completed 7,023 home safety visits. There was a 1,069 shortfall in respect to the Community Safety Advisors target. The teams have been working in pairs until the lone working arrangements are finalised and sickness and staff turnover have also impacted the figures.

3.8.3 There are a number of areas that are being progressed by the Safer Communities directorate including:

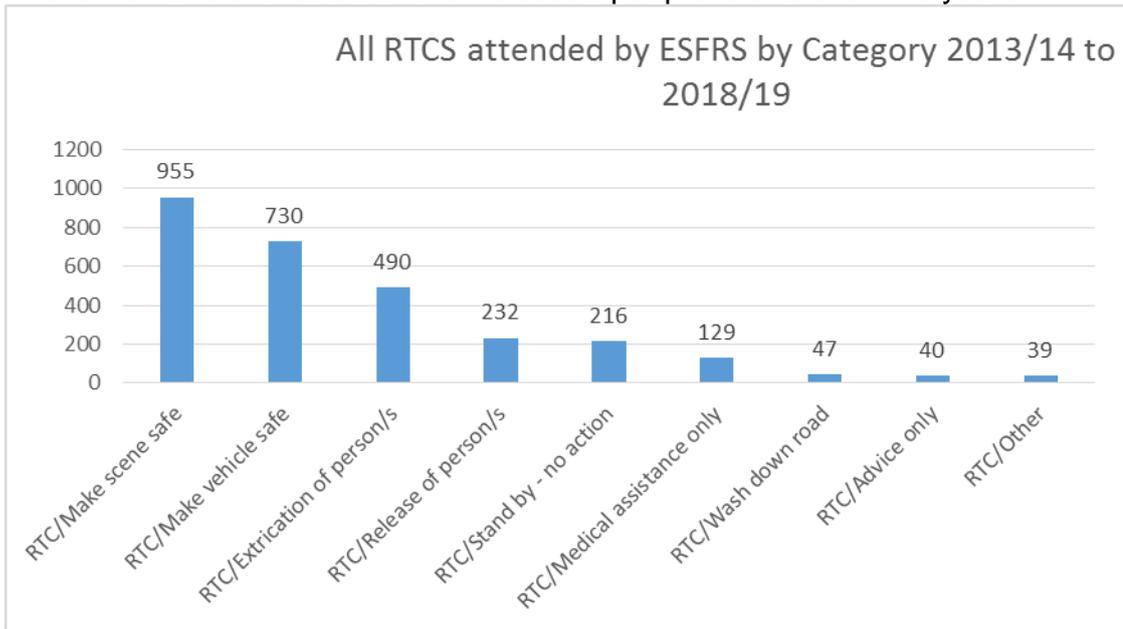
- Home safety visits (HSV) are a significant contributory factor to the reduction of ADFs alongside a range of other activities / initiatives i.e. Roadshows / online surveys / Behaviour insight project
- We will never leave an incident without considering the vulnerability (Wellbeing (CS1) and Safeguarding (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

4. Road traffic Collison data

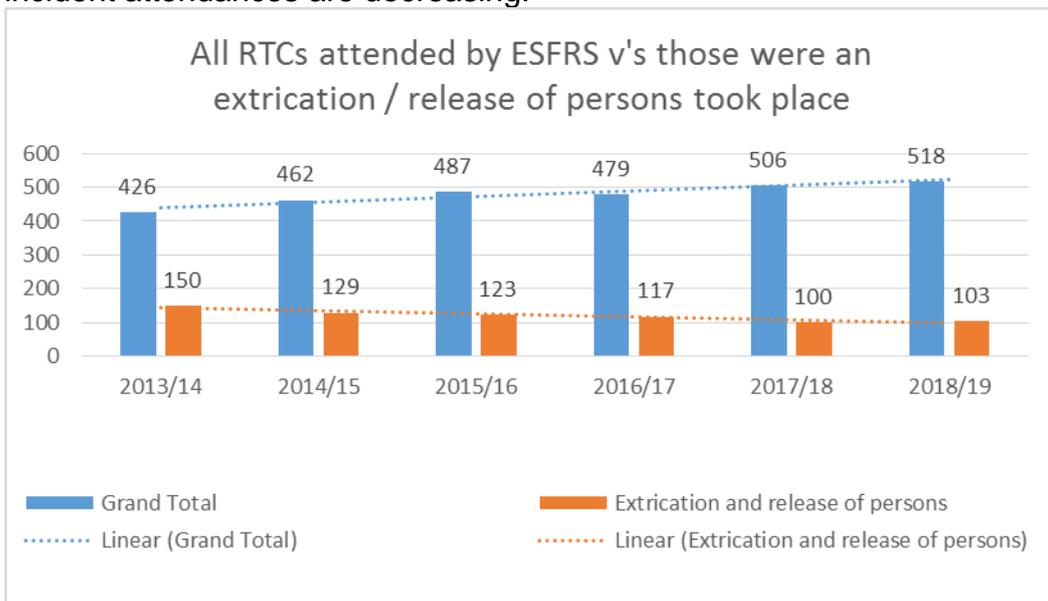
4.1 Members requested the inclusion of road traffic collision data at a previous meeting. The following section contains information from the Sussex Safer Roads Partnership (SSRP) and internal data. The data from the SSRP is reported a year behind so the figures are for 2017/18 only. Once they can provide all data for 2018/19 this report will be updated to reflect SSRPs data as well. ESFRS attend approximately 20% of RTCs attended by Sussex Police. Sussex Police only report RTCs where a casualty is involved, whereas ESFRS RTCs include 'Making the scene safe' and 'Making the vehicle safe for example. As can be seen from the table there is a drop in the total number of RTCs across East Sussex as attended by Sussex Police, but an increase in those attended by ESFRS.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
RTC ESFRS total attended	426	462	487	479	506	518
East Sussex All RTCs	2740	3027	3013	2823	2528	N/a
% of RTCs attended by ESFRS	16%	15%	16%	17%	20%	

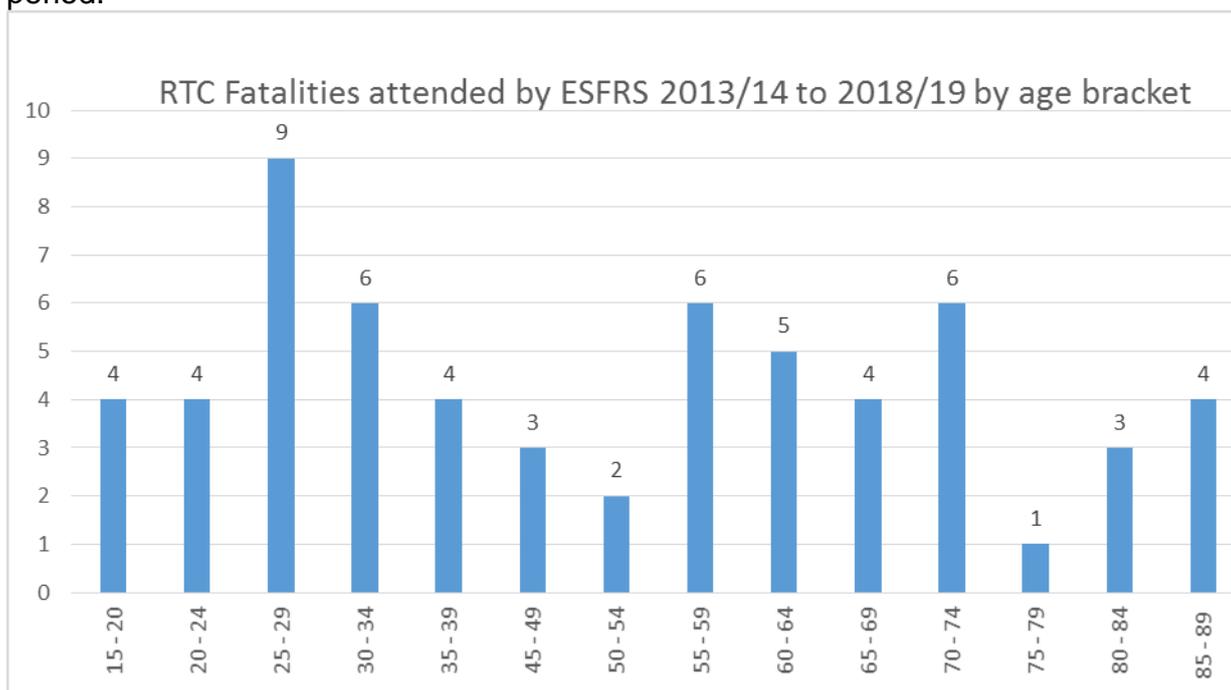
4.2 The graph below shows the number of RTCs attended over a six year period by type. The largest category ESFRS is called to is making the scene safe. The total number where we have extricated and or released people is 619 over five years.



4.3 The following chart contains information on the number of RTCs attended against those where an extrication took place. RTC attendances over all are going up, but other than a slight increase in extricated / release of persons trapped in 2018/19, these incident attendances are decreasing.



4.4 The following chart show that age range of the fatalities in RTCs over the six year period.



4.5 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.

5. EQUALITIES IMPLICATIONS

5.1 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 4 and year end 2018/19

JUNE 2019

Our Purpose

We make our communities safer

We will do this by:

Commitment 1: Delivering high performing services

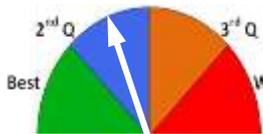
Indicator No.	How will we measure performance?	2017/18 Q4 result	2017/18 Year end result	National Quartile Position 2017/18	2018/19 Q4 result	2018/19 Year end result	Direction of travel from 2017/18 result
8	Total number of incidents attended	2,131	9,460		2,223	9,383	Improved
9	Number of deaths in primary fires	1	2		1	4	Declined
10	Number of injuries in primary fires	11	36		11	39	Declined
1 Priority	No of accidental dwelling fires	136	501		122	510	Declined
11	Number of primary fires	265	1,130		279	1,180	Declined
12	Number of deliberate fires	91	748		170	701	Improved
13	No of Industrial and Commercial fires	44	166		54	189	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	N/a	This is an ESFRS indicator only, no National data is available for comparison	76.8%	74.8%	New
15	70% of the first arriving appliances at any incident from an 'On-Call response' within 15 minutes	N/a	N/a	This is an ESFRS indicator only, no National data is available for comparison	73.7%	74.1%	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 Q4 result	2017/18 Year end result	National Quartile Position 2017/18	2018/19 Q4 result	2018/19 Year end result	Direction of travel from 2017/18 result
2 Priority	% of Home Safety Visits to vulnerable people	91.8%	91.7%	This is an ESFRS indicator only, no National data is available for comparison	90.7%	91.2%	Declined
6 Priority	Undertake 12,000 Home Safety Visits	2,811	11,020		3,446	11,052	Improved
17	Number of safe and well visits conducted	156	540	This is an ESFRS indicator only, no National data is available for comparison	54	183	Declined
7 Priority	Inspections of high risk premises completed	176	499		170	581	Improved
18	Number of business safety engagement events	2	24	This is an ESFRS indicator only, no National data is available for comparison	5	18	Declined
19	Number of attendees at business safety engagement events	500	1,726	This is an ESFRS indicator only, no National data is available for comparison	220	530	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 Q4 result	2017/18 Year end result	National Quartile Position 2017/18	2018/19 Q4 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	2.5	10.8	This is an ESFRS indicator only, no National data is available for comparison	2.5	8.8	Improved
20	Number of RIDDOR incidents	4	15		3	10	Improved
21	Number of workplace reported accidents / injuries	71	221		66	248	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 Q4 result	2017/18 Year end result	National Quartile Position 2017/18	2018/19 Q4 result	2018/19 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	-29.2%	-33.7%	This is an ESFRS indicator only, no National data is available for comparison	-28.7%	-36.8%	Improved
22	% of AFA mobilised calls to properties covered by the RRO that were classified as a primary fire	1.5%	1.8%	This is an ESFRS indicator only, no National data is available for comparison	1.5%	1.1%	Improved
23	% of AFA calls challenged by SCC	8.1%	7.1%	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	91.2%	92.4%	This is an ESFRS indicator only, no National data is available for comparison	92.6%	90.7%	Declined

EXCEPTIONS REPORT – Quarter 4 2018/19

Indicator	Commentary	Actions to be taken
9. Number of deaths in primary fires	There were four primary fire fatalities in 2018/19 (two in 2017/18), two of these were in the same fire and this fire is being investigated by Sussex Police. The latest fatality occurred in Q4 on 30 March 2019 and involved an 87 lady. This was an accidental dwelling fire	<p>Two to 2 four is too many but in comparison to previous years and other Services the figure is very low and remains at a 10 year low.</p> <p>The fatal fire and serious incident process is now in place and all fatal fires and serious incidents are thoroughly investigated so that any learnings for the Service and partners are surfaced and appropriately acted upon.</p>
14. Number of Industrial and Commercial fires	There were 54 Commercial fires in Q4 2018/19 contributing to a total of 189 for the year. This is an increase of 23 against the previous year	<p>There has been an increase in Primary fires in commercial premises of just over 10% in the last 12 months, this is a general increase rather than specific premises types. The Tri Service fire investigation project is specifically tasked at cause and behaviours behind Primary fires and will influence both proactive and reactive response to Primary fires in commercial premises.</p> <p>The Business Safety Assurance framework will review and influence the Business Safety post incident response.</p> <p>Also due to additional scrutiny of incidents because of the earlier issues when 4i went live in early in 2018/19; the Planning and Intelligence team noted that crews had been wrongly recording these types of fires due to a lack of understanding of whether a property/ area of a property is covered by the RRO (Regulatory Reform Order). Additional monitoring now takes place to ensure this issue is identified and crews are receiving further guidance to assist in this area. Therefore the higher levels experienced in 2018/19 will also be due to more accurate reporting and this pattern may well continue in 2019/20.</p>
15 Number of safe and well visits conducted	The number of safe and well visits conducted in Q4 2018/19 was 54, this is a decrease of 102 against the same quarter in the previous	Throughout 2018/19 the community safety team have used any available resource to support GP referrals. So these visits are now being undertaken by the wider teams to ensure that a minimum of 11,000 HSV were undertaken. The safe and well resource has also been used to

	year. At the end of the year 183 safe and well visits had been undertaken, there were 540 in 2017/18	undertake GP referrals when resources permitted and they have been reduced from 2 to 1 as future funding was not secured.
18. Number of business safety engagement events	In Q4 five business safety events were held, which is three more than in Q4 last year, however at the end of the year 18 had been completed against 24 in 2017/18	For the past 2 quarters of 2018/19 the Business safety team have refocused on business engagement through Primary Authority*, as a result business engagement has actually increased, including the added benefit of cost recovery. However CRM is not configured to record Primary Authority and therefore this work is not currently reported, this will be addressed going forward as part of the CRM enhancement project.
19. Number of attendees at business safety engagement events	220 people were engaged with at 5 events in Q4 2018/19, in the previous year this was 500 at 2. By the end of the year 530 individuals has been engaged with at 18 events (this was 1,726 at 24 events in 2017/18)	The comments for 18. Above reflect the same issues for the numbers of attendees.
Number of workplace reported accidents / injuries	There were 66 workplace reported accidents /injuries in Q4 2018/19, this is a reduction of five over the same period in the previous year, however at the end of the year 248 were reported against 221 in 2017/18	There has been a 14% uplift in the number of vehicle accidents this year, although at 55, this still remains low when calculated against the number of vehicle movements undertaken in the course of a year. Driver training are currently working on developing some enhanced vehicle/driving KPIs which may shed further light on the root cause of vehicle accidents and any trends or patterns, which can inform and enhance our driver training. There has been a year on year increase in the number of near hits since 2016-17. Last year saw a 41% increase and this year another 23% increase. In an organisation with a positive health and safety culture you would expect to see the number of near hits exceeding the number of safety events. The only difference between a near hit and a safety event is the outcome i.e. a safety event results in some sort of injury or damage to equipment/vehicle/premises, whereas a near hit is the same event but without the injury or

		damage. So, the continual increase in near hit reporting is a positive but we also need to see the beginning of a trend in the reduction of safety events to know that our approach to health & safety is a positive one.
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NB: *Primary Authority provide an opportunity for business to receive assured and tailored advice from the Service on meeting Fire Safety Regulations through a single point of contact.

This ensures start-ups get it right at the outset and enables all businesses to invest with confidence in fire safety, knowing that the resources they devote to compliance are well spent. All the schemes are charged on a cost recovery basis providing alternative income opportunities for the Service. The Service selects partnerships which meet our purpose and commitments including the Independent Schools Bursars Association covering over 900 independent schools, the Eastbourne Hospitality Association covering local hotels, B&B's and more recently Veolia a large National Waste operator.

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 5 June 2019

Title of Report Safety Events Statistics Report – Quarter 4, 2018-19

By DCFO Mark O’Brien

Lead Officer Hannah Scott-Youlton, Assistant Director – HR, OD, Training & Assurance

Appendices Appendix A – Full breakdown of statistics
Appendix B - Additional Information Relating to the Breakdown of Age & Gender

Background Papers 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 Panel of the safety events, hazard reports and KPIs recorded for Q1, Q2, Q3 & Q4 (January-March) 2018/19

EXECUTIVE SUMMARY This Scrutiny & Audit report summarises safety events data and hazard reports received by the Health, Safety & Wellbeing Team for Q1 – Q4 2018/19.

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:

- i. Consider the Quarter 4 health and safety statistics for 2018/19 as set out in the report.
- ii. Continue to monitor and scrutinise performance in 2019/20.

iii. Identify any areas where Members require further assurance.

1. **INTRODUCTION**

1.1 This report contains quarter 4 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 4 statistics.

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

There were 66 Level 1 Safety Events reported to the Health, Safety & Wellbeing (HSW) Department in Q4 and they are spread across the five category types of incident as:

Injury sustained	24
Vehicle accident	21
Near Hit	14
Damage to premises/equipment	4
Ill health	3

This compares with 71 safety events reported in the same quarter in 2017-18. 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 3 RIDDOR reportable incidents in Q4 which is the same number as in Q4 last year. 2 of these were due to absences longer than 7 days for:

- a fall from height when stepping backwards off an appliance from the crew cab. This caused a knee injury;
- a strain/sprain to the calf muscle when stepping off the appliance from the driver's position; and

The other RIDDOR is a Dangerous Occurrence under Category 27: The unintentional release or escape of any substance which could cause personal injury to any person other than through the combustion of flammable liquids or gases.

HSW were copied in to a notification that the first floor of the SECamb premises at Battle Fire Station was closed off due to the presence of asbestos in poor condition.

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

Following enquiries by HSW, ESFRS operational staff have been accessing this area for training purposes and so have potentially been exposed to a hazardous substance.

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

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

There were 8 manual handling injuries reported in Q4 as compared with 2 in the same quarter last year.

6 manual handling injuries of the back occurred at special service calls and 5 of these were assisting the ambulance service with plus size casualties. This quarter has seen a significant uplift in this type of injury and this trend is reflected across other FRS in the SE region. ESFRS have attended the first meeting of a working group set up by Kent FRS to review jointly with SECAMB their response to plus size patients. The key drivers for Kent to set this group up were:

- Number of manual handling injuries associated with these incident.(50% of all manual handling injuries)
- The increase in the number of these incidents year on year.
- Skill shortage identified in Patient care/handling of operational crews.

This is mirrored in ESFRS, hence our joining the Kent FRS working group to tackle this trend.

1 manual handling injury to the knee and calf occurred at an RTC where crews were pushing a vehicle from the centre of the road to a safer position.

The other manual handling injury occurred during a training activity where a dummy horse was being moved from a roadside ditch, causing a strain in the lower back.

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 4 reports of slips, trips and falls in Q4 2018/19 compared with 7 in 2017/18.

1 occurred at an animal rescue when pulling a line attached to a cow, slipping down a bank and bracing the fall with their hand, causing a sprain injury;
1 occurred during a training activity, tripping over some metal framework embedded in a grass bank, causing a strain to the neck and shoulder;
1 slipped in a hole whilst firefighting at a forest fire

1 fire fighter turned their ankle whilst stepping off the appliance and slipping on an uneven, wet & slippery surface.

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 21 vehicle collisions in Q4 and this is slightly higher than the 18 reported in Q4 in 2017/18.

The causes are as follows:

- Low speed impact – 1 (manoeuvring around a stationary vehicle)
- Impact with other objects - 7 (another vehicle's mirror 2, bollard 1, branch 1, low wall 1, large rock 1, building 1)
- Being struck by another vehicle 3
- Striking another vehicle 3

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

There were 5 incidents of lost working time in Q4 when compared with 6 incidents in the same time period in 2017/18.

1 was a member of support staff who became unwell and was taken to hospital and admitted;

1 member of operational staff trapped their hand between a cutting tool and the frame of the vehicle at a training demonstration of RTC equipment;

1 was the RIDDOR described above as the driver dismounted the vehicle injuring their calf;

1 was the RIDDOR described above as a crew member dismounted the crew cab injuring their knee; and

1 was a member of staff who had a seizure during a first aid course.

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

There were no reports of work related violence in Q4 compared with 3 incidents reported in Q4 in 2017/18.

The reporting of 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 Q4, with 3 being reported in Q4 in 2017/18.

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

In Q4 there were 14 reports of near hits which compares with 20 reported in Q 17/18. These cover a wide variety of issues which are broken down below:

- 1 incident where the punch bag bracket and the top row of bricks came away from the wall in a station gym;
- During a training exercise a bodyguard display got stuck showing 204 bar and the reducer was covered in ice. The set was impounded and a Level 2 Investigation launched – awaiting a report back from Draeger;
- Handbrake failure on a vehicle, rolled back and came to rest;
- Lack of sound insulation in clinical rooms at OH suite at Lewes Fire Station. Person in waiting room could hear the conversation of the OH Nurse and client in the clinical room. Waiting room now relocated to the other end of the building;
- Vent handle in fire attack unit kept slipping to closed position. Units taken off the run until the vent handle was repaired;
- Weekly test on 1:7 foam, layflat valve left open. Procedure not followed prior to testing. Taken off the run and defected to Engineering;
- Toaster blew fuse and tripped circuit;
- Electrical cord on kitchen appliance sustained heat damage and tripped electrics;
- Appliance charging cable shorted on a metal girder. Repaired by electrician;
- Musculo-skeletal symptoms from workstation set up. Ergonomic assessment undertaken and adjustments made. Ongoing monitoring;
- 1:7 foam branch failed casing branch to disconnect from hose when under pressure. Level 2 accident investigation under way;
- Appliance wouldn't start when turning out to an incident;
- At Haywards Heath Fire Station, builders were working on the roof and dropped a heavy object onto the suspended ceiling, causing ceiling tiles to collapse. West Sussex CC Estates are dealing with this;
- Presence of asbestos in poor condition identified at SECamb premises, Battle. Subject to Level 2 Accident Investigation.

3. Annual Safety Event Statistics to Highlight

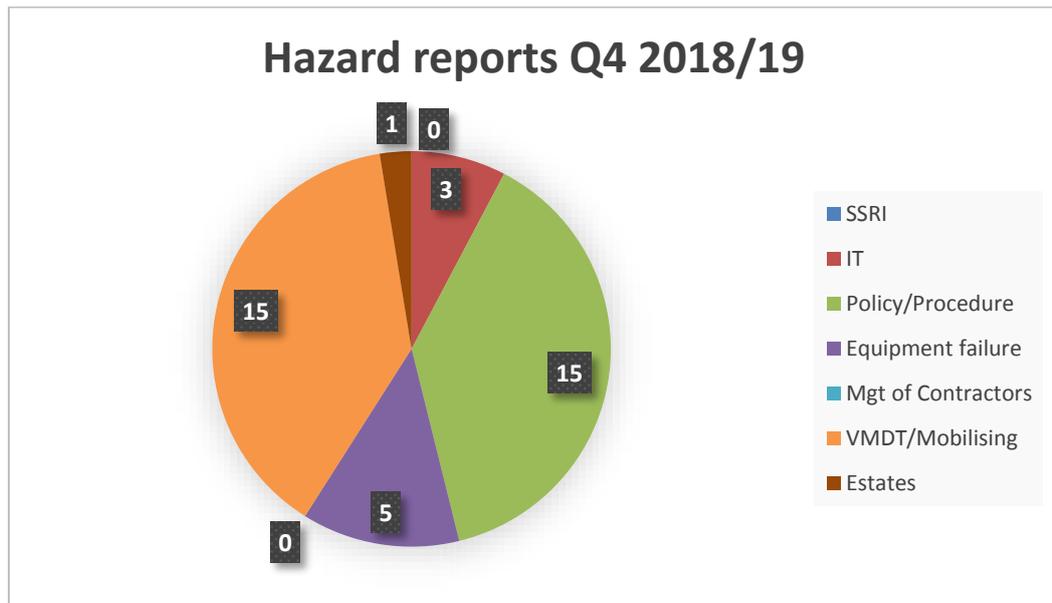
- 3.1 There has been a 12% increase in the overall number of safety events being reported in 2018-19 with 248 being reported. The figures over the last five years have remained relatively constant with the greatest variance being between last year's low figure of 221 and this year's figure. This could be attributable to a re-engagement of the workforce as we begin to promote a positive health and safety culture, resulting in a greater willingness to report incidents.
- 3.2 In contrast, the Service has seen a reduction in the number of RIDDOR reportable incidents with a 33% reduction this year, following a significant increase of 40% last year. The total of 10 RIDDORs bring us more in line with previous reporting patterns of RIDDORs and the uplift in figures in 2017-18 was attributed to the ageing BA sets which have now been replaced with the new equipment.
- 3.3 For manual handling injuries, these are comparable with 23 overall for 2018-19. Even with the introduction of new equipment to support manual handling at plus size casualty rescues, the trend of injuries at these service calls remains quite constant, when we might anticipate seeing a decline in these figures. The training on equipment for plus size casualties was rolled out across the Service in 2017 and there has been no refresher training programmed specifically on this equipment and

techniques for handling. Looking forward, this will be a priority areas of work for HSW to take forward in 2091/20 with colleagues in Ops and Training.

- 3.4 There has been a notable decrease in the number of slips, trips and falls this year by 35%. Last winter was particularly prolonged with cold and icy conditions and this winter has been much milder, which has resulted in fewer slips, trips and falls.
- 3.5 There has been a 14% uplift in the number of vehicle accidents this year, although at 55, this still remains low when calculated against the number of vehicle movements undertaken in the course of a year. Driver training are currently working on developing some enhanced vehicle/driving KPIs which may shed further light on the root cause of vehicle accidents and any trends or patterns, which can inform and enhance our driver training.
- 3.6 There has been a significant drop in the number of lost time incidents with 26 last year, dropping to 19 this year. There is a continued downward trend in the last 4 years.
- 3.7 Reported incidents of both violence and stress remain extremely low, but, as stated before, it is likely that these are under reported and so are not indicative of the extent of the occurrences of these types of safety events.
- 3.8 There has been a year on year increase in the number of near hits since 2016-17. Last year saw a 41% increase and this year another 23% increase. In an organisation with a positive health and safety culture you would expect to see the number of near hits exceeding the number of safety events. The only difference between a near hit and a safety event is the outcome i.e. a safety event results in some sort of injury or damage to equipment/vehicle/premises, whereas a near hit is the same event but without the injury or damage. So, the continual increase in near hit reporting is a positive but we also need to see the beginning of a trend in the reduction of safety events to know that our approach to health & safety is a positive one.

4 **Hazard Reports**

- 4.1 In the fourth quarter of 2018/19 the HSW Team received a total of 39 Hazard Reports, broken down into the five categories in the Pie Chart below.



- VMDT/Mobilising:** It can be seen in the Pie Chart that 38% of these (15 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.
- Policy/Procedure:** 15 Hazard Reports were submitted (38%).

1 relates to the frequency of testing of spare BA sets as this has not been updated in Manual Note OPS(E) 04_01_V6. The Manual Note still references the old BA sets remaining in sealed bags being subject to annual maintenance by Draeger; and if the bag seal is broken then the sets are deemed to be in use and subject to daily/weekly/monthly checks.

2 relate to appropriate training and maintenance of competence: HVPI and Operator competencies – inadequate systems in place to manage maintenance of competency;
Attending lift rescues without sufficient/appropriate training or maintenance of competence;

Use of equipment by untrained personnel and self-mobilising to collect equipment;

Request for high voltage detection equipment to be carried on appliances following a call to a dangerous structure RTC persons trapped incident;

7 reports of crews arriving to calls for assistance to ambulance, where the ambulance never attended due to volume of calls.

1 report of police not attending an incident (ESFRS & SECamb in attendance) when the occupant of the property had a previous history of drug misuse and aggression towards uniformed personnel, including stabbing with used needles;

3 crew booked to attend a course in Kent from 09:00 but were on call from midnight to 07:30 hours. There is the facility to have an agreement with the Group Manager allowing the crew to be off duty prior to the attendance of non-Mandatory Courses, as per ESFRS Manual note OPS(P)12_10_V4 Page No. 8 3.6.4. This was not done.

HSW received a report that at one location, when the BA Kit is dirty/heavily soiled, a hose is used to wash the debris off the BA Kit (whilst the cylinder is removed) prior to then cleaning the kit as per procedure. The activity of hosing the BA kit without the cylinder attached can cause water ingress into the unit which, once the cylinder is re-attached and operating, can result in failure of the unit/freezing to the gauge due to the water freezing/crystallising. OPS Assurance will issue a Core Brief in May.

3. Equipment Failure: 5 Hazard Reports were submitted (13%).

These cover the following areas:

- Saunders valve on the RTC Airbag Kit can be easily knocked when on floor and cause sudden loss of pressure;
- While triple extension ladder was being stowed in the housing the roof ladder came out of its housing. Deemed to be roof ladder strap not being properly down and exuberance when trying to stow the triple extension ladder. NFA.
- Radio comms issues at a commercial premises and JO and FF at alarm panel had to communicate through the driver.
- Intermittent comms failure in sub-basement of RSCH.
- Spare appliance that was put on the run at Station 76 was not fit for purpose.

4. IT: 3 Hazard reports were submitted (8%)

- VMDT failed to print risk critical information en route to fire.
- Communication/Alert system. Due to Alerters being isolated whilst on Drill Night to enable a faster response a Fire Call went unnoticed until SSC called the Station 10 minutes after alerting to stand down crews. This has happened several times since the introduction of 4i with Telent being made aware with no remedial action taking place as yet. Reported again to Telent.
- Unable to print SSRI information enroute to a high rise fire. Reported to Telent.

5. Estates: 1 hazard Report (3%)

Insufficient hot water at Station 90. Reported to Estates and works completed.

4.2 Summary of Q4

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).

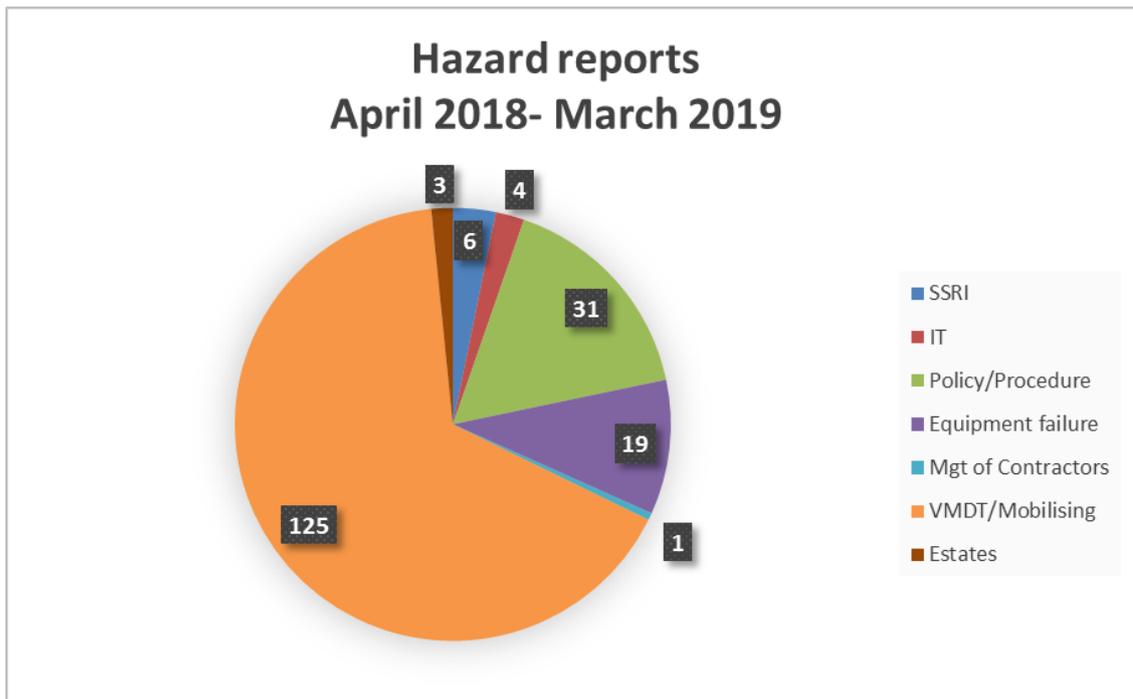
In the final quarter of this year it is, again, evident that the pattern of hazard reports is indicative of key changes in the service during this period. The hazard reporting procedure does seem to reflect and highlight policy, procedural, equipment and appliance changes and where these are bedding 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.

4.3 Annual Hazard Reports Statistics to Highlight

The dramatic upward trend in hazard reporting that ESFRS has seen in the last 3 years, shows really positive engagement from staff on health & safety matters and a greater willingness from the workforce to bring these matter forward for consideration and resolution. The table below shows the numbers of Hazard Reports submitted in the last 3 years and the percentage increase:

	2016-17	2017-18	2018-19
Number submitted	34	77	189
Percentage Increase	-	126%	245%

4.4 The open and transparent approach that has been taken at the Workplace Safety Representatives Committee means that staff feel that issues are being addressed and can track the progress against each issue through the Hazard Report Trackers. The HSW Team have also worked very hard this year in ensuring that all those who have submitted a Hazard Report have been formally written to when the Hazard Report has been resolve and closed out.



4.5 As can be seen in the pie chart, the most significant area of reporting has been around the changes in the mobilising system with the go live of 4i at the end of March 2018. This generated 125 hazard reports which, if you took these out of the overall reporting would leave 64 hazard reports, which is a 17% decrease on last year's figure.

4.6 The other most significant area of increase is around policy and procedure and the two areas with the greatest number of hazard reports were:

4.7 Specialisms and competencies, training and mobilising policies; and Assistance to other services (primarily ambulance service)

4.8 Equipment failure was quite wide and varied with the most prolific areas of reporting being:

BA sets;
Radio comms; and
1:7 foam

4.9 Although there have only been a small number of reports on the issue of the management of contractors, they have been serious in nature. This has resulted in Estates colleagues undertaking a full review of the arrangement for the management with support from Health & Safety.

5. 3F Key Performance Indicators: Q4 2018/19 and annual performance

- 5.1 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.

See overview chart two pages down.

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

The total number of overall workplace safety events (injuries only) was **105**. We exceeded our target of 103 (a 5% reduction) by **1%**.

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

The total number of vehicle collisions due to human behaviour was **37**. The Service met its target of less than **40** incidents.

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

The total number of manual handling injuries was **23** which means the Service missed its target of 22. There was a particular increase in Q4 specifically relating to manual handling injuries for plus size casualties.

- 5.5 **KPI OHSW4:** The percentage of safety events where management action has been completed against the number of safety events reported.

The annual average for the closure of safety events is **54%**. As this is the first year that the Service has collected this data, we will now be able to set a target to improve this figure for 2019/20.

- 5.6 **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.

The total number of safety events that resulted in lost working time was **19** and with a target of 23 this has resulted in an **18%** reduction on the set target.

- 5.7 **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

194 days were lost as a result of the 19 lost time safety events. This data has not been collected for the Service previously and so, now that the first full years' worth of data has been collated, the KPI target for next year can be set.

- 5.8 **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

61 days were lost, but it is important to note that this is due to an incidence of ill health that was unconnected with work activities. Aside from this incident of ill health the result for the year for support staff would have been **0**.

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

5.9 **KPI OHSW6:** Monitor the number of RIDDOR reports

The Service had a total of **10 RIDDORs** on 2018/19 which compares with 15 in the previous year.

5.10 **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.

Without support from HR we are not currently able to report any figures against this KPI.

5.11 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.

There has only been **1** incident of work related ill health recorded as a safety event. Further work needs to be done with HR to cross reference this data with sickness absence reporting.

KPI Ref.	KPI Description	Q1	Q2	Q3	Q4	Total
OHSW1	Reduce number of overall workplace safety events (injuries only) to 103 or below	19	37	25	24	105
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	11	37
OHSW3	Reduce to 22 or less manual handling injuries	4	7	4	8	23
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%	41/66 62%	Annual average 54%
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	5	19
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	22 days	194 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	61 days	61 days
OHSW6	Monitor the number of RIDDOR reports	0	3	4	3	10
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	0	1

Appendix A – Full breakdown of health & safety statistics

	Per quarter 2018/19				2018/19	2017/18	2016/17	2015/16
	Q1	Q2	Q3	Q4				
1. Number of safety events received	69	64	49	66	248	221	234	224
2. Number of RIDDOR incidents	0	3	4	3	10	15	9	3
3. Number of manual handling Incidents	4	7	4	8	23	21	23	30
4. Number of slips, trips & falls	4	6	5	4	19	29	19	18
5. Number of vehicle collisions	14	10	10	21	55	48	60	44
6. Number of incidents where work time lost	1	6	7	5	19	26	26	20
7. Incidence of work-related violence	0	1	3	0	4	5	8	4
8. Incidence of stress	0	1	0	0	1	8	9	3
9. Number of near hits	33	21	12	14	80	65	46	61

Appendix B - Safety Events Statistics Report Q4, 2018-19

Additional Information Relating to the Breakdown of Age & Gender

The workforce in ESFRS is split as follows:

Male 81%

Female 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 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 66 safety events, 49 (74%) were reported by males. Where this involved injury, 21 of 24 (88%) were again reported by males. This broadly matches the gender split within ESFRS shown above, and is similar to the results from the previous three quarters.

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 over 53,000 reports where age recorded)

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

Age Range	Injury sustained - total 24				
	ESFRS Data	Q4	Q3	Q2	HSE Data
Under 25	0	0	7.5%	0	11%
25 – 34	2	9%	19%	8%	21%
35 – 44	14	58%	35%	29%	20%
45 – 54	7	29%	7.5%	52%	25%
55 +	1	4%	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 24 injury sustained reports, only 3 (12.5%) relate to females.

2 of the 24 injuries resulted in reports submitted under RIDDOR (compared to 3 of 26 in Q3 and 4 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 – 8 received (Q3 4 reports and 7 in Q2) representing a third of all injury sustained reports for this quarter

	Manual handling – injury sustained			
Age Range	ESFRS data	Q4	Q3	Q2
Under 25	0	0	0	0
25 – 34	1	12.5%	0	14%
35 – 44	4	50%	0	0
45 – 54	2	25%	0	86%
55 +	1	12.5%	100%	0

This shows a 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, which identifies the 45+ age group as the most likely to suffer a musculoskeletal injury.

Additional data from Safety Events received

	Near Hits – 14			
Age range	ESFRS data	Q4 %	Q3 %	Q2 %
Under 25	1	7	17%	14%
25 – 34	2	13	0	18%
35 – 44	2	13	8%	14%
45 – 54	9	67	58%	50%
55 +	0	0	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 Q4 only 14 reports received (Q2 there were 22 and 12 in Q3). Of the 14 reports received 9 (67%) were from the older two groups; this may be reflective of a greater willingness to report.

	Vehicle accident ** - 21 reports			
Age range	ESFRS data	Q4%	Q3 %	Q2 %
Under 25	0	0	0	0%
25 – 34	4	19%	20%	9%
35 – 44	6	29%	30%	45%
45 – 54	8	38%	40%	36%
55 +	3	14%	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

Annual Summary

Injury sustained - number	24	26	28	20	98	
Age range	Q4 %	Q3 %	Q2 %	Q1 %	Mean	HSE data %
Under 25	0	7.5%	0	10%	4%	11%
25 – 34	9%	19%	8%	5%	10%	21%
35 – 44	58%	35%	29%	15%	34%	20%
45 – 54	29%	7.5%	52%	40%	32%	25%
55 +	4%	31%	11%	30%	19%	23%

This data set reflects the fact that we do not have many under 25 employees, and (probably) most employees fall in the age range 35 – 54; few ESFRS staff remain operational over the age of 55 (operational activities are considered to pose the highest risk of injury)

	Manual handling – injury sustained			
Age range	Q4 %	Q3 %	Q2 %	Q1 %
Under 25	0	0	0	0
25 – 34	12.5%	0	14%	0
35 – 44	50%	0	0	50%
45 – 54	25%	0	86%	50%
55 +	12.5%	100%	0	0

This data set represents an extremely small sample size, as only 23 manual handling injuries were reported for the whole year, so no meaningful interpretation is possible; but this number does show that almost a quarter of all injuries are due to manual handling.

	Near Hits			
Age range	Q4 %	Q3 %	Q2 %	Q1 %
Under 25	7%	17%	14%	13%
25 – 34	13%	0	18%	22%
35 – 44	13%	8%	14%	31%
45 – 54	67%	58%	50%	34%
55 +	0	17%	4%	0

There does appear to be an increase in reporting through the year for the 45-54 age group, but there is no clear reason for this.

	Vehicle accident			
Age range	Q4 %	Q3 %	Q2 %	Q1 %
Under 25	0	0	0%	7%
25 – 34	19%	20%	9%	0%
35 – 44	29%	30%	45%	57%

45 – 54	38%	40%	36%	36%
55 +	14%	10%	9%	0

This data set represents 55 reports for the year; this includes non-ESFRS fault incidents, and at this time no meaningful conclusions can be d

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 5 June 2019

Title of Report Human Resources Absence Management Report – Quarters 1, 2, 3 & 4 2018-19

By Mark Andrews, Assistant Chief Fire Officer

Lead Officer Hannah Scott-Youldon, Assistant Director – Organisational Development, Human Resources, Training & Assurance

Background Papers People And Organisational Development Strategy
Health, Safety & Wellbeing Strategy (2017-2020)
Cleveland Report 2017/18 & 2018/19

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 Panel of the absence management statistics recorded for 2018/19 compared to the previous year.

EXECUTIVE SUMMARY This report summarises absence management statistics for Q1, Q2, Q3 & Q4 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.

RECOMMENDATION The Scrutiny & Audit Panel is asked to:

- i. Note the annual absence management statistics for 2018/19 as set out in the report.

1. **INTRODUCTION**

- 1.1 This report contains the combined quarter 1, 2, 3 & 4 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 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, 3 & 4 – 2017/18			Quarter 1, 2, 3 & 4 – 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	1361.5	2005.5	3367	1224.5	2113	3337.5
On-Call	-	-	-	-	-	-
Control staff	217	256.5	473.5	154.5	213.5	368
Support Staff	663	1159	1822	599	328	927
Total	2241.5	3421	5662.5	1978	2654.5	4632.5

- 2.2 The statistics above show an overall decrease in total days/shifts lost due to absence from the workplace against the previous year in all quarters (18% decrease).
- 2.3 The biggest drops have been with both Support staff and Control staff with the overall total reduction for both areas being over 40%.
- 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 was still being fully implemented in quarter 2 & 3. So, whilst an improvement has occurred, there is an expectation that our statistics will continue to improve before a stabilisation is achieved.
- 2.6 Long-term absence for whole-time operational staff has unfortunately increased across the year by 5% 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 Service Fitness Advisor is assisting with this process. This remains a key focus for 2019/20 and this will continue to be monitored accordingly.

- 2.7 Musculoskeletal injuries and mental health absence such as depression equate to 48% of the total number of days / shifts lost and remain the most significant causes of absences from work. However, there has been a significant drop in these two areas when comparing 2018/19 with the previous year.
- 2.8 The Service is committed to providing, a safe and healthy environment for the workforce and seek to exceed a standard higher than the minimum levels of achievement required under 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. Workforce Planning will be 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.
- 2.9 It should be noted that 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 absence figures within this area.
- 2.10 We have seen an overall decrease in the days / shifts lost due to mental health absences since last year (43% decrease), shifts / days lost to musculo-skeletal injuries have decreased by 4%. 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.
- 2.11 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 slight 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 Line Management and HR intervention and support. The Control Centre team are have also been provided with DSE assessments both internal and external via Posturite. Installation of up and down desks, access to sports physiotherapists, gym balls and stretch bands to utilise when at work stations. Ongoing project monitoring temperature to identify atmospheric differences with the control room and robust and timely return to work meetings including referral to Occupational Health.

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 bring this figure down.

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 of the Service.

EAST SUSSEX FIRE & RESCUE AUTHORITY

Meeting Scrutiny & Audit

Date 05 June 2019

Title of Report Service Benchmarking Report 2017/18

By Liz Ridley, Assistant Director Planning & Improvement

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

Background Papers Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
 Station and appliance comparisons from the 'CIPFA annual statistics for 2017-18'
 Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
 Incident comparisons from the 'Fire Statistic Monitor: England April 2017 to March 2018' and the 'Fire Incident Response Times: England, for 2017-18'
 Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2017 – March 2018'

Appendices Appendix A - East Sussex Fire & Rescue Service Benchmarking Report 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 Fire Statistics for 2017/18 and comparative benchmarking of East Sussex Fire & Rescue Service against its family group in order to provide context to support the Authority's future decision making.

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

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

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

The Panel is asked to note that the report contains information as at the 31 March 2018 as the national statistics are compiled a year in arrears.

RECOMMENDATION The Panel is asked to: consider the results of the report and direct the Service into any areas of performance not highlighted in the report that it would like to see further investigation into.

1. INTRODUCTION

- 1.1 This report aims to provide Members with a summary of the performance across the fire and rescue service sector. The national context with key findings from the Fire & Rescue Incident Statistics, is presented first followed by the Service's annual benchmarking report that compares ESFRS against the twelve fire and rescue services that make up Family Group 2. These are Services deemed to be of similar size in terms of area and population.
- 1.2 Appendix A provides comparator information across Family Group 2, focussing on the following areas:
- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
 - Station and appliance comparisons from the 'CIPFA annual statistics for 2017-18'
 - Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
 - Incident comparisons from the 'Fire Statistic Monitor: England April 2017 to March 2018' and the 'Fire Incident Response Times: England, for 2017-18'
 - Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2017 – March 2018'
- 1.3 The main purposes of the benchmarking report is to help us understand why we are achieving our performance levels, where our performance varies and help to investigate why variations may occur. This also provides us with an opportunity to see where other services are achieving better results than us and have conversations with them about any learnings and good practice that can be shared to improve our own situation. The results of previous benchmarking reports has enabled the Service to prioritise a number of areas where concentrated effort has borne positive results in the 2017/18 year-end figures.

2. NATIONAL/REGIONAL POSITION

Key findings

2.1 Fire & Rescue Incident Statistics

- 2.1.1 FRSs attended **564,827 incidents** in 2017/18. This was a one per cent increase compared with the previous year (560,453) but a 29 per cent decrease compared with ten years ago (791,746 in 2007/08). The total number of incidents was on a downward trend for around a decade, though they have increased in recent years mainly driven by increases in non-fire incidents attended. However, the small increase this year was mainly driven by an increase in fires attended.
- 2.1.2 FRSs attended **167,150 fires** in 2017/18. This was a three per cent increase compared with the previous year (161,997) but a 43 per cent decrease compared with ten years ago (293,920 in 2007/08). The increase in fires is driven by an increase in secondary fires with primary fires showing a small decrease.

- 2.1.3 FRSs attended **225,625 fire false alarms** in 2017/18. This was a one per cent increase compared with the previous year (223,896) but a 32 per cent decrease compared with ten years ago (331,478 in 2007/08).
- 2.1.4 FRSs attended **172,052 non-fire incidents** in 2017/18. This was a one per cent decrease compared with the previous year (174,560). For around a decade, there had been a general decline in the number of non-fire incidents. However, recent years have shown large increases, largely due to a rise in medical incidents attended. The recent decrease in non-fire incidents is mainly due to a decline in emergency medical responding linked to many of the trials stopping in September 2017.
- 2.1.5 Of all incidents attended by FRSs in 2017/18, **fires accounted for 30 per cent and non-fire incidents 30 per cent**. The remaining 40 per cent were fire false alarms, which continued to be the largest incident type. In 2007/08 these percentages were 37 per cent (fires attended), 21 per cent (non-fire incidents) and 42 per cent (fire false alarms).
- 2.1.6 The number of fire-related fatalities had been on a general downward trend since comparable figures first became available in 1981/82, when there were 755 fire-related fatalities, though the numbers have fluctuated due to the relatively small numbers involved. In 2017/18, however, there were **334 fire-related fatalities** (including 71 from the Grenfell Tower fire) compared with 263 in the previous year (an increase of 27%).
- 2.1.7 There were **3,306 non-fatal casualties requiring hospital treatment¹** in 2017/18 (including 77 from the Grenfell Tower fire). This was a six per cent increase compared with the previous year (3,128) but a 13 per cent decrease compared with five years ago (3,811 in 2012/13).

2.2 **Fire & Rescue workforce and pensions statistics**

Total workforce and leavers

- 2.2.1 40,451 staff (FTE) were employed by FRSs on 31 March 2018. This was a one per cent decrease compared with the previous year (40,657 in 2017). Since the peak in 2009, the number of FRS staff has decreased by 22 per cent.
- 2.2.2 32,340 staff (FTE) were employed as firefighters on 31 March 2018. This was a one per cent decrease compared with the previous year (32,761 in 2017). Since 2009 the number of firefighters has decreased by 23 per cent.
- 2.2.3 During the financial year 2017/18, 3,988 staff left FRSs. This is nine per cent of staff headcount. From 2009/10 the proportion of FRS staff leaving had been on a slow upward trend from seven per cent to ten per cent in 2016/17.

Workforce diversity

- 2.2.4 5.7 per cent (1,980) of firefighters were women in England in 2018. This compares with 5.2 per cent in the previous year (1,832 in 2017). Since 2010 the main cause in the increase in the proportion of women firefighters has been a decrease in the number of male firefighters.

- 2.2.5 4.1 per cent (1,293) of firefighters were from an ethnic minority group in England in 2018. This compares with 3.9 per cent in the previous year (1,255 in 2017). This has been caused by the number of white firefighters decreasing by a greater rate than the number of firefighters from an ethnic minority group. There were 85 fewer firefighters from an ethnic minority group in 2018 than in 2011. This compares with 14.6 per cent of the English population in the 2011 Census belonging to an ethnic minority group.

Firefighter health and safety

- 2.2.6 There was a total of 2,588 firefighter injuries during 2017/18, three per cent greater than in the previous year (2,523 in 2016/17). The number of firefighter injuries was on a downward trend for over a decade but has plateaued since 2014/15.
- 2.2.7 There were 933 incidents involving an attack on firefighters in 2017/18, the highest recorded figure since data were first collected in 2010/11. There was a total of 2,523 firefighter injuries during 2016/17, three per cent lower than in the previous year (2,602). The number of firefighter injuries has been on a downward trend for over a decade.

Firefighter pensions

- 2.2.8 The Firefighters' Pension Scheme deficit in 2017/18 was around £552 million. This was a three per cent increase compared with the previous year (£535 million in 2016/17). Expenditure was around £811 million while income was around £259 million.

Fire prevention and protection statistics

2.3 Fire prevention

- 2.3.1 Overall, the number of Home Fire Safety Checks (HFSCs) that FRSs and their partners carry out have been on a downward trend except for a small increase between 2015/16 and 2016/17. In 2017/18, FRSs completed 576,040 HFSCs. This was a two per cent decrease compared with the previous year (590,198 in 2016/17) and 26 per cent fewer than in 2010/11 (775,019). Partners carried out 24,248 HFSCs, which was nine per cent fewer compared with 2016/17 (26,677) and 52 per cent fewer compared with 2010/11 (50,105).
- 2.3.2 Although the number of HFSCs has been declining, the number of targeted visits has fluctuated in number but steadily increased as a proportion of all HFSCs. Of the 576,040 HFSCs completed in 2017/18, 54 per cent were targeted towards the elderly and 25 per cent were targeted towards the disabled.
- 2.3.3 Overall, since 2010/11, the number of campaigns and initiatives and hours spent on campaigns and initiatives show no clear trend and appear to fluctuate year on year. In 2017/18 FRSs completed 140,560 campaigns and initiatives visits which was a four per cent decrease compared with 2016/17 (145,689) and 11 per cent fewer compared with 2010/11 (157,636).

Fire protection

- 2.3.4 There has been a general decline in the number of fire safety audits that FRSs complete however this figure has fluctuated over some years. FRSs carried out 49,423 fire safety audits in 2017/18, which accounted for three per cent of premises known to the authorities and was nine per cent fewer than in 2016/17 (54,247, 4% of premises) and 42 percent fewer than in 2010/11 (84,575, 5% of premises).
- 2.3.5 Against the background of generally declining numbers of fire safety audits was a doubling of audits on purpose built flats of four or more storeys from 3,097 in 2016/17 to 6,586 in 2017/18 (an increase of 113%).
- 2.3.6 In 2017/18 the majority (68%) of fire safety audits were rated satisfactory, the same as the previous year. However, the proportion of fire safety audits on purpose built flats of four storeys or more that were deemed satisfactory fell from 78 per cent in 2016/17 to 69 percent in 2017/18.

In 2017/18 the highest proportion of fire safety audits were carried out on shop premises (16% or 7,871), followed by purpose built flats of four or more storeys (13% or 6,586) and care homes (12% or 5,890).

3. CURRENT POSITION FOR ESFRS

- 3.1 The key areas of 2017/18 performance in *Operational Statistics* identified above for ESFRS are as follows:
- There were two fire fatalities in 2017/18, three less than in 2016/17, both of these fatalities occurred in accidental dwelling fires.
 - ESFRS attended 2,074 fires in 2017/18, an increase of 0.2% on the previous year but a 19.5% reduction since 2010/11. The national trend was a 3% increase.
 - In 2017/18, ESFRS attended 4,551, false alarms a decrease of 0.2% from the 4,560 false alarms recorded in 2016/17.
 - ESFRS attended 2,877, non-fire incidents in 2017/18, 10.5% more than in 2016/17. This is due to an increase in Assist other Agencies (40%, 77 incidents), Flooding (22%, 78) and Affecting Entry (14%, 49 incidents).
 - The most common types of non-fire incidents attended by ESFRS were road traffic collisions (18%), flooding (15%) lift release (12%) effecting entry (14%), and Assist other agencies (9%) Animal assistance (7%).
 - Financial comparisons - ESFRS has the third highest cost per Council Tax Band D.
- 3.2 The main purposes of the benchmarking report is to help us understand why we are achieving our performance levels, where our performance varies and help to investigate why variations may occur.

4. OUTCOMES FROM PREVIOUS BENCHMARKING EXERCISES

- 4.1 This report provides the Service with an opportunity to consider its performance against those of its Peers. Over recent years this report has enabled the Service to focus on a number of areas where its performance is consistently in the bottom

quartile. During 2017/18 the Service increased the number of priority areas and undertook significant work to improve performance in those areas.

4.2 **Accidental Dwelling Fires**

- 4.2.1 During 2017/18 a concentrated effort to tackle accidental dwelling fires continued with the accidental dwelling fire working group and the joint funded behavioural insights project with the LGA which will run until the end of 2018/19. Our own research and that of others indicates that many fires could be prevented by the people involved – for example by paying more attention when cooking. The pilot is based in Brighton and is aiming to change people’s behaviour. The idea is that interventions aimed at encouraging people to make better choices will be more successful if they are based on insights from behavioural science, known as “nudge theory” or “behavioural insights.” The results of this concentrated effort will be demonstrated in future benchmarking reports.
- 4.2.2 Other in-house work to aid the reduction of accidental dwelling fires has been undertaken and an on-going integrated marketing campaign was launched in March 2018 by the Communications Team, entitled Be Your Own Hero. The key aim of this campaign was to drive down the number of accidental dwelling fire incidents across our Service area. The team produced a hard-hitting interview with a Crowborough businesswomen, who spoke about her distressing experience of a devastating fire in her home, to launch the campaign. As a result of this, BBC South East covered the story, alongside other mainstream local media, reaching a wide audience. Please click on this link to see the interview with Louisa Sheridan <https://www.esfrs.org/your-safety/be-your-own-hero/>
- 4.2.3 Numerous press releases have been issued subsequently, linking a variety of fires we attended since the campaign launched to the Be Your Own Hero home page, which includes the following: Candle Safety Warning Following Hove Fire, Warning Over Chip Pan Dangers, Electrical Safety Advice Following Hove Fire, Eastbourne Fire Prompts Smoke Alarm Message, Tumble Dryer Fire Sparks Electrical Safety Advice, Give Your Fuse Box Some Space, Spring Forward By Testing Your Smoke Alarm, It’s Friday The 13th – We’re Here to Keep You Safe, Fish Tank Causes Mobile Home Fire, Electrical Safety Warning Following Fridge Fire in Ticehurst #RegisterYourAppliance and Electrical Safety Reminder Following Two Fires.
- 4.2.4 This is a snapshot of just some of the media outlets who proactively promoted our safety messages, as a direct result of the news releases: Brighton & Hove News, Juice Brighton, Brighton & Hove Independent, Rye Observer, Brighton Argus, BBC South East, Eastbourne Herald, Hastings Observer, Kent & Sussex Courier, Crowborough Life, BBC Radio Sussex and Heart FM radio.
- 4.2.5 The number of Home Safety Visits undertaken by Crews and Community Safety Advisors increased with 10,982 visits undertaken against a target of 10,000. The year end result of 499 accidental dwelling fires equates to an 8% decrease on the previous year when 540 accidental dwelling fires were attended. This is the lowest number of accidental dwelling fires recorded over the last 18 years from 1999/2000. The previous lowest number being 506 in 2010/11. The intervening years since then saw 538, 558, 526, 544, 552 and 540 respectively.

4.2.6 A dedicated ADF group meet monthly and monitor and evolve the ongoing ADF action plan that seeks to deliver the ADF statement of intent.

4.2.7 Although the intention currently focusses on ongoing reduction it is acknowledged that changes in societal behaviour and public funding of other key services affect the levels of vulnerability in the community and that any increase in societal risk will need to be considered alongside this intention. It is also important that we continue to record every incident however minor as this continues to provide critical intelligence that is then used to shape future prevention activities.

4.3 **Sickness absence**

4.3.1 Sickness still remains an area where we are high in comparison to our family group. We had the second level of sickness for WT and Control staff in FG2 for 2017/18 with 10.27 days lost to sickness per employee, which is above the 2017/18 average of 7.76. However, five FRS from FG2 did not provide data in 2017/18. ESFRS support staff had the highest level of sickness in FG2 (from the nine fire and rescue services in FG2 that returned data) with 12.62 days lost to sickness per employee. This is considerably above the 2017/18 average of 7.29 and the highest figure for ESFRS since the first Occupational Health Report was produced in 2012/13.

4.3.2 It should be noted that the Service has had absence management as a priority area in 2018/19. The national Cleveland Report for sickness statistics across the national FRS shows a much improved figure in 2018/19 demonstrating that the interventions being made by line managers, the HR team and the Well-being team are having an impact. Absence management remains a priority area for 2019/20 as further sustained improvements can still be made.

4.4 **The number of high risk inspections**

4.4.1 This was a new priority area in 2017/18 and critically important following the Grenfell Tower fire on 14 June 2017. As can be seen by the 2017/18 benchmarking report we completed the third lowest recorded number of audits per 1,000 non-domestic properties with 15.8, whereas Durham completed the most with 109.9 per 1,000 non-domestic properties. The FG2 average at 34.7 was more than double that of ESFRS. However this is an improvement on the 2016/17 report, when we were the lowest, having completed 299 audits, in 2017/18, 499 were recorded so the focus on this area is starting to see some positive progress. In 2018/19 station staff will also be trained to undertake a number of audits across the service ground so this will produce even better results in the coming years.

4.5 **False Alarm Apparatus**

4.5.1 Similarly the benchmarking report has shown that the Service is high in relation to false alarms apparatus and lift rescues in recent years. This has led to the Service undertaking a demand management review.

4.5.2 Where the Service responds to AFAs which turn out to be false alarm at domestic premises, HMOs or specialised housing, these could be considered as an early indication of a potential fire or the presence of a vulnerable person(s) I.E. If the alarm

had not activated, the incident could have developed into a fire and therefore this could be considered a near hit. On the principle of Every Contact Counts, we want to use this opportunity to engage with the resident(s) to share advice and promote fire safety:

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



East Sussex Fire & Rescue Service

East Sussex Fire & Rescue Service Benchmarking Report 2017/18

MARCH 2019

Background

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

The twelve FRS that make up FG2 are:

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

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

This benchmarking report focuses on the following areas:

- Employee comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
- Station and appliance comparisons from the 'CIPFA annual statistics for 2017-18'
- Health and Safety comparisons from the 'Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018'
- Incident comparisons from the 'Fire Statistic Monitor: England April 2017 to March 2018' and the 'Fire Incident Response Times: England, for 2017-18'
- Sickness comparisons for the FG2 from the 'National Fire & Rescue Service Occupational Health Performance Report April 2017 – March 2018'

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

The most current Home Office datasets were released in January 2019. The figures in this report are based on the latest published figures and regional demographic information. The Appliance and Station numbers are based on data released by CIPFA (annual statistics for 2017-18) and the Employee and Health & Safety comparisons are based on 2017/18 Operational Statistics data collection returns. These returns reflect the positions within each organisation as of 31 March 2018. Sickness data is provided directly from Fire and Rescue Services in the 'National Fire and Rescue Service Occupational Health Performance Report April 2017 – March 2018'. This report is prepared by Cleveland Fire and Rescue Service.

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire prevention and protection statistics: England, April 2017 to March 2018). These contain data from each UK FRS on:

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

The Home Office collate the Annual Operational Statistics data collection returns and produce Fire and Rescue Service Operational Statistics Bulletins (Fire and rescue workforce and pensions statistics: England, April 2017 to March 2018). These contain data from each UK FRS on:

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

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

The Home Office also collect and collate the E-IRS data sets and produce the 'Detailed analysis of fires attended by fire and rescue services, England, April 2017 to March 2018' and the 'Response times to fires attended by fire and rescue services: England, April 2017 to March 2018'.

These contain data from each UK FRS on:

- Incident types
- Attendance times
- Fatalities and casualties

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

Population and Geographic details

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

Table 1 sets out these main comparators. It shows, with regard to population and properties, East Sussex Fire & Rescue Service (ESFRS) is comparable to Cambridgeshire and West Sussex. ESFRS has the 5th highest population (840,500), the 4th highest number of dwellings (367,875) and the 3rd highest number of non-domestic properties (31,625) but it is the 3rd smallest in area among FG2.

ESFRS, with regard to full-time equivalents (FTE), has the 3rd highest number of Wholetime (WT) and 6th highest number of On-call firefighters. This is the 3rd highest number of WT and On-call combined.

Page	Bedfordshire	Berkshire	Buckinghamshire	Cambridgeshire	Dorset & Wiltshire	Durham	East Sussex	Norfolk	Northamptonshire	Oxfordshire	Suffolk	West Sussex
Population	664,600	905,900	803,400	847,100	1,487,200	630,000	840,500	898,400	741,200	682,400	757,000	852,400
Domestic Properties (Dwellings)	266,144	363,897	324,767	354,158	614,440	287,261	367,875	408,776	313,760	275,799	329,455	372,950
Non-domestic Properties	18,425	25,193	22,378	26,148	53,001	19,451	31,625	37,254	21,086	20,848	29,955	28,105
Wholetime (Full Time Equivalents)	283	381	244	250	431	307	356	267	235	230	200	321
On-call (Full Time Equivalents)	110	51	101	128	496	152	196	439	149	206	344	199
Total	393	432	345	378	927	459	552	706	384	436	544	520
Area Sq. Km	1,235	1,262	1,874	3,390	6,138	2,423	1,791	5,380	2,364	2,605	3,801	1,991

Table 1: Sources: i) CIPFA Fire and Rescue Service Statistics 2018 Summary ii) Fire statistics data tables 1102a:Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters & 1102b Total Staff Numbers (FTE) by role and fire and rescue authority – On-call firefighters

Locations of the Family Group 2 Fire and Rescue Services



Employee comparisons

Table 2 shows that the ESFRS's senior management structure is most comparable to Oxfordshire and Cambridgeshire. Overall, ESFRS has the 3rd highest numbers of operational staff in FG2.

Additionally, the figures represent the 'Strength' of each FRS. This is the actual number of operational posts filled as per contract as at 31st March 2018. They do not include any temporary posts or posts that are fully funded by outside agencies; for example, persons seconded to the Ministry for Housing, Communities and Local Government (MHCLG), the Home Office, HMICFRS, Fire Service College or charitable organisations. Posts such as these are not included in the FRS's 'Strength' figures. However, the figures reflect temporary promotions within the organisation.

ESFRS has the 4th highest increase in WT operational staff against the numbers stated in the 2016/17 Benchmarking Report. The 1.3% increase equates to 5 WT posts but this is still a decline of 75 WT posts since 2011. The average ratio of firefighters to Senior Managers in FG2 is 20, so with 24, ESFRS is above this and has the 3rd equal highest ratio.

Fire & Rescue Service	Brigade Manager	Area Manager	Group Manager	Station Manager	Watch Manager	Crew Manager	Firefighter	Total	% change from previous year	Ratio of Firefighters to Senior Manager*
Bedfordshire	2	4	9	13	38	45	172	283	4.8%	18 to 1
Berkshire	3	3	8	24	53	72	218	381	0.3%	26 to 1
Buckinghamshire	2	3	6	22	32	42	137	244	-3.2%	21 to 1
Cambridgeshire	2	3	9	28	44	30	134	250	-2.3%	17 to 1
Dorset & Wiltshire	4	5	10	36	77	62	237	431	3.1%	22 to 1
Durham	4	3	4	23	43	50	180	307	0.3%	27 to 1
East Sussex	3	2	9	27	44	66	205	356	1.3%	24 to 1
Norfolk	2	4	7	23	45	39	147	267	1.5%	20 to 1
Northamptonshire	2	5	9	17	50	30	122	235	-5.6%	14 to 1
Oxfordshire	3	3	9	26	49	37	103	230	-1.3%	14 to 1
Suffolk	2	4	7	21	39	27	101	200	-0.5%	14 to 1
West Sussex	3	3	7	24	59	50	175	321	-1.2%	24 to 1

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

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

Table 3, shows the FG2 management structure at station level. ESFRS has the 2nd highest number of Watch and Crew Managers by WT and Day crewed (DC) stations with 9.17. The FG2 average is 10.68.

Fire & Rescue Service	Watch Manager	Crew Manager	Firefighter	Crew & Watch Manager total	No. of WT & DC stations	Average no. of watch & crew managers by DC & WT station	Ranking
Bedfordshire	38	45	172	83	6	13.83	11
Berkshire	53	72	218	125	12	10.42	6
Buckinghamshire	32	42	137	74	10	7.40	1
Cambridgeshire	44	30	134	74	7	10.57	8
Dorset & Wiltshire	77	62	237	139	13	10.69	9
Durham	43	50	180	93	9	10.33	5
East Sussex	44	66	205	110	12	9.17	2
Norfolk	45	39	147	84	8	10.50	7
Northamptonshire	50	30	122	80	8	10.00	4
Oxfordshire	49	37	103	86	6	14.33	12
Suffolk	39	27	101	66	6	11.00	10
West Sussex	59	50	175	109	11	9.91	3

Table 3: Source - Fire statistics data tables Table 1102a: Total Staff Numbers (FTE) by role and fire and rescue authority – Wholetime Firefighters. Number of Stations: CIPFA Statistics 2017/18 Estimates and FRS Websites

Chart 1, below, shows the comparisons of WT firefighters (head count) across FG2. ESFRS is above the FG2 average of 293, with 357.

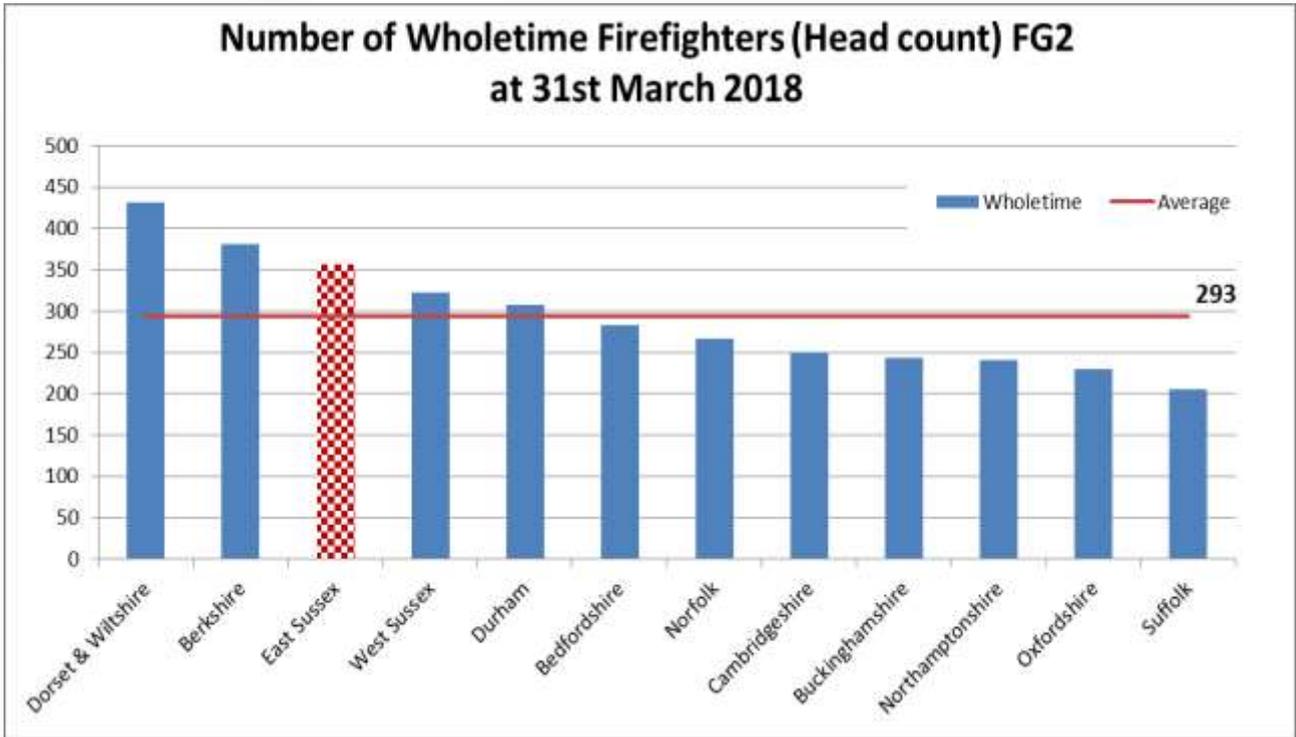


Chart 1 Number of WT Firefighters (Source: Fire statistics data tables 1101: Staff in post employed by FRA by head count – Wholetime Firefighters)

Chart 2 shows the comparisons of On-call firefighters (head count) across FG2. The average number of On-call firefighters across the group is 273, whereas for ESFRS this is 246. The On-call staffing model is often dependent on a number of factors, including geographical location, the number of incidents in an area and the levels of risk within an area.

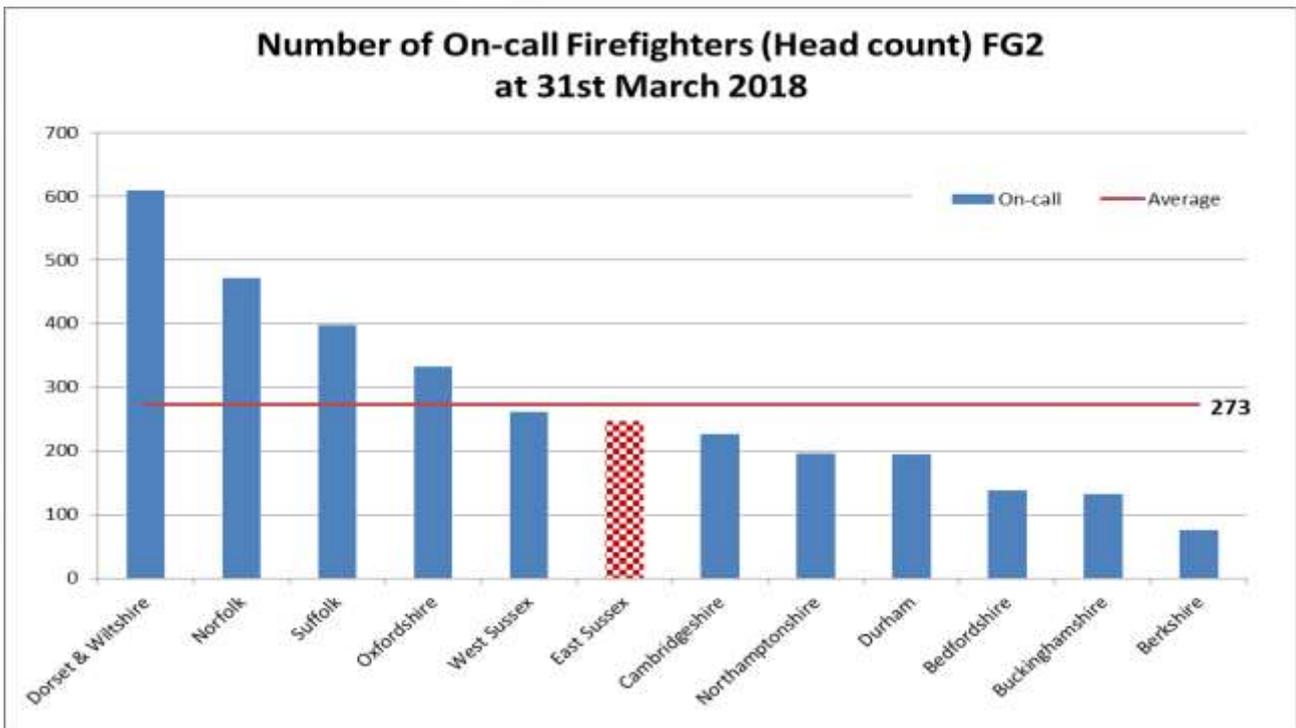


Chart 2 Number of On-call Firefighters (Source: Fire statistics data tables 1101: Staff in post employed by FRA by head count – On-call Firefighters)

Stations and Appliances comparisons

Table 4 shows number of pumping appliances across area and population. ESFRS has the 5th highest number of pumping appliances among FG2 with 41. This is above the group average of 38.8. ESFRS's population is concentrated mostly on the coast by comparison to many other FG2 members and therefore impacts on the area per pumping appliance.

Fire & Rescue Service	Pumping Appliances	Appliances per 100,000 population	Area per Pumping Appliance (km ²)	FRS Area (km ²)	Population
Bedfordshire	22	3.31	56.2	1,235	664,600
Berkshire	21	2.32	60.1	1,262	905,900
Buckinghamshire	30	3.73	62.5	1,874	803,400
Cambridgeshire	36	4.25	94.2	3,390	847,100
Dorset & Wiltshire	80	5.38	76.7	6,138	1,487,200
Durham	27	4.29	89.8	2,423	630,000
East Sussex	41	4.88	43.7	1,791	840,500
Norfolk	53	5.90	101.5	5,380	898,400
Northamptonshire	26	3.51	90.9	2,364	741,200
Oxfordshire	45	6.59	57.9	2,605	682,400
Suffolk	37	4.89	102.7	3,801	757,000
West Sussex	48	5.63	41.5	1,991	852,400

Table 4: Number of pumping appliances (Source: CIPFA Statistics 2017/18 Actuals)

Chart 3 presents the number of pumping appliances per 100,000 population. ESFRS has the 6th highest with 4.9, which is above the FG2 average of 4.6.

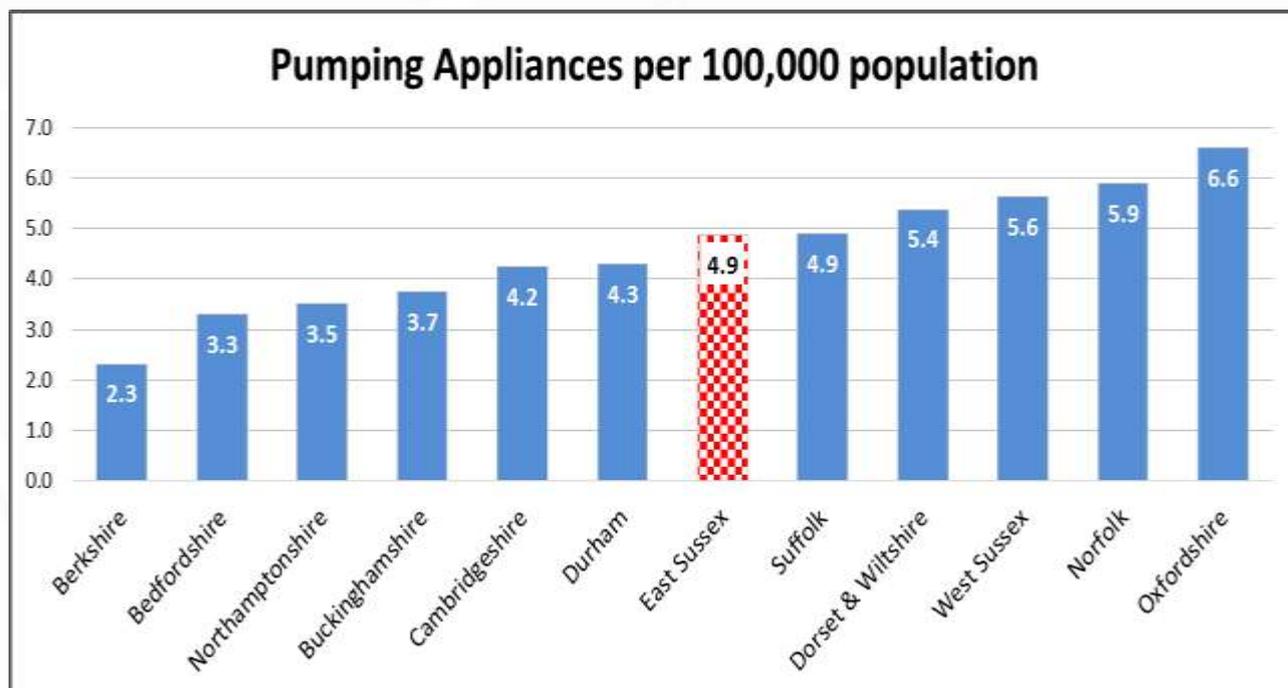


Chart 3: Pumping Appliances per 100,000 population (Source: CIPFA Statistics 2017/18 Actuals)

Chart 4 shows area per pumping appliance. ESFRS has the 2nd highest pumping appliance density with one to every 43.7 km². The FG2 average one to every 73 km².

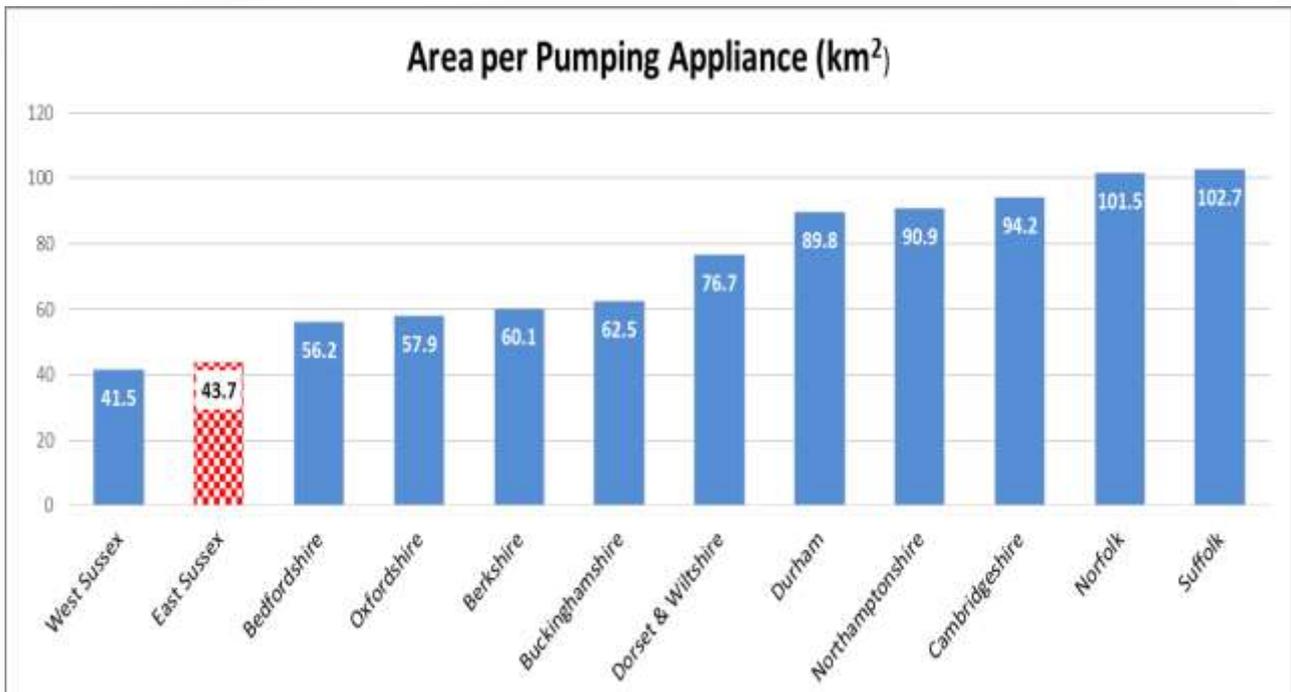


Chart 4: Square kilometers per appliance (Source: CIPFA Statistics 2017/18 Actuals)

Table 5 shows the number of stations per 100,000 population and area per station in km² for each FG2 FRS. ESFRS has 6 WT, 6 DC and 12 On-call stations, which is most comparable to West Sussex in FG2

Fire & Rescue Service	Wholetime Stations	Day crewed Stations	On-call Stations	Total Number of Fire Stations	Stations per 100,000 population	Area per Station (km ²)
Bedfordshire	3	3	8	14	2.11	88.24
Berkshire	11	1	6	18	1.99	70.11
Buckinghamshire	6	4	10	20	2.49	93.68
Cambridgeshire*	3	4	20	27	3.19	125.54
Dorset & Wiltshire	3	10	37	50	3.36	122.76
Durham	2	7	6	15	2.38	161.56
East Sussex	6	6	12	24	2.86	74.64
Norfolk	3	5	34	42	4.67	128.10
Northamptonshire	3	5	14	22	2.97	107.45
Oxfordshire	2	4	18	24	3.52	108.54
Suffolk**	4	2	29	35	4.62	108.60
West Sussex***	6	5	14	25	2.93	79.64

Table 5: Number of Stations (Source: CIPFA Statistics 2017/18 Actuals and FRS Websites)

*Cambridgeshire has 1 Volunteer Fire Station; ** Suffolk has 1 Nucleus Fire Station; *** West Sussex also share an additional station with Surrey FRS

Chart 5 presents number of stations per 100,000 population. ESFRS has a rate of 2.86 stations per 100,000 population, this is the 5th lowest in FG2.

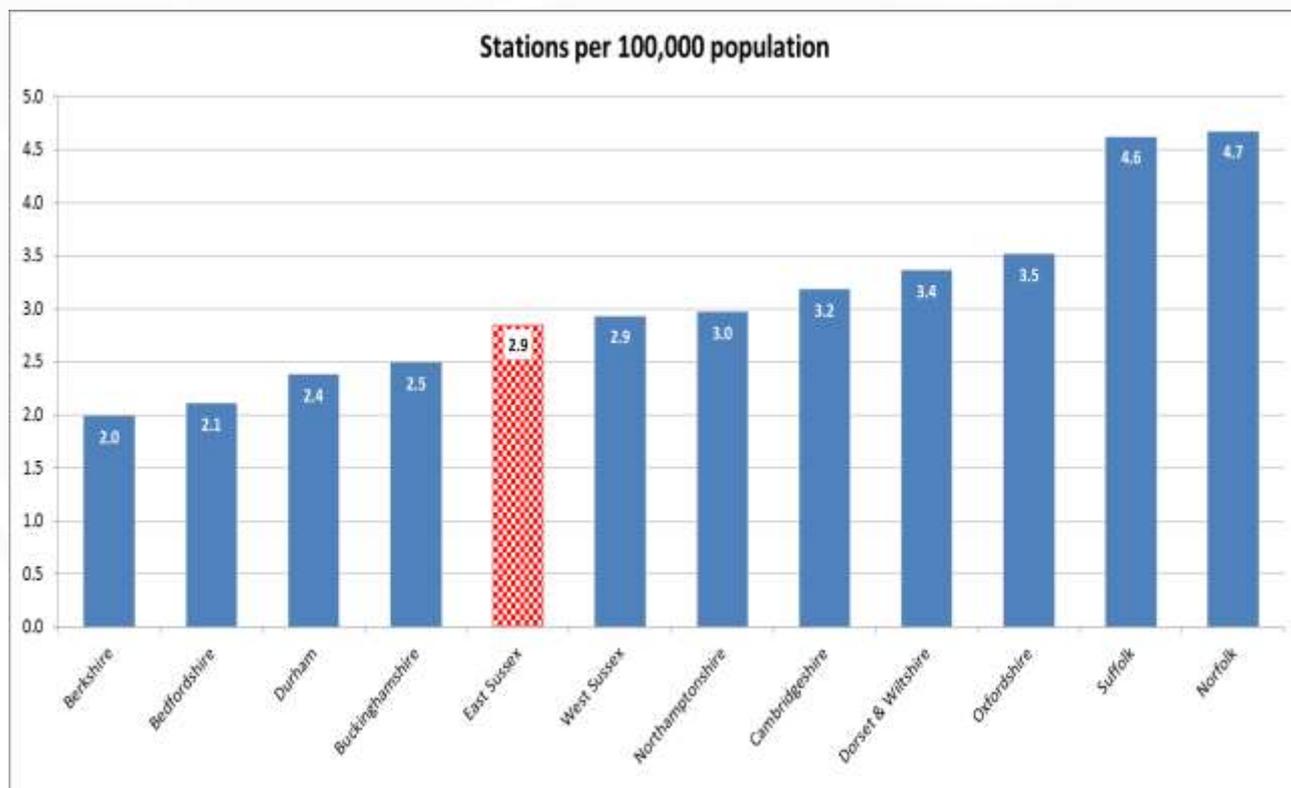


Chart 5: Stations per 100,000 pop (Source: CIPFA Statistics 2017/18 Estimates)

Chart 6 shows area per station in km². ESFRS has one station for every 74.6 km², which is the 2nd highest density of stations per km² in FG2.

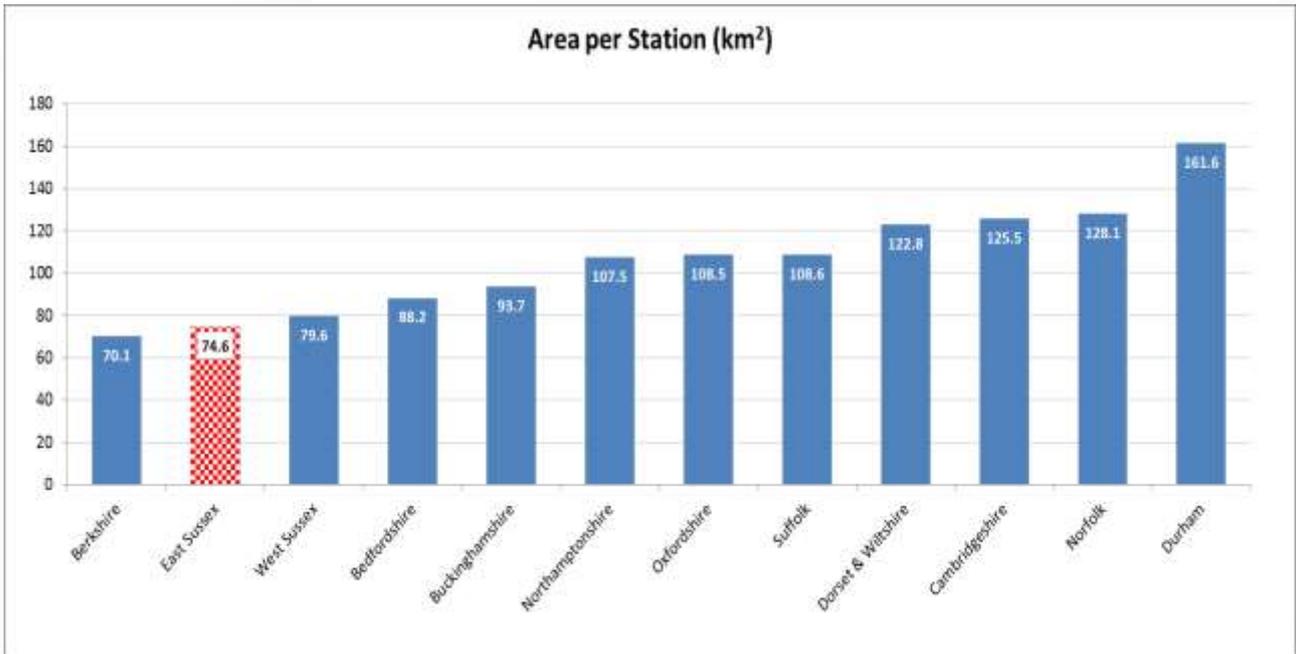


Chart 6: Stations per square km (Source: CIPFA Statistics 2017/18 Estimates)

Chart 7 highlights the number of WT, DC and On-call stations for each FG2 member. Berkshire has the highest number of WT stations, Dorset and Wiltshire has the highest number of DC and On-call stations. Dorset & Wiltshire (50) and Norfolk (47) have the most stations overall, whilst Bedfordshire (14) and Durham (15) have the least among FG2.

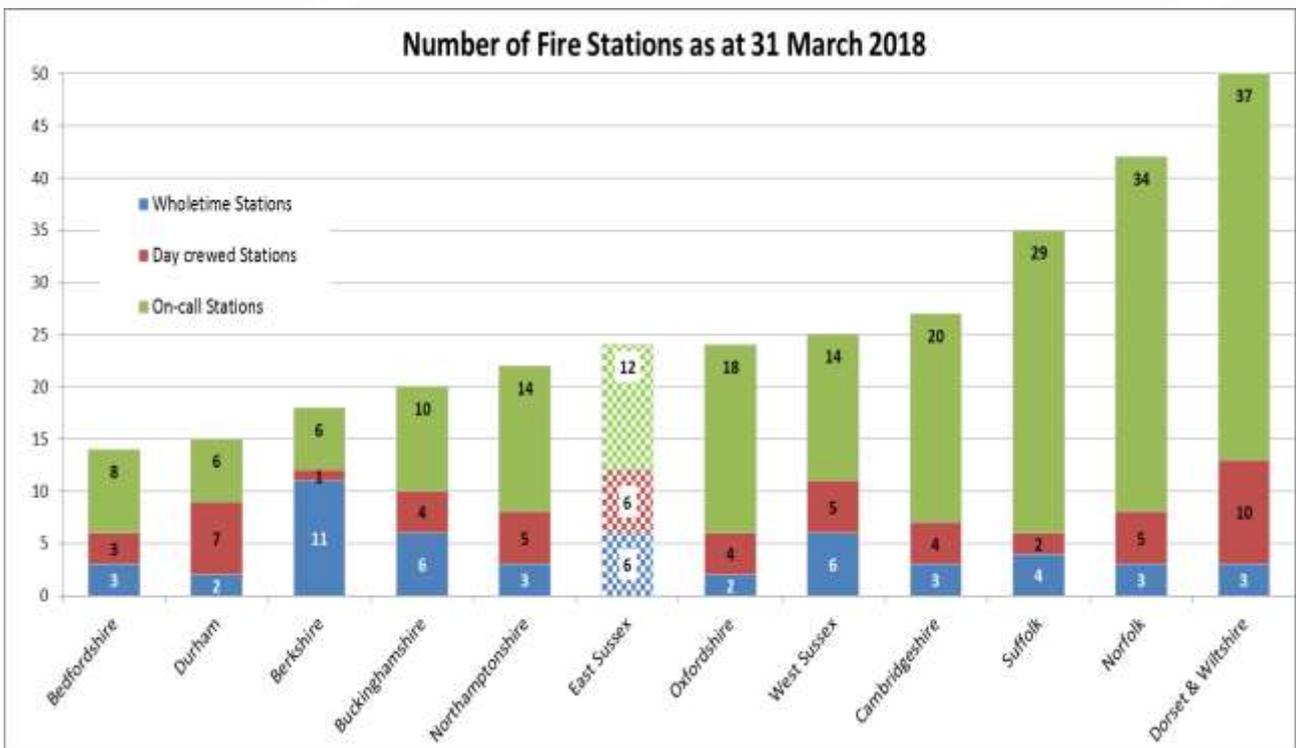


Chart 7 Number of Stations (Source: CIPFA Statistics 2017/18 Estimates & FRS Websites)

Financial comparisons

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

ESFRS has the highest average net expenditure cost per domestic household and the 2nd highest cost per Council Tax Band D.

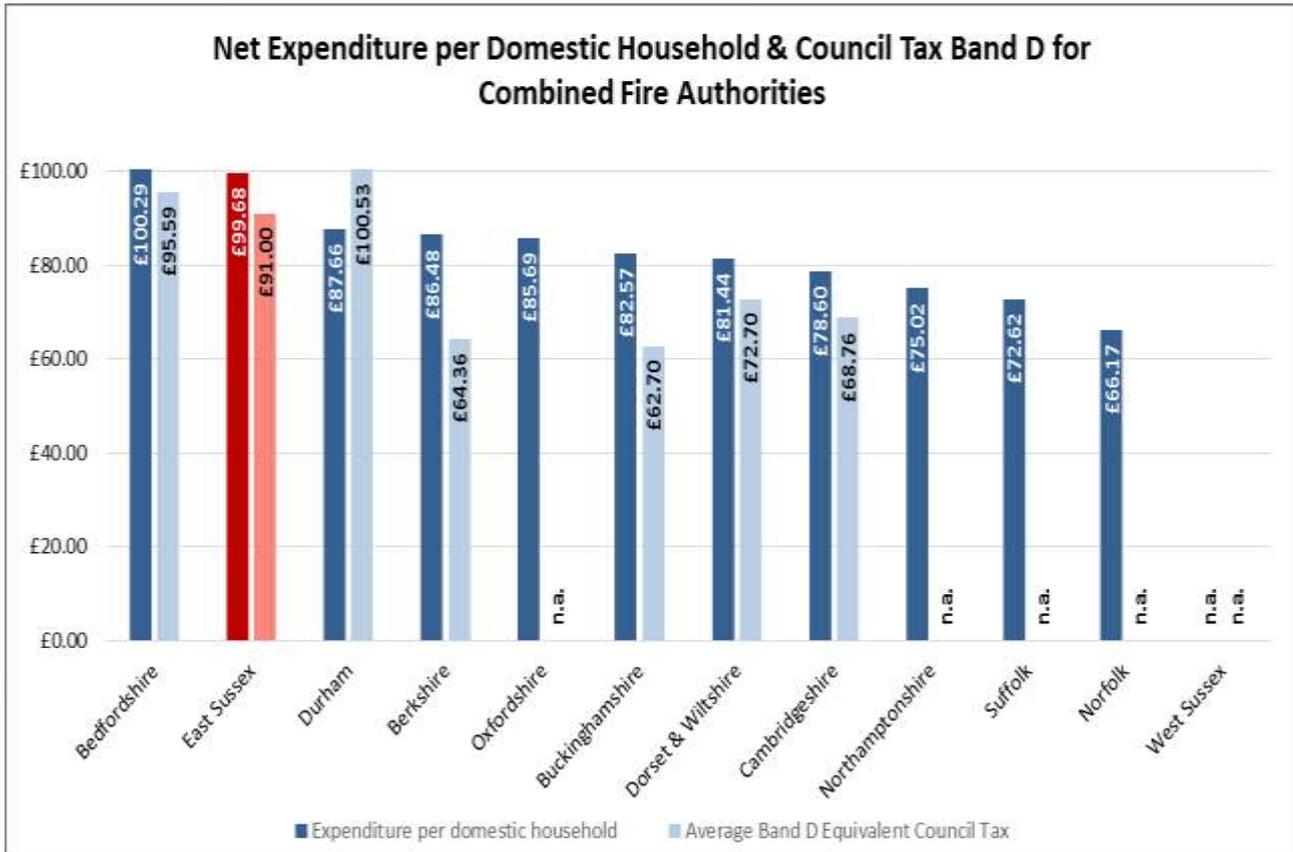


Chart 8 Average net expenditure per number of domestic properties & Council Tax Band D (Source: CIPFA Statistics 2017/18)

Health & Safety

Chart 9, below, shows the number of injuries per 100 WT and On-call firefighters sustained during operational incidents and training for FG2. In 2017/18, ESFRS sustained 7.25 operational injuries per 100 firefighters (3.57 in 2016/17) and 3.44 training injuries per 100 firefighters (4.10 in 2016/17). The FG2 average number of operational injuries per 100 firefighters is 3.75 and the average rate for training injuries is 3.54 per 100 firefighters.

ESFRS is currently above the FG2 average in operational injuries, currently ranked 11th (6th in 2016/17) and below the average in training injuries, ranked 6th (7th in 2016/17). Cambridgeshire has the most training and operational injuries per 100 firefighters, whilst Durham has the least training and operational injuries per 100 firefighters among FG2.

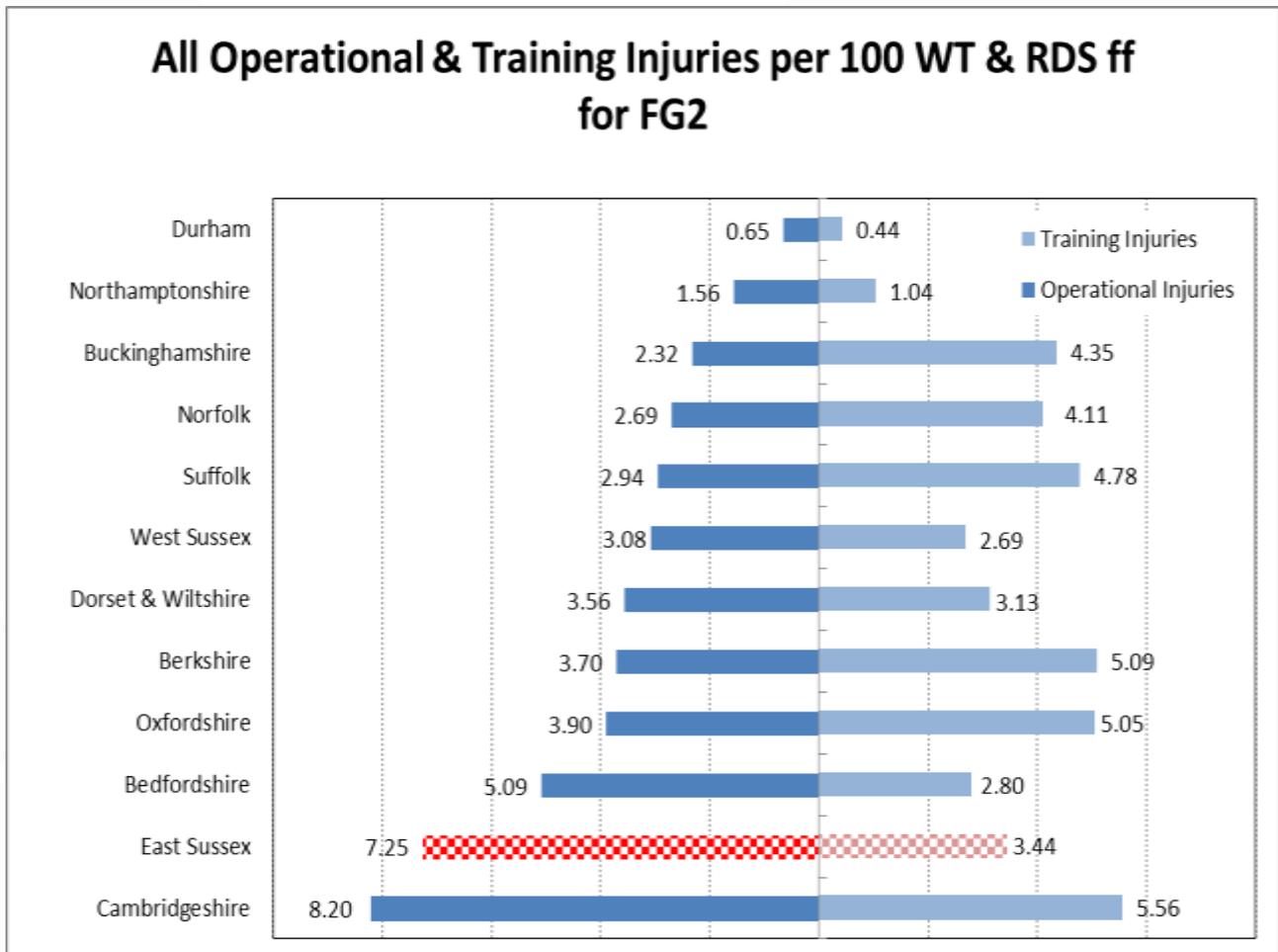


Chart 9: Operational & Training Injuries per 100 firefighters Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 0508b: Injuries sustained by firefighters and firefighter fatalities, during operational incidents, by fire and rescue authority & FIRE STATISTICS TABLE 0508c: Injuries sustained by firefighters and firefighter fatalities, during training incidents, by fire and rescue authority)

Firefighters by Gender and Ethnicity comparisons

Chart 10 shows the percentage of female WT firefighters for each FG2 member over the past three years. The profile of WT firefighters in England is predominantly male and white. However, the proportion of firefighters who are female has increased from a national average of 1.3% in 2002 to a national average of 6.1% in March 2018 but it is understood that this proportional increase is owing to the larger numbers of males leaving the FRS, rather than an actual increase in the numbers of female firefighters.

ESFRS has the 8th highest proportion of female firefighters across FG2 with 5.6% of WT firefighters, which is below the national average (6.1%) and equal to the FG2 average of 5.6%.

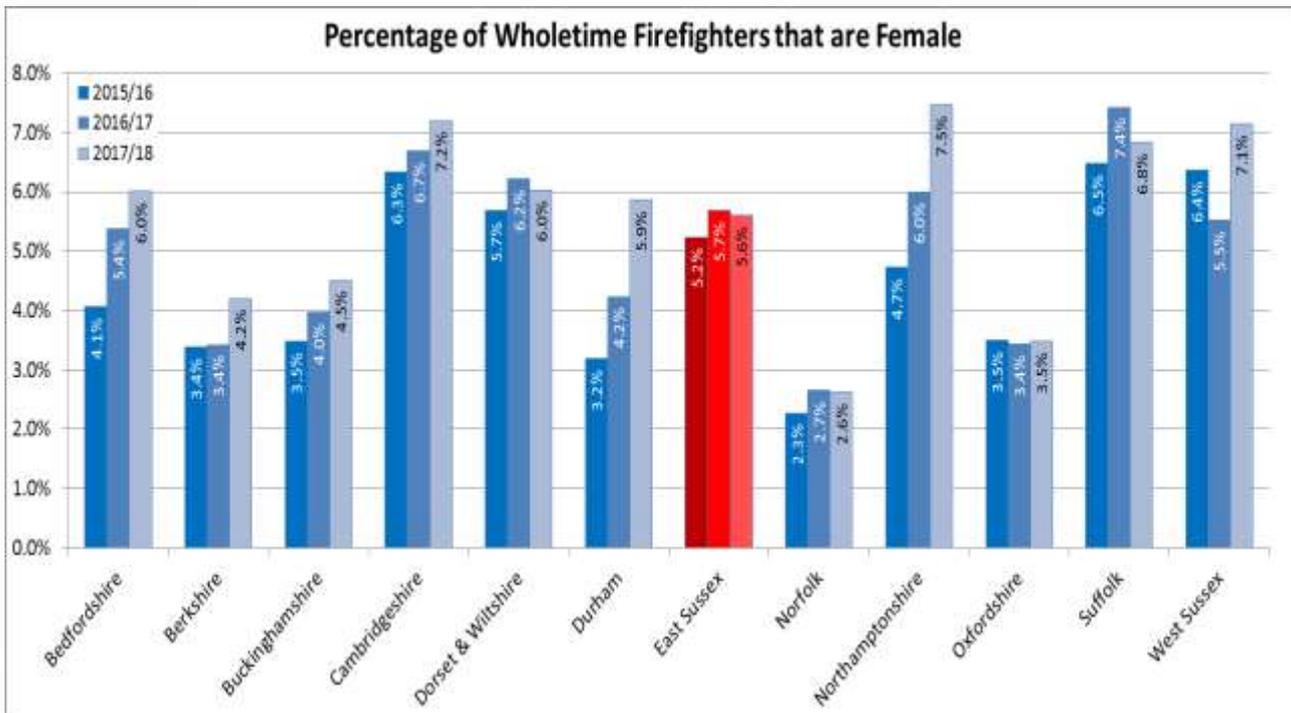


Chart 10: Percentage of WT firefighters that are female (Source: Operational Statistics Bulletin for England 2017 to 2017 FIRE STATISTICS TABLE 1103: Staff headcount by gender, fire and rescue authority and role)

Chart 11 shows the actual numbers of male and female firefighters at each FG2 FRS. In terms of raw numbers, ESFRS has the 3rd highest numbers of female firefighters: 20; only the recently combined Dorset & Wiltshire FRS (26) and West Sussex (23) have more female WT firefighters.

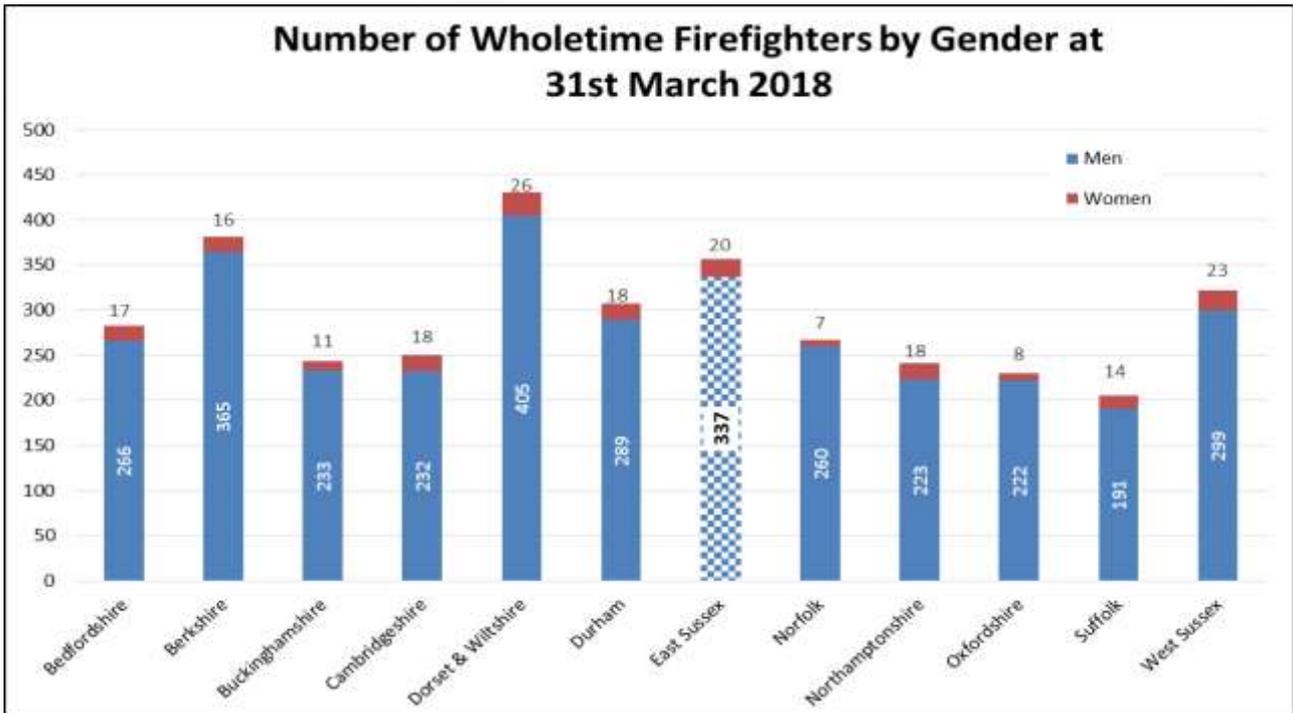


Chart 11: Numbers of WT firefighters that are female (Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 1103: Staff headcount by gender, fire and rescue authority and role)

Nationally, the percentage of WT firefighters from ethnic minority backgrounds has also increased: from an average across all FRs of 1.5% in 2002 to 5.5% in March 2018. ESFRS is currently below the national average at 3.8% as are all FG2. The highest is Bedfordshire with 5.2%.

Chart 12 illustrates the percentage of WT firefighters that are from an ethnic minority background for FG2. As of 31 March 2018, ESFRS has the 2nd highest proportion of ethnic minority WT firefighters across the FG2 members.

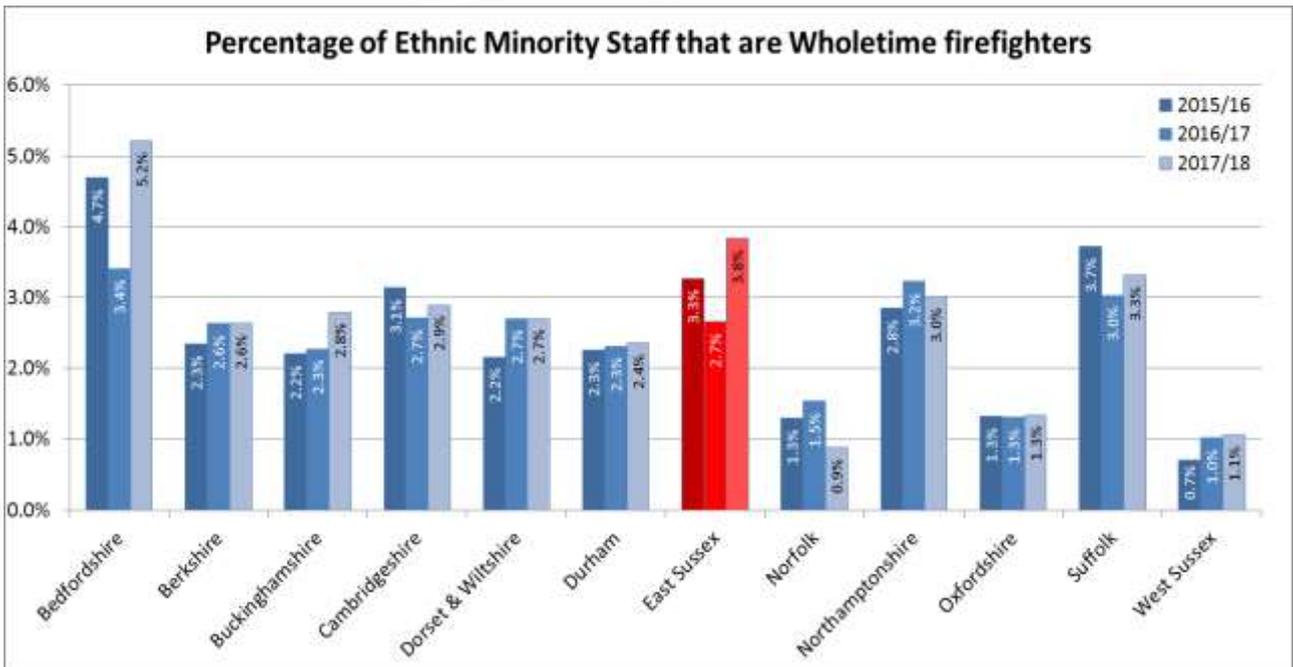


Chart 12: Percentage of WT firefighters that are from an ethnic minority (Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 1104: Staff headcount by ethnicity, fire and rescue authority and role)

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

Chart 13 shows the actual numbers of white and ethnic minority WT firefighters by each FG2 member. ESFRS has the 2nd highest numbers of ethnic minority WT firefighters with 13. Bedfordshire was the highest with 14.

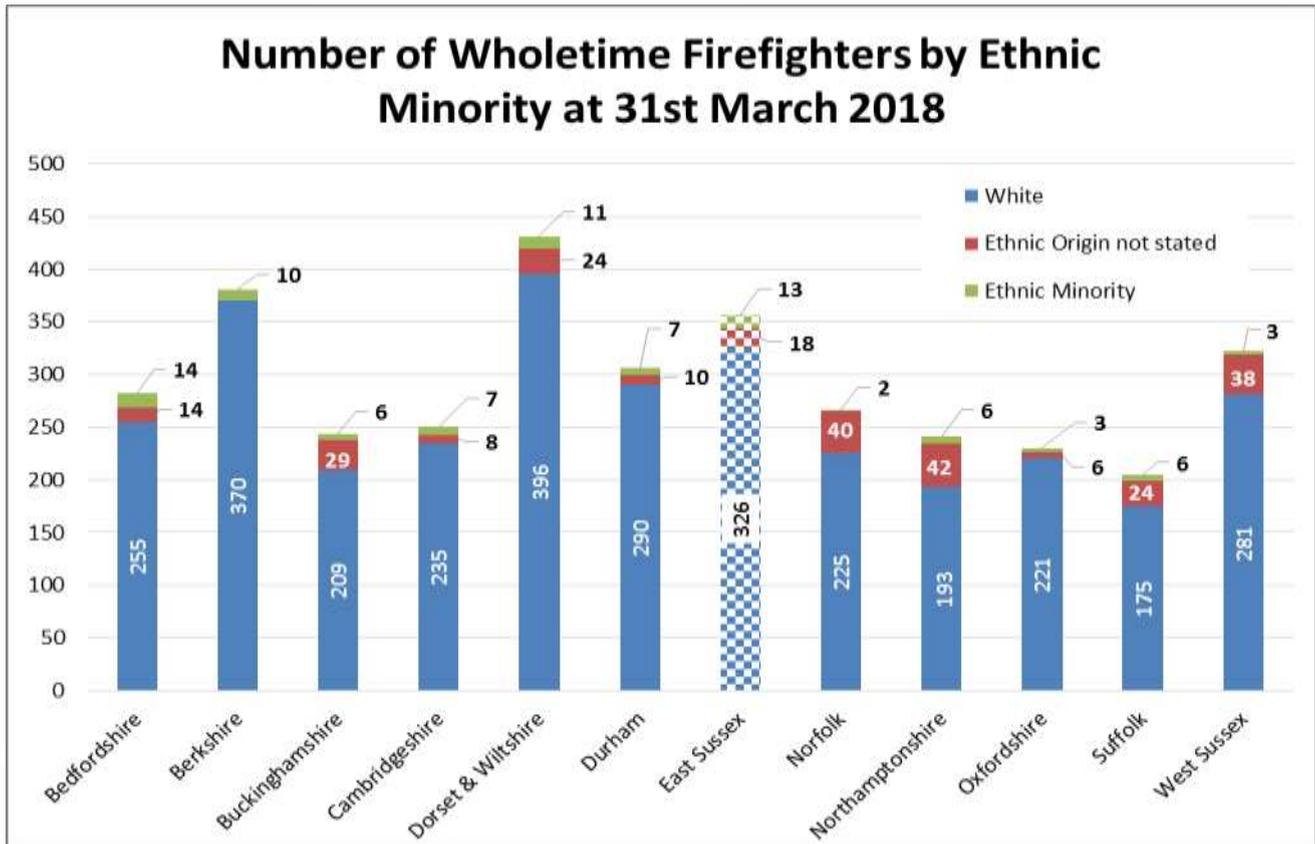


Chart 13: Number of WT firefighters that are from an ethnic minority (Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 1104: Staff headcount by ethnicity, fire and rescue authority and role)

Sickness

Chart 14 illustrates the number of duty days lost per person for WT and Control staff due to sickness. ESFRS has the 2nd highest level of sickness in FG2 for 2017/18 with 10.27 days lost to sickness per employee, which is above the 2017/18 average of 7.76. However, five FRS from FG2 did not provide data in 2017/18. These are represented as 'n/a' (not available) in the chart below where no value was returned.

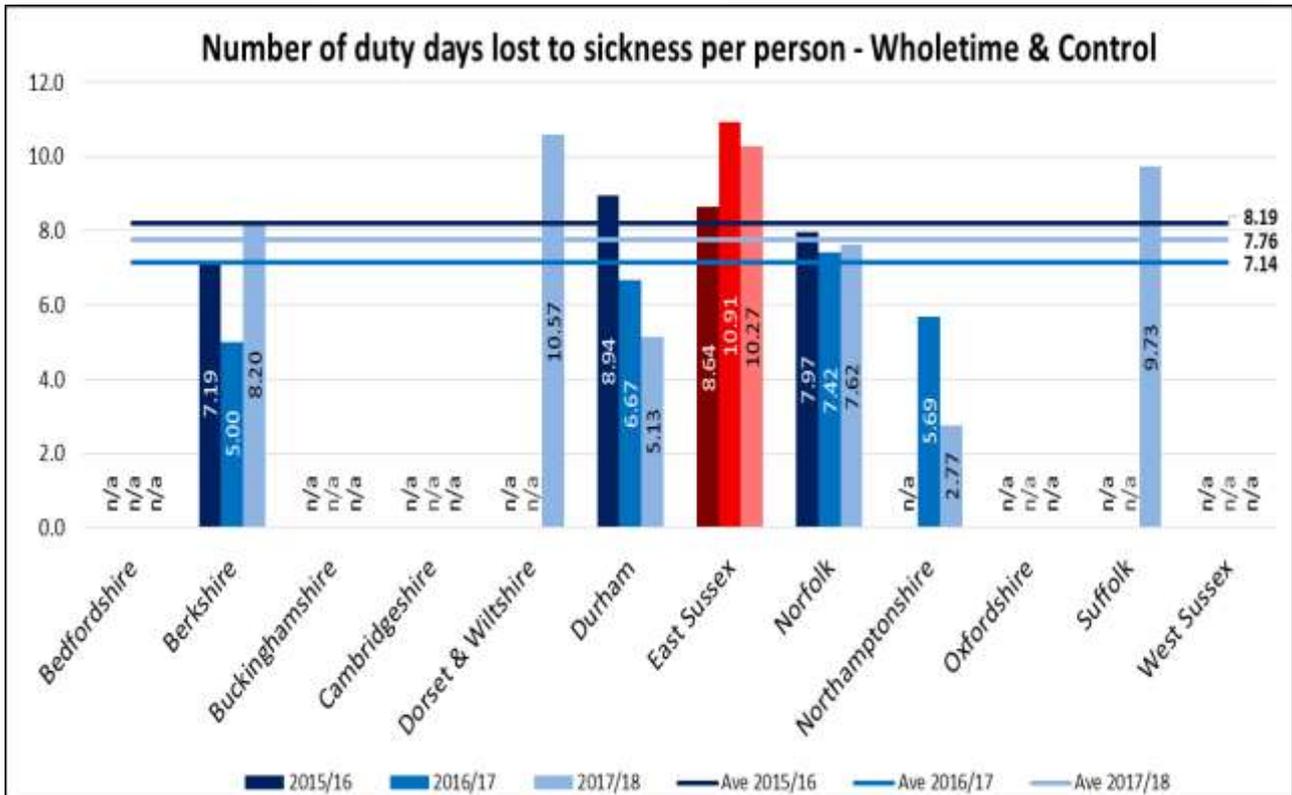


Chart 14: Number of shifts lost per person due to sickness (WT and Control) (Source: National Fire & Rescue Service Occupational Health Performance Report April 2017 – March 2018)

Chart 15 illustrates the number of shifts lost per person for non-uniformed staff due to sickness. ESFRS has the highest level of sickness in FG2 from the nine FRS that provided data in 2017/18 with 12.62 days lost to sickness per employee. This is considerably above the 2017/18 average of 7.29 and the highest figure for ESFRS since the first Occupational Health Report was produced in 2012/13. (In the chart below, 'n/a' represents no value being returned.)

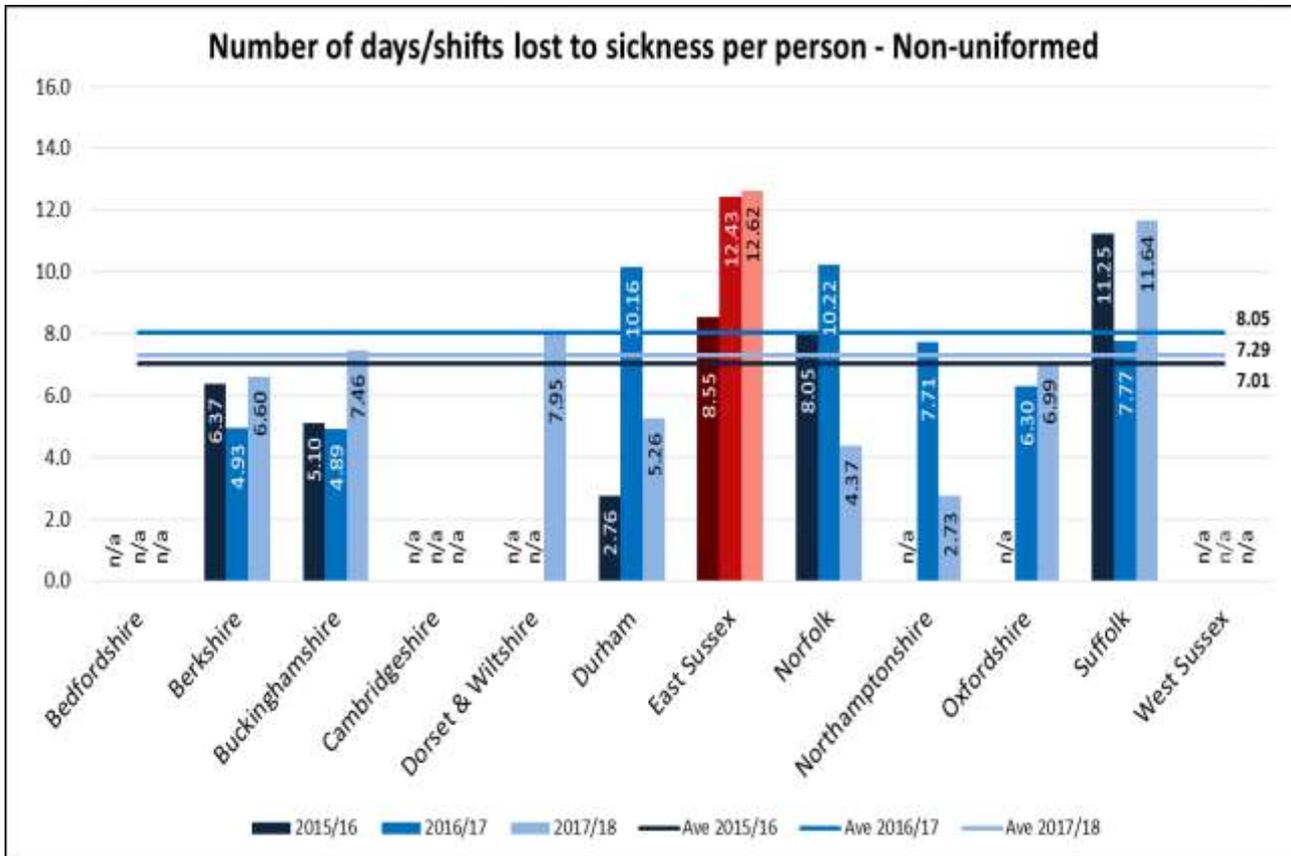


Chart 15: Number of shifts lost per person due to sickness (Support) (Source: National Fire & Rescue Service Occupational Health Performance Report April 2017 – March 2018)

Home Safety Visits completed

Chart 16 shows the numbers of Home Safety Visits (HSVs) completed from 2010/11 to 2017/18 per 1,000 domestic dwellings for each FG2 member.

ESFRS has the 2nd highest number of HSVs completed per 1,000 domestic dwellings in 2017/18 with 29.9. However, Durham, with the highest HSVs, completed 68.0 per 1,000 domestic dwellings.

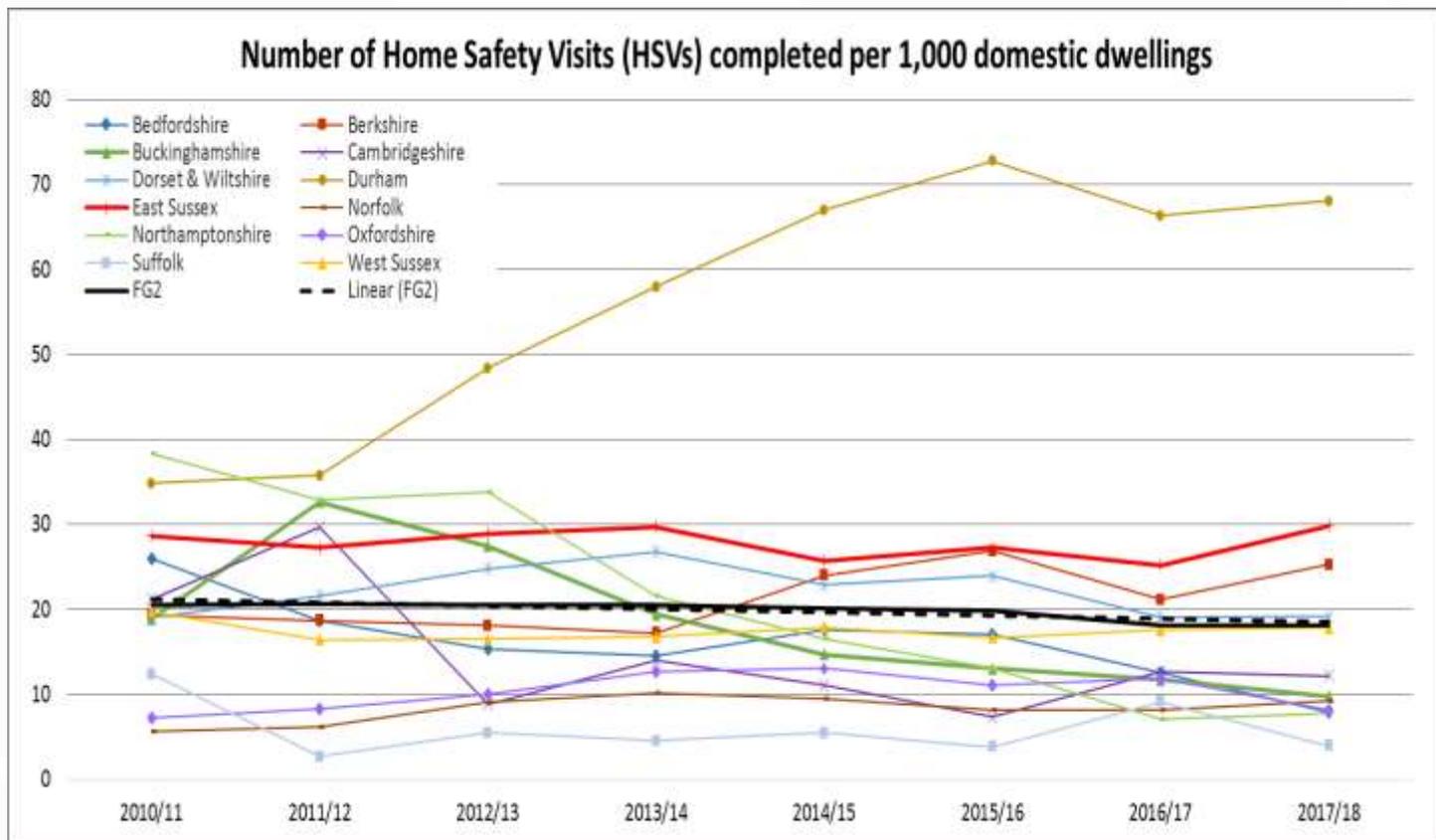


Chart 16: Number of HSVs completed per 1,000 domestic dwellings (Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 1201: Home Fire Risk Checks carried out by fire and rescue authorities and partners, by fire and rescue authority)

Number of Fire Safety Audits completed

Chart 17 shows the total number of Fire Safety Audits completed by FG2 in 2017/18. ESFRS had the 5th lowest with 499, compared to Durham with 2,138. The FG2 average was 856.

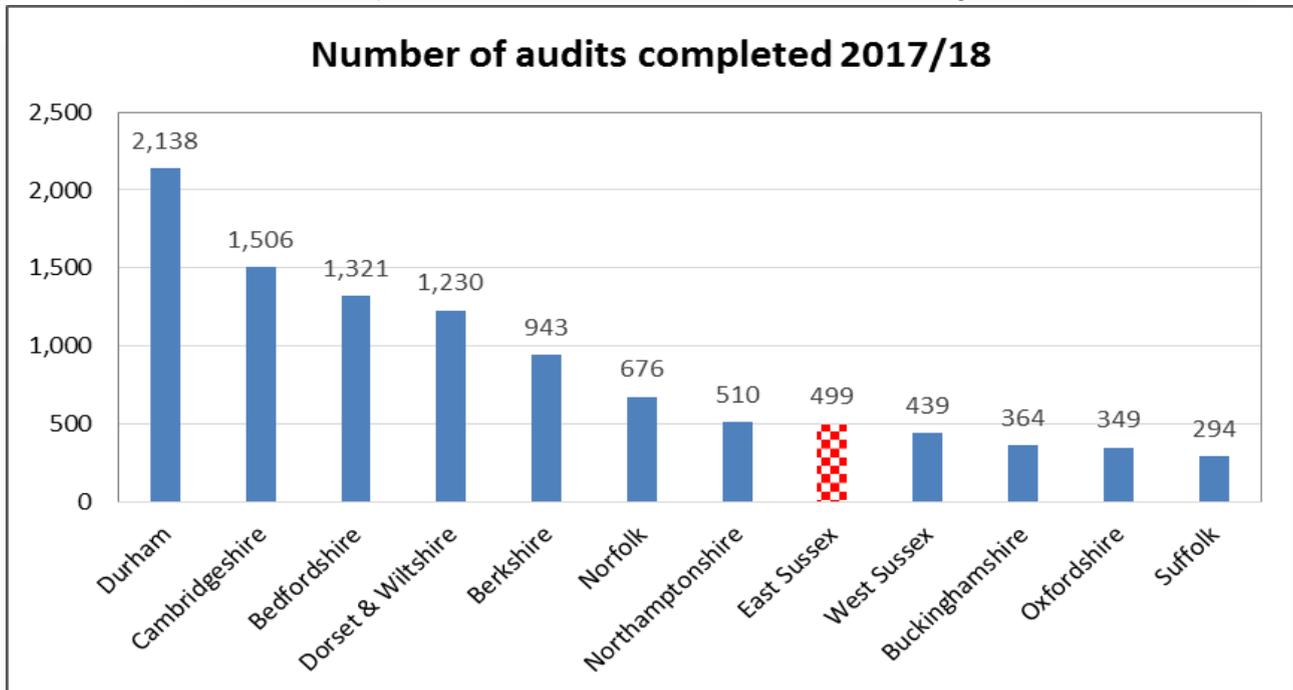
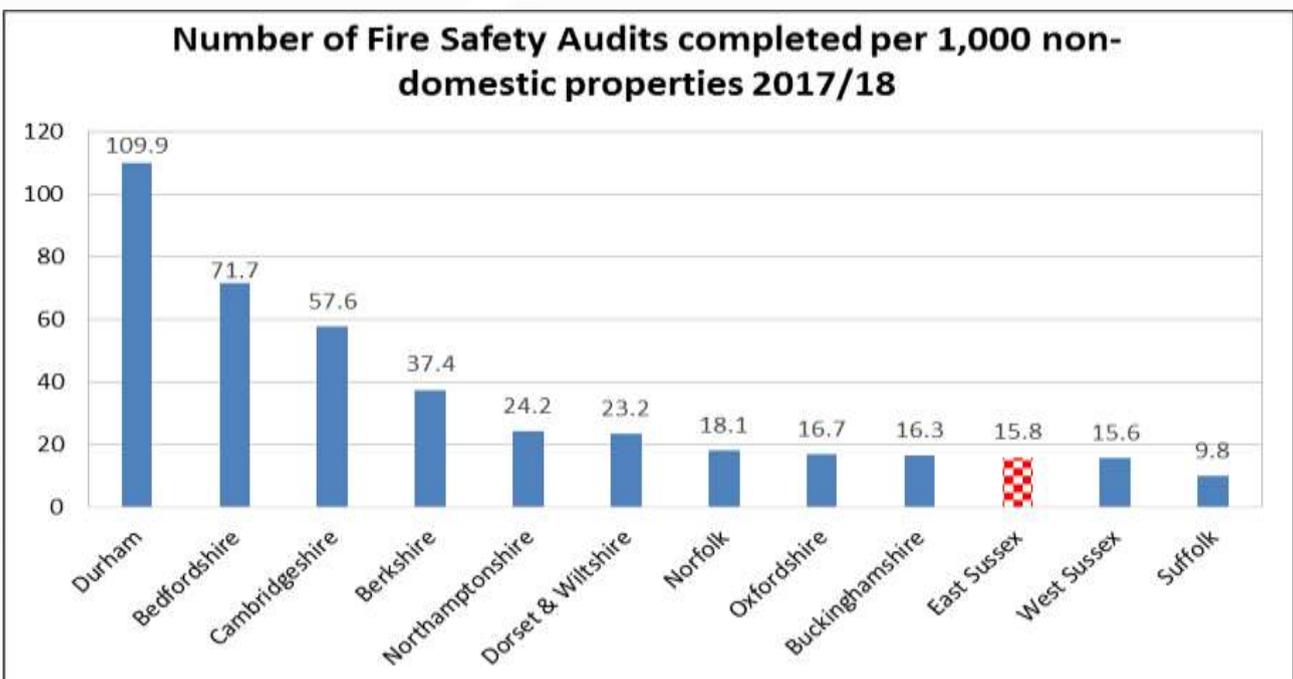


Chart 18 shows the number of Fire Safety Audits completed per 1,000 non-domestic properties in 2017/18. ESFRS completed the 3rd lowest recorded number of audits per 1,000 non-domestic properties with 15.8, whereas Durham completed the most with 109.9 per 1,000 non-domestic properties. The FG2 average at 34.7 was more than double that of ESFRS.



Charts 17 & 18: Number of Fire Safety Audits completed. (Source: Operational Statistics Bulletin for England 2017 to 2018 FIRE STATISTICS TABLE 1202: Fire Safety Audits carried out by fire and rescue authorities, by fire authority)

Incident comparisons - Benchmarking

Nationally, over the past decade, the number of incidents each FRS has had to attend has reduced, demonstrating a consistent downward trend. Since 2001/02, ESFRS has attended 61.2% less fires (5,352 in 2001/02 down to 2,074 in 2017/18). Each FRS across the country has been experiencing similar reductions.

Chart 19, below, shows the reduction of Primary Fires per 1,000 population for the FG2 members from 2001/02 to 2017/18.

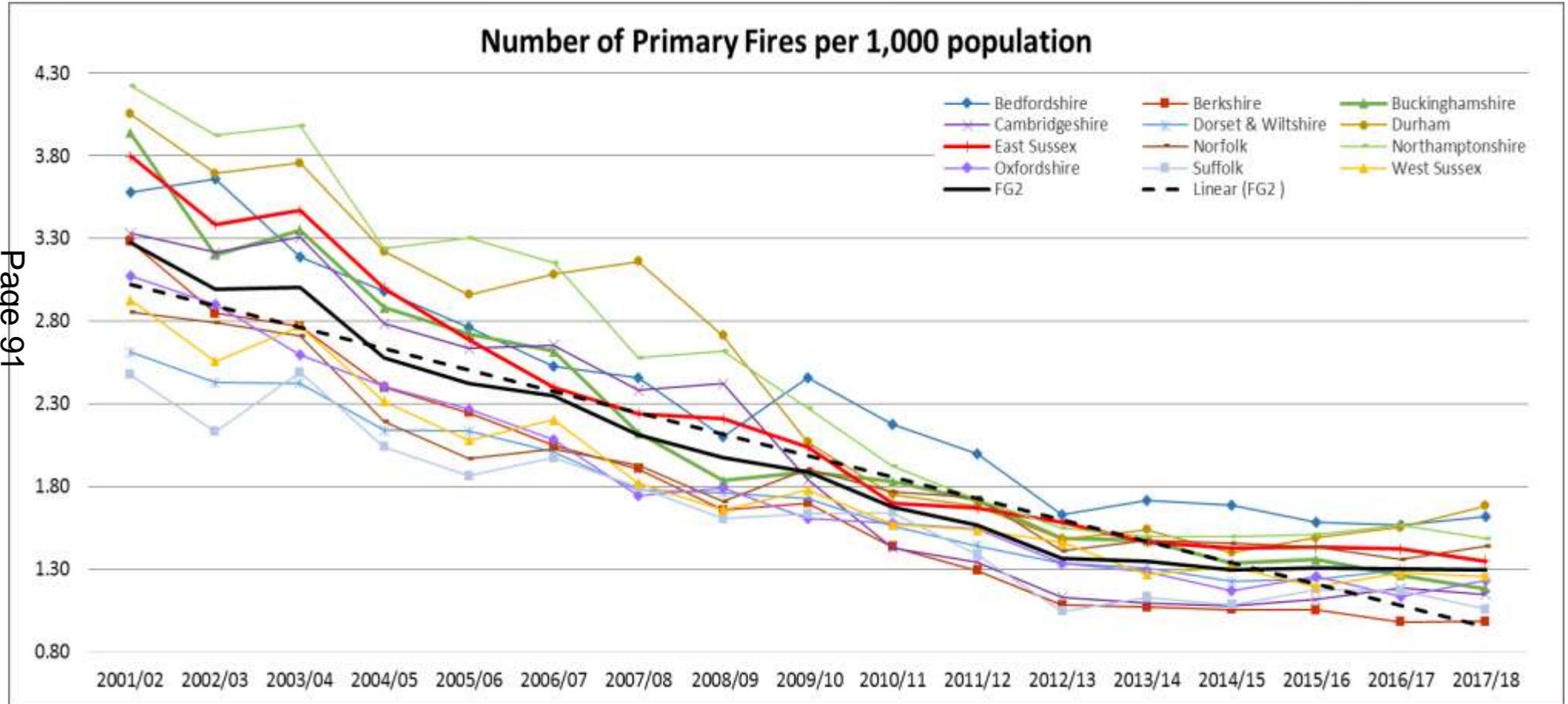


Chart 19: The number of Primary Fires per 1,000 population (source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 20, below, shows the number of Accidental Dwelling Fires per 1,000 population for each FG2 member.

As with other Primary Fires, the number of Accidental Dwelling Fires has been reducing for a significant number of years. In 2017/18, ESFRS had 0.59 Accidental Dwelling Fires per 1,000 population. This was the highest rate in FG2.

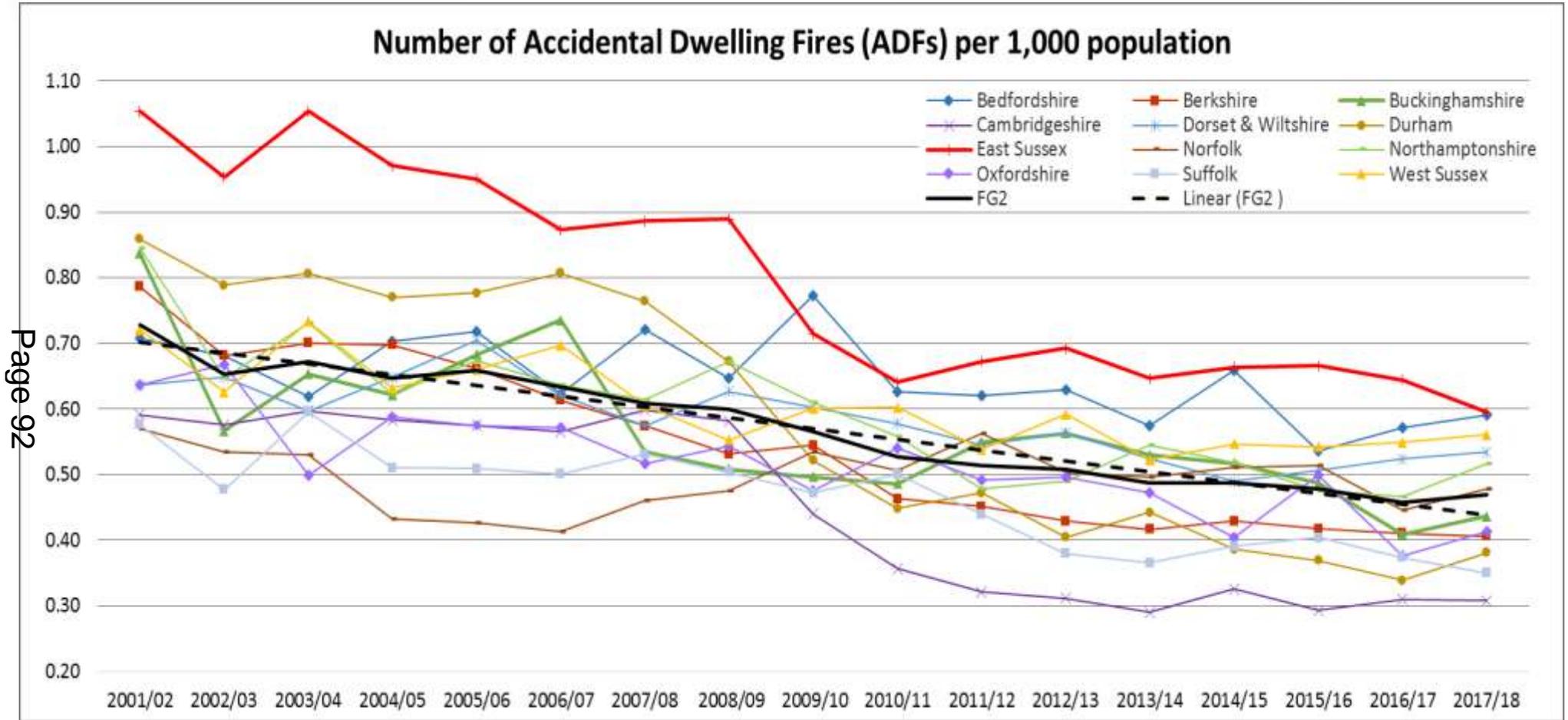


Chart 20: The number of accidental dwelling fires per 1,000 population (source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0202: Fires, fatalities and non-fatal casualties in dwellings by motive and fire and rescue authority, England)

Chart 21, below, shows the number of Deliberate Primary Fires per 1,000 population for each FG2 member.

The number of Deliberate Primary Fires has significantly reduced since 2001/02, however, this improvement has levelled off since 2013/14 with seven FG2 members now experiencing an increase in the last five years; particularly Durham FRS.

In 2017/18, ESFRS had 0.30 Deliberate Fires per 1,000 population. This was the 6th highest in the FG2 group but below the FG2 average.

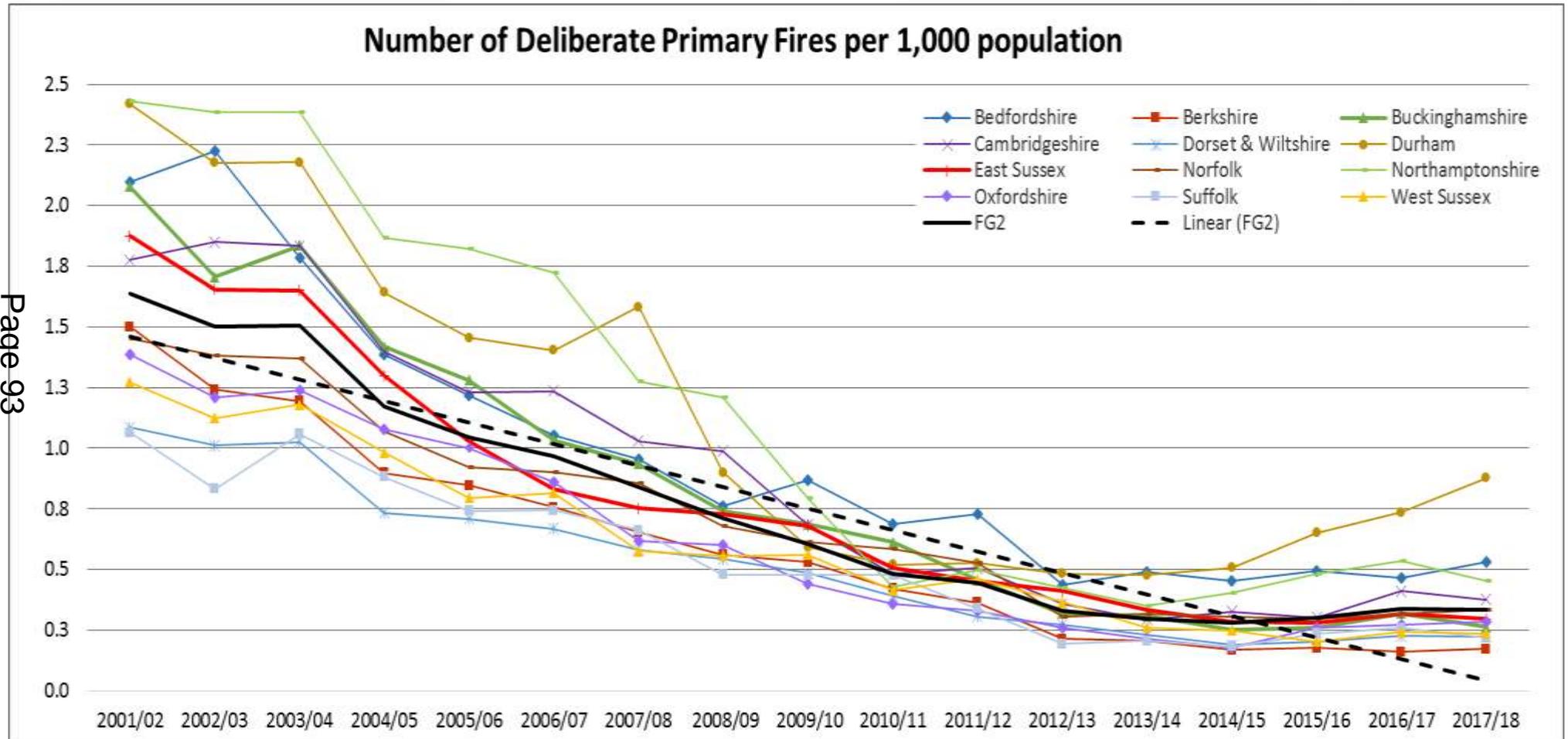


Chart 21: The number of Deliberate Primary Fires per 1,000 population (source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0401: Deliberate fires attended by fire and rescue services in England, by incident type and fire and rescue authority)

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

Chart 22, below, clearly shows that the rate of Deliberate Secondary Fires per 1,000 population has reduced. The FG2 average has halved since 2006/7.

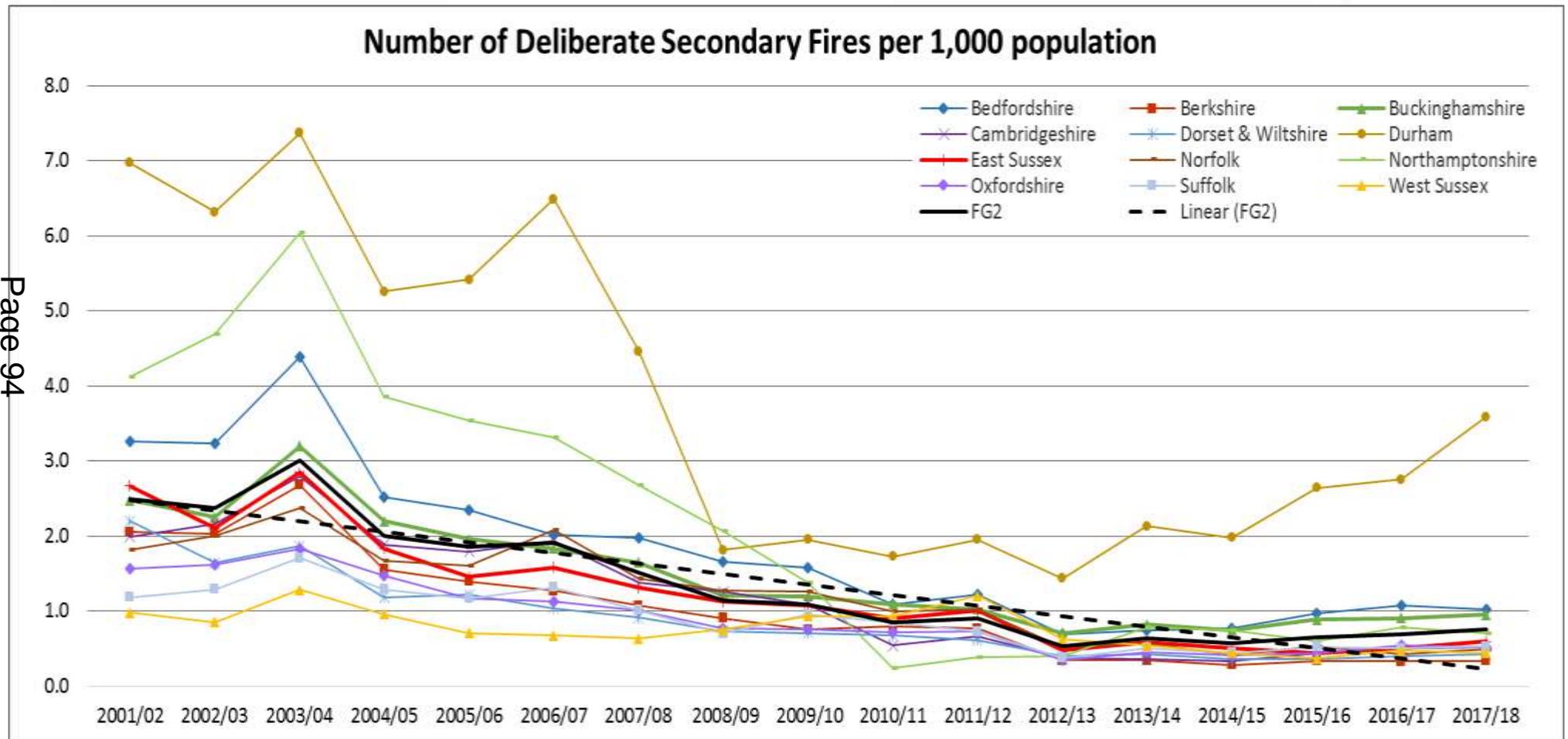


Chart 22: The number of Deliberate Secondary Fires per 1,000 population (source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0401: Deliberate fires attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 23 shows that FG2 average attendances at Automatic Fire Alarms have been steadily reducing since 2001/02. The introduction and implementation of the Automatic Fire Alarms Reduction Policy at ESFRS in 2010 can clearly be seen with a reduction in numbers from 2010/11 onwards. However, since 2012, this decline has levelled off. Consequently, the ESFRS still has a high number of Automatic Fire Alarms incidents compared to the other FG2 members with the exception of West Sussex.

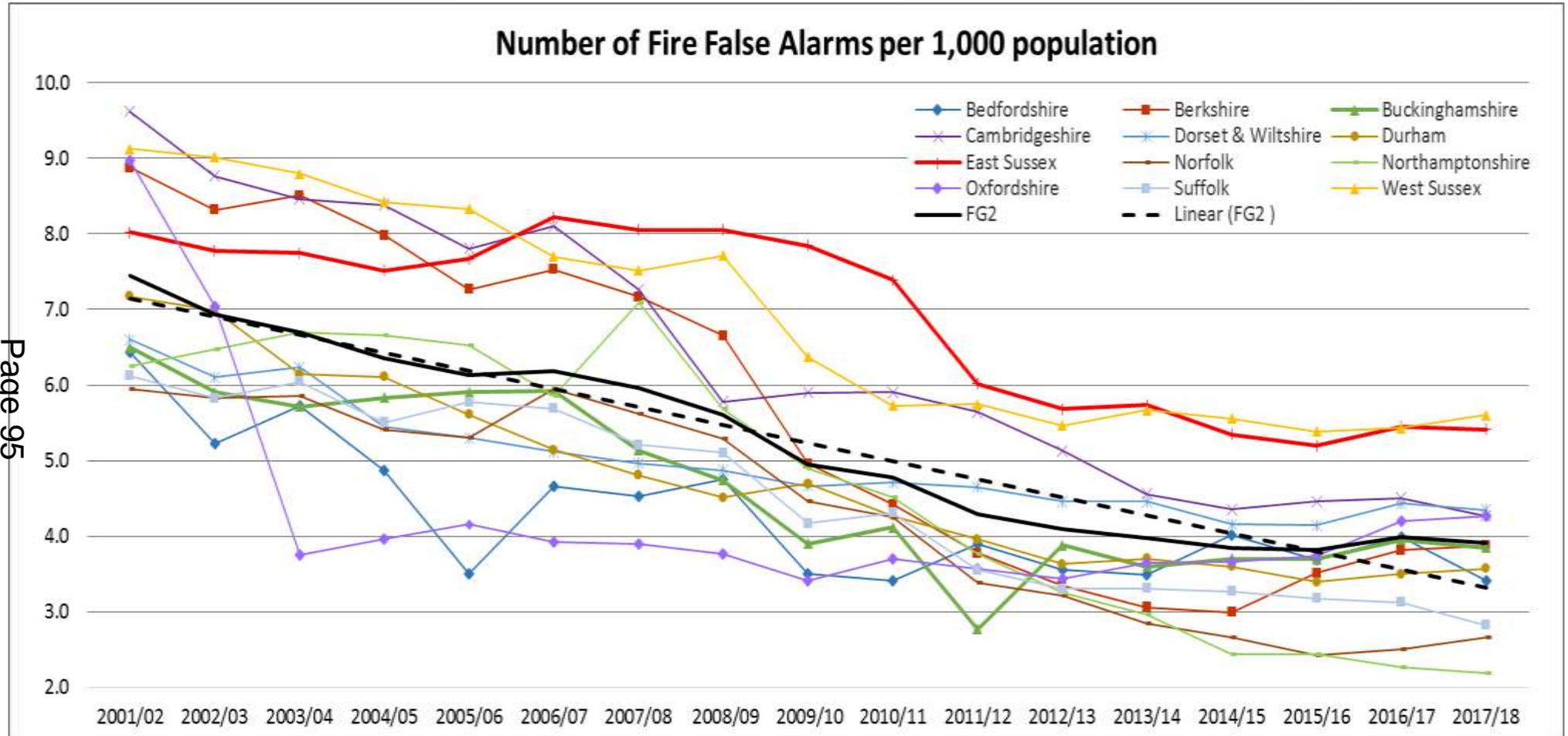


Chart 23: The number of Fire False Alarms per 1,000 population. (Total of false alarm good intent, false alarm malicious and false alarm due to apparatus calls) (Source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0102: Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 24 shows the number of Road Traffic Collisions (RTCs) per 1,000 population attended by FG2 fire services since 2009/10. Based on data supplied by the Sussex Safer Road Partnership, ESFRS attends approximately a quarter of all RTCs in its service area, notably this figure could vary among the other FG2 members. Overall, RTCs have remained uniform among the FG2 group with the exception to Norfolk, which has experienced considerable variation during this period.

In 2017/18, ESFRS attended 0.6 RTCs per 1,000 population. This was the 6th lowest among the FG2 members and equal to the FG2 average.

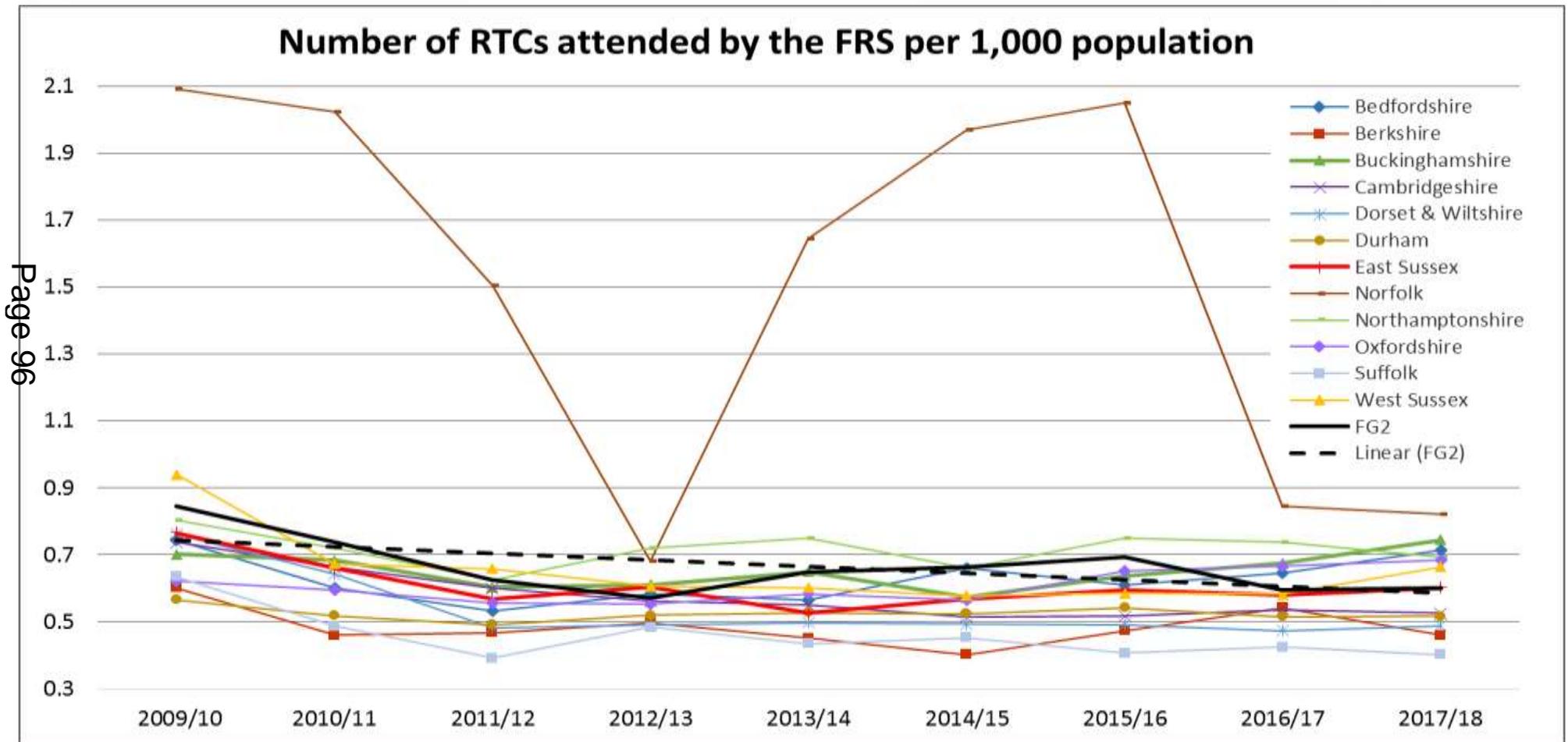


Chart 24: The number of Road Traffic Collisions (RTCs) per 1,000 population. (Source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0901: Non-fire Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Chart 25 shows the number of Rescue or evacuation from water and Flooding incidents (which include, making safe, pumping out, advice only, standby and other) combined per 1,000 population since 2009/10. Overall, this data is varied, however, West Sussex, Durham and Norfolk have experienced the greatest variation during this period.

In 2017/18, ESFRS had the highest number of incidents with 0.53 per 1,000 population. This was more than twice the FG2 average. This was also the case for the whole period where ESFRS averaged 0.49 compared to the FG2 group average of 0.24.

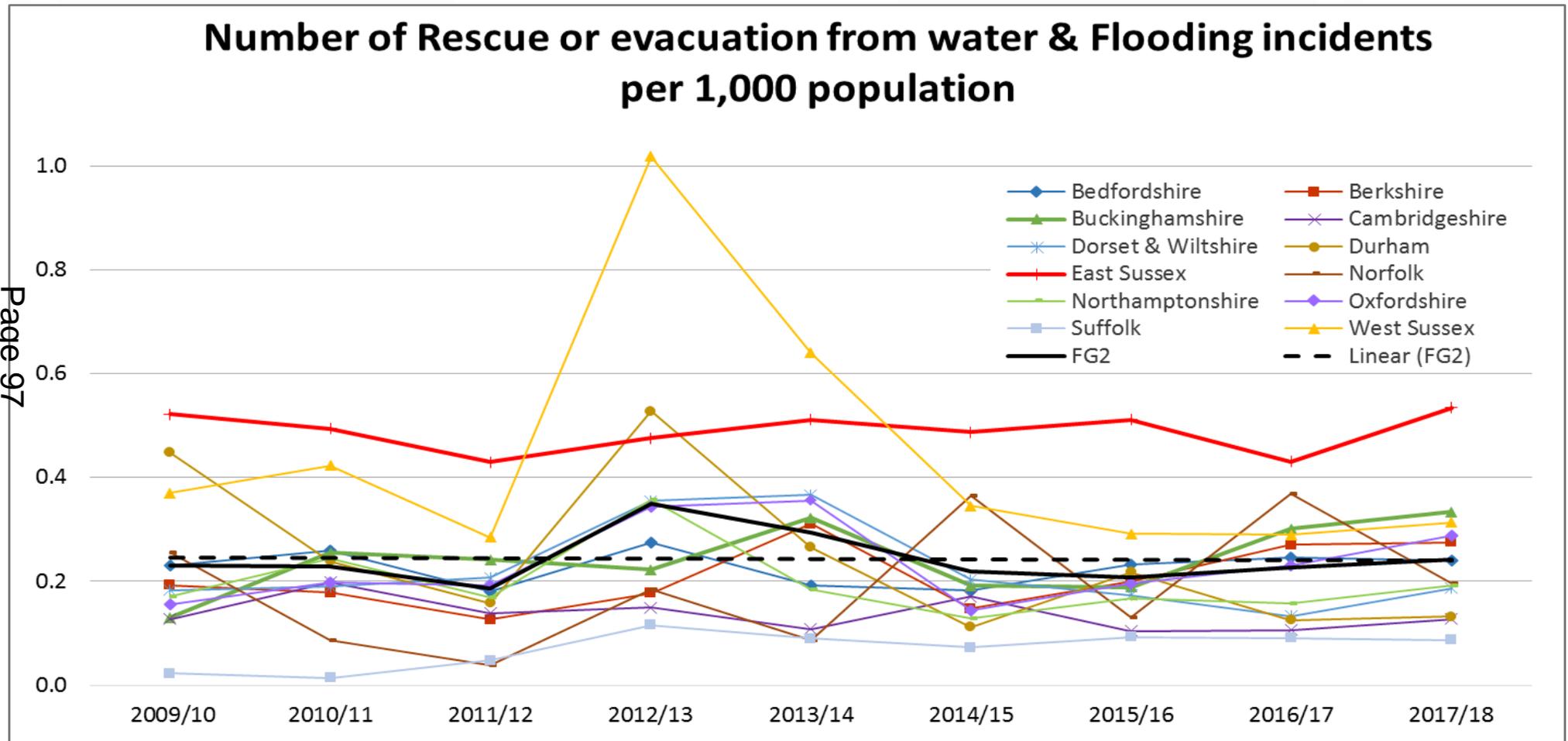


Chart 25: The number of Rescue or evacuation from water and Flooding incidents per 1,000 population (Source: Fire Statistics Monitor: April 2017 to March 2018, FIRE STATISTICS TABLE 0901: Non-fire Incidents attended by fire and rescue services in England, by incident type and fire and rescue authority)

Actual incidents: % reduction from 2001/02 to 2017/18 and FG2 rank

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

Primary Fires by Fire and Rescue Service: 2001/02 - 2017/18			All False Alarms by Fire and Rescue Service: 2001/02 - 2017/18		
FRS Area	% Change from 2001/02 to 2017/18	FG2 Rank 2001/02 - 2017/18	FRS Area	% Change from 2001/02 to 2017/18	FG2 Rank 2001/02 - 2017/18
Bedfordshire	-47.0%	10	Bedfordshire	-38.0%	8
Berkshire	-66.2%	1	Berkshire	-50.8%	2
Buckinghamshire	-65.2%	2	Buckinghamshire	-31.3%	9
Cambridgeshire	-59.1%	4	Cambridgeshire	-47.3%	5
Dorset & Wiltshire	-43.7%	11	Dorset & Wiltshire	-25.3%	11
Durham	-55.8%	6	Durham	-46.8%	7
East Sussex	-59.8%	3	East Sussex	-23.8%	12
Norfolk	-43.4%	12	Norfolk	-49.7%	3
Northamptonshire	-58.6%	5	Northamptonshire	-59.0%	1
Oxfordshire	-55.0%	7	Oxfordshire	-47.0%	6
Suffolk	-51.7%	8	Suffolk	-48.0%	4
West Sussex	-51.5%	9	West Sussex	-30.7%	10

Accidental Dwelling Fires by Fire and Rescue Service: 2001/02 - 2017/18			Deliberate Secondary Fires by Fire and Rescue Service: 2001/02 - 2017/18		
FRS Area	% Change from 2001/02 to 2017/18	FG2 Rank 2001/02 - 2017/18	FRS Area	% Change from 2001/02 to 2017/18	FG2 Rank 2001/02 - 2017/18
Bedfordshire	-2.2%	12	Bedfordshire	-63.6%	7
Berkshire	-41.8%	2	Berkshire	-81.7%	1
Buckinghamshire	-39.4%	3	Buckinghamshire	-55.4%	9
Cambridgeshire	-38.0%	4	Cambridgeshire	-69.0%	6
Dorset & Wiltshire	-4.6%	11	Dorset & Wiltshire	-77.8%	3
Durham	-52.8%	1	Durham	-45.2%	12
East Sussex	-36.1%	5	East Sussex	-74.7%	4
Norfolk	-5.5%	10	Norfolk	-69.3%	5
Northamptonshire	-28.1%	7	Northamptonshire	-79.8%	2
Oxfordshire	-27.1%	8	Oxfordshire	-63.2%	8
Suffolk	-31.3%	6	Suffolk	-49.5%	10
West Sussex	-12.1%	9	West Sussex	-49.1%	11

Average Response Times for all FG2 Fire and Rescue Services

Chart 26 shows the Average Response Times to dwelling fires for each FG2 member from 2009/10 to 2017/18. In 2017/18, ESFRS is ranked 1st.

In England, the Average Response Time to fires in dwellings for 2012/13 was 7.4 minutes. ESFRS's Average Response Time for the same year was 7.1. In 2017/18, England's response rate increased to 7.7 minutes, whereas ESFRS increased to 7.6 minutes, therefore, still below the national average. The chart below shows that there is a slight increasing trend in Average Response Times for FG2.

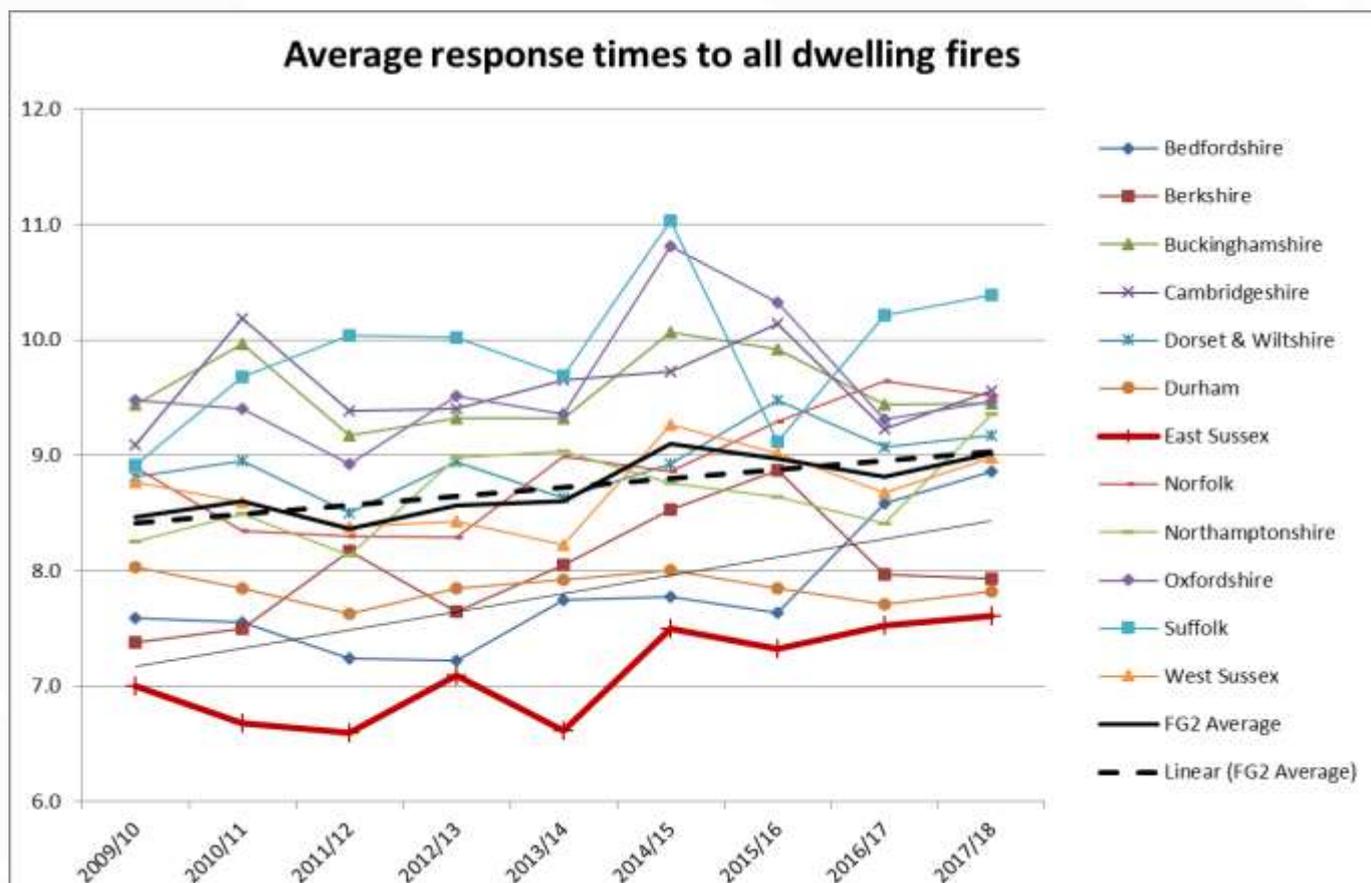


Chart 26– Average Response Times to dwelling fires (Source: Fire Incidents Response Times: April 2017 to March 2018, England. FIRE STATISTICS TABLE 1001: Average response times for dwelling fires by fire and rescue authority, England)

Summary

- ESFRS, compared to the other FRS in FG2 in terms of population and properties, is most similar to Cambridgeshire and West Sussex.
- ESFRS covers the 3rd smallest area in FG2.
- ESFRS has a senior management structure similar in size, distribution and overall numbers to Oxfordshire and Cambridgeshire.
- ESFRS shows the 4th highest annual increase in WT firefighters, this 1.3% increase equates to 5 WT operational posts.
- ESFRS is 21.8% above the average number of WT firefighters with 357 (average 293) as of 31 March 2018 and has 10.9% less than the average On-call firefighters.
- ESFRS is above the FG2 average (20:1) for the ratio of firefighters to senior managers with 24:1. This is the joint 3rd highest ratio of the group.
- ESFRS has a rate of 4.88 operational appliances per 100,000 population, this is just above the average for FG2 with a rate of 4.56
- ESFRS has a rate of 2.86 stations per 100,000 population this is the 5th lowest in FG2.
- ESFRS has one station for every 74.6 km², which is the 2nd highest density of stations per km² in FG2.
- ESFRS has the highest average net expenditure cost per domestic household and the 2nd highest cost per Council Tax Band D.
- ESFRS is currently (per 100 firefighters) above the FG2 average in operational injuries, currently ranked 11th (6th in 2016/17) and below the average in training injuries, ranked 6th (7th in 2016/17).
- ESFRS has the 8th highest proportion of female firefighters across FG2, with 5.6% of WT firefighters. This figure is equal to the FG2 average but below the national average of 6.1%. In terms of actual numbers, ESFRS has the 3rd highest number of female WT firefighters with 20 among FG2.
- ESFRS has the 2nd highest proportion of ethnic minority staff across the FG2 with 3.8%. However, this is below the proportion of ethnic minority residents in the ESFRS service area of 6.4%.
- ESFRS has the 2nd highest number of ethnic minority WT firefighters with 13.
- ESFRS lost 10.27 duty days per employee among WT and Control staff due to sickness in 2017/18, down from 10.91 in 2016/17. The FG2 average for 2017/18 is 7.76 duty days lost per employee.
- ESFRS lost 12.62 shifts per employee among non-uniformed staff due to sickness in 2017/18, which is above the FG2 average of 7.29. This an increase from 2016/17 when 12.43 shifts were lost per employee.
- ESFRS completed 29.9 Homes Safety Visits per 1,000 domestic dwellings in 2016/17, second highest among FG2.
- ESFRS completed 15.8 Fire Safety Audits per 1,000 non-domestic properties. This is 3rd lowest among FG2.
- ESFRS has attended to 61.2% less fires (5,352 in 2001/02 down to 2,074 in 2017/18). Each FRS across the country has experienced similar reductions.
- ESFRS in 2017/18 had 0.59 Accidental Dwelling Fires per 1,000 population, which was the highest rate among FG2.
- ESFRS attends the 2nd highest numbers of incidents overall among FG2. The incidents most attended by ESFRS involve Fire False Alarms, accounting for 47.9% of all incidents (see table 6 overleaf for total incidents attended by FG2).
- ESFRS ranks 1st for average response times and is below the national average.

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

FRA	Primary Fires	Secondary Fires	Chimney Fires	False Alarm Apparatus	False Alarm Malicious	False Alarm Good Intent	Road Traffic Collision (RTC)	Other Transport incident	Medical Incident - First responder	Medical Incident - Co-responder	Flooding	Rescue or evacuation from water	Effecting entry / exit	Lift Release	Other rescue / release of persons
Bedfordshire	1,077	970	29	1,539	103	626	475	16	50	9	149	10	313	61	39
Berkshire	891	881	54	1,999	119	1,392	417	12	16	374	229	20	551	167	62
Buckinghamshire	949	989	72	2,200	108	782	598	32	19	684	250	18	326	136	44
Cambridgeshire	971	1,018	58	2,393	90	1,132	445	11	22	68	87	21	166	31	57
Dorset & Wiltshire	1,921	1,193	216	4,823	146	1,492	726	40	59	6	251	27	630	209	115
Durham	1,060	2,644	78	1,071	98	1,081	326	4	44	707	74	9	126	40	38
East Sussex	1,134	819	121	3,216	108	1,227	506	29	29	23	442	7	402	353	118
Norfolk	1,292	779	113	1,307	76	1,006	737	33	279	71	124	52	364	54	98
Northamptonshire	1,102	822	52	662	58	898	514	23	20	568	133	9	95	56	63
Oxfordshire	840	573	113	2,175	81	651	467	12	79	330	173	23	306	86	28
Suffolk	801	753	98	1,447	51	637	305	24	19	74	55	11	75	19	69
West Sussex	1,072	758	129	3,287	143	1,344	567	16	60	79	261	6	381	219	79
FG2 Average	1,093	1,017	94	2,177	98	1,022	507	21	58	249	186	18	311	119	68
National results - England	74,187	89,038	4,032	151,627	7,290	67,050	30,016	1,203	6,692	26,136	15,666	1,022	24,061	11,253	4,127

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FRA	Animal assistance incidents	Removal of objects from people	Hazardous Materials incident	Spills and Leaks (not RTC)	Making Safe (not RTC)	Suicide/ attempts	Evacuation (no fire)	Water provision	Assist other agencies	Advice Only	Stand By	No action (not false alarm)	Malicious False Alarm	Good Intent false alarm	Total
Bedfordshire	53	32	30	24	13	14	3	0	225	15	2	43	2	86	6,008
Berkshire	67	36	63	34	52	21	2	0	107	31	1	76	2	117	7,793
Buckinghamshire	77	77	70	35	34	30	8	0	84	18	0	85	2	109	7,836
Cambridgeshire	137	58	31	20	21	30	10	0	183	10	9	69	0	2	7,150
Dorset & Wiltshire	154	101	56	84	86	25	10	2	575	55	16	106	2	160	13,286
Durham	59	86	24	42	19	29	5	0	141	18	3	93	0	70	7,989
East Sussex	192	96	35	91	105	17	1	6	268	41	1	61	1	53	9,502
Norfolk	139	65	52	92	69	41	2	0	436	24	2	37	2	85	7,431
Northamptonshire	61	42	53	66	22	19	11	0	151	29	2	23	1	96	5,651
Oxfordshire	62	43	71	40	38	20	4	0	86	4	0	99	2	78	6,484
Suffolk	81	29	29	2	16	8	2	0	95	12	3	30	0	26	4,771
West Sussex	73	73	15	55	82	22	5	1	267	48	11	75	1	138	9,267
FG2 Average	96	62	44	49	46	23	5	1	218	25	4	66	1	85	7,764
National results - England	4,631	4,847	2,739	3,370	3,550	1,621	502	41	13,510	2,122	349	8,258	187	6,590	565,717

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 5 June 2019

Title of Report External Audit Update and Fee Letter 2019/20

By Assistant Director Resources / Treasurer

Lead Officer *Duncan Savage, Assistant Director Resources / Treasurer*

Background Papers None

Appendices

1. External Audit Update
2. External Audit Fee Letter 2019/20
3. EY Leaflet – Working with You

Implications

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

PURPOSE OF REPORT To inform the Panel of progress on the external audit of the 2018/19 financial accounts and the proposed external audit fee for 2019/20

EXECUTIVE SUMMARY The Authority’s external auditors EY LLP have provided an update on the delivery of the audit of the 2018/19 accounts (Appendix 1). Members are reminded that the statutory deadline for the publication of the draft accounts is 31 May 2018. At this stage EY have not identified any significant issues in relation to their audit.

The fee for the 2019/20 audit (Appendix 2) is confirmed as £23,690 which is in line with the nationally set fee scales under the PSAA contract and is unchanged from 2018/19. 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. Further information on the service provided by EY LLP is provided at Appendix 3.

RECOMMENDATION

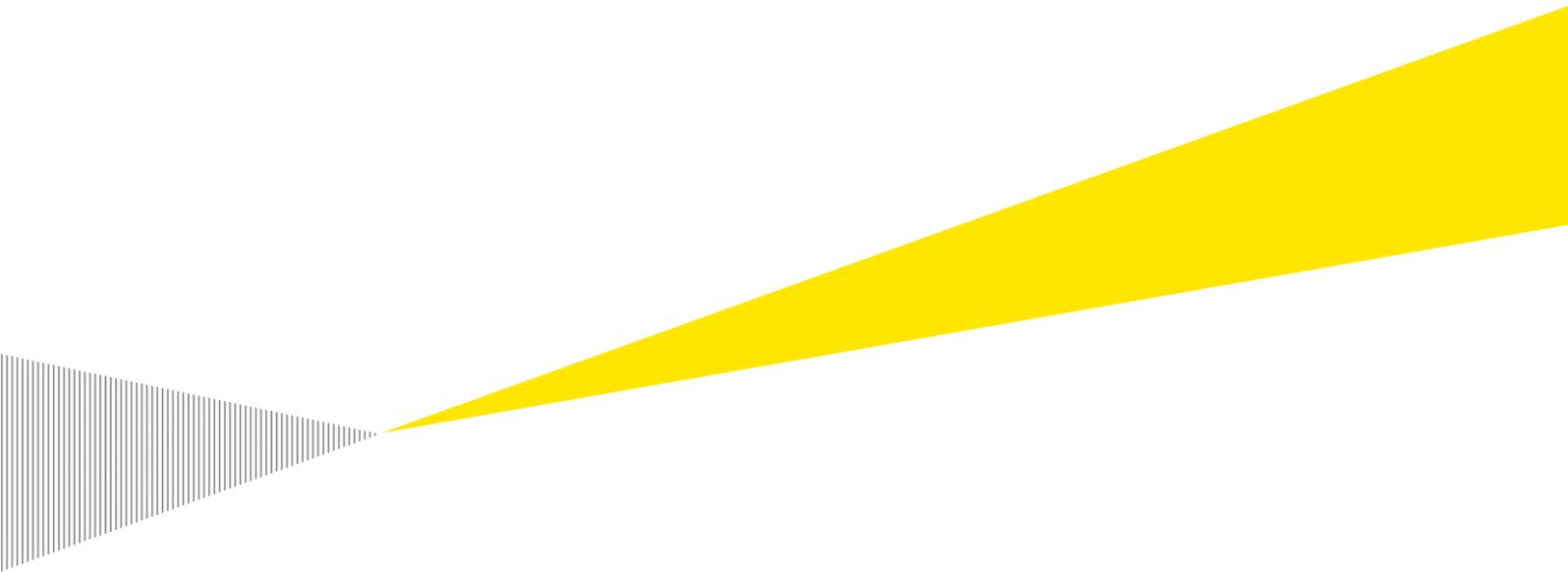
The Panel is recommended to:

- (i) Note the progress on the external audit of the 2018/19 accounts
 - (ii) Note the external audit fee for 2019/20
 - (iii) Identify any further information or reassurance they require from the Authority's external auditors, or any matters which they wish to raise with them.
-

East Sussex Fire and Rescue Authority

Audit Progress Report

May 2019



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

20 May 2019

Dear Members,

Audit Progress Report

We are pleased to attach our Audit Progress Report.

This progress report summarises the work we have undertaken on the audit during 2018/19. The purpose of this report is to provide the Committee with an update of our plans for the 2018/19 audit, to ensure they continue to be aligned with your service expectations.

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

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

Yours faithfully

Helen Thompson
Associate Partner
For and on behalf of Ernst & Young LLP
Encl

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2018/19 audit	2
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2018/19 audit

Financial statements audit

We issued our 2018/19 Audit Plan in January 2019 where we outlined how we intend to carry out our responsibilities as auditor, including our proposed audit approach.

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

- Misstatements due to fraud or error (significant risk)
- Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure (significant risk)
- Valuation of land and buildings
- Pension asset/liability valuation
- New accounting standards

Interim Visit

We started our first interim visit on 25 February for two weeks, to undertake walkthroughs of material systems and early substantive testing. We performed our second interim visit in April for 1 week, to complete the early substantive testing. We completed all the work that we planned for this time period.

A significant portion of our interim testing was performed on property and land valuations that have been carried out in the year

We continue to use the client portal, which was introduced in 2017/18 to facilitate the provision of working papers and audit evidence. This constitutes a secure means of document transfer, whereby officers can upload documents directly to our audit file in response to specific requests.

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

Post Statements Audit

Our final audit visit was due to start on 17 June. We are proposing to delay the start of the audit by a week due to the audit senior allocated to the audit moving to a new service line within EY; this has led to a change in resource availability. We have discussed this with the Assistant Director Resources & Treasurer, and we are aware the audit needs to be completed by 12 July to meet the timetable for papers to the Scrutiny and Audit Panel on 25 July. We will continue to keep all options under review to ensure we meet your deadlines and the 31 July deadline, and we will remain in touch with the Assistant Director Resources & Treasurer over the coming weeks.

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

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

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

We plan to present our audit results report, setting out the findings of our work and overall conclusions, to the Scrutiny and Audit Panel meeting on 25 July 2019.

Value for Money Assessment

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

2019/20 audit

Fee Letter

We issued our fee letter for 2019/20 in April 2019. For the 2019/20 financial year, PSAA has set the scale fee for each audited body that have opted into its national auditor appointment scheme.

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

For East Sussex Fire Authority our indicative fee is set at the scale fee level of £23,690 (£23,690 in 2018/19).

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

Timetable

For the 2018/19 financial year, the timetable for preparation and approval of accounts is brought forward to a draft accounts deadline of 31 May and an audit deadline of 31 July. We have planned our 2018/19 audit to meet these revised deadlines. We set out below a timetable showing the key stages of the audit, including the value for money work, and the deliverables we will provide to you through the 2018/19 committee cycle.

Audit phase	EY Timetable	Deliverable	Report to Panel	Status
High level planning	April 2018	Audit Fee Letter	June 2018	Completed
Risk assessment and setting of scope of audit	December 2018/January 2019	Audit Plan	June 2019	This document.
Testing of routine processes and controls	February / April 2019	Progress Report	June 2019	This document.
Year-end audit	June / July 2019	Audit results report to those charged with governance Audit report (including our opinion on the financial statements and a conclusion on your arrangements for securing economy, efficiency and effectiveness in your use of resources) Whole of Government Accounts Submission to NAO based on their group audit instructions Audit Completion certificate	July 2019	Work is planned to start late-June 2019 and run for 4 weeks.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

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ey.com

Ms Dawn Whittaker
Chief Fire Officer and Chief Executive
East Sussex Fire and Rescue Service
East Sussex Fire and Rescue Service Headquarters
Church Lane
Lewes
East Sussex
BN17 5LF

25 April 2019

Ref: Fee Letter/19-20

Direct line: 023 8038 2099

Email: HThompson2@uk.ey.com

Dear Dawn

Annual Audit 2019/20

We are writing to confirm the audit that we propose to undertake for the 2019/20 financial year for East Sussex Fire and Rescue Service.

From 2018/19, local government, fire and police bodies have been responsible for making their own arrangements for the audit of the accounts.

The Secretary of State for Housing, Communities and Local Government has specified Public Sector Audit Appointments (PSAA) as an appointing person under provisions of the Local Audit and Accountability Act 2014. PSAA has appointed auditors for bodies that opted into the national scheme. Appointments were made for the duration of the five-year appointing period, covering the audits of the accounts for 2018/19 to 2022/23.

Indicative audit fee

For the 2019/20 financial year, PSAA has set the scale fee for each opted in body. Following consultation on its Work Programme and Scale of Fees, PSAA has maintained scale audit fees at the same level as for 2018/19, unless there are specific circumstances which require otherwise.

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

The audit fee covers the:

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

Our final fee will include the impact of additional risks and/or circumstances that are out of the scope of the scale fee, for example:

- Additional work performed on asset valuations, including the involvement of our valuation specialists;
- Additional work performed on the valuation of the net pension liability, including the involvement of our pension specialists; and
- Additional work arising from the implementation of IFRS 16 Leases.

At this stage, the indicative fee is set at the scale fee.

This indicative fee is based on certain assumptions, including:

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

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

As we have not yet completed our audit for 2018/19, our audit planning process for 2019/20 will continue as the year progresses. Fees will be reviewed and updated as necessary, within the parameters of our contract.

Summary of fees

	Indicative fee 2019/20 £	Planned fee 2018/19 £	Actual fee 2017/18 £
Scale Fee	23,690	23,690	30,766
Scale Fee Variation			1,492
Total Code audit fee	23,690	23,690	32,260

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

Billing

The scale fee will be billed in 4 quarterly instalments of £5,923.

Audit plan

Our plan is expected to be issued in January 2020. This will communicate any significant financial statement and value for money risks identified, planned audit procedures to respond to those risks and the estimated fee implications of these additional procedures. Should we need to make any significant amendments to the audit fee during the course of the audit, we will discuss this in the first instance with the Assistant Director Resources & Treasurer and communicate the revised fee and the matters giving rise to any adjustments to the scale fee in our Audit Results Report which we will present to the Scrutiny and Audit Panel.

For a high level overview of our approach and further information on how we intend to work with you under the PSAA contract, please refer to our leaflet 'EY working with you' which is enclosed.

We remain committed to providing you with a high quality service. If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, please contact me, or Janet Dawson as our Government and Public Sector Assurance Leader at jdawson1@uk.ey.com. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, by writing to him at 1 More London Place, London, SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute.

Yours sincerely



Helen Thompson

Associate Partner

For and on behalf of Ernst & Young LLP

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

Confidential

EY working with you

An overview of our approach

March 2019

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Our commitment to you

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Working with you

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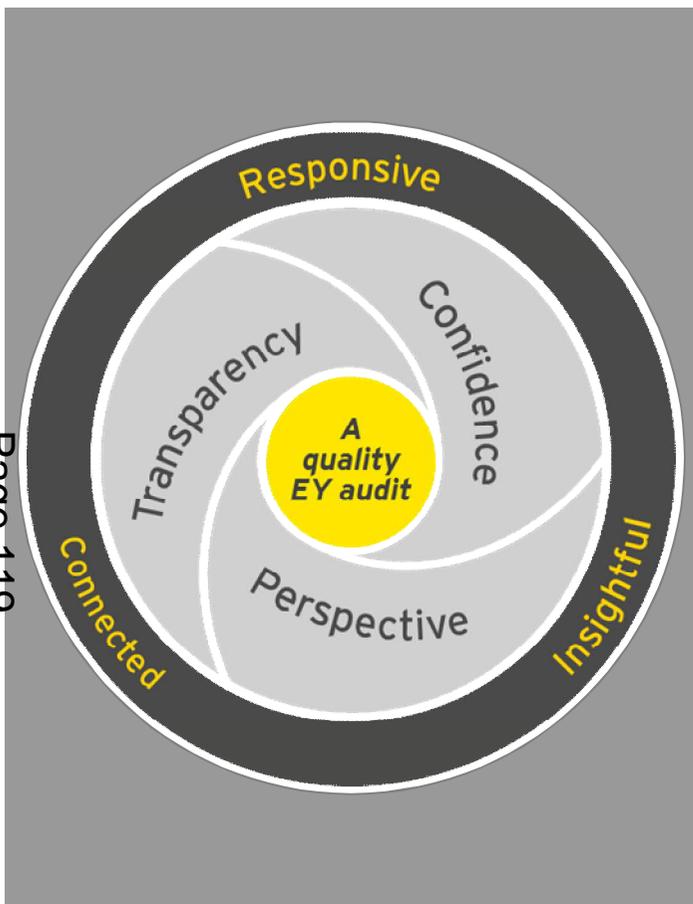
Value beyond the audit

3





Our commitment to you



East Sussex Fire Authority opted into the Public Sector Audit Appointments (PSAA) Appointing Person scheme which started in 2018/19. PSAA appointed EY as your auditors. PSAA is responsible under the Local Audit (Appointing Person) Regulations 2015 for monitoring compliance with the contract and is committed to ensuring good quality audit services are provided by its suppliers. Details of PSAA's audit quality monitoring arrangements are available from its website, www.psaa.co.uk.



Janet Dawson – Partner

I am the lead partner for this contract, and EY's Global Government and Public Sector Assurance Leader. I have been a partner in Government and Public Sector (GPS) assurance services for 14 years, and have over 20 years of experience and knowledge from working in the sector. My work across health and central government brings an understanding of the broader context of the environment that you operate within.

My appreciation of the value of audit, transparency, and the importance of working in partnership with the public sector aligns with PSAA in promoting and supporting those values through our work. I have asked Helen Thompson to lead your engagement on behalf of EY. Our commitment to quality and culture of consultation means that they will draw on the expertise within the firm in fulfilling this responsibility.

Our extensive experience of providing a range of assurance services has demonstrated that strong relationships, clear communication, and investing time with our clients to understand their issues delivers the highest quality outcomes.

This is our commitment to you.

Our contract with PSAA contains a method statement which sets out the firm's commitment to deliver quality audit services, our audit approach, and what clients can expect from us. A summary of the key points of the method statement follows. It is provided as a guide and reference for liaising with us, and a benchmark for you to provide feedback on our performance to PSAA via its survey in Autumn 2019.



Working with you

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Communication

Our experience shows that close, constructive working relationships are built on trust and open dialogue.

Helen Thompson is your engagement lead and responsible for our relationship protocols, overall audit service and quality. We meet regularly with Officers and Members, discussing sector challenges and bringing insights from our network. Your engagement manager, Hannah Lill, is a key contact and brings significant experience of managing local authority audits.

Our relationship protocols allow you to escalate concerns to Janet Dawson (Contact Partner) or Steve Varley (UK Managing Partner) should you need to.

Our Audit Planning Report contains further information on our planning approach and timetable, giving you a risk based, tailored audit. We ensure our senior leaders are accessible for management and members.



Knowledge and training

Significant investment in the development of dedicated GPS teams is part of our commitment to improve skills in the public sector. Our structured recruiting and training approach delivers the best audit quality. All our training is developed by technical specialists and is quality and risk assessed. Staff must pass online tests following training, to demonstrate they can apply the learning in practice.

GPS sector specific training including emerging opportunities and risks, new requirements and specific technical areas, e.g., capital accounting, group accounts, LG pensions and other areas. Topics are derived from our sector knowledge and stakeholder engagement.

We share these insights with you via our Audit Committee Briefings, Public Sector Accounting Workshops, Audit Committee Forums and other bespoke training sessions.



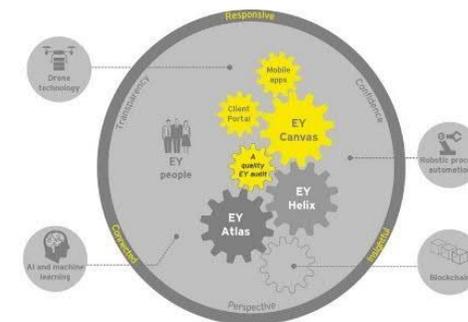
Quality and Innovation

Audit quality is our primary goal in ensuring confidence in public services in a landscape of constant change and uncertainty. Factors which contribute to achieving consistently high quality audits are our people, tailored audits, consultation, and engagement quality reviews.

Our consultation policies are built upon a culture of collaboration, whereby audit professionals are encouraged to share perspectives on complex accounting, auditing and reporting issues.

Audit quality is at the heart of our innovation strategy.

We will continue to innovate and integrate new technologies into our audit process. The technologies discussed so far are just the start of our journey, designed to grow and be enhanced with additional functionalities.





Value beyond the audit

In line with the firm's broader vision to build a better working world, EY's commitment to, and investment in, the public sector is focussed on delivering sustainable social value.

We are the first of the Big 4 firms to establish an apprenticeship programme awarded 'employer status' by the Skills Funding Agency, that specifically addresses the needs of deprived communities. 'EY Business Apprenticeships' is a way of investing in local people, directly challenging the UK skills gap, whilst prioritising those from deprived communities, and disadvantaged backgrounds. Our work under the PSAA contract enable us to create around 165 additional apprentice roles.

EY was also the major graduate recruiter to change our minimum entry requirements, increasing inclusivity by opening up opportunities for talented individuals regardless of their background and education.



Economic and Social

We deliver socio-economic improvements by carefully aligning existing initiatives to our clients' objectives, for example, local authorities' focus on local employability.

Examples include: Removing barriers to employment and education: our 'Smart Futures' initiative provides Year 12 students access to paid work experience, employability workshops and career talks plus 10-months of mentoring from an EY employee. We deliver this from 11 EY offices across the UK. The benefit to you is that we focus on state schools and prioritise those on free school meals. In addition, our 'Stay Curious' and 'Employability Support' initiatives raise awareness of audit career opportunities to STEM students and provide CV advice, networking, mock interviews and assessment centres. Collectively the improvement outcomes include increased employability for young people in the community, connecting schools, universities, employers and building confidence in the students themselves.

Supporting local businesses for prosperity in the community: the EY Foundation, our independent charity, supports collaboration between young people and local businesses. The benefit is a community better connected, focussed on key issues, and providing a voice to the under privileged.

Our global EY Ripples programme enables our staff to donate time to make use of their knowledge, skills and experience to support young people and impact entrepreneurs, by providing mentoring support, business skills training, and more equitable access to resources – to drive sustainable inclusive growth.

Environmental

We protect the environment by minimising waste and using resources efficiently, e.g., we proactively manage and monitor the environmental impacts of our supply chain, and our own people. We encourage carbon footprint reduction through initiatives such as Bike to Work, Flexible Working Policy, and our sustainable travel strategy. We have also made changes to our processes from procurement to recruitment to minimise the environmental impact of them on the wider world.

About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

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None

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EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	5 June 2019
Title of Report	Internal Audit Report – Delivery of Business Safety
By	Assistant Director Safer Communities: Mark Matthews
Lead Officer	Group Manager Business Safety: Andrew Gausden

Appendices Appendix A – Internal Audit Report

Implications

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

PURPOSE OF REPORT To introduce the findings of the Internal Audit “Delivery of Business Safety”, the actions taken to address the findings of the report and the plan in place to ensure continued assurance of the Authorities’ responsibilities under the Regulatory Reform (Fire Safety) Order 2005 (the Order).

The report proposes the adoption of an assurance framework as detailed in the Business Safety Thematic Plan, to ensure maintenance of standards and the basis for continuous improvement in the delivery of Authorities’ statutory duties under the Order and the Fire & Rescue Service’s Act 2004.

EXECUTIVE SUMMARY The report provides “Partial Assurance” in respect of Delivery of Business Fire Safety. This opinion means that there are potential weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the Services’ objectives at risk.

The report identifies number of areas of potential weaknesses;

- 6 high risk premises in the CRM database were identified that had not been inspected in accordance with agreed inspection frequencies.
- A number of premises within the CRM database were identified without a risk score, which could delay future inspections.

- The Business Safety Strategy including the Service's enforcement activities and duties to give fire safety advice under Section 6 of the Fire & Rescue Services Act 2004 had not been reviewed in line with policy every three years.
- There was no process in place to demonstrate staff competency in undertaking fire safety is being maintained.
- The 2017/18 Home Office returns on the number of inspections completed were found to be incorrect. Whilst the differences identified were low, any inaccuracies in published figures carry a reputational risk.
- Areas of noncompliance with the Regulators Code were identified during the audit.

The report and associated action plan demonstrate significant progress towards compliance with the report findings, with the Business Safety Thematic Plan identifying the following areas of development to ensure continued assurance of the Authorities' responsibilities under the Order.

- Develop an Assurance Framework to ensure a consistent and fair approach to enforcement activities in line with the Enforcement Concordat and Regulators Code reducing any unnecessary burdens on business.
- The Business Safety Thematic Plan details and prioritises our activities based on risk and encompass the learning and best practice identified locally and from other Fire & Rescue Services.
- The Service will continue to support the NFCC work streams and strategy to inform and influence the delivery of our protection activities.
- The annual assessment of risk will include combining occupancy type and vulnerability with incident data, partner intelligence and fire loss history which will ultimately result in the creation of local risk profiles through the use of commercially available databases such as Experian.

RECOMMENDATIONS

That the Scrutiny & Audit Panel:

- a) Adopt the findings of the report and acknowledge the actions taken to ensure compliance with the Authorities' statutory duties.
 - b) Support the introduction of the Business Safety Assurance Framework currently being produced.
-

1. **INTERNAL AUDIT**

The internal audit was conducted by East Sussex County Council with the audit objective as defined in the Internal Audit Strategy and Annual Audit Plan for 2018/19 – "ESFRS has a statutory requirement to effectively and efficiently enforce all Fire Safety Legislation for which it has responsibility.

- The review assesses the adequacy of these arrangements to manage fire safety in order to deliver a reduction in risk through the effective enforcement of Fire Safety Legislation.
- To check compliance with local fire safety strategy, policy, education and the general service standards.”

The audit was undertaken between July and December 2018, with the final report delivered February 2019.

2. **AUDIT FINDINGS**

2.1 **Inspection Planning**

Unless commercial premises are subject to periodic inspection in accordance with the perceived risk to life within the premises, avoidable fires could lead to significant damage to property, loss of life and reputational damage.

2.1.1 **Actions**

Undertake a periodic review of the CRM database to ensure that all premises are inspected in accordance with the agreed inspection frequency.

The identified high risk premises have been inspected in line with the Services’ Risk Based Inspection Program.

2.1.2 **Implementation – June 2019**

Actions completed

2.2 **Inspection Planning**

Unless commercial premises are subject to periodic inspection in accordance with the perceived risk to life within the premises, avoidable fires could lead to significant damage to property, loss of life and reputational damage.

2.2.1 **Actions**

Undertake a periodic review of the CRM database to ensure that all premises are inspected in accordance with the agreed inspection frequency.

The premises reclassified as medium risk premises have been inspected in line with the Services’ Risk Based Inspection Program.

2.2.2 **Implementation – March 2019**

Actions completed

2.3 **Premises Without A Risk Score**

Unless all relevant premises records in the CRM database contain a risk score, there is a risk of some premises not being re- inspected. This could result in avoidable fires leading to injury and reputational risk.

2.3.1 **Actions**

Consider undertaking a periodic review of the CRM database to ensure that all relevant commercial premises contain a risk score.

A review of the CRM database has been undertaken to ensure all known premises are provided with an appropriate risk score.

2.3.2 **Implementation – June 2019**

Actions completed

2.4 **Classification of Commercial Premises**

Unless all premises in the CRM database contain an accurate premises classification, high risk premises could potentially be missed from the inspection program leading to avoidable fires and injury.

2.4.1 **Actions**

Ensure that all commercial premises in the CRM database contain an accurate premises classification and risk score, and are subject to inspection in accordance with the relevant inspection frequency.

A review of the CRM database has been undertaken to ensure all known premises are provided with correct classification, with all high risk premises identified and inspected in line with the service Risk Based Inspection Program. Further work is in progress to ensure all premises are correctly classified.

2.4.2 **Implementation – June 2019**

Actions in progress

2.5 **Data Input Errors**

Data input errors could result in high risk premises not being inspected in accordance with their risk and premises category. This could lead to avoidable fire and injury.

2.5.1 **Actions**

Consider undertaking a periodic review of data input quality and correcting any errors identified promptly.

A review of the CRM database has been undertaken to ensure all known premises are provided with an appropriate risk score and inspection frequency.

2.5.2 **Implementation – April 2019**

Actions completed

2.6 **Maintaining Competence**

Unless inspectors are able to demonstrate that they are maintaining competence in their role, training needs may not be identified and key steps in inspection and enforcement processes may be missed leading to avoidable fires, significant damage to property, loss of life and reputational damage.

2.6.1 **Actions**

All opportunities should be explored for inspectors to demonstrate that they are maintaining competence in their roles.

The staff appraisal process identifies the training needs of individuals in line the NFCC Business Safety Competency Framework (currently being revised as part of Hackitt Review).

Business Safety Inspectors who were trained under the earlier CFOA competency framework are being accredited through "Recognised Prior Learning" to meet the current competency framework to ensure compliance with the framework.

Business Safety are currently exploring a number options with regards to assessing and recording the maintenance of competence as part of the specialist technical references and associated Training Identification Needs (TIN).

2.6.2 **Implementation – September 2019**

Actions in progress

2.7 **Non-Compliance with the Regulators Code**

Non-compliance with national codes of practice leading to poor public perception and reputational risk.

2.7.1 **Actions**

Review the Regulators' Code and ensure that all provisions within the Code are being met.

Work is ongoing with regards to the identified areas of noncompliance, including the delivery of the customer survey recently launched by the communications team and satisfaction survey, establishing an assurance framework and the current upgrade of CRM to develop a dynamic risk based inspection program.

2.7.2 **Implementation – September 2019**

Actions in progress

2.8 **Review enforcement activities and duties to give fire safety advice**

Non-compliance with published service commitments may result in reputational risk.

2.8.1 **Actions**

The Fire Authority should review its enforcement activities and duties to give fire safety advice under Section 6 of the Fire & Rescue Services Act 2004 every three years, to ensure its continued effectiveness to deliver safer and more sustainable communities

The Services' Business Safety enforcement activities have been reviewed as part of the recently approved Safer Communities Strategy and associated Business Safety Thematic Plan, with an associated review of Business Safety policies in progress.

2.8.2 **Implementation – September 2019**

Actions in progress

2.9 **Reporting to the Home Office**

Whilst the difference between the figures reported and the number inspections actually undertaken is low, any reporting inaccuracies carry a reputational risk.

2.9.1 **Actions**

Ensure that all inspection paperwork is uploaded before running future reports for the Home Office.

The 5 audits not included within the 2017/18 Home Office returns have been brought forward and included with the 2018/19 Home Office returns, with a robust process established to prevent reoccurrence.

2.9.2 **Implementation – April 2019**

Actions completed

2.10 **Duplicate Premises Records**

Duplicate records within the CRM database could lead to inaccurate reporting and planning.

2.10.1 **Actions**

Review the CRM database and remove any duplicate records.

A review of the CRM database has been undertaken to remove all duplicate premises.

2.10.2 **Implementation – March 2019**

Actions completed

2.11 **Fire Safety Policies**

In the event that it is necessary to prosecute, incorrect procedures may be followed leading to evidence gathered being inadmissible in Court.

2.11.1 **Actions**

Review, update and finalise the Manual Note on PACE interviews and consider updating the Premises Audit Procedures.

All fire safety policies are currently being reviewed with the PACE Manual Note being prepared for formal consultation.

2.11.2 **Implementation – April 2019**

Actions in progress

2.12 **Public Register of Notices**

Unless the public register is audited periodically in line with agreed policy, entries on the register could remain for longer than necessary, resulting in complaints and reputational risk.

2.12.1 **Actions**

Review the public register every year in compliance with agreed policy

The Services' public register of notices displayed on the Services' website has been reviewed with all published notices in accordance with Service policy.

2.12.2 **Implementation – April 2019**

Actions completed

3. **CONCLUSIONS**

The report provides “Partial Assurance” in respect of Delivery of Business Fire Safety. This opinion means that there are potential weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the Services’ objectives at risk.

The report and associated action plan demonstrate significant progress towards compliance with the report findings, with the Business Safety Thematic Plan identifying the requirement to establish an “Assurance Framework” to ensure continued assurance of the Authorities’ responsibilities under the Order.

An “Assurance Framework” is currently being developed to ensure quality assurance of the data recorded in the CRM database. The CRM upgrade project is progressing in line with the agreed project plan, with workshops currently being planned to identify the required enhanced functionality of the database, including mobile working.

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Internal Audit Report

Delivery of Business Fire Safety

FINAL REPORT

Assignment Lead: Gary Neal, Senior Auditor
Assignment Manager: Nigel Chilcott, Audit Manager
Prepared for: East Sussex Fire & Rescue Service
Date: February 2019

Internal Audit Report – Delivery of Business Fire Safety

Report Distribution List

Duncan Savage, Assistant Director – Resources & Treasurer
Mark Andrews, Assistant Chief Fire Officer and Director of Service Delivery
Mark Matthews, Assistant Director - Safer Communities
Andrew Gausden, Group Manager, Business Safety

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

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Internal Audit Report – Delivery of Business Fire Safety

1. Introduction

- 1.1. Business fire safety legislation is incorporated within the Health and Safety at Work Act 1974 and the Regulatory Reform (Fire Safety) Order 2005 which applies to all non-domestic premises in England and Wales. In addition, section 6 of the Fire and Safety Act 2004 places responsibility on fire services to promote fire safety within their areas.
- 1.2. The Fire Safety Order sets out the duties of the person responsible for premises (usually the owner, landlord, employer, or occupier of a business or industrial premises). The Order is enforced by periodic inspections or audits by the enforcing authority (usually a fire and rescue authority) and sanctions imposed for non-compliance.
- 1.3. ESFRS employ a risk based approach to business safety inspection, including feedback received from engagement activities, letter drops and tailored audits based upon local trends and changes. This results in inspection of approximately 2% of all known properties annually.
- 1.4. National figures reported by the Home Office show that ESFRS completed 499 fire safety inspections during 2017/18, of which 25% were unsatisfactory. 97% of these later proved to be satisfactory following informal or formal enforcement action. This compares with 299 inspections completed in 2016/17, of which 37% were unsatisfactory with 85% subsequently proving satisfactory following enforcement action.
- 1.5. This review is part of the agreed Internal Audit Plan for 2018/19.
- 1.6. This report has been issued on an exception basis whereby only weaknesses in the control environment have been highlighted within the main body of the report.

2. Scope

- 2.1. The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:
 - There are governance arrangements in place to ensure that ESFRS adequately discharges its statutory business fire safety responsibilities.
 - Adequate provision has been made to promote fire safety.
 - There are clear fire safety policies in place setting out roles and responsibilities and which are aligned with statutory obligations.
 - There is a robust risk based approach to undertaking the annual inspection programme.
 - A comprehensive training programme exists to ensure that staff gain and maintain the required skills and competencies in order to carry out annual fire safety inspections and where appropriate to carry out effective prosecution.
 - ESFRS undertakes enforcement action for all identified breaches of fire safety legislation.

3. Audit Opinion

Partial Assurance is provided in respect of **Delivery of Business Fire Safety**. This opinion means that there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.

Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.

4. Basis of Opinion

We have provided **Partial Assurance** over the controls operating within the area under review because:

- 4.1. Although areas of good practice were identified, including in relation to the promotion of fire safety and fire safety policies being compliant with legislation, a number of weaknesses were identified through our work.
- 4.2. Whilst there is evidence of inspections being planned and undertaken in accordance with the risk based framework, we identified 6 high risk premises in the CRM database that had not been inspected in accordance with agreed inspection frequencies. In 1 case, the last inspection was in 2004. These omissions could have resulted in avoidable fires and injury.
- 4.3. A risk score is used to determine the inspection frequency of business premises. However, we identified 207 premises within the CRM database without a risk score. In many cases, Housing Protocol applies which means that the local authority takes the lead for enforcement action and general regulation. However, we identified a number of instances where the omission was due to input error or database workflow error. These could have delayed future premises inspections.
- 4.4. The Business Safety Strategy states that the Service will review its enforcement activities and duties to give fire safety advice under Section 6 of the Fire & Rescue Services Act 2004 every three years. However, no reviews of the strategy appear to have taken place.
- 4.5. There is also no process in place to demonstrate that staff competency in undertaking safety reviews is being maintained.
- 4.6. Figures reported to and published by the Home Office on the number of inspections completed in 2017/18 were found to be incorrect. Whilst the differences identified were low, any inaccuracies in published figures carry a reputational risk.
- 4.7. Published service standards and Section 2.4 of the Regulatory Reform (Fire Safety) Order 2005 Manual Note state that services will be delivered in accordance with the requirements of the Regulators Code. However, during the audit we were informed of a number of areas of known non-compliance.

Internal Audit Report – Delivery of Business Fire Safety

Audit Opinion - Direction of Travel		
Improved	Unchanged	Reduced
	N/A	

5. Action Summary

Risk Priority	Definition	No	Ref
High	Major control weakness requiring immediate implementation	1	1,
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources	6	2, 3, 5, 6, 7, 8
Low	Represents good practice but its implementation is not fundamental to internal control	5	4, 9, 10, 11, 12
	Total number of agreed actions	12	

6. Acknowledgements

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

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	<p>Inspection Planning - 1</p> <p>Section 1 of the Risk Based Inspection Manual Note states that ESFRS will enforce the provisions of the Regulatory Reform (Fire Safety) Order 2005 by carrying out a programme of fire safety inspections and audits.</p> <p>These inspections/audits will be programmed according to the perceived risk to life within the premises.</p> <p>A central risk register (CRM database) will be maintained to allow borough business safety managers to manage fire safety workloads according to risk.</p> <p>A review of all high risk premises within the CRM database identified six premises that had not been inspected for several years and in one case since 2004. We understand that this was due to oversight and that arrangements have now been made to inspect four of the premises.</p> <p>In the remaining two cases, as a result of our enquiries, the premises have been reclassified from high risk to medium risk. Whilst these premises also need to be inspected, at the date of the audit, no dates for inspection had been</p>	<p>Unless commercial premises are subject to periodic inspection in accordance with the perceived risk to life within the premises, avoidable fires could lead to significant damage to property, loss of life and reputational damage.</p>	High	<p>Undertake a periodic review of the CRM database to ensure that all premises are inspected in accordance with the agreed inspection frequency.</p>

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
	agreed.			
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	June 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	<p>Inspection Planning – 2</p> <p>See Inspection Planning 1</p>	Unless commercial premises are subject to periodic inspection in accordance with to the perceived risk to life within the premises, avoidable fires could lead to significant damage to property, loss of life and reputational damage.	Medium	Ensure that the two premises reclassified as medium risk are inspected as soon as possible.
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	March 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	<p>Premises Without A Risk Score</p> <p>Section 2.5 of the Risk Based Inspection Manual Note states that a central risk register (the CRM database) will be maintained to allow borough business safety managers to manage the fire safety workloads according to risk.</p> <p>A review of the CRM database identified 207 premises without a risk score.</p> <p>Whilst the Business Fire Safety Manager was able to provide a valid explanation as to why a risk score did not exist for some premises, we found that 91 premises had no risk score due to a database error and 14 premises had no risk score due to user input error. We understand that all of these errors have been corrected and a process has been identified to ensure that in future all relevant premises contain a risk score.</p>	<p>Unless all relevant premises records in the CRM database contain a risk score, there is a risk of some premises not being re- inspected. This could result in avoidable fires leading to injury and reputational risk.</p>	Medium	<p>Consider undertaking a periodic review of the CRM database to ensure that all relevant commercial premises contain a risk score.</p>
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	June 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	<p>Classification of Commercial Premises</p> <p>We found 7,779 premises in the CRM database without a last date of inspection. 28 of the premises were classified as Category A – Hospital and B – Care Homes which would typically be considered High / Medium risk and therefore subject to regular inspection.</p> <p>The Business Fire Safety Manager advised that some of the Category A buildings were part of a hospital complex such as Estates Buildings, Medial Gas Plant or Doctors Residence but not actual hospital buildings themselves and would therefore need reclassifying. Many of the Category B buildings such as Care Homes are premises that have come to light following updated reports over the years. As yet, some have still not been audited but these have tended to be very small group homes.</p>	Unless all premises in the CRM database contain an accurate premises classification, high risk premises could potentially be missed from the inspection program leading to avoidable fires and injury.	Low	Ensure that all commercial premises in the CRM database contain an accurate premises classification and risk score and are subject to inspection in accordance with the relevant inspection frequency.
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	June 2019

Internal Audit Report – Delivery of Business Fire Safety

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	<p>Data Input Errors</p> <p>The Fire Authority uses a matrix to determine inspection frequencies. This is based upon the premises category and the risk score. Once the inspection frequency has been determined, it is updated against the premises record in the CRM database.</p> <p>A review of the database identified 4 premises which scored Low or Very Low and where the inspection frequency was set at 6 monthly, and 18 other premises which scored Low or Very Low where the inspection frequency was set at every 12 months. These inspection frequencies do not align with inspection frequency matrix. Whilst it is possible for an inspector to increase the frequency of inspection for low risk premises, for example, where it is a heritage building, the Business Fire Safety Manager confirmed that most of the premises identified above had not been entered correctly. It is understood that these records have now been corrected.</p>	Data input errors could result in high risk premises not being inspected in accordance with their risk and premises category. This could lead to avoidable fire and injury.	Medium	Consider undertaking a periodic review of data input quality and correcting any errors identified promptly.
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	April 2019

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
6	<p>Maintaining Competence</p> <p>Section 8.1 of the Business Safety Strategy 2014/15 to 2016/17 (the latest version) states that all staff will need to clearly demonstrate that they are maintaining competence in their roles.</p> <p>The Business Fire Safety Manager advised that whilst ESFRS are currently looking at third party accreditation via the Institution of Fire Engineers, there is no formal process in place to evidence that competence is being maintained for fire safety inspectors.</p>	<p>Unless inspectors are able to demonstrate that they are maintaining competence in their role, training needs may not be identified and key steps in inspection and enforcement processes may be missed leading to avoidable fires, significant damage to property, loss of life and reputational damage.</p>	Medium	<p>All opportunities should be explored for inspectors to demonstrate that they are maintaining competence in their roles.</p>
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	September 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
7	<p>Non-Compliance with the Regulators Code</p> <p>Whilst the published service standards and Section 2.4 of the Regulatory Reform (Fire Safety) Order 2005 Manual Note state that services will be delivered in accordance with the requirements of the Regulators’ Code, the Business Fire Safety Manager confirmed the following areas of non-compliance:</p> <p>Section 2.1 of the code – There are no mechanism in place to actively engage citizens and others to offer views and contribute to the development of policies and service standards.</p> <p>Section 2.6 – Whilst there is a webpage for receiving feedback, the Regulators’ Code requires there to be a range of mechanisms in place to invite, receive and take on board customer feedback, including, for example, through customer satisfaction surveys.</p> <p>Section 3.1 –Whilst the current approach to determining priority risks uses an evidence based approach, it does not take account of fire loss history.</p> <p>Section 3.3 – There are no mechanisms in place to consult on the design of the risk assessment framework with those affected. In addition, the</p>	<p>Non-compliance with national codes of practice leading to poor public perception and reputational risk.</p>	<p>Medium</p>	<p>Review the Regulators’ Code and ensure that all provisions within the Code are being met.</p>

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
	<p>risk assessment framework is not reviewed regularly.</p> <p>Section 6.4 – There are no mechanisms in place to ensure that officers act in accordance with published service standards e.g. through quality assurance reviews.</p> <p>Section 6.5 - Performance against service standards, complaints and appeals against decisions is not published on a regular basis.</p>			
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	September 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
8	<p>Review enforcement activities and duties to give fire safety advice</p> <p>Section 4.7 of the Business Safety Strategy 2014/15 to 2016/17 states that the Service will review its enforcement activities and duties to give fire safety advice under Section 6 of the Fire & Rescue Services Act 2004 every three years, to ensure its continued effectiveness to deliver safer and more sustainable communities.</p> <p>The Business Safety Manager advised that he was not aware of any previous review having been undertaken.</p>	Non-compliance with published service commitments may result in reputational risk.	Medium	The Fire Authority should review its enforcement activities and duties to give fire safety advice under Section 6 of the Fire & Rescue Services Act 2004 every three years, to ensure its continued effectiveness to deliver safer and more sustainable communities
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	September 2019

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
9	<p>Reporting to the Home Office</p> <p>The Home Office collects detailed information on incidents attended by Fire and Rescue Services and publishes national statistics annually.</p> <p>A review of the CRM database found that the statistics submitted to the Home Office for the period 1/4/17 to 31/3/18 were understated by 5 inspections (499 instead of 504 inspections).</p> <p>It is understood that this was due to the late uploading of audit paperwork after the statistics had been produced.</p>	<p>Whilst the difference between the figures reported and the number inspections actually undertaken is low, any reporting inaccuracies carry a reputational risk.</p>	Low	<p>Ensure that all inspection paperwork is uploaded before running future reports for the Home Office.</p>
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	April 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
10	<p>Duplicate Premises Records</p> <p>A review of an extract from the CRM database identified 16 commercial premises that had duplicate records. Each record was found to have a different premises record number in the database.</p>	Duplicate records within the CRM database could lead to inaccurate reporting and planning.	Low	Review the CRM database and remove any duplicate records.
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	March 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
11	<p>Fire Safety Policies</p> <p>We found that the policies in place were generally clear and aligned with fire safety legislation and provided guidance around roles and responsibilities. However, the Manual Note covering PACE interviews was still in draft. In addition, Section 3.19 of the Premises Audit Procedures Manual Note indicates that written consent should be obtained from the premises owner when discovering contraventions against the Fire Safety Order to ensure that evidence gathered is admissible in any subsequent proceedings. However, we understand that legal advice has been obtained which indicates that a signature is not required.</p>	<p>In the event that it is necessary to prosecute, incorrect procedures may be followed leading to evidence gathered being inadmissible in Court.</p>	Low	<p>Review, update and finalise the Manual Note on PACE interviews and consider updating the Premises Audit Procedures Manual Note.</p>
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	March 2019

Internal Audit Report – Delivery of Business Fire Safety

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
12	<p>Public Register of Notices</p> <p>The Manual Note on the Public Register of Notices states that the register should be audited every year, however, the Fire Safety Manager advised that this is not taking place</p>	Unless the public register is audited periodically in line with agreed policy, entries on the register could remain for longer than necessary, resulting in complaints and reputational risk.	Low	Review the public register every year in compliance with agreed policy
Responsible Officer:		Andrew Gausden, Group Manager, Business Safety	Target Implementation Date:	April 2019

Appendix A

Audit Opinions and Definitions

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

Management Responsibilities

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

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

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

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny and Audit Panel

Date 05 June 2019

Title of Report Internal Audit Report – Supply Chain Management (SCM)

By Claire George, Procurement Manager

Lead Officer Duncan Savage, Assistant Director Resources/Treasurer

Background Papers None

Appendices 1. SCM Final Report – April 2019

Implications

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

PURPOSE OF REPORT To update on the findings and assurance opinion of the Internal Audit Report, undertaken in March 2019.

EXECUTIVE SUMMARY It is the agreed protocol that where Internal Audit Reviews result in an opinion of partial assurance or lower the report is presented in full to both the Senior Leadership Team and the Scrutiny & Audit Panel.

Internal Audit conducted an audit of the processes and policies which support SCM within ESFRS, in line with the agreed audit plan of for 2018/19.

The report makes various recommendations to strengthen the Authority’s current position. Audit are cognisant that the new Procurement Strategy and adoption of Category Management specifically targets improvements in our approach to SCM and that these improvements will act to significantly reduce the risks identified.

The report concludes that Partial Assurance is provided in respect of Supply Chain Management at this time.

RECOMMENDATION

Panel are recommended to:

- i) Endorse the report and the management response.
 - ii) Note that internal audit will carry out a follow up review in 2019/20
-

1. INTRODUCTION

- 1.1 The Institute of Supply Chain Management defines supply chain management as “the oversight of materials, information and finances as they move in a process from supplier to manufacturer to wholesaler to retailer to consumer. Supply chain management involves co-ordinating and integrating these flows both within and among companies.”
- 1.2 ESFRS has not outsourced any part of the delivery of its frontline services. However, it is reliant on external suppliers for many of its support functions, including the provision of ICT infrastructure and software, and for the supply of its equipment, much of which is highly specialised. It is designed to maximise the impact of procurement, both internally and externally.
- 1.3 Currently, responsibility for ongoing contract and supply chain management is devolved to the relevant business area. Central to the new Procurement strategy is the introduction of a category management approach and the central co-ordination of all contracting activity; from pre procurement analysis to post award contract & supplier relationship management. A category led approach to contract management, will oversee contract delivery, optimisation and performance.

2. SCOPE OF AUDIT

- 2.1 The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:
 1. Due diligence checks identify, in a timely manner, contractors that:
 - are in danger of becoming insolvent;
 - do not maintain adequate public liability insurance;
 - do not have effective business continuity or risk management arrangements in place;
 - do not carry out adequate due diligence checks on their own suppliers; or
 - use unacceptable trading or employment practices.

2. Market and industry intelligence is sufficient to allow the early enough identification of suppliers or market sectors at risk of failing and to enable appropriate steps to be taken, including where the Authority is reliant on other organisations for the provision of its services.
 3. Effective Business Continuity Planning mitigates the effects of any supply chain failures.
- 3.2 Audit reviewed a total sample of five high profile contracts and sought evidence that appropriate checks are carried out to manage the above mentioned supply chain risks.

3. SUMMARY FINDINGS

- 3.1 Audit accept that corporate business continuity and risk management are controlled at departmental level, however, were unable to ascertain that they were sufficiently well established to manage the risks associated with supply chain management.
- 3.2 In general, supply chain controls were operating far more effectively at the point of tender than as part of contract management once the contract was live. Activity to engage with suppliers to manage the risks associated with supply chain management is inconsistent and there is no structured approach
- 3.3 Evidence of good practice where controls, e.g. checks on contractors' public liability and financial health, were in operation, albeit not consistently, with no formal requirements for periodic checks in place, although some officers were carrying out these checks nonetheless.
- 3.4 The Authority does not have an Ethical Procurement Policy, which may undermine its ability to promote and enforce practices in accordance with its ethos.

4. RESPONSE

- 4.1 Fundamental to the new Procurement strategy is the introduction of a category management approach and the centralisation and co-ordination of all supply chain and contracting activity; from pre procurement analysis to post award contract & supplier relationship management.
- 4.2 Category Specialists will support Senior Users in the key commissioning departments to analyse market conditions and proactively and appropriately analyse and manage their supply chains and contracts. This coordinated approach will harness expertise to provide a broad understanding of the supply market, including the opportunities and the threats.

- 4.3 Contract Management guidance will be produced as part of the planned document refresh which supports the strategy. Part of the Category Specialists' role will be to ensure that national contracts are monitored appropriately, including liaising with our national colleagues, to ascertain standards are being adequately monitored & maintained.
- 4.4 The report makes eight recommendations of which one is high risk – this will be addressed by an interim solution in June 2019 and permanently in December 2019. The majority of the other recommendations will be implemented by December 2019, with two remaining low risk recommendations by March 2020. These timescales reflect the need to recruit to the new Procurement structure in order to implement the category management approach.

5. CORPORATE RISK

- 5.1 Risk Management is a key theme under the new Procurement Strategy. Identifying and mitigating risk of supply is integral to the formulation of the category strategies and associated contracts.
- 5.2 ESFRS do not currently prepare Risk Registers at Business Area or supplier level.
- Procurement will build on the approach already developed to mitigate any risk from Brexit, to introduce a risk register for strategically critical goods, services and associated business critical suppliers.
- 5.3 Recentralising procurement activity under the professional expertise of the Procurement Department will ensure a consistent approach to routine checks and assessment of potential threats to the security of supply. Procurement are introducing 6 monthly financial checks on all business critical suppliers and this will be formalised under the new risk register regime.
- 5.4 Business Continuity Plans (BCP) are requested and evaluated for applicable tenders, both by ESFRS and other lead Authority's FRS when let nationally.
- 5.5 As part of the guidance & document refresh which supports the new strategy, standard terms will include reporting mechanisms which obligate suppliers to provide information in relation to their supply tiers, as applicable. Basic principles of good contract management practice will be uploaded to the Procurement Intranet page and publicised via email.

6. POLICY IMPLICATIONS

- 6.1 Liability insurance is mandated within the tendering process, at a level appropriate to contract value, risk & complexity but this is not currently reflected in the CSOs.
- 6.2 CSOs will be updated to set the minimum standard requirements required for all contracts let by ESFRS, including an appropriate BCP and the minimum liability insurance thresholds. All key staff associated with contracting will be reminded via email & the Procurement Intranet page will be updated.
- 6.3 An ethical procurement policy will be drafted, to support the new Procurement Strategy.

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Internal Audit Report

Supply Chain Management

Final

Assignment Lead: Danny Simpson, Principal Auditor
Assignment Manager: Mark Winton, Audit Manager
Prepared for: East Sussex Fire & Rescue Service
Date: April 2019

Internal Audit Report – Supply Chain Management

Report Distribution List

- Duncan Savage - Assistant Director, Resources & Treasurer
- Mark O’Brien - Deputy Chief Fire Officer - Director of Service Planning & Assurance
- Claire George - Procurement Manager

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

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Internal Audit Report – Supply Chain Management

1. Introduction

- 1.1. The Institute of Supply Chain Management defines supply chain management as “the oversight of materials, information and finances as they move in a process from supplier to manufacturer to wholesaler to retailer to consumer. Supply chain management involves co-ordinating and integrating these flows both within and among companies.”
- 1.2. ESFRS has not outsourced any part of the delivery of its frontline services. However, it is reliant on external suppliers for many of its support functions, including the provision of ICT infrastructure and software, and for the supply of its equipment, much of which is highly specialised.
- 1.3. This review is part of the agreed Internal Audit Plan for 2018/19.
- 1.4. This report has been issued on an exception basis whereby only weaknesses in the control environment have been highlighted in the main body of the report.

2. Scope

- 2.1. The purpose of the audit was to provide assurance that controls are in place to meet the following objectives:
 - Due diligence checks identify, in a timely manner, contractors that:
 - are in danger of becoming insolvent;
 - do not maintain adequate public liability insurance;
 - do not have effective business continuity or risk management arrangements in place;
 - do not carry out adequate due diligence checks on their own suppliers; or
 - use unacceptable trading or employment practices.
 - Market and industry intelligence is sufficient to allow the early enough identification of suppliers or market sectors at risk of failing and to enable appropriate steps to be taken.
 - Effective Business Continuity Planning mitigates the effects of any supply chain failures.
- 2.2. This review sought to provide assurance that the Authority has appropriate arrangements in place to ensure there is sufficient awareness of the markets in which it operates. It reviewed key areas of risk across supply chains, where the Authority is reliant on other organisations for the provision of its services. The review also assessed the process for undertaking due diligence of contractors used by the Authority, including their resilience (following recent high profile contractor collapses), both pre and post contract award.
- 2.3. We reviewed a sample of five high profile contracts and sought evidence that appropriate checks are carried out to manage the above mentioned supply chain risks.

3. Audit opinion

Partial Assurance is provided in respect of **Supply Chain Management**. This opinion means that there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.

Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.

4. Basis of Opinion

- 4.1. We have been able to provide Partial Assurance over the key controls operating in the area under review as systems of control for supply chain management were not found to be adequate. Although the Authority has recognised the need to strengthen governance arrangements, roles and responsibilities for supply chain management, and contract management in general, are not yet clearly defined and set out.
- 4.2. We found that activity to engage with suppliers to manage the risks associated with supply chain management is inconsistent and there is no structured approach. None of the contracts we reviewed demonstrated evidence of all the controls that we would expect to see in operation. However, for each contract, there was evidence of some controls in place. Moreover, we found evidence of good practice where controls, e.g. checks on contractors' public liability and financial health, were in operation, albeit not consistently, where no formal requirements for periodic checks were in place. Supply chain controls were operating far more effectively at the point of tender than as part of contract management once the contract was live.
- 4.3. Whilst we understand that corporate business continuity and risk management are controlled at departmental level, we were unable to ascertain that they were sufficiently well established to manage the risks associated with supply chain management, for example, reliance on a single supplier providing critical back-off functions.
- 4.4. Whilst operational procedures require critical suppliers and contractors to have effective business continuity plans and public liability insurance, these requirements do not form part of Contract Standing Orders, reducing their visibility to procuring officers and, therefore, the level of compliance. It also means that these requirements do not form part of the Authority's constitution.
- 4.5. Once a contract has been let, there is no requirement for pre-tender and due-diligence checks to be re-performed throughout the life of the contract, increasing the risk of disruption to the supply chain, though, as detailed above, we found that some officers were carrying out these checks nonetheless.
- 4.6. The Authority does not have an Ethical Procurement Policy, which may undermine its ability to promote and enforce practices in accordance with its ethos.

Internal Audit Report – Supply Chain Management

- 4.7. The Authority has already identified the need for improvement in a number of these areas. A new Procurement Strategy has been agreed and this has resulted in an organisational restructure, with the intention of formalising contract management. This will give a more substantial role to the Procurement Team to ensure that professional procurement expertise can be given to support officers' expertise in their service areas. Furthermore, work carried out to address specific risks, such as the Brexit risk analysis, will be useful as the basis on which to strengthen wider controls on the supply chain and on contract management in general.

Audit Opinion Direction of Travel		
Improved	Unchanged	Reduced
N/A		

4. Action Summary

Risk Priority	Definition	No	Ref
High	Major control weakness requiring immediate implementation	1	1
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources	4	2, 3, 4, 5
Low	Represents good practice but its implementation is not fundamental to internal control	3	6, 7, 8
Total number of agreed actions		8	

5. Acknowledgements

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

Internal Audit Report – Supply Chain Management

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	<p>Roles and Responsibilities</p> <p>Whilst there is liaison with major suppliers, that includes discussion of their supply chains, there is no structured approach for supply chain management, or contract management in general. Activity to manage areas such as the political and regulatory environment; technological developments; and the buoyancy of the market take place to varying degrees but it relies heavily on the experience of officers and is applied inconsistently.</p> <p>Where contracts are let through frameworks, reliance is often placed on controls operating within the framework without checks to ascertain what checks are actually undertaken.</p>	Without guidance that sets out the Authority's expectations on contract management, and supply chain management in particular, the likelihood of achieving its contract objectives is reduced.	High	<p>a) Contract Management guidance will be produced as part of the planned document refresh which supports the strategy.</p> <p>Part of the Category Specialists' role will be to ensure that national contracts are monitored appropriately, including liaising with our national colleagues, to ascertain standards are being adequately monitored & maintained.</p> <p>b) As an interim, the basic principles of good contract management practice will be uploaded to the Procurement Intranet page and publicised via email.</p>
Responsible Officer:		Claire George	Target Date:	<p>a) Dec 2019</p> <p>b) June 2019</p>

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	<p>Risk Management</p> <p>Risk management arrangements are unclear. There are no risk registers for the contracts, with reliance being placed on the departmental risk registers to record key risk and their mitigations. No risk registers could be made available to review during the audit and officers in the Procurement Team do not have access to them and are therefore unsighted on the Authority's assessment of risks relating to the supply chain, contract management or procurement more generally.</p>	<p>Without adequate risk management arrangements, there is an increased risk that an event occurs that adversely impacts the Authority.</p>	Medium	<p>ESFRS do not currently prepare Risk Registers at Business Area or supplier level.</p> <p>Procurement will build on the approach developed to mitigate any risk from Brexit, and introduce a risk register for strategically critical goods, services and associated business critical suppliers.</p>
Responsible Officer:		Claire George/Risk Officer	Target Date:	Dec 2019

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	<p>Business Continuity Planning (1)</p> <p>Requirements for the Authority’s suppliers to have business continuity plans are set out in a Business Continuity Management Policy Manual Note, which specifies that a business continuity plan must be a contractual requirement. However, there is no documented requirement for contract managers to carry out routine checks to confirm that contractors maintain business continuity plans throughout the life of the contract and that they subject them to periodic testing.</p> <p>Business continuity requirements are not covered by Contract Standing Orders, decreasing visibility of the requirement to officers involved in procuring goods or services.</p>	Without checking that contractors maintain and test their business continuity plans, there is an increased risk of service disruption	Medium	<p>a) Business continuity plans are requested and evaluated for applicable tenders, both by ESFRS and other lead Authority’s FRS when let nationally.</p> <p>Recentralising procurement activity under the professional expertise of the Procurement Department will ensure a consistent approach to routine checks and assessment of potential threats to the security of supply.</p> <p>CSOs will be updated to reflect the minimum standard requirements for all contracts let by ESFRS, including BCPs and liability insurance thresholds.</p> <p>b) All key staff associated with contracting will be reminded via email & the Procurement Intranet page will be updated.</p>
Responsible Officer:		Claire George/Glenn Jones	Target Date:	<p>a) Dec 2019</p> <p>b) June 2019</p>

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	<p>Business Continuity Planning (2)</p> <p>The Authority does not require business continuity plans to be held as part of each contract’s contract management arrangements. There is a requirement for business continuity plans to be held at departmental level but we were unable to obtain copies during the audit as they were not available to the officers interviewed, including senior officers in the Procurement Team.</p>	<p>Without robust and visible business continuity planning - and effective dissemination of the plans - the Authority will be more seriously affected by the loss of a supplier, or its services.</p>	Medium	<p>The Procurement Manager has established since the audit that Business Continuity plans are available on the intranet.</p> <p>We shall include wider communication of their location.</p>
<p>Responsible Officer:</p>		Claire George/BC Officer	<p>Target Date:</p>	June 2019

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Internal Audit Report – Supply Chain Management

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	<p>Financial Health Checks</p> <p>Contract Standing Orders require that financial health checks be undertaken as a part of the procurement process. However, there is no formal requirement to carry out such checks once the contract is live.</p>	<p>Without checking the financial health of contractors, the authority's ability to react to the loss of a contractor is significantly reduced.</p>	Medium	<p>Procurement are introducing 6 monthly financial checks on all business critical suppliers and this will be formalised under the new risk register regime.</p>
Responsible Officer:		Claire George	Target Date:	Ongoing

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
6	<p>Public Liability Insurance</p> <p>The requirement for contractors to hold public liability insurance is set out in the Authority’s Invitation to Tender documentation but is not included in Contract Standing Orders. There is no requirement laid down to check that contractors have maintained the appropriate level of insurance throughout the life of the contract.</p>	<p>Without seeking assurance that contractors maintain the required level of public liability insurance there is a risk that an incident occurs for which the contractor is uninsured.</p> <p>The provision of a key procurement requirement outside Contract Standing Orders reduces its visibility and hence the likelihood of compliance. Its inclusion in CSO would also make it a constitutional requirement strengthening its standing in the Authority.</p>	Low	<p>a) Liability insurance is mandated within the tendering process, at a level appropriate to contract value, risk & complexity.</p> <p>CSOs will be updated to reflect the minimum standard requirements for all contracts let by ESFRS.</p> <p>b) All key staff associated with contracting will be reminded via email & the Procurement Intranet page will be updated.</p>
<p>Responsible Officer:</p>		Claire George	<p>Target Date:</p>	<p>a) Dec 2019 b) June 2019</p>

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
7	<p>Contractors’ Due Diligence Checks on their Supply Chains</p> <p>There is no formal requirement for contractors to carry out due diligence checks on their supply chains to provide the authority with assurance on their continuity of service. There is no guidance advising officers, responsible for contract management, of the nature of checks that would be appropriate for them to make on contractors’ practices for the various types of contract in place across the Authority.</p>	<p>If contractors do not review their supply chains, and include details in their performance reports to the Authority, ESFRS has reduced visibility over the related risks.</p>	Low	<p>The support of Category Specialists in the letting of all contracts will significantly improve this.</p> <p>Contracts currently obligate contractors to confirm that any sub-contractors will be subject to the same terms and conditions.</p> <p>As part of the guidance & document refresh which supports the new strategy, standard terms will include reporting mechanisms which obligate suppliers to provide information in relation to their supply tiers, as applicable.</p>
Responsible Officer:		Claire George	Target Date:	March 2020

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
8	<p>Ethical Procurement</p> <p>Although work is undertaken to ensure compliance with legislative requirements, the Authority does not have an Ethical Procurement Policy that sets out in detail how it conducts its business and what it expects of its suppliers. This may include environmental issues, social value and the way suppliers are treated.</p> <p>An Ethical Procurement Policy could also document the approach the Authority would take to ensure the compliance of its suppliers.</p>	Without an Ethical Procurement Policy, there may be a greater risk that contractors behave in a manner inconsistent with the ethos of the Authority.	Low	<p>The ethical behaviour of potential suppliers is evaluated within the standard invitation to tender, under the discretionary grounds for exclusion (including providing sufficient evidence of any remedial action taken).</p> <p>An ethical procurement policy will be drafted, to support the new strategy.</p>
Responsible Officer:		Claire George	Target Date:	March 2020

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Appendix A

Audit Opinions and Definitions

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

Management Responsibilities

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

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

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

EAST SUSSEX FIRE AUTHORITY

Panel Scrutiny & Audit Panel

Date 5 June 2019

Title of Report On Call Pay Review – Internal Audit Report

By Vicki Law, HR Operations Manager

Lead Officer *Hannah Scott-Youlton, Assistant Director People Services*

Background Papers None

Appendices Internal Audit Report – Retained Duty Pay Review

Implications

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

PURPOSE OF REPORT To report audit outcome and provide assurance that work has commenced to address the areas of concern identified.

EXECUTIVE SUMMARY In March 2018 the interface between the 4i and MIS computer systems stopped working which meant that pay claims for On Call staff could not be processed and paid until end of May 2018. As a result, a manual workaround using a spreadsheet template was implemented by the Payroll Team to ensure that staff continued to be paid.

The Fire Authority requested an independent review of the manual procedures in force during the period when the interface was not working to provide assurance that the correct payments were made.

The audit reported that partial assurance could be provided and made recommendations for management actions to address the areas of weakness.

RECOMMENDATION

Scrutiny and Audit Panel are asked to note the outcome of the audit and the actions that have been put in place to address the learning outcomes.

1. **INTRODUCTION**

- 1.1 On the 20 March 2018, the interface between the 4i and MIS computer systems stopped working which meant that pay claims for On Call staff could not be processed and paid.
- 1.2 In order to ensure staff were paid, a manual work around was put in place. The payroll team transferred the data from the paper claim forms to a spreadsheet that was then uploaded to SAP.
- 1.3 Additionally, to ensure the staff received a payment in April, January's pay-file was re-run to provide the basis for April's pay. This was then reversed, once the actual claims for March had been manually loaded and paid.
- 1.4 The length of the outage for MIS meant that the automatic controls in the system for entitlements to sick on drill nights and leave on drill nights ceased to operate effectively for the remainder of 2018.
- 1.5 Internal Audit conducted a review of the manual procedures and concluded that partial assurance could be provided for the payment process.

2. **Audit Findings and Recommended Actions**

- 2.1 Due to time constraints, the manual entry of claims data described at 1.2 was not checked for accuracy. Stations were asked to check their claims and payments but the majority did not do so. The auditors checked sample claims and identified errors (under- and overpayments) which although were small amounts suggest all claims need checking.
- 2.2 The HR Operations Manager and AD Safer Communities will be asking the On-Call Watch Managers to reconcile their claims and payments for the period and the Payroll team will investigate and correct any errors. The communication will go out to the Watch Managers by the end of May 2019 with a requested return date of end of June 2019.
- 2.3 The automatic controls for leave and sick on drill nights did not operate reliably in MIS for the rest of 2018, potentially allowing claims in excess of entitlement. The Payroll team will make checks to identify any claims in excess of entitlement and correct them. The HR Operations Manager has asked the auditor to correct the description of the entitlements in the report to accurately reflect Grey Book entitlements.
- 2.4 Two overpayments that were identified by the auditor have been investigated by the Payroll team and arrangements to recover the overpayments have been put in place.

3. **Conclusions**

- 3.1 This incident was linked to the implementation of the 4i system and is unlikely to happen again.

- 3.2 There will be a repeat audit in 12 months to ensure the above actions have been addressed and that appropriate controls are in place to ensure accuracy of On Call pay.
- 3.2 Additional roles are being recruited to the Payroll to team to support the completion of the work and to create additional resilience in the team, in order that any future system failures can be managed more effectively,
- 3.3 Scrutiny & Audit Panel are asked to note the outcome of the Audit.
- 3.4 Scrutiny & Audit Panel are asked to note the recommended actions and the steps being taken to address the learning outcomes.



Internal Audit Report

Retained Duty Pay Review

FINAL

Assignment Lead: Gary Neal, Senior Auditor
Assignment Manager: Nigel Chilcott, Audit Manager
Prepared for: East Sussex Fire & Rescue Service
Date: APRIL 2019

Internal Audit Report – Retained Duty Pay Review

Report Distribution List

Draft and Final Report

Duncan Savage, Assistant Director – Resources & Treasurer

Hannah Scott-Youlton, Assistant Director – Training and Assurance

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

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Internal Audit Report – Retained Duty Pay Review

1. Introduction

- 1.1. On the 20 March 2018, the interface between the 4i and MIS computer systems stopped working which meant that pay claims for Retained Duty Staff (RDS) could no longer be processed and paid. As a result, a manual workaround using a spreadsheet template was implemented by the Payroll Team to ensure that staff continued to be paid. The manual workaround remained in place until the interface was repaired at the end of May 2018.
- 1.2. The Fire Authority has requested an independent review of the manual procedures in force during the period when the interface was not working to provide assurance that the correct payments were made.
- 1.3. This report has been issued on an exception basis whereby only weaknesses in the control environment have been highlighted within the main body of the report.

2. Scope

- 2.1. The purpose of the audit was to provide assurance that controls are in place to meet the following objective:
 - The RDS payments made during the interim payment process were for the correct amount and made to the right people.
- 2.2. As part of the audit, we set out to reconcile the claim data from the payroll spreadsheets to the payment data held in SAP. However, whilst we have been able to reconcile the data for some firefighters, where the claim data includes payments relating to prior periods, reconciliation has proved to be more complex than envisaged and we have not therefore been able to isolate those payments in SAP in order to perform a full reconciliation within the time available.

3. Audit Opinion

Partial Assurance is provided in respect of the **Retained Duty Pay Review**. This opinion means that there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.

Appendix A provides a summary of the opinions and what they mean and sets out management responsibilities.

4. Basis of Opinion

We have been able to provide Partial Assurance over the controls operating within the area under review because:

- 4.1. During the period when the 4i to MIS interface stopped working, the Payroll Team processed 3,229 ¹retained duty claims. The Payroll and Pensions Manager advised that due to time constraints, none of the data entered onto the spreadsheets by the Payroll Team was checked for accuracy. This increases the risk of input errors and overpayment.
- 4.2. To mitigate this risk, stations were asked to check their claims back to the payments received and to confirm whether the payments were accurate, but this has not happened at the majority of retained stations.
- 4.3. Our testing of a sample of 90 claim forms processed during the period when the interface stopped working, which represents 3% of total claims, identified 5 claims that had been input incorrectly into the Payroll spreadsheets, involving 6 retained duty employees. This represents an error rate of 5.5%. In some cases, these input errors had resulted in overpayment and in other cases, the errors had resulted in underpayment. Across the 5 claims, there was a net underpayment of £6.49. Whilst individually, the amounts involved are small, if our findings are representative of all claims processed, a further 172 claims could have been input incorrectly involving net underpayments of £223.26.
- 4.4. When the interface initially stopped working at the end of March, in order to ensure that firefighters received a payment in April, a decision was taken to re-run the payment file for January 2018. This file was reversed immediately after payments had been made. As part of our review, we checked that all of the payments and reversals matched. Two cases were identified where the employee reversals were for less than the amounts originally paid, resulting in overpayments of £220.14 and £117.41. The Payroll and Pensions Manager was not able to offer an explanation for these discrepancies.
- 4.5. Due to the absence of claim data in MIS for April and May 2018, the controls to prevent RDS staff from receiving more than four payments for sick or leave on a drill night have stopped working and will no longer work correctly for the remainder of the calendar year. Whilst no examples were found during testing, there is a risk of invalid payment where staff have taken more than four leave or sickness absences on a drill night during April or May 2018.

¹ Based upon April and May spreadsheets provided by the Payroll and Pensions Manager.

Internal Audit Report – Retained Duty Pay Review

5. Action Summary

Risk Priority	Definition	No	Ref
High	Major control weakness requiring immediate implementation	0	
Medium	Existing procedures have a negative impact on internal control or the efficient use of resources	3	1, 2, 3
Low	Represents good practice but its implementation is not fundamental to internal control	2	4, 5
Total number of agreed actions		5	

6. Acknowledgements

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

Internal Audit Report – Retained Duty Pay Review

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Ref	Finding	Potential Risk Implication	Priority	Agreed Action
1	<p>Manually Entered Claim Data 1</p> <p>In order to ensure that fire fighters continued to be paid during the period when the interface stopped working, the claim forms received from stations were manually input onto a spreadsheet that could be used to upload the data into SAP. The Payroll Team entered 3,229 claim forms onto spreadsheets during this period.</p> <p>We understand that the Payroll Team did not have sufficient resources to complete this exercise and that it was necessary to seek help from members of staff within Business Services who had no previous experience in entering payroll claims.</p> <p>We also understand that due to the volume of claim forms received, it was not possible to check the accuracy of the data entered, before the payroll deadline. Therefore, in order to mitigate this risk, stations were asked to check the payments received against their claim forms. However, at the date of this review, only 4</p>	<p>Unless the retained claim data is checked for accuracy and completeness, there is a risk that overpayments made to employees will not be identified and corrected.</p>	<p>Medium</p>	<p>We will ensure that all retained stations carry out a full review of payments made during the period when the interface stopped working and report any under or overpayments to the Payroll Team so that the necessary corrections can be made.</p>

Internal Audit Report – Retained Duty Pay Review

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
	<p>of 19 stations had confirmed the accuracy of their claims. We tested 90 claim forms (3% of total claims) from across 18 retained stations, covering 214 Retained Duty System employees. Testing consisted of checking each claim to the spreadsheets created by Payroll.</p> <p>5 claims were found to have been input incorrectly into the Payroll spreadsheets, which equates to an error rate of 5.5%. These errors affected 6 employees. In 3 cases, the errors resulted in overpayment, in 2 cases the errors resulted in underpayment and in 1 case where the employee did not receive payment, we found that the employee was not entitled to receive payment because he had already been paid the maximum number of sick leave events on a Drill Night.</p> <p>In 2 instances, we found that the input errors had been corrected by the Payroll Team.</p>			
<p>Responsible Officer:</p>	<p>Mark Matthews, Assistant Director, Safer Communities.</p>	<p>Target Implementation Date:</p>	<p>31 May 2019</p>	

Internal Audit Report – Retained Duty Pay Review

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
2	<p>Manually Entered Claim Data 2</p> <p>See 1 above.</p>	<p>Unless the retained claim data is checked for accuracy and completeness, there is a risk that overpayments made to employees will not be identified and corrected.</p>	<p>Medium</p>	<p>The errors identified during this review will be investigated and corrected.</p>
<p>Responsible Officer:</p>		<p>HR Manager & Payroll team</p>	<p>Target Implementation Date:</p>	<p>31 May 2019</p>

Internal Audit Report – Retained Duty Pay Review

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
3	<p>Leave and Sickness on a Drill Night</p> <p>Retained firefighters can only claim up to four leave or sickness events on a drill night during a calendar year and there is a control within MIS that prevents more than four payments from being made. However, due to the absence of any claim data in MIS for April and May 2018, this control failed to operate and will no longer operate reliably for the remainder of 2018.</p>	<p>Firefighters may have received payment during April or May for more than four leave or sickness events on a drill night, resulting in financial loss.</p> <p>Any firefighters who took sick leave or were on leave on a drill night during April or May 2018 could receive payment for more than four events during the remainder of the calendar year.</p>	Medium	<p>Checks will be made to ensure that firefighters were not paid for more than four leave or sick events on a drill night during April or May 2018.</p> <p>An end of year reconciliation of leave and sickness on a drill night will be undertaken to ensure that fire fighters have not been overpaid.</p>
Responsible Officer:		HR Manager & Payroll Team	Target Implementation Date:	31 May 2019

Internal Audit Report – Retained Duty Pay Review

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
4	<p>Reversal of January Payments</p> <p>Testing of the temporary payments and reversals for April 2018 identified that two employee reversals were for less than the amounts originally paid resulting in overpayments of £220.14 and £117.41 respectively.</p> <p>The Payroll and Pensions Manager could not offer any explanation and has agreed to investigate these transactions.</p>	Firefighters may have been overpaid.	Low	The two potential overpayments will be investigated and adjusted if found to be incorrect.
Responsible Officer:		HR Manager & Payroll Team	Target Implementation Date:	31 March 2019

Internal Audit Report – Retained Duty Pay Review

Ref	Finding	Potential Risk Implication	Priority	Agreed Action
5	<p>Potential Duplicate Claims</p> <p>Testing of the spreadsheets created by the Payroll Team identified 37 claims involving 185 payments that had potentially been entered twice.</p> <p>The Payroll and Pensions Manager checked 5 of these claims and found the following:</p> <ul style="list-style-type: none"> • 1 employee was paid £3.25 twice for the same event. • 1 employee was paid the correct amounts (2 separate claims) but against the wrong wage types as a result of coding errors by payroll. • 3 other employee claims had been paid correctly. 	Firefighters may have been overpaid as a result of receiving duplicate payments.	Low	All the claims identified with potential duplicate payments will be investigated and adjusted if found to be incorrect.
Responsible Officer:		HR Manager & Payroll Team	Target Implementation Date:	31 May 2019

Appendix A

Audit Opinions and Definitions

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

Management Responsibilities

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

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

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

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	5 June 2019
Title of Report	Internal Audit Annual Report and Opinion for the period 1 April 2018 to 31 March 2019
By	Assistant Director Resources / Treasurer
Lead Officer	Russell Banks, Orbis Chief Internal Auditor

Background Papers Scrutiny & Audit Panel 13 June 2018 - Internal Audit Strategy and Annual Audit Plan 2018-19

Appendices 1. Annual Internal Audit Report and Opinion 2018/19

Implications

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

PURPOSE OF REPORT **To provide an Opinion on East Sussex Fire Authority’s internal control environment and report on the work of Internal Audit for the period 1 April 2018 to 31 March 2019.**

EXECUTIVE SUMMARY On the basis of the audit work completed, the Orbis Chief Internal Auditor, as East Sussex Fire Authority’s (ESFA) Head of Internal Audit, is able to provide reasonable assurance that the Fire Authority has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2018 to 31 March 2019. Individual reports on the systems evaluated by internal audit included agreed actions to enhance controls and management have drawn up action plans to implement these.

SLT’s attention is drawn to the following:

- The following reports received partial assurance opinions (and will be reported in full to SLT and S&A Panel in June).
 - ⇒ RDS Pay
 - ⇒ Business Fire Safety
 - ⇒ Supply Chain Management
- No reports received a minimal assurance opinion
- A review of Safeguarding is at draft report stage
- An investigation into a Confidential Reporting / Whistleblowing Disclosure commenced in 2018/19 but is included in the 2019/20 internal audit plan
- A planned review of P-cards was delayed to 2019/20 to fit with the revised timetable for wider roll out and a planned review of the ITF Project was not carried out as neither the South East Workshop nor Fuel Tanks project had progressed past feasibility stage
- Information on the Internal Audit Service's performance compliance with the Public Sector Internal Audit Standards (PSIAS).

RECOMMENDATION

The Panel is recommended to:

- (i) note the Head of Internal Audit's opinion on the Fire Authority's internal control environment for 2018/19;
 - (ii) note that the full reports on RDS Pay, Business Fire Safety and Supply Chain Management will be reported in full to SLT and S&A Panel
 - (iii) consider whether the Fire Authority's system for internal audit has proved effective during 2018/19
-



EAST SUSSEX FIRE AUTHORITY

**INTERNAL AUDIT ANNUAL REPORT AND
OPINION 2018-2019**



1. Introduction

1.1 Orbis Internal Audit has provided the internal audit service to the Fire Authority since 1 April 1997 and we are pleased to submit this annual report of our work for the year ended 31 March 2019. The purpose of this report is to give an opinion on the adequacy and effectiveness of East Sussex Fire Authority's framework of internal control.

2. Internal Audit within East Sussex Fire Authority

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

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

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

3. Delivery of the Internal Audit Plan

3.1 In accordance with the 2018/19 annual audit plan, a programme of audits, based on an assessment of risk, was carried out across the Fire Authority. During the year and in agreement with the Assistant Director, Resources and Treasurer, the following adjustments were made to the plan:

- We did not carry-out the planned audits of Procurement Cards or the Integrated Transport Project (ITP). The planned review of P-Cards was delayed to 2019/20 to fit with the revised timetable for wider roll-out. The ITP was not carried out as neither the South East Workshop nor Fuel Tanks project had progressed past feasibility stage.
- Instead, work was undertaken in three additional areas at the request of the Assistant Director, Resources and Treasurer (see Appendix A for further details):
 - Retained Duty System pay
 - Insurance
 - Investigation of a matter reported under the Authority's Confidential Reporting (Whistleblowing) Procedure¹

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

¹ This is an ongoing investigation

4. Audit Opinion

4.1 No assurance can ever be absolute; however, based on the internal audit work completed, I can provide reasonable assurance² that East Sussex Fire Authority has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2018 to 31 March 2019.

Russell Banks, Orbis Chief Internal Auditor

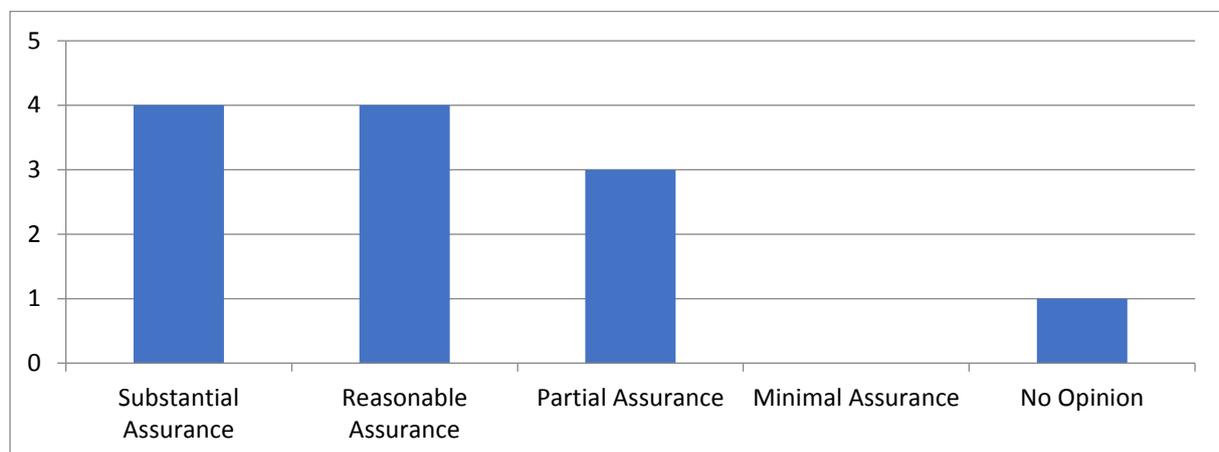
4.2 Where improvements to control or compliance are required, we are satisfied that appropriate action has been agreed by the relevant managers to ensure these improvements are made within reasonable timescales. The overall level of assurance given also takes into account:

- All audit work completed during 2018/19, planned and unplanned;
- Follow-up of actions from previous audits;
- Management's response to audit findings;
- Ongoing advice and liaison with management;
- Effects of significant changes in the Fire Authority's systems;
- The extent of resources available to deliver the audit plan;
- Quality of the internal audit service's performance.

4.3 No limitations were placed on the scope of internal audit during 2018/19.

5. Summary of Work and Key Findings

5.1 The following chart provides a summary of the outcomes from all audits completed during 2018/19 with standard audit opinions (including key financial system work). An explanation of our assurance levels can be found in Appendix C below.



5.2 A summary of the main findings from these reviews and all other work completed in 2018/19 is included at Appendix A.

6. Performance

² This opinion is based on the activities set out in paragraph 4.2. It is therefore important to emphasise that it is not possible or practicable to audit all activities of the Fire Authority within a single year.

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

6.2 Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2018/19, including the results of our most recent PSIAS independent external assessment, along with the year end results against our agreed targets.

PSIAS

6.3 The Standards cover the following aspects of internal audit, all of which were independently assessed during 2018 by the South West Audit Partnership (SWAP) and subject to a refreshed self assessment in 2019:

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

6.4 The results of the SWAP review and our latest self assessment found a high level of conformance with the Standards with only a small number of minor areas for improvement. Work has taken place to address these issues, none of which were considered significant, and these are subject to ongoing monitoring as part of our quality assurance and improvement plan.

Key Service Targets

6.5 Results against our previously agreed service targets are set out in Appendix B, with a high overall performance. Significantly, we have completed 91% of the audit plan, exceeding our target of 90%. Only one planned audit (Safeguarding Arrangements), in addition to an ongoing investigation, was still being undertaken at the end of the financial year and this has now been issued as a draft report, awaiting formal response from management.

SUMMARY OF INTERNAL AUDIT FINDINGS
For the period of 1 April 2018 to 31 March 2019

Reporting to Fire Authority Management and the Scrutiny and Audit Panel

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

Audit of Key Financial Systems

The Fire Authority uses the main financial systems of East Sussex County Council. Each year, internal audit review the key controls within these systems as part of our programme of key financial system audits.

The following key financial system reviews have been completed during 2018/19:

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

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

Business Fire Safety

Business fire safety legislation is incorporated within the Health and Safety at Work Act 1974 and the Regulatory Reform (Fire Safety) Order 2005 which applies to all non-domestic premises in England and Wales. In addition, Section 6 of the Fire and Safety Act 2004 places responsibility on fire services to promote fire safety within their areas.

ESFRS employ a risk based approach to business safety inspection, including feedback received from engagement activities, letter drops and tailored audits based upon local trends and changes. This results in inspection of approximately 2% of all known properties annually.

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

- There are governance arrangements in place to ensure that ESFRS adequately discharges its statutory business fire safety responsibilities;
- Adequate provision has been made to promote fire safety;
- There are clear fire safety policies in place setting out roles and responsibilities and which are aligned with statutory obligations;
- There is a robust risk based approach to undertaking the annual inspection programme;

- A comprehensive training programme exists to ensure that staff gain and maintain the required skills and competencies in order to carry out annual fire safety inspections and, where appropriate, to carry out effective prosecution; and
- ESFRS undertakes enforcement action for all identified breaches of fire safety legislation.

Although areas of good practice were identified, including in relation to the promotion of fire safety, a number of weaknesses were identified through our work which, if not acted upon, would increase the risk of fire and resultant injury. These included:

- The identification of 6 high risk premises that had not been inspected in accordance with agreed inspection frequencies;
- The identification of a number of premises that did not have a risk score (used to determine the inspection frequency of business premises);
- Inconsistency in inspection frequencies for premises with the same risk score;
- No formal process in place to evidence that the competency of fire safety inspectors is maintained;
- Some areas of non-compliance with the Regulator’s Code; and
- No three-yearly review of enforcement activities and duties to give fire safety advice, in accordance with the Business Safety Strategy.

As a result, we provided an audit opinion of **partial assurance** in this area. Actions to address the findings of the review have been agreed with management as part of a formal action plan. In addition, a follow-up audit review to assess the extent to which the agreed actions have been implemented is scheduled for 2019/20.

Supply Chain Management

The Institute of Supply Chain Management defines supply chain management as “the oversight of materials, information and finances as they move in a process from supplier to manufacturer to wholesaler to retailer to consumer. Supply chain management involves co-ordinating and integrating these flows both within and among companies.”

Where arrangements for supply chain management are not robust, this can severely impact service delivery through the loss of a key supplier, either because its lack of financial stability results in it becoming insolvent, or because one or more of its suppliers fail, leading to lost revenue and/or the need to write-off bad debts. An interruption to the flow of raw materials, labour or a natural or man-made disaster may also affect the provision of key services to the Authority and its own service delivery.

ESFRS has not outsourced any part of the delivery of its frontline services. However, it is reliant on external suppliers for many of its support functions, including the provision of ICT infrastructure and software, and for the supply of its equipment, much of which is highly specialised.

The audit sought to provide assurance that the Authority has appropriate arrangements in place to ensure there is sufficient awareness of the markets in which it operates. It reviewed key areas of risk across supply chains, where the Authority is reliant on other organisations for the provision of its services. The review also assessed the process for undertaking due diligence of contractors used by the Authority, including their resilience (following recent high profile contractor collapses), both pre and post contract award. In particular, the audit looked to provide assurance that:

- Due diligence checks identify, in a timely manner, contractors that:

- are in danger of becoming insolvent;
- do not maintain adequate public liability insurance;
- do not have effective business continuity or risk management arrangements in place;
- do not carry out adequate due diligence checks on their own suppliers;
- use unacceptable trading or employment practices.
- Market and industry intelligence is sufficient to allow the early enough identification of supplier or market sectors at risk of failing and to enable appropriate steps to be taken; and
- Effective business continuity planning mitigates the effects of any supply chain failures.

In completing this work, we were only able to provide an opinion of **partial assurance** in relation to the controls operating in this area. Whilst some areas of good practice were identified, we found a need for the Authority to:

- Clearly define roles and responsibilities in relation to supply chain and contract management. Whilst there is liaison with major suppliers that includes discussion of their supply chain, this generally relies on the experience of officers and there is no structured approach for supply chain management, or contract management in general;
- Ensure there are adequate risk management arrangements in place for individual contracts with providers;
- Carry-out routine checks to confirm that contractors maintain business continuity plans throughout the life of the contract and that these are subject to periodic testing;
- Ensure the Authority's own business contingency plans are robust, visible and effectively disseminated to reduce the impact of the loss of a supplier; and
- Complete financial health checks of suppliers during the life of the contract.

The findings of the review were discussed with management and actions to address them have been agreed. We acknowledge that a number of the actions will be taken forward as part of existing plans to enhance procurement through the recently approved Procurement Strategy. A follow-up review in this area will be completed in 2019/20.

Retained Duty Pay System

In March 2018, pay claims for Retained Duty Staff (RDS) could not be processed and paid due to the implementation of a new mobilising system (4i) and problems with the interface between this and the existing MIS system. As a result, a manual workaround using a spreadsheet template was implemented by the Payroll Team to ensure that staff continued to be paid. The manual workaround remained in place until the interface was repaired at the end of May 2018.

Due to the risks associated with the workaround, we were requested to complete an unplanned, independent review of the manual procedures in place, in order to provide assurance that the correct payments were made.

In completing this work, we were only able to provide an opinion of **partial assurance**. This was for the following reasons:

- Due to the volume of claim forms (3,229) and time constraints, we understand that no checks were made of the spreadsheet data before it was uploaded for payment by the Payroll Team. As a result, there was a risk of input errors and subsequent incorrect payments not being identified;

- To mitigate this risk, stations were asked to check their claims back to the payments received and to confirm whether the payments were accurate. However, only a small number of stations did this;
- Testing of a sample of 90 claim forms (approximately 3% of the total number of claims) identified a small number of input errors, resulting in both under and over payment. This represented an error rate of 5.5%. Whilst the values involved were very small, if our findings were representative of all claims processed, a further 172 claims would have been input incorrectly;
- Retained firefighters can only claim up to four leave or sickness events on a drill night during a calendar year and there is a control within MIS that prevents more than four payments from being made. However, due to the absence of any claim data in MIS for April and May 2018, this control was not in operation for this period or the remainder of 2018, meaning that firefighters may have received payment for more than four leave or sickness events during the year.

As a result of our findings in this area, management have agreed to complete a review of the payments made during the period so that the necessary corrections can be made, and to check that firefighters were not paid for more than four leave or sickness events. Given the partial assurance opinion, a follow-up review will be completed in 2019/20.

Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services - Preparedness for Inspection

In July 2017, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) extended its remit to include inspections of England's fire and rescue services to assess and report on the efficiency and effectiveness of the 45 fire and rescue services in England. East Sussex Fire & Rescue Service will be inspected in the third tranche which is expected to take place sometime between May and July 2019.

The inspection programme includes an assessment of:

- the operational service provided to the public (including prevention, protection, resilience, and response);
- the efficiency of the service (how well it provides value for money, allocates resources to match risk, and collaborates with the police and ambulance services); and
- the organisational effectiveness of the service (how well it promotes its values and culture, trains its staff and ensures they have the necessary skills, ensures fairness and diversity for the workforce and develops leadership and service capability).

The purpose of the audit was to provide assurance that adequate preparations for the inspection are in place. Our review focused on governance arrangements, planning, resourcing, and learning from those fire authorities inspected during tranche one.

In completing this work, we were able to provide an opinion of **reasonable assurance** that adequate preparations were in place for the inspection. We found that:

- Preparations for inspection are supported by governance arrangements in the form of an HMICFRS Planning Group which is attended by members of the senior leadership team;
- Dedicated resources have been identified and allocated to the project to ensure that preparations for inspection are completed in a timely manner. In addition, other departmental staff have been engaged in the process as needed;

- Requirements for the inspection have been identified and documented in a timeline and this document is reviewed at Planning Group meetings; and
- Preparations were being made to identify all learning points from tranche 1 inspections.

A small number of areas for improvement were, however, identified during the review, including the need to ensure all documentation to be inspected is up-to-date, and that agreed actions arising from Planning Group meetings are reviewed and updated regularly. Management has agreed appropriate action to address these issues.

General Data Protection Regulation (GDPR) Compliance

In April 2016, the European Union (EU) introduced the GDPR to strengthen data protection rights for individuals within the EU. GDPR came into effect in May 2018. Failure to comply with GDPR could result in reputational damage and substantial fines by the Information Commissioner's Office.

This review assessed compliance with GDPR. In doing so, adherence to the provisions of the existing Data Protection Act (DPA) were also assessed. The review followed a previous audit of the preparedness for GDPR, in which an opinion of minimal assurance was provided.

Overall, it was found that the majority of activities for compliance had been completed. As a result, an opinion of **reasonable assurance** was provided. In addition, good progress had been made in implementing actions arising from the previous review in this area.

Some areas for improvement were, however, identified, as follows:

- Contract addendums have been created and reviewed by appropriate legal counsel for where existing contracts with third parties were not GDPR compliant. However, not all contracts have been updated with this where appropriate;
- The need to ensure the Records Management Policy is updated and renamed as the 'Data Retention and Records Management Policy' to cover all crucial GDPR elements; and
- Ensuring the Information Security Strategy is implemented within agreed timescales.

The above areas and appropriate action to address them have been agreed with management.

Insurance Investigation

On 29 June 2018, a High Court bailiff visited the headquarters of the Fire Authority seeking to recover a debt to the value of £64,495.73. This was in connection with an insurance claim relating to the 2006 Marlie Farm incident which was being managed by the Authority's insurers.

Whilst this issue was subsequently resolved, with the insurers accepting responsibility, we were asked to investigate the circumstances leading up to the bailiff visit and the internal management of the issue within the Authority, in order to understand key lessons learned.

In completing this work, we felt that the situation could have been better managed within the Authority given the potential risk of assets being seized and the associated impact on service delivery and reputational damage. Our findings, which included opportunities to improve communication with the insurers and earlier escalation of the matter, were reported to management for consideration and action. As this was not a formal audit review, we did not provide an audit opinion on this occasion.

Safeguarding Arrangements

All firefighters and support staff are required to have a Disclosure and Barring Service (DBS) check given the highly responsible nature of their role. Some staff, however, may undertake activities that require them to undergo enhanced DBS checks.

This review assessed compliance with DBS requirements within the Authority, including that:

- Adequate controls are in place to ensure all posts that require DBS checks, including enhanced checks, are identified and subject to full and proper checking;
- Controls exist to ensure DBS renewals are identified and appropriately acted upon;
- Officers responsible for processing DBS applications have received adequate training; and
- Staff are aware of the Authority's DBS Policy and that such checks may be undertaken at varying times throughout their employment with the Authority.

Overall, we found that the DBS arrangements within the Authority were working effectively and, as a result, we were able to provide an opinion of **reasonable assurance**. Our sample testing in this area confirmed that a DBS check had been undertaken in all cases.

Some opportunities for improvement were, however, identified which, when addressed, would serve to strengthen the overall control environment. These included:

- Maintaining a list of the checks required for each position within the Authority to ensure that these are correctly undertaken for all employees, including at the point of recruitment;
- The establishment of a robust process to ensure the renewal of enhanced DBS checks are identified and acted upon promptly;
- Ensuring personal data collected as part of checking procedures is only retained for as long as is necessary to fulfil the purposes it is collected for, including for satisfying any legal, accounting or reporting requirements.

This report is currently in draft format awaiting a formal response to the findings of the review from Fire Authority management. It will then be finalised.

Work in Progress

In addition to the above areas, work is continuing on the investigation referred to in 3.1 above. The outcome of this will be reported in due course.

SUMMARY OF PERFORMANCE INDICATORS FOR 2018/19

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Scrutiny and Audit Panel	June	G	2018/19 Annual Audit Plan approved by Scrutiny and Audit Panel on 13 June 2018
	Annual Audit Report and Opinion	June	G	2017/18 Annual Report and Opinion approved by Scrutiny and Audit Panel on 13 June 2018
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit plan – completion to draft report stage	90%	G	91%
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	Highest available level of conformance confirmed through independent external assessment
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified
Outcomes and degree of influence	Agreement to audit findings	95%	G	100%
Our staff	Professional Qualified/Accredited	80%	G	87% ³

³ Includes staff currently undertaking professional development

Internal Audit Assurance Levels:

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

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

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

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

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting Scrutiny & Audit Panel

Date 5 June 2019

Title of Report Internal Audit Strategy and Plan

By Assistant Director Resources / Treasurer

Lead Officer *Russell Banks, Chief internal Auditor, Orbis*

Background Papers None

Appendices 1. Internal Audit Plan 2019/20

Implications

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

PURPOSE OF REPORT To provide an Internal Audit Plan for East Sussex Fire Authority covering the period 1 April 2019 to 31 March 2020.

EXECUTIVE SUMMARY East Sussex County Council (ESCC) has provided the internal audit service to East Sussex Fire Authority (ESFA) since 1 April 1997. This service is usually delivered based on a standard annual budget of 70 audit days.

The Internal Audit Strategy and Plan for 2019/20 is set out as Appendix 1. This Strategy and Plan has been produced on a risk basis, following consultation with senior officers, the Authority's external auditor, Ernst and Young (EY LLP) and the Chairman of Scrutiny & Audit Panel. The Strategy seeks to achieve a balance between ensuring that existing controls are maintained and that assurance can be given on key projects within the Authority's transformation programme.

This draft strategy proposes a 98 day programme, which is higher than in previous years, however, officer's view is that this

is justified by the level of risk and the requirement for assurance.

The Plan includes one unplanned review which was commissioned in 2018/19 in response to a Whistleblowing Disclosure but for which the bulk of the work will be conducted in 2019/20.

80 days can be funded from within the existing budget held within the Resources / Treasurer Directorate. The additional 18 days will be funded from the 2019/20 Corporate Contingency (18 days @ £365 = £6,570).

RECOMMENDATION

The Panel is recommended to approve the proposed internal audit plan for 2019/20.



EAST SUSSEX FIRE AUTHORITY

**INTERNAL AUDIT STRATEGY AND
ANNUAL AUDIT PLAN 2019-20**



East Sussex
Fire & Rescue Service

1. Role of Internal Audit

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

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

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

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

2. Risk Assessment and Audit Planning

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

2.2 The update of the plan for 2019/20 has involved consultation with senior officers and the Chairman of the Scrutiny and Audit Panel to ensure that their views on risks and current issues are identified and considered. The Fire Authority is subject to audit and inspection by other bodies, in addition to internal audit, including the external audit of the accounts. These additional sources of assurance have been taken into account as part of the planning process, primarily through discussion with the Assistant Director of Resources and Treasurer. As in previous years, we have also consulted with the Fire Authority's external auditor, Ernst & Young, which has included clarifying their approach to reliance on the work of internal audit.

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

- A programme of key financial systems reviews is conducted annually based on a risk assessment.
- Previous reviews which resulted in 'minimal assurance' audit opinions will be subject to a specific follow up review to assess the effective implementation by management of agreed actions. This will also include any previous reviews of high risk areas which received a 'partial assurance' opinion.

2.4 The overall aim of the Internal Audit Strategy and Annual Audit Plan is to allocate the agreed level of internal audit resources so as to focus on the highest risk areas and to enable an annual

opinion to be given on the adequacy and effectiveness of the Fire Authority's framework of governance, risk management and control.

3. Audit Approach

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

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

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

4. Annual Internal Audit Plan 2019/20

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

4.2 As a result, and following consultation with senior management, we are proposing to deliver a programme of work in 2019/20 amounting to 98 days. Details of all the planned work is set out in the following table:

Core Audit Activity

Area	Outline Objective	Planned Days
Fundamental Accounting Systems	<p>East Sussex Fire Authority use the main financial systems of East Sussex County Council, specifically:</p> <ul style="list-style-type: none"> • HR/Payroll • Accounts Payable • Accounts Receivable • Pensions • General Ledger <p>On a cyclical basis, dependent on perceived risk and the results of previous year's internal audit activity, we review these systems to ensure that key controls remain in place and operate effectively.</p>	12
Procurement Cards (P-Cards)	<p>This review will assess the adequacy of controls within the P-Card process where there are risks associated with inappropriate use. It will include the use of analytical review in order to identify exceptions for further investigation where appropriate.</p>	8
Project Management	<p>The new Project Management Office is expected to be in place by the end of 2018/19 and with this, new processes introduced to ensure ESFRS projects are properly managed and controlled and to reduce the risk of project overspends, overruns and poor quality.</p> <p>We will review overall governance arrangements of the Project Management Office and assess the extent to which this has improved standards in relation to project management within the Authority.</p>	10
Compliance with Disciplinary, Grievance, Harassment and Bullying Procedures	<p>ESFRS has in place a suite of policies for managing human resource issues such as disciplinary, grievance, harassment and bullying. Non-compliance with these could result in inadequate management of poor performance and legal action against the Authority. This review will assess compliance with these specific policies and will also consider the effectiveness of case management, reporting arrangements and mechanisms for capturing lessons learnt.</p>	8
Management of Operational Assets	<p>A review to assess the adequacy of arrangements for managing operational assets where there are risks associated with inappropriate/non-functioning equipment, and loss. It will cover the identification of need, receipt and acceptance of assets (including risk management and sign-off prior to roll-out), recording, servicing, replacement management and disposal.</p>	10
Business Fire Safety Follow-Up	<p>An audit of Business Fire Safety was completed in 2018/19 and received an opinion of partial assurance. This review will assess the adequacy of implementation of the agreed actions arising from the audit and will also consider the effectiveness of the revised risk based approach in this area.</p>	3
RDS Pay – Follow Up	<p>An audit of RDS Pay was completed in 2018/19 and received an opinion of partial assurance. This review will assess the adequacy of implementation of the agreed actions arising from the audit.</p>	3

Area	Outline Objective	Planned Days
Supply Chain Management - Follow-Up	A review of Supply Chain Management was completed in 2018/19 and received an opinion of partial assurance. This review will assess the adequacy of implementation of the agreed actions arising from the audit.	3
IMD Budget Management	A review to assess the adequacy of arrangements over management of the Information Management Department (IMD) budget, including in relation to budget setting, monitoring and reporting.	8
Management and Advice	This includes preparation of the Internal Audit Strategy and Plan, production of the Annual Internal Audit Report and Opinion, advice and ongoing liaison with management.	8

Assurance and Advisory Work

Area	Outline Objective	Planned Days
Retained Duty System (RDS) Pay	A new process for RDS Pay is being developed and the RDS Pay module of Firewatch is being implemented in 2019/20. We will assess the proposed control arrangements in relation to these prior to go-live, with specific focus on new processes, system testing, data migration, interfaces with SAP and system recovery.	5
Human Resources (HR) Business Process Review	Human Resources are currently reviewing all of their processes to ensure they remain fit-for-purpose and efficient. We will work with the HR Team to assess the proposed revised processes and control arrangements in place prior to their roll out across the Authority.	5
Counter Fraud Training	The delivery of counter fraud training to Fire Authority staff.	6
National Fraud Initiative (NFI)	To provide support in relation to the National Fraud Initiative (NFI).	2

Audit Investigations

Area	Outline Objective	Planned Days
Confidential Reporting Disclosure	The Authority has commissioned internal audit to investigate a matter reported under its Confidential Reporting (Whistleblowing) Procedure.	7

Total Planned Days	98
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5. Potential Future Reviews

5.1 The following areas have been identified during the audit plan consultation process and risk assessment but have not been incorporated within the 2019/20 audit plan. These will be subject to consideration as the year progresses and when planning audit work for future years:

- National Fire Chiefs Council (NFCC) - Leadership Framework
- Procurement
- Capital

6. Quality and Performance

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

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

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

Aspect of Service	Orbis IA Performance Indicator	Target
Quality	<ul style="list-style-type: none"> Annual Audit Plan agreed by Scrutiny and Audit Panel Annual Audit Report and Opinion Satisfaction levels 	<ul style="list-style-type: none"> June June 90% satisfied
Productivity and Process Efficiency	<ul style="list-style-type: none"> Audit plan – completion to draft report stage by 31 March 2020 	<ul style="list-style-type: none"> 90%
Compliance with Professional Standards	<ul style="list-style-type: none"> Public Sector Internal Audit Standards Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act 	<ul style="list-style-type: none"> Conforms Conforms
Outcomes and Degree of influence	<ul style="list-style-type: none"> Agreement to audit findings 	<ul style="list-style-type: none"> 95%
Our staff	<ul style="list-style-type: none"> Professional Qualified/Accredited 	<ul style="list-style-type: none"> 80%

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

Russell Banks CMIIA

Orbis Chief Internal Auditor and Chief Internal Auditor for East Sussex Fire Authority



INTERNAL AUDIT CHARTER

1. Introduction

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

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

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

2. Internal Audit Purpose

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

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

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

3. Statutory Requirement

The requirement for an Authority to maintain an Internal Audit function is derived from local government legislation, including Section 112 of the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015 in that a relevant body must:

“maintain an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper internal audit practices”

The responsibility for ensuring an effective internal audit function rests with the Authority Treasurer as part of their Section 112 obligations.





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

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

as are considered necessary by those conducting the audit.

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

4. Internal Audit Responsibilities and Scope

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

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

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

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

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

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





5. Independence

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

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

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

6. Reporting Lines

Regardless of line management arrangements, the Head of Internal Audit has free and unfettered access to report to the S112 Officer; the Monitoring Officer; the Chief Executive; the Audit Committee Chairman; the Chairman of the Fire Authority and the Fire Authority's External Auditor.

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

7. Fraud & Corruption

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

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

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





8. Consultancy Work

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

9. Resources

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

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

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



10. Due Professional Care

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

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

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

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

11. Quality Assurance

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

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

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

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

May 2019

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EAST SUSSEX FIRE AUTHORITY

Meeting: Scrutiny & Audit Panel

Date: 5 June 2019

Title of Report: Assessment of the Corporate Framework and Annual Governance Statement for 2018/19

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

Lead Officer: Abi Blanshard, Senior Democratic Services Officer

Background Papers: Local Code of Corporate Governance

- Appendices:**
1. Annual Governance Statement 2018/19
 2. Proposed Revised Local Code of Corporate Governance
 3. Local Code of Corporate Governance – Key Policies and Processes
 4. 2017/18 Action Plan Update

Implications (please tick ✓ and attach to report)
Any implications affecting this report should be noted within the final paragraphs of the report

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

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

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

The review has been carried out by the Assurance and Governance Group of senior officers in line with the Authority's Local Code of Corporate Governance which has been reviewed and is consistent with the seven principles of good governance as identified in the CIPFA/SOLACE 2016 Framework - "Delivering Good Governance in Local Government".

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

The draft Annual Governance Statement (Appendix 1) will be included in the draft Statement of Accounts 2018/19 when these are published on 31 May 2019, and was approved by Senior Leadership Team on 22 May 2019 prior to reporting to this Panel.

RECOMMENDATION:

The Panel is recommended to:

- (i) confirm that they are satisfied with the level of assurance provided to them through this report and the Authority's governance framework and processes;
- (ii) note that the Proposed Revised Local Code of Corporate Governance has been updated to reflect the current CIPFA/SOLACE 2016 Framework; and
- (iii) approve the Annual Governance Statement for signing by the Scrutiny & Audit Panel Chairman and the Chief Fire Officer.

INTRODUCTION

1. Sound Corporate Governance is crucial if the Authority is to continue to provide leadership, direction and control. The Annual Governance Statement provides an opportunity for the Authority to assess and report transparently to the public how it ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
2. The Authority has a local Code of Corporate Governance which is consistent with best practice guidance from the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (SOLACE), and revisions to the Authority's internal processes. .

3. The Accounts and Audit Regulations 2015 require the Authority to ensure that it has in place a sound system of internal control which facilitates the effective exercise of its functions and which includes arrangements for risk management. The Authority is required to conduct an annual review of the effectiveness of its system of internal control and to prepare an annual governance statement in accordance with proper practices to accompany its Statement of Accounts.
4. The production of an Annual Governance Statement is the final stage of an on-going process of review of our governance arrangements including risk management and internal control. In summary, the process must involve an organisation reviewing the adequacy of its governance arrangements, developing an action plan for improving those arrangements, and communicating the framework to users and stakeholders.
5. This report was prepared with the Assurance and Governance Group of senior officers and approved by Senior Leadership Team on 22 May 2019.
6. The Authority's corporate governance framework is underpinned by a number of key documents and processes. These are summarised in section 4 of the Annual Governance Statement (Appendix 1).
7. The main policies and strategies that make up the Authority's corporate governance framework are summarised in the Proposed Revised Local Code of Corporate Governance (Appendix 2 and 3). The Proposed Revised Local Code of Corporate Governance has been updated to reflect the current CIPFA/SOLACE 2016 Framework. The revised code is presented differently, however the content is largely unchanged. The sources of assurance in place for each of these policies and strategies have been reviewed and where the need for improvement has been identified this is set out within the Annual Governance Statement.
8. Evidence shows that the Authority continues to have in place good arrangements for corporate governance and that they are working effectively.
9. The Annual Governance Statement includes the mandatory disclosure of any significant governance issues identified through the Authority's governance and internal control arrangements. Appendix 4 to this report sets out the progress that has been made against the areas for improvement identified in the Annual Governance Statement for 2017/18.
10. Since 2013 the Authority has been required to produce a Statement of Operational Assurance on an annual basis in line with the requirements of the Fire and Rescue National Framework and DCLG guidance issued in May 2013. Whilst there is some overlap between this statement and the Annual Governance Statement, officers have decided to continue to publish them separately in order that their separate and distinct objectives are transparently fulfilled.
11. The Annual Governance Statement will be reviewed by our external auditors, Ernst & Young LLP, as part of their audit of the 2018/19 accounts.

Mark O'Brien

Duncan Savage

Liz Woodley

**DEPUTY CHIEF FIRE
OFFICER**

**ASSISTANT DIRECTOR
RESOURCES /
TREASURER**

**DEPUTY MONITORING
OFFICER**

22 May 2019

East Sussex Fire Authority

Annual Governance Statement 2018/19

1. Scope of Responsibility

East Sussex Fire Authority (the Authority) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

The Accounts and Audit Regulations 2015 require the Authority to prepare an annual governance statement, which must accompany the statement of accounts. The Authority also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

The Authority has approved a code of corporate governance, which is consistent with the seven principles of good governance as identified in the CIPFA/SOLACE 2016 Framework – “Delivering Good Governance in Local Government”. This statement explains how the Authority has complied with the code and also meets the requirements of the Accounts and Audit Regulations 2015.

2. The Purpose of the Governance Framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the Authority’s policies, aims and objectives, to evaluate the likelihood and potential impact of those risks being realised and to manage them efficiently, effectively and economically.

The governance framework has been in place at the Authority for the year ended 31 March 2019 and up to the date of approval of the statement of accounts.

3. The Governance Framework

The Annual Governance Statement (AGS) provides a summary of the extent to which the Authority meets the seven principles of good governance as identified in the “Delivering Good Governance in Local Government” Framework 2016.

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

The Authority’s Purpose and Commitments are at the centre of everything that we do and are published on our website. The Authority has a strong culture based on our shared values of pride, accountability, integrity and respect. The Authority achieves this by adopting, monitoring and keeping under review:

- A Code of Conduct for Members, built upon the Nolan Principles of Public Life;
- An Officer Code of Conduct;
- A Register of Members’ Interests;
- A register of Officer Declarations of Conflicts of Interest and declarations of Gifts and Hospitality accepted;
- Comprehensive induction programmes for both Officers and Members built on the standards of behaviour expected, supported by appropriate training;
- A Competency Framework and Appraisal Scheme used for improving organisational performance through focusing and reviewing each individual’s ability and potential;
- Inclusion, Equality and Diversity Strategy;
- Member Panels with clear responsibilities for governance, audit and standards;
- Effective Anti-Fraud, Bribery and Corruption policies allowing for reporting and actioning any incidents; and
- A whistleblowing policy providing protection to individuals raising concerns.

The Authority ensures that appropriate legal, financial and other professional advice is always considered as part of the decision-making process and observes both specific requirements of legislation and general responsibility by Law.

The roles of the Authority’s statutory officers are outlined in the Constitution, there are clear arrangements for the discharge of the statutory functions of the Head of Paid Service, Monitoring Officer and Treasurer. The Authority also ensures compliance with the Chartered Institute of Public Finance and Accountancy’s Statement on the Role of the Chief Finance Officer.

The Authority is transparent about how decisions are taken and recorded. The Authority does this by:

- Ensuring that decisions are made in public and recorded. Those decisions and relevant information are publicly available (except where that information is exempt under the provisions of the Local Government Act or determined as being confidential by Government);
- Having rules and procedures which govern how decisions are made.

The Authority has a published Whistleblowing Policy and provides protection to individuals raising concerns. This policy is periodically reviewed in line with guidance.

The Authority ensures that effective, transparent and accessible arrangements are in place for dealing with complaints. The website contains guidance for submitting complaints against the authority by the public and processes are in place to progress any complaints that are made.

Principle B – Ensuring openness and comprehensive stakeholder engagement

The Authority responds to the views of stakeholders and the community in the following ways:

- Publishing an Annual Plan that sets out our purpose and commitments to the community and the outcomes we intend to achieve;
- An established business planning process, including the development of a published medium term finance plan;
- Regular, published reporting of performance against the Authority's key performance indicators, as set out in the Annual Plan;
- The Authority has approved and implemented a comprehensive Communications & Consultation Strategy setting out a range of methods of engaging with the community and stakeholders, include those groups which are harder to reach;
- The Authority recognises that people are different and gives everyone the same or an equal opportunity to information, advice and support in ways that are suited to the needs or circumstances of the individual;
- The Authority has a clear guidance and defined approach which promotes good governance in our partnership working and collaboration;
- Providing the public with the opportunity to ask questions, submit petitions or make representations to the Authority;
- Publishing a Three Year Strategic Plan incorporating the Integrated Risk Management Plan (IRMP) providing information in relation to the Authority;
- Providing a modern, effective IT strategy and solution that meets the needs and aspirations of the organisation and the communities that we serve.

The Authority understands the key role that it has to play in supporting collaboration and partnership working within East Sussex and the City of Brighton & Hove and the role that our partners play in assisting the Authority to deliver on its objectives.

The Authority ensures good governance in respect of partnerships and collaboration by:

- Having an approved and published Collaboration Framework containing clear collaboration priorities
- Reviewing and evaluating partnerships on a regular basis;

- Auditing partnership and collaboration frameworks and policies through internal audit; and
- Ensuring that partnerships and collaborations offer value and contribute to the Authority's strategic objectives.

Principle C – Defining outcomes in terms of sustainable economic, social and environmental benefits

The Authority publishes on our website our Annual Plan which reports on what has been achieved during the past year and what we intend to achieve to meet our purpose and commitments for the forthcoming year. The document outlines our vision and values and is used as the basis for all corporate and service planning.

In delivering its vision and corporate priorities, the Authority reports regularly on activities, performance and the financial position. Timely, objective and understandable information relating to the Authority's activities, achievements, performance and financial position is provided through the publishing of:

- A Three Year Strategic Plan incorporating the Integrated Risk Management Plan;
- A Medium Term Financial Plan;
- A clear framework for financial governance based on Contract Standing Orders and Financial Regulations;
- Established budgeting systems, clear budget management guidance and regular reporting of financial performance against budget forecasts to Officers and Members;
- Externally audited accounts;
- Detailed performance information.

The Authority considers the governance implications of its actions and has undertaken an external review of its corporate governance. The Authority has established and updated its Local Code of Corporate Governance to be consistent with the principles of the CIPFA/SOLACE Framework – “Delivering Good Governance in Local Government”.

The Authority is committed to delivering high quality services to the public in an efficient and effective way. The Authority does this by:

- Delivering services to meet local needs through the Three Year Strategic Plan incorporating the Integrated Risk Management Plan, and putting in place policies and procedures to ensure that they operate effectively in practice;
- Developing effective relationships and partnerships with other public sector agencies and the private and voluntary sectors;
- Actively pursuing and implementing collaboration opportunities with the Police, Ambulance and other Fire Services;
- Responding positively to the findings and recommendations of external auditors, reviewers and statutory inspectors and putting in place arrangements for the implementation of agreed actions;

- Comparing information about services with those provided by similar organisations, assessing why levels of efficiency, effectiveness and quality are different and considering alternative means of service provision, processes and procurement to maximise opportunities and improve value for money where appropriate.

Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes

To achieve this, the Authority has:

- A detailed Medium Term Financial Plan which includes actions to ensure financial sustainability;
- A performance management framework to ensure plans are met and remedial action taken;
- Processes in place to ensure that data quality is high, so as to enable objective and rigorous decision making;
- Monthly Senior Leadership Team (SLT) meeting together with regular Assistant Director meetings where issues are raised and actions agreed;
- A risk management process to identify where interventions may be required;
- A sound understanding of Service demand (current and future) which informs resource allocation decisions.

Principle E – Developing the entity’s capacity, including the capability of its leadership and the individuals within it

The Authority ensures that the necessary roles and responsibilities for effective Governance are identified and allocated through its Constitution so that it is clear who is accountable for decisions that are made. The Authority does this by:

- Electing a Chair, establishing Panels and nominating Member Leads with defined responsibilities;
- A clear scheme of delegated responsibilities to the Senior Management;
- Undertaking a regular review of the Constitution;
- Having effective and comprehensive arrangements for the scrutiny of services;
- Making the Chief Fire Officer responsible and accountable for all aspects of operational management;
- Ensuring that at all times arrangements are in place for the proper administration of its financial affairs (S112 Officer);
- Ensuring that at all times arrangements are in place for ensuring actions are taken in accordance with Statute and Regulation (Monitoring Officer);
- Developing protocols that ensure effective communications between Members and Officers.

The Authority commissioned, in year, an independent review of its own Corporate Governance, the outcome of which was reported to and fully discussed by the Combined Fire Authority.

The Authority aims to identify the development needs of Members and Senior Officers in relation to their strategic roles and ensure that they are supported by appropriate training. The Authority ensures that those charged with governance have the skills, knowledge and experience they need to perform well. The Authority does this by:

- Operating robust and transparent recruitment and selection processes;
- Cascading regular information to Members and staff;
- Regular Member Seminars providing a forum for sharing information, consultation, training and demonstration of operational procedures;
- Providing resources that support Member and Officer development;
- Promoting schemes supporting ongoing professional development;
- Undertaking the annual appraisal of the Chief Fire Officer and setting objectives that contribute to the Authority's vision, strategy and plans and that incorporate key development needs.

The Authority is fully compliant with the principles outlined in the CIPFA Statement on the Role of the Chief Financial Officer in Local Government. The Treasurer to the Authority is professionally qualified and suitably experienced. He plays a central role in providing a strategic insight to the direction and control of Authority business decisions affecting financial resources. He ensures compliance with financial standards and gives due consideration to the economic, efficient and effective use of resources. He works closely with the Chief Fire Officer in ensuring the finance function provided is fit for purpose and that the management of the Authority's resources is robust.

Principle F – Managing risks and performance through robust internal control and strong public financial management

The Constitution sets out how the Authority operates, how decisions are made and the procedures which are followed to ensure that decisions are efficient, transparent and accountable to local people. Areas of potential change are identified and the Constitution is amended accordingly.

The Authority has a risk management strategy and risk management framework, which takes account of both strategic and operational risks and ensures they are appropriately managed and controlled. This approach aids the achievement of its strategic priorities, supports its decision making processes, protects the Authority's reputations and other assets and is compliant with statutory and regulatory obligations. The Authority ensures that the risk management approach:

- Enables a culture of risk awareness;
- Formally identifies and manages risks;
- Involves elected members in the risk management process;
- Maps risks to financial and other key internal controls;
- Documents and records details of risks in a risk management information system;

- Monitors the progress in mitigating significant risks, and reports this to Members;
- Reviews and, if required, updates its risk management process at least annually;
- Considers risk within all projects.

The Authority utilises the findings and suggestions of Internal Audit, External Audit, HMICFRS and other review agencies, statutory bodies and inspectorates to assist in the management of risk and performance.

The Scrutiny & Audit Panel provides independent assurance of the risk management framework and the internal control environment. It provides an independent review of the Authority's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

Principle G – Implementing good practices in transparency, reporting and audit to deliver effective accountability

To achieve this, the Authority:

- Publishes relevant information relating to salaries, business interests and performance data on its website;
- Has a Procurement team who provide advice and issue clear guidelines for procuring goods and services;
- Has a Scrutiny & Audit Panel operating in accordance with guidance provided by the Chartered Institute of Public Finance and Accountancy (CIPFA);
- Publishes information to the Authority and its Panels as part of established accountability mechanisms;
- Acts upon the findings or recommendations of Internal and External Audit Reports;
- Prepares an Annual Governance Statement;
- Prepares an Annual Statement of Operational Assurance;
- Prepares an Annual Service Plan.

The Authority is committed to the publication of transparent performance information. This includes, but is not limited to, the following:

- Budget reports;
- Operational performance reports;
- A Medium Term Financial Plan;
- Annual Plan;
- Statement of Accounts;
- Annual Governance Statement;
- Statement of Operational Assurance;
- Information as required under the Local Government Transparency Code.

4. Review of Effectiveness

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

- the work of Members through the Fire Authority and its Panels, including Policy & Resources and Scrutiny & Audit;
- the work of Senior Officers who have primary responsibility for the development and maintenance of the internal control environment;
- the work of the Monitoring Officer and the Treasurer;
- the risk management arrangements including the maintenance and regular review of corporate risks by the Senior Leadership Team and Scrutiny & Audit Panel;
- the work of Internal Audit including individual reports and their overall annual report and opinion;
- the Authority's External Auditors in their Annual Audit Letter and Annual Governance Report;
- the judgements of other review agencies, statutory bodies and inspectorates including HMICFRS.

5. Assurance & Significant Governance Issues

No assurance can ever be absolute; however, this statement seeks to provide a reasonable assurance that there are no significant weaknesses in the Authority's governance arrangements. The Authority is fully committed to the principles of corporate governance. The Assurance and Governance Group monitors the progress on the governance issues contained within the Annual Governance Statement. Those issues that were ongoing at 31 March 2019 will be included in the 2019/20 action plan.

On the basis of the review of the sources of assurance set out in this statement, we are satisfied that the Authority has in place governance arrangements and a satisfactory system of internal control, both of which are fit for purpose and operating effectively. As part of this review we have not identified any gaps in assurance over key risks or significant governance issues. The Authority has, however, identified a range of improvements to its corporate governance arrangements. Action Plans are in place to address the necessary improvements and these will be monitored during the year.

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

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

(i) Review the strategic planning process

Continue the process of rationalising and aligning our suite of corporate strategies to be reflected in an overarching policy document outlining the new framework. This will include work to streamline the Authority's Strategies and Internal Meeting structure. (DCFO) (continuing action).

(ii) Improved Performance Monitoring

Improve the Authority's performance monitoring against the Corporate Plan/IRMP. This will include the introduction of a new Business Intelligence System and a revised approach to monitoring key performance indicators. (ADP&I) (continuing action)

(iii) Improved Information Security Arrangements

Continue to improve the Authority's Information Security arrangements, including the introduction of a new Information Security Management Strategy. (ADR/T) (continuing action)

(iv) Implement the findings of the Governance Review

Agree an action plan and implement the necessary changes and update processes as recommended by the independent review of the Authority's governance arrangements (DCFO)

(v) Review of Constitution including the Scheme of Delegation

Review the Constitution and Scheme of Delegation (including financial delegations) to meet the changing needs of the organisation. This work is inextricably linked to the work resulting from the Governance Review. There will be clearer determination of where matters should be considered. A review of financial delegations is being undertaken to include budget limits. (DMO/SDSO)

(vi) Hackitt Review & Grenfell Tower Inquiry

Continued involvement and provision of response to the Hackitt Review and the Grenfell Tower Inquiry and implement any subsequent changes in legislation (ACFO)

(vii) RIPA

Ensure compliance with Regulation of Investigatory Powers Act (RIPA) following the findings of the external policy review being conducted by Aristi (DCFO)

(viii) Management of Road Risk Policy

Review the Management of Road Risk Policy and the effectiveness of arrangements for ensuring compliance in response to the review by Internal Audit (ADOSR)

(ix) Health & Safety Management System

Implement the revised Health and Safety Management Framework (ADOPS)

Councillor Roy Galley, Chairman, Scrutiny & Audit Panel

Dawn Whittaker, Chief Fire Officer

5 June 2019

East Sussex Fire & Rescue Service

Proposed Revised Local Code of Corporate Governance

Introduction

- 1 Corporate governance is a term used to describe how organisations direct and control what they do. As well as systems and process this includes cultures and values. For local authorities this also includes how a Fire Authority relates to the communities that it serves. Good Corporate Governance requires local authorities to carry out their functions in a way that demonstrates accountability, transparency, effectiveness, integrity, impartiality and inclusivity. Corporate Governance is also the structure through which strategic objectives are set and performance monitored. Best practice principles in that regard flow from the Turnbull report, namely the assessment of corporate risk, effective management systems and the enabling of the organisational culture.
- 2 East Sussex Fire Authority (the Authority) is committed to demonstrating that it has the necessary Corporate Governance arrangements in place to perform effectively.
- 3 This Code is a public statement that sets out the way the Authority will meet that commitment. As such it represents a key component of the Authority's governance arrangements. The Code has been developed to be consistent with the CIPFA/SOLACE 2016 Framework "Delivering Good Governance in Local Government" and is based upon the seven principles of good governance:

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievements of the intended outcomes

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

Principle F: Managing risks and performance through robust internal control and strong financial management

Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

The Code also sets out the mechanisms for monitoring and reviewing the Authority's Corporate Governance arrangements.

East Sussex Fire Authority's Corporate Governance Principles

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

- 4 The Authority will foster a strong culture based on our shared values of pride, accountability, integrity and respect. The Authority will achieve this by adopting, monitoring and keeping under review:

- a Code of Conduct for Members, built upon the Nolan Principles of Public Life;
- an Employee Code of Conduct;
- a Register of Members Interests;
- a register of Declarations of Conflicts of Interest and Declarations of Gifts and Hospitality accepted;
- induction programmes for both Officers and Members;
- a Competency Framework and Appraisal Scheme;
- an Inclusion, Equality and Diversity Strategy;
- the roles of Members and Officers in decision-making;
- Anti-Fraud and Corruption policies allowing reporting and actioning; and
- a whistleblowing policy providing protection to individuals raising concerns.

5 Standards complaints will be considered by the Scrutiny and Audit Panel.

Principle B: Ensuring openness and comprehensive stakeholder engagement

6 The Authority will seek and respond to the views of stakeholders and the community. The Authority will do this by:

- publishing an annual Corporate Plan setting out our purpose and commitments to the community and the outcomes we intend to achieve;
- establishing a business planning process, including the development of a medium term finance plan;
- publishing regular reports of our performance against the Authority's key performance indicators, as set out in the Annual Plan;
- approving and implementing a comprehensive Communications & Consultation Strategy setting out a range of methods of engaging with the community and stakeholders, including those groups which are harder to reach;
- recognising that people are different and giving everyone the same or an equal opportunity to information, advice and support in ways that are suited to the needs or circumstances of the individual;
- producing clear guidance and a defined approach promoting good governance in our partnership working and collaborations;
- providing the public with the opportunity to ask questions, submit petitions or make representations to the Authority;
- publishing a Three Year Strategic Plan/Integrated Risk Management Plan (IRMP) providing information in relation to how the Authority delivers its services;
- providing a modern, effective IT strategy and solutions that meet the needs and aspirations of the organisation and the communities we serve.

7 The Authority understands the key role it has to play in supporting collaboration and partnership working within East Sussex and the City of Brighton & Hove and also the role our partners play in assisting the Authority to deliver on its objectives.

The Authority ensures good governance in respect of partnerships and collaboration by:

- Reviewing and evaluating partnerships on a regular basis;
- Auditing partnership and collaboration strategies and policies through internal audit; and

- Ensuring that partnerships and collaborations offer value and contribute to the Authority's strategic objectives.

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

8 The Authority will, in exercising Strategic Leadership, develop and communicate its purpose and vision and intended outcomes for citizens and service users. It will report regularly on activities, performance and the Authority's financial position. Timely, objective and understandable information relating to the Authority's activities, achievements, performance and financial position is provided through the publication of:

- a Three Year Strategic Plan/Integrated Risk Management Plan;
- a Medium Term Financial Plan;
- a clear framework for financial governance based on Contract Standing Orders and Financial Regulations;
- established budgeting systems, clear budget management guidance and regular reporting of financial performance against budget forecasts to Officers and Members;
- externally audited accounts;
- detailed performance information.

9 The Authority will aim to deliver high quality services to the public in an efficient and effective way. The Authority will do this by:

- delivering services to meet local needs through the Integrated Risk Management Planning process, and putting in place policies and procedures to ensure that they operate effectively in practice;
- developing effective relationships and partnerships with other public sector agencies and the private and voluntary sectors;
- actively pursuing and implementing collaboration opportunities with the Police, Ambulance and other Fire Services;
- responding positively to the findings and recommendations of external auditors, reviewers and statutory inspectors and putting in place arrangements for the implementation of agreed actions;
- comparing information about services with those provided by similar organisations, assessing why levels of efficiency, effectiveness and quality are different and considering alternative means of service provision, processes and procurement to maximise opportunities and improve value for money where appropriate.

Principle D: Determining the interventions necessary to optimise the achievements of the intended outcomes

10 The Authority will achieve this by:

- publishing a detailed Medium Term Financial Plan including actions to ensure financial sustainability;
- producing a performance management framework, ensuring plans are met and remedial action taken;
- putting processes in place to ensure that data quality is high, so as to enable objective and rigorous decision making;
- having monthly Senior Leadership Team (SLT) meetings together with regular Assistant Director meetings where issues are raised and actions agreed;

- having a risk management process to identify where interventions may be required;
- having a sound understanding of Service demand (current and future) informing resource allocation decisions.

Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

11 The Authority will ensure that those charged with governance have the skills, knowledge and experience they need to perform well. The Authority will do this by:

- operating robust and transparent recruitment and selection processes;
- cascading regular information to Members and staff;
- arranging regular Member Seminars to provide a forum for sharing information, consultation, training and demonstration of operational procedures;
- providing resources that support Member and Officer development;
- promoting schemes supporting ongoing professional development;
- undertaking the annual appraisal of the Chief Fire Officer and setting objectives that contribute to the Authority's vision, strategy and plans and that incorporate key development needs.

12 The Authority will ensure that the necessary roles and responsibilities for effective Governance are identified and allocated through its Constitution so that it is clear who is accountable for decisions that are made. The Authority will do this by:

- electing a Chair, establishing Panels and nominating Member Leads with defined responsibilities;
- agreeing a clear scheme of delegated responsibilities to Senior Management;
- undertaking regular reviews of the Constitution;
- putting in place effective and comprehensive arrangements for the scrutiny of services;
- making the Chief Fire Officer responsible and accountable for all aspects of operational management;
- ensuring that at all times arrangements are in place for the proper administration of its financial affairs (S112 Officer);
- ensuring that at all times arrangements are in place for ensuring actions are taken in accordance with Statute and Regulation (Monitoring Officer);
- developing protocols to ensure effective communications between Members and Officers.

Principle F: Managing risks and performance through robust internal control and strong financial management

13 The Constitution sets out how the Authority operates, how decisions are made and the procedures which are followed to ensure that decisions are efficient, transparent and accountable to local people. Areas of potential change are identified and the Constitution is amended accordingly.

14 The Authority will operate a risk management strategy and risk management framework, taking account of both strategic and operational risks and ensuring that they are appropriately managed and controlled. This approach will aid the achievement of the Authority's strategic priorities, supports its decision making processes, and protect its

reputation and other assets and is compliant with statutory and regulatory obligations. The Authority will ensure that the risk management approach:

- enables a culture of risk awareness;
- formally identifies and manages risks;
- involves elected members in the risk management process;
- maps risks to financial and other key internal controls;
- documents and records details of risks in a risk management information system;
- monitors the progress in mitigating significant risks, and reports this to Members;
- reviews and, if required, updates its risk management process at least annually;
- considers risk within all projects.

15 The Scrutiny & Audit Panel has the responsibility of providing independent assurance of the risk management framework and the internal control environment. It provides an independent review of the Authority's governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

16 The Authority will achieve this by:

- publishing relevant information relating to salaries, business interests and performance data on its website;
- having a Procurement team who provide advice and issue clear guidelines for procuring goods and services;
- having a Scrutiny & Audit Panel that operates in accordance with guidance provided by the Chartered Institute of Public Finance and Accountancy (CIPFA);
- publishing information to the Authority and its Panels as part of established accountability mechanisms;
- acting upon the findings or recommendations of Internal and External Audit Reports;
- preparing an Annual Governance Statement;
- preparing an annual Statement of Operational Assurance;
- preparing an annual Corporate Plan.

17 The Authority is committed to the publication of transparent performance information. This includes, but is not limited to:

- Budget reports;
- Operational performance reports;
- a Medium Term Financial Plan;
- Annual Corporate Plan;
- Statement of Accounts;
- Annual Governance Statement;
- Statement of Operational Assurance;
- Information as required under the Local Government Transparency Code.

Monitoring & Review

- 18 The Assurance & Governance Group is responsible for monitoring Corporate Governance Arrangements and reviewing the progress on the governance issues contained within the Annual Governance Statement.
- 19 The Scrutiny & Audit Panel is responsible for arrangements relating to:
- Monitoring and reviewing risk, control and governance processes and associated assurance processes in order to ensure that Internal Control systems are effective and that policies and practices comply with statutory and other regulations and guidance;
 - Reviewing the accounts prior to approval by the Authority;
 - External Audit;
 - Internal Audit;
 - Risk management;
 - Making recommendations concerning relevant governance aspects of standing orders.
- 20 The Scrutiny & Audit Panel is also responsible for promoting high ethical standards across the Authority, overview of the Member and Officer codes and other relevant protocols.
- 21 The Scrutiny & Audit Panel will ensure that the Authority's governance arrangements are kept under continual review through:
- Reports prepared by officers with responsibility for aspects of this code;
 - The work of Internal Audit;
 - External Audit opinion;
 - Other review agencies and inspectorates;
 - Opinion from statutory officers.

Annual Governance Statement

- 22 The Authority will publish an Annual Governance Statement (AGS) each year. This process is led by the Assurance & Governance Group and provides an overall assessment of the Authority's Corporate Governance arrangements and an appraisal of the key controls in place to manage principal governance risks. The AGS will also provide details of where improvements need to be made in accordance with the Accounts and Audit Regulations 2015.
- 23 The Annual Governance Statement will be published with the Authority's Statement of Accounts.

Local Code of Corporate Governance – key policies and processes

Core Principles

Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Principle B: Ensuring openness and comprehensive stakeholder engagement

Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits

Principle D: Determining the interventions necessary to optimise the achievements of the intended outcomes

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Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
Annual Plan	DCFO (delegated to ADP&I)	Y	Y	Y	Y	Y	Y	Y
Constitution	ADP&I / DMO	Y	Y		Y	Y	Y	Y
Integrated Risk Management Plan	DCFO / ADP&I	Y			Y		Y	Y
Operational policies and processes	ADOSR	Y		Y	Y	Y		
Risk Management Strategy	ADR/T	Y		Y	Y			Y
Medium Term Finance Plan	ADR/T	Y		Y			Y	
Budget and financial management (incl. DFM scheme)	Finance Manager	Y		Y			Y	
Statement of Accounts	ADR/T		Y	Y			Y	Y
Standing Orders	DMO		Y	Y	Y		Y	Y

Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
Contract Standing Orders	DMO / ADR/T	Y		Y	Y		Y	
Financial Regulations	ADR/T	Y		Y	Y		Y	
Scheme of Delegation	DMO / ADR/T	Y	Y		Y	Y		Y
Code of Conduct for Members	DMO	Y	Y					Y
Code of Conduct for Member and Employee Relations	ADPS	Y	Y	Y				Y
Information Transparency	DCFO	Y	Y				Y	Y
Anti-fraud, Bribery & Corruption Strategy	ADR/T	Y	Y	Y				Y
Member Learning & Development Strategy	ADP&I / ADPS	Y	Y			Y		
Whistleblowing Policy	ADPS / DMO	Y	Y	Y			Y	Y
Complaints Policy	ADP&I	Y		Y	Y		Y	
Code of Conduct and Conflict of Interest	ADPS	Y	Y	Y	Y			Y
Community Safety Strategy	ACFO / ADSC	Y	Y	Y			Y	Y
Business Safety Strategy	ACFO / ADSC	Y					Y	
Collaboration Framework	DCFO / ADPS	Y	Y	Y	Y	Y	Y	Y
Comms Strategy	ADP&I	Y	Y	Y		Y	Y	Y
Inclusion & Diversity Strategy	ADPS	Y		Y		Y		Y
Health, Safety & Wellbeing Strategy	ADPS	Y	Y	Y	Y			
People & Organisational Development Strategy	ADPS	Y	Y	Y		Y		Y
Local Code of Corporate Governance	DCFO / DMO / ADR/T	Y	Y	Y	Y	Y	Y	Y

Policy or process	Owner	Principle A	Principle B	Principle C	Principle D	Principle E	Principle F	Principle G
IT Strategy	ADR/T	Y	Y	Y	Y			Y
Procurement Strategy	ADR/T			Y	Y			
Estates Strategy	ADR/T		Y	Y	Y		Y	
Response & Resilience Strategy	ADOSR	Y			Y		Y	
Project Management / Stage Gate processes	ADP&I	Y			Y		Y	Y
Internal Audit Strategy	ADR/T	Y		Y	Y		Y	Y
Performance Management	ADP&I	Y	Y	Y		Y	Y	Y
Freedom of Information Scheme	ADP&I	Y		Y	Y	Y		Y
Data Protection Policy	DCFO	Y	Y	Y				Y
Regulation of Investigatory Powers Act Policy	DCFO	Y			Y			Y

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Appendix 4**2017/18 Action Plan Update**

The current status of the Improvement Actions as set out in the Annual Governance Statement 2017/18.

Action	Status
Complete the development of our new Corporate Plan to include priority outcomes and key performance indicators and develop the Integrated Risk Management Plan (IRMP) workstreams (DCFO)	Completed
Rationalise and align our suite of corporate strategies in line with the new Corporate Strategy and IRMP (DCFO)	Ongoing
Improve our performance monitoring against our Corporate Strategy / IRMP and revise our approach to monitoring key performance indicators (ADP&I)	Ongoing
Make improvements to Information Security arrangements, including compliance with the General Data Protection Regulations (ADR/T)	Ongoing – subsumed into the Information Security Management Strategy Project
Review the Management of Road Risk Policy and the effectiveness of arrangements for ensuring compliance in response to the review by internal audit (ADOSR)	Ongoing – progress will now be monitored through the Ops Assurance Group
Improve the management and delivery of projects by establishing a Programme Management Office (PMO) (ADP&I)	Completed
Review the Local Code of Corporate Governance against the most recent best practice guidance issued by CIPFA / SOLACE (ADP&I / ADR/T)	Completed
Carry out an independent review of the Authority's governance arrangements (DCFO)	Completed – Actions and changes to be implemented throughout 2019/20
Deliver improvements in our sickness absence performance (ADHR&OD)	Completed
Take action to ensure compliance with the National Operational Guidance (NOG) (ADOSR)	Completed – Compliance can be demonstrated and the review is complete. List of NOGs included on Action Plans and prioritised, updated, gap analysis undertaken and turned into Tactical Operational Guidance. All are signed off at Union consultation meetings.

Review the Scheme of Delegation (including financial delegations) to reflect a more enabling organisation (DMO / ADR/T)	Ongoing
Respond to the Hackitt and Moore-Bick enquiries and any subsequent changes in legislation (ACFO)	Ongoing
Ensure compliance with Regulation of Investigatory Powers Act (RIPA) (DCFO)	Ongoing – policy being reviewed by Aristi
Complete reviews of the following strategies: Estates (ADR/T) Fleet & Equipment (ADOSR) Response & Resilience (ADSC)	Completed Ongoing Completed
Put in place a new Performance Management framework (ADP&I)	Completed

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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